

**Navv and Army Nursing Notes.****A DUMMY NAVY NURSING RESERVE.**

Some weeks ago we informed our readers that reactionary influences, inspired from the usual source, had prevailed at the Admiralty in the organisation of the Navy Nursing Reserve. Of course the lay nursing press in its usual sublime ignorance—or vicious opposition to every form of independence for nurses—denied the statement. In a letter widely circulated to hospital Matrons from the Admiralty it was written, "We do not propose to enlist individual nurses now by name, but to rely upon the Matrons . . . to select such suitable nurses as they can spare." In fact, nurses are to be commandeered for service in the Navy Reserve, just as a hundred years ago men were gagged and compelled to serve on ships by the notorious "press gang"—a truly twentieth century attitude towards women workers.

It goes without saying that the House Committee at the London Hospital reported to a recent general Court "that it heartily approved of the scheme, and offered to supply between 40 and 60 nurses!" No mention was made of how much tow, lint, bandages, and other dry goods would be "supplied" along with a batch of nurses—nor whether the latter would be stuffed with sawdust or straw!

**A REAL LIVE ARMY NURSING SERVICE.**

From this dummy Service it is refreshing to turn to reports of Mr. Haldane's scheme for a live Nursing Reserve for the Territorials.

Miss E. S. Haldane attended at the Victoria Infirmary, Newcastle, last week, upon the occasion of the presentation of the Heath prizes to nurses, and the badges to those enrolled as nurses in the First Northern Hospital of the Territorial Force Nursing Service.

Mr. Orde, the House Governor, read the terms of the Heath Bequest, the trustees of which, from the £5,000 left in 1892 by the late Dr. Heath, offered the House Committee of the Infirmary a sum of £35 annually to be divided amongst the best nurses, after competitive examination. They also offered to supply a silver medal for the best nurse each year.

Miss Haldane distributed the prizes as follows:

Preliminary Examination of Nurses in their Second Year.—1st prize, Jane Frater, £5; 2nd, Annie Smith, £4; 3rd, Annie Kelly Shirley, £3; 4th, Margaret Gammie, £2.

For Nurses in their Third Year.—1st prize, Lucy E. Shaw, £10 and silver medal; 2nd, Jane Frater, £5; 3rd, Phoebe Gibson, £3; 4th, Margaret Gammie, £2; 5th, Edith Whale, £1.

A large number of badges were also presented.

Miss Haldane delivered a short address, in which she congratulated the nurses who had received the Heath prizes. In regard to the Territorial Force nurses, she said although we live in a time of peace, every man and woman should be ready to do their duty. She wished to impress upon those nurses who had joined that they had undertaken service for their country. They were the only women able to do so, because they had trained themselves for that work. She hoped as long as they retained the badges they would remember the responsibilities

they imposed, and that each nurse was privileged to serve her King and country.

Miss Walmesley, Matron of the Victoria Infirmary, Newcastle, as Principal and Organising Matron for the district, received well deserved congratulations upon having secured the services of 110 highly qualified nurses out of 120 required—28 of whom had been trained in the Victoria Infirmary.

**Practical Points.**

**Tracheotomy.** Tracheotomy is the operation of opening the trachea.

*Reasons for Tracheotomy.*—

I. For an obstruction in the larynx. II. As a temporary expedient until such an obstruction can be removed. III. For the extraction of a foreign body, or removal of a growth. IV. To prevent blood entering the trachea during operations, about the mouth, jaw, tongue, or pharynx.

*For the operation.*—Theatre to be prepared in the usual way. Chloroform, restoratives, etc. Absorbent wool, sponges on holders. Small sharp scalpel. Dissecting forceps. Director. Artery forceps (Spencer Wells and Lewis fenestrated.) Scissors. Retractors. Small bone forceps. Tracheotomy tubes. Tracheotomy hook. Ligatures (catgut). Tapes. Feathers. Sand-bag. Syringe with thin rubber tubing. Tracheotomy hook is used to steady the trachea during operation. Bone forceps are used in case of an old person, where the cartilage has become ossified. Sand-bag to place under the back of the neck so that the part to be operated on is in good position and rests on a firm basis. Chloroform is given or not as required.

*The operation.*—Head, neck, and chest are bared and a pillow or sand-bag is placed under the neck so that the front of neck is on the stretch. The surgeon stands on patient's right side, and feels for cricoid cartilage, and then makes an incision two inches long, exactly in the middle line; he then divides the tissues down to the trachea, the isthmus is drawn down out of the way by retractors, and all bleeding points stopped. The trachea is fixed with the tracheotomy hook, the knife inserted with sharp edge towards the mouth, and then it is drawn out, the incision being made by cutting upwards as this is done. A tube is then introduced into the wound and tied in position securely with tapes, and iodoform dusted over the wound by some surgeons, the inner-tube is then inserted and a layer of moist gauze put lightly over the whole, and the patient put to bed.

*After treatment.*—The breathing is easier after the operation, and patient usually goes to sleep. The expectoration must be aided, and to keep the atmosphere moist some surgeons direct that a temporary tent shall be arranged with clothes horse and sheets, and a bronchitis kettle is placed in position and steam allowed to enter. (A little creosote, benzoin, etc., may be put into kettle or not, as preferred.) Carbolised towels may be hung about the room to keep it moist. The temperature of the room should be kept about 70 degs. Fahr. Over the mouth of the tube a layer of warm moist

[previous page](#)

[next page](#)