

assimilates food, and skin diseases disappear, that may have given much trouble in the past, some patients being very subject to eczema.

Where the patient is admitted suffering from extensive bedsores, surgical cleanliness must be observed, pressure removed entirely, and great patience and discretion used in the dressings. Bedsores occur because the circulation of the part of the body has been impeded by pressure (this happens only in the hands of the untrained or untrainable person), but where they have occurred the nurse will need to give much patient attention to effect a cure.

Boracic fomentations, frequently changed, are perhaps best; where there is an old slough a small piece of lint (sterilised), soaked in balsam of Peru, and applied immediately over the slough, helps to detach it; this may be surrounded by a boracic fomentation, the latter changed four-hourly until the parts are clean. Then the unhealthy granulations will need keeping down and the wound stimulating by a change of dressing. *Lotio Rubra* is useful for this purpose, returning to the use of boracic after a few days.

Where the patient cannot be placed in a bath, careful washing in bed will be needed, and his back, thighs, shoulders, heels, and elbows will need attention (which should be regular) night and morning or more frequently.

Diet and the care of the bowels must be suited to the individual patient. Children who may partially recover will need a generous diet and cod liver oil, and small doses of Gregory powder often suits them better than any other aperient, followed, if necessary, by a simple enema. Fruit and vegetables should be included in their diet, and fats; no hard and fast rules, however, can be laid down.

In the case of children incurably afflicted, cases of paraplegia, etc., and the aged, a light diet should be given, which is easily digested, and lime juice may be added when the digestion is too weak to assimilate green vegetables, otherwise the skin will give trouble, unless the diet be so reduced as to include milk foods only.

In every case the urine should be duly tested, and plenty of water should be given to the patient to drink. Very helpless cases often do not take sufficient water, and the urine will then be found to be turbid—alkaline and mucus will be present.

In the nursing of all chronic conditions the nurse will need to take the same care (as in an acute disease) in attending to the patient's mouth and teeth. Young nurses do not always realise this point; neither do they remember that in dealing with helpless cases great care will need to be exercised against chill, for these

cases are specially prone to chest affections, while the air must always be kept fresh and constantly changing.

Where the patient is very helpless, and the position cannot be altered from side to side, blocks placed under the head of the bed and removed regularly at intervals of a few hours will sufficiently alter the position to guard against a condition of congestion of the lungs arising, which will prove quickly fatal to a helpless patient if unrelieved.

Before quitting this subject perhaps it would be wise to mention bright, cheerful surroundings and willing service, with some light occupation, when the mental and physical condition admits, are both beneficial to the patient and often the only thing that the nurse can secure to alleviate the tediousness of a fellow human being's sufferings. In this world, alas, "hopelessly incurable."

MADGE SUTTON.

A Call From the West.

The Victorian Order of Nurses for Canada, founded in 1897 as a National Memorial of Queen Victoria's Diamond Jubilee, received its inspiration from the great success which attended the excellent work of the Q.V.J.N.I. in England.

The objects of the Order are:—"To supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick, who are otherwise unable to obtain trained nursing in their homes both in towns and country districts."—V. O. Report.

The General Superintendent for Canada—Miss Mackenzie, a lady of high administrative abilities—resides in Ottawa, and numerous local branches have been established in various cities throughout the Dominion, each under the charge of a competent Lady Superintendent.

Since its inception the work of the Order has steadily increased, and there are now V.O. Nurses in many parts of Canada, though the number is totally inadequate for this vast country. It is earnestly hoped that in the near future every town and city will have its Branch.

It may be interesting to English nurses to read some account of the work of the Order in Montreal, Canada's largest city, prefaced by a few remarks relative to the city itself.

To repeat a well-known fact, the site occupied by the City of Montreal is not surpassed by any other in the world. Situated on the Island of Montreal, and surrounded on all sides by the mighty St. Lawrence River, it is

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