

on the Continent, is of a cold compress, which I consider far superior to either of the others. First, I will describe exactly how it is made, and then give my reason for preferring it.

A small towel may be used, or two large handkerchiefs, something that can be folded several times and made to lie smoothly and evenly exactly to cover the surface indicated by the doctor. This cloth must be wrung out in water that has been standing in a warm room (unless the doctor orders it unusually cold); it must be wrung as dry as possible and put on to a piece of oilskin which is a shade larger than itself; this is put on to a thick layer of cotton wool which is about an inch larger all round. In bad cases of pneumonia, where it is very necessary to husband the patient's strength, I use a many-tailed flannel bandage; then this compress can easily be put into place all together. One movement of the patient on to his healthy side, and the old compress comes off and the new is slipped on, and it will generally remain moist for four hours; when the fever is very high it must be changed oftener, but it helps of itself to reduce the fever. The routine treatment is to leave off the compress for an hour or two every morning; otherwise it is kept on day and night. When it comes off it should be quite damp, and it will, of course, be quite warm; once it dries it is of no use.

The compresses, besides being so easy to put on, are no shock to the patient; they are comfortable and soothing, and do their work gradually; they can be more carefully prepared than a poultice, and be got ready before the old one is taken off, as there is no danger of their getting cold; they cannot leak if properly made; they can always be changed when most convenient to the patient, as half an hour earlier or later does not generally matter at all, and they are not irritating to the skin. When a many-tailed bandage is not used, the compress is usually kept in place by a (flannel) roller bandage; or some people prefer a roller towel with a piece of flannel to keep the warmth in. These compresses are used for every kind of inflammation, and it is wonderful what a relief they are to pain; the usual effect of changing the compress is to put the patient to sleep. A compress will remain quite comfortable all the time, not getting cold and clammy, not even shifting from its position if properly put on.

I have often been astonished at the neglect of this remedy in England; no one that has had experience of it will forget what a comfort it is, and, while it can do no possible harm, a timely application of a cold compress has kept off many and many a serious illness.

#### Disinfection of rooms.

The *New York Medical Journal*, quoting from a German contemporary, says:—Hannes recommends the use of formaldehyde produced from a mixture of paradorm powder, potassium permanganate, and water in the proportion 1:2:3 as equally as efficient and cheaper than the gas produced by means of an apparatus.

## Appointments.

### MATRONS.

**Edinburgh Royal Maternity and Simpson Memorial Hospital.**

—Miss H. W. Barclay has been appointed Matron. She was trained at the Royal Infirmary, Dundee, where she was Staff Nurse in the Gynæcological Ward, Sister in a Medical Ward, Home and Night Sister, Sister-in-charge of the Theatre, and Sister-in-charge of the Maternity Hospital for five years.

**Cottage Hospital, Fleet, Hants.**—Miss A. E. Middleton has been appointed Matron. She was trained at St. George's Hospital, where she has held the position of Sister. She is a certified midwife.

### ASSISTANT MATRON.

**County Council Training College, Eltham.**—Miss Ida Robinson has been appointed Assistant Matron. She was trained at the Portsmouth Poor-Law Infirmary, and has held the positions of Staff Nurse and Sister at St. Mary Islington Infirmary.

### SISTER.

**Princess Alice Memorial Hospital, Eastbourne.**—Miss M. F. Reynolds has been appointed Sister of the Male and Children's Wards. She was trained at St. Bartholomew's Hospital, London, and has been for a year on its private nursing staff. Before receiving her general training she was for three years at the Royal National Sanatorium, Bournemouth.

**New Infirmary, Edmonton.**—Miss Jennie Masters has been appointed Sister. She was trained at the St. Mary Infirmary, Islington, where she has held the position of Staff Nurse.

**The Sanatorium, Blackpool.**—Miss Mabel Spencer has been appointed Sister. She was trained at St. Bartholomew's Hospital, London, and the City Hospitals, Sheffield, where she held the positions of Staff Nurse and Sister. She has also been Sister at the Combination Hospital, Johnstone, N.B.

### NIGHT SISTER.

**Victoria Hospital, Keighley.**—Miss Lillian A. Parsons has been appointed Night Sister. She was trained at the Royal Infirmary, Bristol, and has held the position of Staff Nurse at the City Hospital, Liverpool, and at the Hospital, Sevenoaks; of Sister at the Isolation Hospital, Ilford; of Sister-in-Charge at the Sanatorium, Hull; of Nurse-Matron at the Accident Hospital, Birchinlea; and of Sister and Deputy-Matron at the Isolation Hospital, Menston.

### HEAD NIGHT NURSE.

**Whiston Infirmary, Preston.**—Miss E. V. Loney has been appointed Head Night Nurse. She was trained at the Union Infirmary, Birkenhead.

### CHARGE NURSES.

**Union Infirmary, Wolverhampton.**—Miss Alice M. Ulyatt has been appointed Charge Nurse. She was trained at the Bagthorpe Infirmary, Nottingham, and has been Sister at Gravelly Hill Infirmary, and at Selly Oak Infirmary, both near Birmingham.

### SCHOOL NURSE.

**Reigate Education Committee.**—Miss Ethel Maud Nairne has been appointed School Nurse. She was trained at the Hospital for Sick Children, Great Ormond Street, London, and has done private nursing at Ealing, and been Health Visitor in the Borough of St. Pancras.

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