

## Practical Points.

**Practical Points from the "American Journal of Nursing."** To move a patient from one side of the bed to the other with pillows, have the patient lie on the back with knees flexed. With the right hand lift the patient enough to place one pillow under the head and shoulders, with the closed end of the pillow on the side toward which the patient is to be drawn. Then, with the left hand under the hips, lift the patient enough to place pillow under the patient with the right hand, having the closed end on the same side as the first pillow. Taking hold of the two closed ends of the pillow, draw the patient. This method is practical in moving emaciated patients with tendencies to bed-sores.

### Treatment of Favus.

As a result of the medical inspection of schools a serious attempt is being made in all parts of the country to treat favus, which in some districts affects large numbers of children. We reproduce below notes regarding two cases treated and recorded in the St. Bartholomew's Hospital Reports:—

Case 1.—An ill-nourished boy, aged seven years. The disease was of long standing; on admission a large area of the head presented the appearance of the rind of old Stilton cheese, being covered with a crust of porous friable matter about three-quarters of an inch thick. No typical yellow cups; mousy odour not marked. After removal of the crust with oil and poultices, numerous areas of baldness were found, with reddened patches where the hair still existed. The favus fungus was found in abundance. Treatment: Epilation, various parasiticide ointments (including oil of cade), tonics, cod-liver oil, liberal diet. After six months no gain in body-weight; the favus still existed. After a further lapse of time (apparently four months or so) the boy began to gain in weight. A solution of izal in glycerine and water was next applied constantly to the scalp, and the strength increased till nearly pure izal was tolerated. Marked improvements then began; the spores became less abundant, the hair commenced to grow. After fifteen months in hospital the boy went to the convalescent home cured.

Case 2.—A sister of No. 1. A healthy girl, aged eighteen, who had apparently caught the disease from a third member of the family—viz., a sister with whom she slept. The disease was of long standing; there were scattered bald patches all over the scalp; in places several sulphur-coloured cups; a mousy odour. Occiput covered with thick seborrhoeal crusts. Parasite readily detected. Treatment: Tonics and liberal diet; locally, after detergent measures, shaving, and epilation, izal was applied as an ointment, composed of equal parts of izal and lanoline. Improvement began in a few weeks, and after three months no more spores could be found. Discharged, after twenty weeks in the hospital.

## Legal Matters.

### A CASE OF SHOPLIFTING.

Maud Southey (28), of Popham Street, Islington, described as a nurse, was charged on remand at Marlborough Street Police Court recently with the theft of goods from Selfridge and Co., and convicted. The Magistrate, Mr. Denman, in passing sentence, said he was sorry that lenient methods towards persons of this sort had not been successful. In this case there was clear evidence that the robberies had been deliberately planned, and not committed under the stress of sudden temptation. The prisoner would be sentenced to three months' imprisonment in the second division. Apparently no evidence was offered that this woman had had training as a nurse, but there is no Register of Trained Nurses by which the above assertion could be proved or disproved, nor can she be prevented from taking up private nursing, as a trained nurse, at the expiration of her sentence.

## Queen Victoria's Jubilee Institute for Nurses.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, MARCH 9TH, 1911.

- 1.—(a) What might lead you to suspect that the drains of a house were out of order? (b) What measures are employed to prevent sewer gas from escaping into a house through the water closet?
- 2.—Give a short account of:—(a) An ideal feeding bottle; (b) The method for reviving an asphyxiated infant; (c) The reasons for and against babies' comforters.
- 3.—What are the chief points to remember in nursing a case of typhoid fever in the patient's home?
- 4.—What are considered suitable and unsuitable foods in cases of:—(a) Diabetes; (b) nephritis (acute); (c) rickets.
- 5.—If you could not get the thing itself what might you use instead of:—(a) Cradle (surgical); (b) feeding cup; (c) mackintosh; (d) steriliser; (e) gutta percha tissue.
- 6.—Give some illustrations of the working of charitable agencies with which you are familiar for the relief of poverty and distress.

### TRANSFERS AND APPOINTMENTS.

Miss Helen Wynne Edwards, to Hastings, as midwife; Miss Mary Lizzie Jones, to Morriston; Miss Gertrude Evans, to Skewen; Miss Sarah Hoad, to Norton Fitzwarren; Miss Isobel Murray, to Widnes; Miss Maud Macdonald, to Redditch; Miss Hannah L. Llewellyn, to Christ Church, Malvern.

### THE ORDER OF ST. JOHN OF JERUSALEM.

The King has been graciously pleased to sanction the following appointments to the Order of the Hospital of St. John of Jerusalem in England:—

#### AS LADIES OF GRACE.

Miss Beryl Carnegie Joseph.  
Sybil Frances Lady Eden.

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