

THE ISLA STEWART MEMORIAL.

At the meeting of the Committee of the Isla Stewart Memorial Fund, held last week, a satisfactory report was presented by Mrs. Shuter, and details in connection with the appeal were arranged. In the forthcoming issue of *League News* an explanatory letter from the Chairman will be inserted, together with Collecting Cards for the Fund, so that all members of the League of St. Bartholomew's Hospital Nurses, who wish to do so, can take an active part in building up the sum of £3,000, required for investment for the educational benefit annually of members of the League, to be associated with the name of the late Miss Isla Stewart, its founder. Miss Mabel Sleight, formerly Sister Lucas, was invited to become a member of the Committee.

POST-GRADUATE LECTURES AT GUY'S.

The Course of Post-graduate Lectures at Guy's Hospital concluded on Tuesday, Dec. 5th, with Mr. Davies Colley's second Lecture on "New Methods of Treatment in the Gynæcological Wards." The Lecturer said he had taken for his subject that evening the operation known as Vaginal Hysterectomy, which was not so frequently performed nowadays, and consequently many nurses had not the opportunity of seeing it.

The patients as a rule were unfavourable subjects for operation; they were usually old and subject to bronchitis; they were also in a bad state of health from frequent hæmorrhage, and were unable to bear the strain of a long operation.

For this operation, which was usually done for cancer of the cervix, it was necessary for the patient to undergo a course of douching, to be kept in bed, fed up and given a good tonic. The best douche, he considered, was formalin, 1 in 1,000, given three times a day. A morphia suppository was now usually given at the time of the operation; it allayed pain, discomfort and restlessness. The patient on returning to bed should be kept lying down until the effects of the anæsthetic had passed off, and about 36 hours later, when the forceps were removed, should be placed in the Fowler position; this position was a great advancement in surgery, and a great success in counteracting the complications of a vaginal operation. Catherisation was almost always necessary for the first few days after the operation. On the third day the bowels should be opened, a mild aperient, such as castor oil, being given. If this was not effectual, he favoured the giving of an enema, soap, olive

oil or castor oil. If necessary a mild laxative should be given every night. The diet is the same as for any other abdominal operation. On the first day only lemonade and lime juice should be given—this was particularly useful, as it prevented flatulence and the anæsthetic sickness; on the second day, beef tea and jellies; and on the third day the patient may have anything she cares for, and is then brought rapidly to full diet. If forceps are left in they should be removed on the third day. As a rule there is a little hæmorrhage, and the plug of gauze should be removed at the same time and renewed every day, after carefully swabbing out the vagina for the first ten to fourteen days. Douching should be resumed, given at a very low pressure three times a day for the following two weeks, or longer if necessary. At the end of four weeks the patient can get up on a couch, and usually recovers rapidly. There were a great many complications to be watched for, among them being hæmorrhage, sepsis, cellulitis, thrombosis, pulmonary embolism, acute bronchitis and pneumonia, and injury to the bladder.

PRACTICAL POINTS.

On Bed Sores. Every nurse considers it a disgrace, more or less, to allow a patient to have a bed sore. It has been my

experience in private nursing that my fellow nurses have been inclined to pin their faith far too much on spirit and the hardening of the skin near the points of the pressure.

I must frankly say I gained my most valuable experience in the prevention of bedsores in a poor law infirmary, where I was Sister.

On looking round a ward of patients, who were mainly chronics, who were mostly very aged and very feeble, and who were suffering from various diseases, it seemed so wonderful that, in spite of faulty habits, in spite of frames worn to skin and bone, in spite of years of confinement to their beds, there was not a patient who had any broken skin. In a few days I learnt more about the prevention of bedsores than I had ever learnt in my training days, and I have always found the knowledge exceedingly useful in private nursing.

Zinc ointment and castor oil mixed together in equal quantities, spread on lint or linen, seemed to be able to keep any bed sore at bay. If a patient had been doing well on the twice daily rubbing with methylated spirit, and then suddenly developed a suspicious redness about any point of pressure, that suspicious part was gently massaged with oil, and a zinc and castor oil dressing was strapped on. In a short time the redness disappeared, but the very fact of its appearance at all was a danger signal that the skin needed more soothing treatment. If thin and badly nourished patients were

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