

THE MATRONSHIP OF THE AUCKLAND HOSPITAL, NEW ZEALAND.

Miss Jessie M. Orr has been selected in England and appointed Matron of the Auckland Hospital, New Zealand, by the Auckland Hospital and Charitable Aid Board.

Miss Orr was trained at Guy's Hospital, and obtained a First Class Three Years' Certificate in 1900, also a certificate for six months' Fever training. She remained on the private staff till 1904, when she returned to Guy's Hospital to qualify for a Matron's post. She served with distinction as Ward Sister, Surgery Sister, Night Superintendent, and Hospital Housekeeper, her duties including the ordering and superintending the cooking for upwards of 500 patients, 35 sisters, and 95 servants, work in the Matron's office, in the Laundry, and classes for Probationers. From Guy's, Miss Orr was appointed Matron of the Taunton and Somerset Hospital, Taunton, in 1907, a position she has held to date to the unqualified satisfaction of the authorities and the medical and nursing staffs.

Miss Orr also holds certificates for Maternity Nursing from the British Lying-in Hospital, London, and for Massage from the Incorporated Society of Trained Masseuses.

It will be seen, therefore, that Miss Orr has been selected for the responsible position of Matron of the Auckland Hospital upon very high and thorough professional qualifications extending over a period of fifteen years' active service.

Miss Orr is a member of the Matrons' Council of Great Britain and Ireland, and strongly in favour of the organization of Nursing by statutory Registration, and she is looking forward to the privilege of Registration in New Zealand, where an Act has been in force for eleven years.

Of her personal characteristics it need only be said that her very excellent testimonials bear witness to strength of purpose, devotion to duty, and kindly relations with fellow-workers in every degree—the national characteristics, we may add, of Scottish women. In the honourable position she has been elected to fill we wish her all success, and that her relations with her fellow-workers in the land of her adoption may be as happy as they have been at home. We feel sure she will do all in her power to make them so.

Miss Orr will leave for New Zealand early in November; her departure from Taunton will be much regretted by many friends.

PRACTICAL POINTS.

Care of Sputum Cups before Incineration.

Miss Foley gives the following advice on this point in *The American Journal of Nursing*. A good way to dispose of sputum cups before burning them is to put them in very heavy brown-paper bags—the kind used in wholesale grocery houses to deliver sugar and cereals in. The sputum will not soak through these bags before eight to twelve hours and that is long enough to have the bags around before they are burned. An eastern sanatorium has the cups delivered in a room near the incinerator three times a day by the patients using them, and from a barrel of sawdust in the same room each patient is supposed to fill the cup with sawdust. It is said this makes them burn more easily when they are finally incinerated. A much better way is to make all patients carry small manilla paper bags and use paper napkins; bed patients requiring a great many napkins may have one of the large stout paper bags pinned to the side of the bed to receive the napkins after they have been used. These bags are turned down a few inches on either side and when properly folded they may be so pinned that one side of the bag folds over like a lid, and so there will be no danger from flies if the patient's bed happens to be out of doors on an unscreened porch. If the cups must be used, I think that the bags or the sawdust method are both good.

A Simple Device for Holding a Retention Catheter in Place.

In the *Journal of the American Medical Association*, Dr. William S. Ehrlich describes a device for keeping a retention catheter in place. The finger of a thick rubber glove is divided into four parts, leaving about half an inch of the tip intact. A very small hole is made in the centre of the tip, through which the catheter is passed. One-eighth of an inch from the end of each of the four strips a small slit is made in it. From some other part of the glove a strip of rubber six inches long and nearly half an inch wide is cut, one end being a little wider. This strip is then threaded through the slits in the four long strips into which the glove finger was divided. To fasten the strip three slits are cut crosswise in the wide end and the narrower end woven through it. This can be drawn fairly tight behind the corona and will hold the catheter in place. It can be made in a minute and, unlike adhesive straps, can be removed, tightened, or loosened without loss of time or discomfort to the patient.

Small Pox and Imported Flax.

An outbreak of small pox is reported at Kirkcaldy, and, as on previous occasions, it is supposed that the disease has been brought to the district by infected flax from Russia. One young married woman has died, and six patients have been removed to hospital.

[previous page](#)

[next page](#)