

patient to be moved and placed in the recumbent position (and we can do this much sooner under the modern treatment of hæmorrhage than we did of old), your first duty will be to restore surface warmth to the skin. The patient must be wrapped in a small blanket or large woollen shawl, and hot water placed to her feet. Put on the binder as soon as possible in these cases. I usually compress with a piece of flannel made warm and placed over the abdomen. The binder must be pinned over it as tightly as possible, placed well over the hips and below the thorax. The head must be low and the feet raised on a pillow to a level with the hips; warm napkins placed to the vulva. There is no need to fear any recurrence of hæmorrhage after intra-uterine injection, and the patient must be kept *warm*; nor should cold drinks be continued. The refrigerating measures for treating hæmorrhage that used to prevail caused reactionary fever, and often led to fatal results. Women were allowed to remain *for hours* on the saturated draw-sheets, and in some cases that came under my knowledge the whole of the lower part of the body was left exposed, and only *cold, wet* napkins put to the vulva. Modern science has done away with these horrors and led to the happiest results as regards the recovery of our patients.

(To be continued.)

### DEATH TRAPS FOR NURSES.

THE following excellent article on the London Hospital scandals—to which also we refer in another column—appeared last Saturday in our powerful contemporary, the *Pall Mall Gazette*:—"We don't want to be whitewashed. We don't want to burke discussion. Believe me, we shall be glad of publicity: it will help us to make reforms." These words were used by an official spokesman of a London hospital the other day. We take him at his word. It is a year or two since the public conscience of London was first approached in regard to its hospitals; but then the objects of solicitude were the patients. We are not now considering the patients except in so far as over-pressure upon those who tend them must inevitably recoil to the disadvantage of the sufferers. It is for the Nurses that we are concerned—for those countrywomen of Miss Jones and Miss Nightingale who have so worthily carried on the brave work with which their names will for ever be associated. The work in which these names are splendid examples is carried on every day and every night by hundreds of other women, more commonplace and more obscure, with a devotion to which all who have had an

opportunity of watching it will testify. It exacts its tribute of their health and strength, and sometimes of their lives. It is a toil which must be arduous, ill paid, and with well-known risks. That we cannot prevent. But we can and we must see that these difficulties are not increased by the addition of one straw's weight that we can help. We are told that at the London Hospital, which has been under so fierce a light before the Lords' Committee, and which Mrs. Hunter has arraigned in these columns, the conditions of Nursing life are not one whit worse—it has even been asserted that they are better—than at other Metropolitan hospitals. On this we cannot pronounce; but if it be so, it only means that the venue must be changed, and that the cause of the Nurses must be waged as well for the other hospitals as for this. We are told, too, that wherever these conditions are to be blamed, the shortcoming is compelled by economy, and that with the resources at their command the hospitals can do no better for those whom they employ. That only means that the public must give more money, and that the money must be better laid out.

"There is no need to take *ex parte* statements as facts. Take a few things which are admitted by the authorities themselves. It is admitted that every hospital in London works its Nurses for twelve hours a day and for seven days a week. It is admitted by the authorities of the particular hospital under discussion that this unremitting round of anxious toil tells its tale in the physical injury which is the immediate result of too-long standing. It is admitted that there is a need of shorter hours, of longer holidays, of more Nurses, and of a larger staff of servants to take the heavier manual labour off their hands. So much is on the face of things. But take this Blue-book of evidence—it can be bought for five shillings and ought to be in the hands of every governor of the London Hospital before the next quarterly meeting. We read here (4,886) of a young Nurse of only a few months' experience left alone through the long night in the responsible charge of from twenty to thirty patients in every stage of acute illness. We read that the food which was to support her through this long and harassing ordeal of mind and body was sometimes such a diet (taken at long hours apart) of pickled fish, tinned meat or the like, as was more more suited to a light-hearted picnic than to such work as this. We read (sec. 8,048) that of the two 'Night Sisters' who were the only experienced and responsible souls to whom she could appeal in the whole hospital in case of need, one might be a woman who had not had a day's surgical training in her life. We say, without hesitation, that if

[previous page](#)

[next page](#)