

and write well?" is still by no means obsolete, and applicants are required to fill in application forms as evidence that they possess the latter accomplishment! Advertisements of vacant appointments for the post of Matron do not as a rule mention the question of general education, and yet as the position is one requiring educational and social, as well as professional qualifications, approximating to that of head of a college, it is manifest that evidence of their possession is of the utmost importance.

Until the Government finds time to deal with the question of nursing standards, through a State appointed professional body, education throughout the nursing profession will not be appreciably raised. But one thing could be done without waiting for legislation, and that is the establishment of a higher course for future Matrons, and nurses taking up social work. The Matrons' Council in 1903 appealed to the Council of Bedford College (which is affiliated with London University) to establish such a course, and the Council gave careful consideration to the proposal, and intimated their satisfaction that their help had been sought, but action was deferred. Now that the question of an international nurses' memorial to Miss Florence Nightingale is under consideration, and opinion is unanimous that it should materialize in London, the moment is auspicious to reopen the subject. Such a course would attract the brightest intellects in the nursing profession, whose subsequent influence would be most invaluable in the nursing world. No more appropriate memorial could be established to the great educationalist whom it is desired to honour.

### MEDICAL MATTERS.

The prize in the Competition on the Control of Tonsillar Hæmorrhage was not awarded, as the few papers sent in dealt with this interesting matter in a too superficial manner. It cannot be that trained nurses do not realise the importance of expert knowledge and skill in relation to operations for the removal of tonsils. We blame the busy season for the lack of response to this question.

In the June number of the *Pacific Coast Journal of Nursing* there appeared an admirable

article on this subject by Dr. Henry Horn, of San Francisco, from which we quote for the benefit of our readers:—

#### THE CONTROL OF TONSILLAR HÆMORRHAGE.

The operation for the removal of tonsils is so common nowadays that practically every nurse is obliged, early in her training, to care for a child who has just undergone a tonsil operation. She is generally ordered by the surgeon to "look out for the bleeding."

That is a very easy order to give, but very seldom do specific directions accompany it. The beginner is therefore at a complete loss to know just how the bleeding will show itself, and exactly what to do when it occurs. Recently in San Francisco there have been several fatal cases of bleeding following tonsil operation, which showed how necessary an immediate recognition of the complication was on the part of the nurse. Too much stress cannot be laid upon this matter. It seems trite and unnecessary to mention it, but there is a feeling in hospitals that a tonsil operation is a minor matter, and the nurses regard the cases as a bother and as not productive of any very important training results to themselves. As a matter of fact, speaking generally, probably no operation in surgery, where operative indications are relatively so unimportant, has been followed by so great an operation and narcosis mortality. This is a terrible state of things, and as every child is as precious to the mother, whether it dies following a tonsil or an appendicitis operation, it behoves the nurse to eliminate any danger from her side as quickly as possible.

In any one of the prominent hospitals in San Francisco, the specialist is always looking for a nurse who has had special training in this subject. As a matter of fact, most of these cases are ward cases, and, as a usual thing, the ward nurse is a beginner or has so much work to attend to that the tonsil cases sometimes receive only the most superficial attention. Now I think that this all should be changed; that every head nurse should make it her duty to see that whoever has the charge of a tonsil case should have specific instructions regarding the care of it.

With the whys and the wherefores of the tonsil operation the nurse has nothing to do. But, after the child leaves the table, its life is put into the hands of the nurse, and every good quality that goes to make up that greatest of modern medical institutions, the trained nurse, may be suddenly called into play. The cool head, the steady hand, and the sense of security

[previous page](#)

[next page](#)