

word. Surely nothing could appeal more to a nurse than the nursing of men who had been wounded or stricken by disease while fighting in the defence of their country. The enemy would also have to be nursed, and to them the members of the Nursing Service could prove that the nursing of the British nurse was the best to be had. There were sure to be many difficulties to overcome, as the work was unlike anything the nurses were accustomed to in their well-equipped hospitals; but it was for the nurses of this country and this Territorial army to rise to the occasion, and show what could be done by trained women.

DR. CANTLIE.

Dr. Cantlie (Hon. Surgeon-Colonel R. A. M. C., T.F.), then gave a witty and rousing address, explaining to those present the part the Red Cross detachments would take in helping the Territorial Army in time of war. The Territorial Force (he said) lacked one branch of ambulance work—the care of the sick and wounded in the rear of the immediate field of battle. The Field Ambulance of this Force had no men to spare to leave behind to attend to the sick and injured along the line of communications; and it was to fill this gap that the Voluntary Aid Detachments of the Red Cross Society had been formed. The great feature of the Red Cross was that everything had to be improvised. In the time of war the regular army would have commandeered all the ambulance waggons, stretchers and other necessities. It remained for the Red Cross to improvise and “make do” with what they could get. A farm cart or waggon might be used by them for the transport of the wounded; and stretchers made from rake handles and sacks might be improvised. The few dressings and bandages carried by the detachments would be inadequate, but burnt paper made a sufficiently sterile dressing for a wound, and straw bands could be used to fix the dressing if bandages were not available. The Territorial Nurse must remember that when she went to nurse in the Territorial Hospital (which would probably be a school or an aeroplane-shed), she would not find everything at hand as in her own hospital. The quarter master would have done his best to equip the place, but many things would be wanting. She would not be able to run to the cupboards for everything she needed.

CAPTAIN MILLER.

Captain Miller endorsed Colonel Bruce Porter's request for help from members of the Nursing Service in the instruction of non-commissioned officers and men. If these men who were being trained as orderlies had met the Territorial nurses and become accustomed to their methods, the work in war would be very much simplified.

After the meeting, light refreshments were hospitably dispensed; and many of the Sisters and nurses present signified their willingness to give lectures or demonstrations on nursing; and Miss Barton will be glad if any of those not present at the meeting who are willing to help will communicate with her.

NATIONAL UNION OF TRAINED NURSES.

The Bristol Branch was most kindly entertained on October 14th at 6, Berkeley Square, by Miss Hodges, the Superintendent, and one of the Hon. Vice-Presidents of the Union. Dr. Fleming gave an extremely interesting lecture upon Nursing in connection with Anæsthesia, and opened up some rather new lines of thought. He explained the difference between Anæsthesia and Analgesia, and how the two are so often confused. After showing how wonderfully science had progressed during the last twenty years, he spoke of the influence a nurse could have upon the *mind* of the patient in calming and preparing the patient for the anæsthetic, and how much this helped the surgeon who was to operate. He also emphasized how much the success of an operation was due to the after-care of the nurse, and spoke of the great use of suggestion in the treatment of post-operative vomiting. Dr. Fleming said that shock sometimes first manifested itself with the first attack of vomiting, and spoke of saline infusion as the chief remedy for counteracting it, giving details of treatment and noting the danger of allowing the skin to become too tense.

In speaking of the preparation for the anæsthetic, Dr. Fleming dwelt on the importance of the careful noting of the patient's history and the duty of reporting anything likely to have an untoward effect, such as temperature below normal, previous history of goitre, a quick pulse, or epilepsy. Dr. Fleming gave an instance of a patient who came to have teeth extracted and in whom he noticed a slight fulness of the throat, but he could get no history of exophthalmic goitre, and there were no symptoms of it. After the teeth were extracted the patient quickly developed acute symptoms and died. On making inquiries it was found that she had been under treatment for the disease, but was considered cured. Dr. Fleming ended with a graceful word of thanks to nurses, to whose care, he said, the medical profession greatly owed the full success of the operations which they undertook.

The Bishop of Madras has determined to institute a Society of Deaconesses in his diocese, somewhat on the lines of the St. Hilda's Society in Lahore, under the leadership of Deaconess Beatrice Creighton, a daughter of the late Bishop Creighton. A farewell meeting was recently held at London House, under the presidency of the Bishop of London.

[previous page](#)

[next page](#)