

Committee to deal with this urgent national question—a sufficient supply of nurses in military hospitals. We all agree that our splendid and heroic sick and wounded soldiers deserve the most devoted care, and the most highly skilled nursing.

We claimed this for them in the early days of the War, when in 1914 we suggested to the War Office that an expert committee should be appointed to attain this end. Our proposal was then ignored, but now that existing organizations have failed to meet the urgent demand for trained nurses, after lowering Army Nursing standards all along the line, we hope nothing will prevent the Secretary of State for War appointing a really representative committee which will be able to give him sound and practical advice on the matter.

This is not a question in which anyone's *amour propre* has got to be considered—it is a great national question—a question of the health and healing of valiant men, and of the overwork of thousands of nurses. When we hear of nurses on duty from 7 a.m. to 12 p.m., of the backs of a dozen sick men being washed in the same water, of overstrained matrons reprimanding the nursing staff before the patients, of patients set to do manual work for which they are not fit, of squabbles, rows, and lack of discipline amongst all classes of officials, it is high time that something should be done to relieve the tension.

We advise Mr. Lloyd George to let loose one of his own "Tanks"; so that it may stampede tradition, crumple up the proverbial official red tape, and if needs be flatten out a few personal prejudices.

The National Council of Trained Nurses, and the National Union of Trained Nurses are ready to help him.

---

### EPIDEMIC OF DIPHTHERIA.

---

The grave epidemic of diphtheria in London is still engaging the anxious attention of the authorities. Every district is sending cases to the hospitals of the Metropolitan Asylums Board, who are removing over twenty cases a day, the diphtheria cases exceeding the scarlet fever cases—a very unusual experience. There are no fewer than 1,292 patients under treatment.

### OUR PRIZE COMPETITION.

#### WHAT CONDITIONS ARE LIKELY TO LEAD TO RUPTURE OF THE PERINEUM?

We have pleasure in awarding the prize this week to Miss Thomasina F. Donald, Royal Infirmary, Glasgow.

#### PRIZE PAPER.

A tear of the perineum is very often found: (1) In the case of a primipara; (2) of slow and prolonged labour; (3) of abnormal foetus; (4) of abnormal presentations and birth; (5) of want of care in retarding foetus until the elasticity of the perineum is fully developed.

*Treatment.*—(1) If tear is slight it will probably heal naturally; (2) if tear is severe, or torn into the anus, so that patient has no control over sphincter muscle, the case is one for operation.

*While waiting Operation.*—Patient should be douched night and morning with solution of boracic, septaform, carbolic, or lysol, at the temperature and strength that the surgeon may direct.

*Preparation for Theatre.*—Patient should have castor oil the day before operation, and parts thoroughly shaved. She should have enema and douche the morning of operation, and should wear during operation white flannel gown and long white woollen stockings, so that patient gets as much warmth as possible, as the legs and thighs are uncovered during operation.

*Post-operative Treatment.*—(1) Patient should have legs tied together before leaving operation table, below the knees, and she may be turned on her side if she feels inclined; (2) or patient may be put perfectly flat in bed, with knees flexed, and protected pillow below knees, but she must on no account make any effort that involves any strain on the parts of operation. The bed should be made up as for abdominal operation, with square hot-water cushion, and old blanket coming up from foot of bed to bottom end of draw sheet.

Some surgeons prefer that the wound and stitches should be kept absolutely dry, and that they should have perfect rest for seven to eight days. Therefore in those cases the bowels are confined, and the patient is not allowed to pass urine naturally; therefore the catheter must be used every six hours. If the patient complains of flatulence, the rectal tube may be used to relieve pain.

The patient is kept on fluid diet only, which may be peptonised if necessary.

On the fourth day the bowels are opened by means of a dose of castor oil, followed in five or six hours by enema of warm (blood heat)

[previous page](#)

[next page](#)