

member how sympathetic was the late Mrs. Gladstone when we poured out our woes to her upon her next visit to the ward. She thought "heart's desire" a "happy human attitude pleasing to God," and she was specially solicitous about "Bill's" shirt and poor little Peggy's boots. Those who knew her will appreciate her comments (not devoid of humour) concerning these mundane concerns of the poor, whose very good friend she was.

The pioneer Sisters of forty years ago were often daring indeed.

We recently heard of a nurse, certificated in one of the largest London hospitals, and who has held an important post as Matron, who filled up her form for the National Register giving both of these qualifications, and in addition the facts that she could drive, and was also a practical gardener. She had the curiosity later to enquire what the number on her card indicated, and was informed that it signified "utterly useless."

A nurse who lost the use of a finger while on the staff of the London Fever Hospital, Islington, obtained an award against the hospital at the Clerkenwell County Court last week under the Workmen's Compensation Act.

The circumstances, as related in court, were that the nurse was disinfecting the hairpins of a patient suffering from erysipelas when she pricked her finger with one of these pins. Medical treatment prevented the onset of erysipelas, but the finger lost its flexibility and prevented her following her work as a nurse. She had refused to allow the finger to be amputated, and her counsel urged it would be unwise to consent, as she was of marriageable age.

When questioned by the opposing counsel, she said that her fiancé had not refused to marry her if she had the finger off, and in reply to the further question, "If he came back from the war with his hand off, would you refuse to marry him?" she replied, "Of course not."

The judge held that she was totally incapacitated in respect to her work at the present time, and that she was entitled to compensation at the rate of 14s. 7d. a week from the time she left the hospital in July.

Nurse Buckler, of Claygate, Surrey, has refused to accept an increase of salary offered by the Committee. Nurse Buckler states that she appreciates the offer, but does not consider the present time the proper occasion for raising salaries.

PRACTICAL POINTS.

Col. G. F. Rowcroft, Temp. Major, I.M.S., has some very pertinent observations on nursing in the *St. Bartholomew's Hospital Journal* this month. Nurses should always remember that the comfort of the patient is their very special work. Col. Rowcroft says:—

"May I emphasise one or two little points about nursing which may seem self-evident, but each one of which was borne in on me about eighteen months ago when so seriously ill that I could not lift a hand off the bed.

"(1) The *taste* of medicines. I had often been ill, and pretty badly so before, but never worried much about the taste of my physic, and am not addicted to being fanciful; but, on the occasion referred to, it was a real physical torture to drink the stuff prescribed—t.i.d. When a patient is really ill, the physician should pay attention to this point, which is often quite ignored—as it was in my case. It is very easy, as a rule, to add something to improve or disguise the flavour.

"(2) See that hot-water bottles are really warm (*not* too hot), and placed where they can warm the patient. A cold and clammy bottle is disgusting, while a hot one out of reach is useless. I have often been left for hours in one predicament or the other. This, in cold weather, when one is really ill and helpless, is very trying. *Efficient* nurses and sisters would guard against such things, but there are inefficient in every line of life.

"(3) Use of feeding cup. *Before* using one with a patient for the first time, show him, or her, how he can use the tip of his tongue as a cork to stop the flow, in order to take breath, &c. And then, when you use it, *put the spout well into the mouth*. It may sound extraordinary, but I have repeatedly had the tip of the spout placed only just between my lips, with the result that the least movement on the part of the holder dislodged it and sent a rivulet down my neck, wetting me uncomfortably.

"Having got the spout well into the patient's mouth, *tip the cup up well*. (I assume that you have already explained how to 'cork' it up, if necessary, with the tip of the tongue.) It is irritating and annoying to only be able to get a drop or two at a time.

"(4) As regards making the bed: What is the prejudice some sisters and nurses seem to have against allowing the bed-clothes to come well up to the chin and ears? I have often seen a bed made, and have had my own made, in such a way that they only came up a little more than half-way above the top of my chest. This, in cold weather, is absolutely miserable, and makes one chilly all over.

"Whatever is worth doing at all is worth doing well, so, if a patient is to be made comfortable in bed, see that he really is so and not merely that the tops of the bed-clothes are all in one line.

"(5) In winter one may suffer much from cold hands in bed. Take my advice and if you suffer thus wear warm gloves. If reading or handling

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