

and surrounded by his dogs. An ideal pair are Lord and Lady Ampthill, upholding the very finest traditions of the English nobility. How sincerely I hope he will safely return—but he is of those great patriots who find their greatest content in giving all for England, and—as England has bred such men—if he falls they cry quits.”

### DISTINCTIVE UNIFORMS FOR FEVER NURSES.

The Metropolitan Asylums Board adopted at a recent meeting a report of the General Purposes Committee on the subject of “female staff uniforms” as follows:—

It being advisable to simplify the distinguishing uniforms which are now worn by various grades of the female staff at the Board's institutions, we recommend that, in view of the difficulties experienced in obtaining certain materials owing to war conditions, the following proposals for alteration in female staff uniforms, be approved, viz.:

(a) Nursing Staff.

(i.) Hospitals, Children's and Sanatorium Services—

Assistant Nurse (Cl. II.) Plain Oxford-shirting dress.

Probationer .. .. Do., with one chevron of blue striped jean.

Assistant Nurse (Cl. I.) Do., with two do.

Staff Nurse .. .. Do., with three do.

Sister .. .. Do., with badge representing the Board's arms.

Superintendent Nurse.. Do., do., with one straight stripe with scroll piped with red twill.

(ii.) Asylums Service—

Nurse .. .. Plain Oxford shirting dress.

Deputy Charge Nurse.. Do., with one chevron of red Turkey twill.

Charge Nurse .. .. Do., with two do.

Head Nurse .. .. Do., with three do.

Superintendent Nurse.. Do., with badge representing the Board's arms.

(b) Any fully-trained nurse (appointed as such) in the Asylums Service to wear the uniform marks of the corresponding rank in the Hospitals Service.

(c) Sisters and Head Nurses to have aprons with round bibs, instead of square, as at present.

(d) No alteration in other articles of uniform such as caps, but half-sleeves to be provided for nurses at the Asylums as necessary, and shower proof cloaks for the summer wear of nurses on ambulance duty.

(e) No alteration to be made at present in the uniforms of Assistant Matrons or Home Sisters.

(f) Other Staff.—Housekeepers, house-mothers, cooks, needle-room staff and head laundresses in future to wear dresses of Oxford shirting.

### MATERIA MEDICA FOR NURSES.

We have pleasure in calling attention to the new (and fourth) edition of the “Text Book of Materia Medica for Nurses,” compiled by Miss Lavinia L. Dock, R.N. The book, which is revised in conformity to the British Pharmacopœia, is published by Messrs. G. R. Putnam's Sons, 24, Bedford Street, Strand, W.C., price 5s.

In her preface Miss Dock says that the study of materia medica is made to some extent a part of the course in all our training schools for nurses (we wish we could think so), but, so far, no text book has been prepared along the special lines followed in class recitations.

Those special lines are well defined, and are limited. They begin and end with medicines, and do not run into therapeutics. The application of medicine to disease is no part of a nurse's study, and there are therefore some inconveniences met with in using—as text books—works on materia medica which are written solely for the use of the medical profession.

Miss Dock's aim has been to collect from all available sources the scattered points which concern a nurse, and to give them simply and directly. Those who know Miss Dock will not need the assurance that the work has been carried out with thoroughness and success, and the book includes information as to the source and composition of drugs; their physiological actions; signs indicating their favourable and unfavourable results; the symptoms of poisons with their antidotes; and practical points on administration.

It is of the utmost importance that nurses whose duty it is to administer drugs should be acquainted with the symptoms which may follow their use, and they can consult no more illuminating authority than Miss Dock's *Materia Medica*.

Here is a bit of practical advice as to dealing with cases of poisoning. After classifying poisons in three groups—corrosives, irritants, and functional—and detailing both the antidotal and antagonistic treatment, Miss Dock says: “In any case, *keep cool*; take one minute to collect yourself, then go to work. *Command others*. The result may surprise you, even in the most hopeless cases.”

In regard to the effects of drugs. Take such a usual drug as bromide of potassium. We read: “In giving a course of the bromides, it is very essential that the state of the digestion and of the bowels be carefully watched, and the latter strictly regulated, for the accumulation of an excess of bromine in the system causes a series of symptoms known as ‘bromism.’ The first is usually a salt taste in the mouth, with salivation and fetid breath. Next come drowsiness, heaviness and sluggishness of intellect, loss of memory, partial aphasia, depressed spirits, a staggering gait, dull, listless expression, sluggish pupils, and sometimes an infrequency of winking.

“One of the marked features of bromism is the appearance of eruptions of the skin, in great variety and of varying severity.”

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