

Here the nursing principles are different. There is a common stock of nursing and feeding articles, except that each case has his own thermometer and pulse-glass. Everything is boiled after use, there being sterilisers for this purpose. Each case is provided with nurses' and doctors' gowns, but disinfecting lotion is not provided for each case; the nurses carbolise their hands at a central place. When up, each case stays by his own bed.

(c) *Cubicle Nursing* is even a step further towards complete isolation in large wards. There is the addition of a glass partition between the beds, but not reaching to the ceiling. There is a common air supply to all patients. Cubicles control the same infections as the barrier.

(d) *Corridor Cells*. Here the division does reach the ceiling. The cells lead off a passage running down the centre of the ward; therefore, as the corridor is partly closed in, there is not, strictly speaking, a separate air supply for each cell. These, too, control the same infections as the barrier.

(e) *Verandah Cells*. These lead separately into the open air, or on to a verandah. The verandah may run round the block or simply along one side. Thus there is a separate air supply for each cell or ward. All infections can be controlled by this method (except Small pox, not tested).

(f) *Open-air Shelters*. These are not greatly used as yet, and are, strictly speaking, used more for treatment than for the prevention of disease. However, it is possible they will be as successful as verandah cells in the controlling of an infection. This system is in use now, and controls Scarlet Fever while nursed with other infections. Also it is known that while Typhus Fever spreads easily in partly ventilated wards, it does not do so when nursed in open-air shelters.

PART II.

In cubicle nursing special care must be taken, and the following points, in addition to the ordinary precautions taken for barriers:—

(1) To ensure very free ventilation, as some infections are carried by air, and there is a common air supply.

(2) All soiled linen must be at once removed, under proper precautions, as air carries germs, and disinfected.

(3) If children are occupying cubicles—and most fever cases are children—care to be taken that they do not run into next cubicle. Curiosity may prompt a child to do this.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss M. James, Miss P. Thomson, Miss N. Bayley.

NURSING ECHOES.

The military authorities have gratefully accepted an offer by the Joint War Committee of the British Red Cross Society and Order of St. John of Jerusalem of a sum equivalent to 5s. per occupied bed in military and military auxiliary hospitals for the purpose of providing festivities for the patients in those hospitals on Christmas Day.

The nursing staff of the King George Hospital, Stamford Street, S.W., have erected in St. John's Church, Waterloo Road, a memorial to the patients who have died in that hospital. The memorial takes the form of an upright crucifix on a stone base, suitably inscribed. A parchment roll at the church, containing particulars of the men who have died in the hospital, is open for reference, and has been signed by Her Majesty Queen Alexandra, who also unveiled the memorial.

The House of Commons, on December 11th, resolved that the Draft of the Ministry of Health (Lunacy and Mental Deficiency, Transfer of Powers) Order, presented November 17th, be approved. This will bring the control of the nursing care of the insane under the Department of the Minister of Health.

At a recent meeting of the Cardiff Mental Hospital Committee, Lieut.-Colonel Edwin Goodall presented an interesting report, and a discussion took place in regard to the substitution of the system of women nurses for male nurses.

Two members of the Committee opposed the change, but Col. Goodall stated that the Committee had empowered him to take all necessary steps for securing a proper female staff, and that during the whole of the War Office occupation about 2,000 acute mental cases had been nursed entirely by women. The rules and regulations had been entirely remodelled and submitted to the Commissioners. No hardship would be inflicted upon the male staff. He strongly contended that female nurses could take care of the acute mental cases, and that nursing by women was by far the most enlightened system, and by far the best system for the patients.

This is in accordance with the experience of Dr. George Robertson in Scotland, and other progressive medical superintendents, who have had experience of this system.

At an adjourned inquest at the City Coroner's Court into the death of a patient at St.

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