

PRACTICAL POINTS.

THE PLACING OF PILLOWS.

"Smoothing pillows and soothing the fevered brow" have often been considered the sum total of nursing by the gifted amateur, but, writing in *The Australian Nurses' Journal*, Miss M. F. Sanders impresses us with the importance of pillows in advancing the comfort of the patient.

"The placing of pillows," she writes, "is one of the most important factors for the comfort of the sick folk—the misery of the feeling of a broken back, the twisted neck, and strained muscles, is very hard to put up with.

All these may be relieved by an understanding way of placing the pillows.

Would you like to know how I learned to fix pillows in a comfortable way? When I was a probationer I slept in a room with two other nurses. I borrowed from them and got into my bed with six pillows—when I got out of that bed I had learned all the weak spots in our make up!

Tidy pillows are seldom comfortable; pillows placed one on top of the other, straight up, are quite hopeless for comfort or rest.

That part of our anatomy between the ribs and sacrum is a very troublesome and tired spot, and support there is most comforting.

Sometimes a rolled-up drawsheet, small blanket, or small pillow, will give relief.

When patients are turned upon their sides the top of the shoulders often presses upon the underneath pillow, and makes rest impossible. When the patient is sitting up in bed, the elbows hang heavily; then pillows placed at the sides of the patient, for the arms and hands to rest upon, are such a comfort.

The constant slipping down of the patient, and the heavy lifting up again that is so trying to the nurse, may all be done away with by correctly placing a pillow under the knees.

The pillows should be fastened round half a broom handle or a walking stick, a strong holder should be fastened to each end of the stick and fastened to each head post of the bedstead.

It is most simple to manage, and then with pillows under the arms it is like sitting up in a comfortable armchair, and all the slipping is over. A little pillow should be placed between the knees and one at the feet to prevent pressure—toes get very sensitive if pressed upon over-long.

A chair or table at the side of the bed, with a couple of pillows for the patient to rest upon, and a box for the feet to rest upon at the same time, gives relief and rest.

A table and pillow at the sides of the bed so that the patient may rest his arms out quite straight, or a bed-table piled up with pillows in front of the patient, will give rest very often.

A strong bandage fastened to the front of the bed and within reach of the patient often enables him to change his position.

A bell, or a stick to knock with, should be within reach of the patient at all times.

AN INCENTIVE TO THOSE RESPONSIBLE FOR NURSING EDUCATION.

The Education Committee of the General Nursing Council will have an interesting question before it when it comes to consider reciprocal curricula to qualify for registration, and no doubt it will avail itself of the practical experience of those engaged in various branches of nursing. We hope, of course, that in the future the nursing of sick children, infectious diseases, and maternity nursing, will form part of the curriculum for the General part of the Register, but that will take time, as any violent disruption of existing methods would only produce confusion.

In the meanwhile we are entirely in agreement with the *Lancet* in its expression of opinion when writing recently on the new nursing scheme for municipal nursing in Manchester:—"The importance of providing well-trained women for this work cannot be over-estimated and the success of the scheme must depend largely upon high standards of qualification being adopted and just salaries being paid; also on a rigid limit to the number of patients allocated to each nurse. The scheme should prove an incentive to those responsible for nursing education to evolve a course of training which shall produce women specially suited for municipal nursing, since the field of service is eminently broader than that of a hospital or private institution. The municipal nurse must know something more than the hospital nurse knows at present of the industrial, social, and economic conditions of the people, and must continually bear in mind that her work is not only to tend the sick but to teach the people how to combat sickness. Until special endowments are made for the education of nurses or a system of payment is established, the nursing service cannot be expected to realise its enormous possibilities, and it is for universities and educational authorities to supplement the limited instruction received by nurses in hospital for work in the field of public health."

THE INTRODUCTION OF PUBLIC HEALTH NURSING INTO THE TRAINING OF THE STUDENT NURSE.

Now that the Education and Examination Committee appointed by the General Nursing Council is getting to work, the following suggestion made by that very experienced health worker, Miss Edna L. Foley, R.N., in the *American Journal of Nursing*, is of value. It is an abstract of her valuable paper read at the Atlanta Conference last spring:—

A PUBLIC HEALTH POINT OF VIEW.

"Training schools are realising a growing need for giving their students the benefit of their experience with public health agencies. The essentials for introducing this into training are a teaching district where the pupils may practice, and a sufficient staff of visiting nurses to carry on the

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