

trained at the Royal Infirmary, Leicester, and received her Housekeeping Certificate at the Royal Berkshire Hospital, Reading. Miss Blakesley has been Staff Nurse at the Royal Infirmary, Bradford, Theatre and Plaster Room Sister at King Edward VII. Hospital Rivelin, Day Sister at the County Hospital, Lincoln, and Night Sister at St. Nicholas and St. Martin's Orthopaedic Hospital, Pyriord. She is a Certified Midwife.

SISTER-TUTOR AND HOME SISTER.

Royal London Ophthalmic Hospital, E.C.—Miss L. M. Polley, S.R.N., has been appointed Sister Tutor and Home Sister. She was trained at the Royal Infirmary, Bristol, and received her training in Ophthalmic Nursing at the Birmingham and Midland Eye Hospital, Birmingham, where she was later Theatre and Ward Sister. Miss Polley has also been Night Sister at the General Hospital, Worcester, is a Certified Midwife, and holds a Certificate for Invalid Cookery.

Royal Infirmary, Oldham.—Miss S. A. Tod, S.R.N., has been appointed Sister Tutor and Home Sister. She was trained at the Wolverhampton and Staffordshire General Hospital, Wolverhampton, and at St. Mary's Hospital, Manchester, and has since been Ward Sister at the Royal Infirmary, Oldham, Ward Sister at the Coventry and Warwickshire Hospital, Coventry, and Ward Sister, Night Sister and Assistant Matron at the Children's Hospital, Pendlebury.

NIGHT SISTER.

Wilson Hospital, Mitcham.—Miss Lily Mutton, S.R.N., F.B.C.N., has been appointed Night Sister. She was trained at the Hope Hospital, Pendleton, where she was a gold medallist.

THEATRE SISTER.

Jessop Hospital for Women, Sheffield.—Miss N. Jennings, S.R.N., has been appointed Theatre Sister. She was trained at the Royal Infirmary, Sheffield, where she was later Theatre Sister's Assistant. Miss Jennings has also been Theatre Sister at Ilkley Nursing Home, and Theatre Sister at the Royal Hospital, Chesterfield.

RESIGNATIONS.

The resignations of Miss M. E. Sparshott, C.B.E., R.R.C., Matron of the Royal Infirmary, Manchester, and Miss C. E. Vincent, R.R.C., Matron of the Royal Infirmary, Leicester, create vacancies in the Matronships of two important provincial hospitals.

Miss Sparshott was trained and certificated at the General Hospital, Nottingham, and has held the position of Matron of the Royal Infirmary, Manchester, for twenty-one years. She is a Member of the General Nursing Council for England and Wales, and a Principal Matron in the Territorial Army Nursing Service.

Miss C. E. Vincent, Matron of the Royal Infirmary, Leicester, was trained and certificated at St. Thomas' Hospital, London, in which institution she subsequently held the position of Assistant Matron. She succeeded Miss Gertrude Rogers as Matron of the Royal Infirmary, and during her tenure of office there has been much structural alteration to the institution. She is a Principal Matron in the Territorial Army Nursing Service, and the President of the Royal Infirmary, Leicester, Nurses' League.

LEGACIES TO NURSES.

Mr. Philip Scott, of Wanstead, left £50 each to his nurses, Jessie Alice Bostock and Marjory Smith, in recognition and appreciation of the care and attention "which my said nurses have shown to me during the whole of my long illness," and £100 to his nurse, Josephine O'Sullivan.

Dame Emily Spielmann, of Westbourne Terrace, W., left an annuity of £100 to Nurse Isabella Macmillan.

Mr. Robert Montgomery Horne Payne, of Brentwood, left a life annuity of £120 to his nurse, Edith Winifred Matthews.

Mr. Frederick Deen Pryor, of Cambridge, left £100 to Nurse Emma Ransome.

Mrs. Margaret Myers Sturdee, of Norton Fitzwarren, Somerset, left £200 to her nurse, Florence McCullough, if in her service at her death, or if not, £50. She desired her daughters (but without creating any trust in the matter) to pay the salary of the District Nurse at Norton Fitzwarren, "as I have done so for some years past."

LEGAL MATTERS.

"Died from Blood Poisoning following Injections."

The death of a patient in the Bermondsey and Rotherhithe Hospital due to blood poisoning following injections given by probationers in training, was the subject of an inquest at Deptford on March 5th. In reply to the Coroner—Dr. W. H. Whitehouse—the Medical Superintendent, Dr. R. C. Harkness stated that hypodermic injections of morphia, digitalis and other drugs were given by probationers, "they must have a certain amount of experience to learn their duty."

The Coroner.—"It certainly does not seem right that dangerous drugs like these should be given by probationary nurses, in some cases in the middle of the night—three of them unqualified persons. They have not passed an examination, and yet you allow them to pump these poisons into the system of the patient."

The Coroner, who sat without a jury, recorded a verdict that "Mrs. Dadson died from blood-poisoning, following injections of morphia and other drugs into her arm as a treatment for heart disease, given by probationary nurses."

The administration of dangerous drugs hypodermically by probationers should always be carried out under the supervision of a medical practitioner, or a Registered Nurse.

An Unedifying Spectacle.

The unedifying spectacle of two partners in a London Nursing Home wrangling in the Law Courts, Miss E. E. M. Ellis suing Miss Constance Garlick for a dissolution of partnership, caused some outspoken comments in the Chancery Division of the High Court by Mr. Justice Romer. Such partnerships are admittedly difficult and rarely successful, but at least they should be between general trained registered nurses which one of these nurses was not.

PROFESSIONAL REVIEW.

By Miss K. M. LATHAM, R.R.C., S.R.N., M.B.C.N., Matron of the Medical Welfare Department of Debenhams Ltd., London.

THE TREATMENT OF VARICOSE VEINS BY INTRAVENOUS INJECTION.*

This interesting little book, by Dr. J. D. P. McLatchie, gives a brief survey of early attempts at treatment, and a detailed account of modern methods of technique, solutions used, with their various advantages and drawbacks, contra-indications, and a description of the actual effect of treatment on the vein.

Dr. McLatchie himself generally uses sodium salicylate, and after a preliminary testing injection gives treatment once or twice a week. Perfect asepsis is of course necessary, and the injections must be absolutely intravenous, or inflammation, ultimately resulting in slough, may occur.

Other solutions used are various preparations of quinine, which is specially useful in cases where many veins have to be treated, sodium chloride, glucose, citrate of soda, etc.

Contra-indications are not numerous, and chiefly relate to the presence of other diseases such as heart trouble, tumours causing obstruction, and local eczema.

There are few general effects from the treatment, and it seldom necessitates giving up work, even for a day. Relief is felt early after only a few veins have been treated.

Microscopically injections are seen to cause an aseptic phlebitis; all coats of the vein are swollen and a firmly adherent clot is formed over the area of damaged endothelium.

This clot is invaded by young blood-vessels and fibroblasts, acute congestion passes, and the vein is transformed into a fibrous cord, in which the original structure has disappeared. Varicosity is very unlikely indeed to recur, though fresh veins may be affected.

* Heinemann & Co., 99, Great Russell St., W.C.

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