

Nurse either—was supplied for the night. One night a patient suffering from dropsy, required the assistance of the Nurse. In the middle of her work, however, the poor Nurse had to rush to the help of another patient, with the result, that the dropsical patient fell from the bed dead. I can endorse the Nurse's statement to her friend, that patients are tied in bed. I myself went through the process; the Nurse had so much to do that until the night Sister came round, my bed was never approached. Though the night Sister had about 300 patients under her care she treated her patient with a tenderness beyond description."

And this is the Hospital to which the Sunday Fund has awarded £3,125!—So much for centralization.

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A CORRESPONDENT writes *re* the Special Hospital subject:—

"Having worked in them I am a strong believer in Special Hospitals, and I have no hesitation in saying that the patients admitted to these Institutions are far more skilfully cared for than in the so-called special departments of large general Hospitals. Compare, for instance, the arrangements for the nursing of sick children at the Victoria Hospital for Children at Chelsea and that heartrending pandemonium called "Queen Ward" at the London Hospital. The one exquisitely appointed—specklessly clean and beautiful—its 80 cots arranged in several airy wards, so that each child receives individual attention at the hands of the Sisters and many Nurses, and the benefit of the personal superintendence of the Matron—mother of all—whose rooms are at the ward doors—and who is in and out helping and encouraging her staff with kindly advice and ripe experience, who knows each child, and its sorrow and gladness. And then stand at the door of Queen Ward—and listen—the wailing seems to ring in one's heart and ears long after one has turned and fled—the bustle and the scurrying to and fro—when does one see a Nurse sitting down—gently tending and *mothering* her charges? What time has she for such a luxury? Are the little staff not kept hard at it all day long—tidying up, washing, feeding, hurrying up—like the immortal Jo, for ever "moving on." One Sister to upwards of 50 cots—what help can she be in consoling these poor wee sufferers—and giving them the motherly comfort for which all children crave, and which constitutes true nursing with these poor little things?—none, for her time is fully occupied by the performance of her routine duties. We heard more than enough of the torture experienced by patients and Probationers in this wilderness of a ward in the evidence given by Miss YATMAN before the Select Committee of the House of Lords. I hope before the Sunday Fund entirely squashes the small special Hospitals, that they will personally compare the attention and comfort bestowed by them on their inmates with that which they receive in many of the unwieldy institutions containing hundreds of beds, the management of which is so loudly extolled, and where the lack of supervision is notorious. This craze for economy can be carried too far. Let the Nurses and patients have a voice in this matter, and we should not see thousands of pounds, subscribed by the public for the *care of the sick poor*, bestowed upon those Institutions where the comfort of the patients is the very last consideration—as at the London Hospital."

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SOME of my readers will doubtless be glad to know that in connection with the Hospital for Women and Children, in Lupus Street, Pimlico, classes for Dispensing and instruction in Midwifery are being held. Full particulars can be obtained by sending a stamped and addressed envelope to the Secretary at the Hospital.

## Post-Card Examination.

WE are pleased to announce that in the *thirty-eighth* of this series of examination questions:—

"Describe the Nursing in a case of Pneumonia"

Nurse REDDOCH, L.O.S., whose card we reproduce, has secured the prize of a book or books to the value of five shillings:—

Nurse Reddoch. 95. Brickley Road  
L.O.S. Brockley S.E.

Describe the Nursing of a case of Pneumonia!  
The patient should be placed in bed at once. See there is a draw sheet + mackintosh, the room warm about 65° but well ventilated, a steam Kettle going. Jacket poultices every 4 hrs. Before changing get patient ready as far as possible but covered with bed clothes until the poultice is absolutely at the bed-side. Apply as hot as can be borne. When the Doctor desires to examine patient's chest remove poultice + dry with a warm towel which must be ready to hand, do likewise when the poultices are changed, which will prevent itching + poultice rash. Take temperature, pulse + Respiration every 4 hrs. + register. Medicine as directed punctuality being the watchword. Save spec. of urine + sputa. Should the latter be offensive disinfect or deodorise + constantly remove. Notice character of cough or any pain in chest + report. Watch back + ribs with methylated spirit + zinc ointment night + morning. The bed clothing should be light + warm. Absolute quiet is necessary + the patient restrained from talking more than necessary. Give liquid nourishing diet. A little soda + milk well alloy. Urine. Keep bowels open. Do not allow patient to get out of bed, use bed-pan. If bad, watch for delirium especially at night. A relapse is always to be feared. A flannel vest must be worn + a piece of cotton wool next the chest as the poultices are left off. The convalescence takes about three weeks.  
Newspaper:—Smith + Son's Bookstall New Cross

The following have gained "HONOURABLE MENTION":—

Miss RINDER.  
Miss A. L. EYRE.  
Miss MARGARET FALCON.  
Nurse TALBOT.  
Nurse HENRY.  
Miss DE TEISSIER CROSSE.  
Miss FLORENCE SHEPPARD.  
Miss ELIZA BAYLISS.  
Miss MARY FISH.  
Nurse MORRELL.  
Miss SANDERSON.  
Miss WATSON.

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