

Association Regulations for Nurse Volunteers during disasters in time of peace,' under the heading of 'REGULATIONS FOR THE ENROLMENT OF TRAINED NURSES FOR EMERGENCY OR WAR SERVICE, UNDER THE JOINT AUSPICES OF THE INDIAN RED CROSS SOCIETY AND THE TRAINED NURSES' ASSOCIATION OF INDIA' appears to have caused some misunderstanding.

The Indian Red Cross Society and the Trained Nurses' Association of India agreed to maintain a Roll of Nurses for service in war or disaster, *but they had nothing whatever to do* with the pay or allowances laid down in Section 7, Clause (a), (1) & (2), for nurses employed in time of war. These regulations were framed by the Medical Directorate, Army Headquarters, Delhi, and volunteers will be paid by the Army Nursing Service.

The regulations laid down in Section 7, Clause (b) were drawn up by the Trained Nurses' Association of India, and volunteers will be paid by the Indian Red Cross Society.

If members will study the forms carefully, they will see that the regulations laid down in Section 7, Clause (b), are the same for nurses whether trained in India or abroad.

The Quadrennial Congress of the International Council of Nurses will be held in London from July 11th to 24th 1937. Members who wish to attend are asked to apply to the Secretary at once for their forms of authority.

Lemon Juice in Mycotic Infections. For symptoms of intense irritation, etc., I tried the dabbing of lemon juice in a case of pruritis vulvae with immediate relief and cure. Previously I had relieved the same case with weekly injections of one per cent. novocain solution, eight injections of one c.c. each week for four to six weeks. The lemon juice treatment was certainly easier, though less lucrative. The next case was a varicose ulcer with a weeping eczema. I had tried several elastoplast bandages, quinine urethane injections, calamine lotion, scarlet red ointment, and other preparations. In desperation I recommended applications of lemon juice, and within a few days the eczematous condition dried up and the ulcer healed; the same intense itching had been present in this case. Now I wonder whether lemon juice would clear up eczema of the ear lobes, leucorrhœa, and other vaginal lesions, and whether the mycotic infection which is common to the webbing of the toes is spread by the patient's fingers to other parts of the body?—*British Medical Journal*.

[From the *Nursing Times*, Oct. 17, 1936.]

Note.—As lemon juice is difficult to obtain we wonder whether lime juice would have the same beneficial results.

THE EIGHT-HOUR DAY AS AT PRESENT IN FORCE AT THE PRESIDENCY GENERAL HOSPITAL, CALCUTTA

(A paper read by MISS ABRAM at the Conference.)

An eight-hour day has been in force in this Hospital since about 1900. Unfortunately I cannot find any definite record of its inception, but from information obtained from authentic sources I think it must have been started about 1900. I questioned one late Nurse of the Hospital, and she started her training in 1903 and said it was an 8-hour day then. I asked, 'Was it talked about as being an innovation in her early days', but she said 'Oh, no, it apparently always had been an 8-hour day'. I therefore think I am correct in saying it began at least 36 years ago.

It may therefore be said to have stood the test of time.

I understand it was started in an effort to raise the standard of nursing and to attract a good type of candidate for training.

It is completely automatic and runs with perfect smoothness.

The cycle of duties is as follows : and the Nurses work in 3 sets.

The first set is on duty from 3 to 11 p.m.

The next set from 11 p.m. to 7 a.m.

The remaining set from 7 a.m. to 3 p.m.

Each tour of duty is 3 days, the Nurses do 3 afternoons, 3 mornings and then 3 nights.

On the 3rd morning duty they come off at 3 p.m. and go on again at 11 p.m. for night duty. (Thus doing a double shift.)

At the end of the 3 nights the Nurses go off duty for 32 hours.

This is in compensation for the day on which they do the double duty.

In 1932 we rearranged the night work, so that the patients were not wakened so early in the morning, and I pointed out to the Nurses, that if they would volunteer to stay on duty an extra hour in the morning so that a double set of Nurses were on duty to make all the beds and do the ward tidying, the patients could be left to sleep longer.

This was readily agreed to by the Nurses and the night shift is now 11 to 8 a.m.

You will want to know how it works in actual practice, and I think it will be simplest to bring it under three headings:

1. As affecting the Patients.
2. " " " Nurses.
3. " " " Administration of the Hospital.

1. As affecting the Patients.

I know the idea is very common that it cannot be good from the patients' point of view. I think this is quite erroneous.

The patients are always accustomed to a change of Nurses, viz. night and day. The system only means 3 Nurses in the 24 hours instead of 2. I have been a patient, so can speak from personal experience and it presented no drawbacks. I knew that another Nurse would come on at three o'clock and also that in the night another one, but as they were the same 3 Nurses it made no difference.

I do know that the patients greatly appreciate a nice, fresh-looking Nurse coming on duty bringing with her little bits of news of the outside world, and the freshness of clean uniform and bright outlook. This has been mentioned to me from time to time by the patients.

2. As affecting the Nurses.

There is everything to be said for it from the Nurses' point of view.

They get a great variety of work, and they see the wards and patients at all stages of the work. In the 10 days duty they are on in the morning, the afternoon and at night, so see the patient at all hours. They have quite regular hours and know for weeks ahead when they will be off duty. They are therefore able to make plans for seeing their friends.

They do not have the long trying periods of night duty and keep very fit and well.

They work very hard in the 8 hours on duty, but they have 16 hours off duty in which to rest, study and go out.

Their lectures are mainly given in their off duty time, but one feels this is no hardship.

I think an eight-hour day is surely ideal from the Nurses' point of view.

3. We now come to the scheme from the **administrative point of view**. Unfortunately I cannot enthuse on it from this point of view.

It is sometimes extremely difficult, and one has to try to think very hard of the advantages to the Nurses in order to keep a sense of proportion.

It *has* advantages and one tries to keep them well in view.

It produces a happy and contented staff.

One does not see those terribly tired and utterly weary Nurses coming off duty. I know you will all appreciate what I mean in saying this. Whose heart has not ached in sympathy with very young Nurses, new to Hospital, who come off duty looking unutterably weary? How well we know the feeling, having experienced it!

With the shorter hours their feet do not suffer in the same way.

The Matron has no anxieties as to whether they are getting their days off. These are automatic and come round with complete regularity; as also their daily off duty.

She also knows they have plenty of time to study and do their lectures and need show no leniency in this.

The disadvantages are chiefly the difficulty that arises in cases of sickness. It may happen, with the usual perversity of things that the Nurses who are sick, are all on the same tour of duty, or, as we describe it, on the same set. This is often extremely difficult to cope with and one is at one's wits' end to find a relief. Similarly when one is arranging 'moves' it is sometimes almost impossible to arrange the right move and give the Nurse the type of work she most needs on the same set of Nurses.

It is rather like doing a jig-saw puzzle, and necessitates hours of concentrated thought to see how it can be done.

Leave is also a difficulty and from the Matron's point of view the scheme does present great problems.

It is also a little more costly, although in reality not much greater than normal in a properly staffed Hospital.

In conclusion, I should like to plead for a trial of an eight-hour day in every Hospital in India. It has almost everything in its favour and would prove a great boon to both patients and Nurses.

—*With acknowledgments to the 'Madras Mail'.*

THE NURSING OF HEART FAILURE

Abstract of a lecture given by B. MATTHEWS, Matron, Royal Chest Hospital, at the Hospitals, Nursing, Midwifery and Public Health Exhibition and Conference.

Heart failure means the inability of the heart to discharge its contents adequately, and it may come on gradually or suddenly. When the onset is sudden, death is due to syncope, and may occur immediately or may be preceded by the following symptoms: pallor, dyspnoea, yawning and sighing, cyanosis, an anxious expression on the face, palpitation, cold and moist skin, weak, irregular pulse and, in some cases, a slow pulse. On the other hand heart failure may develop gradually, taking several weeks or months. This happens in the types of heart disease which sometimes complicate the infectious fevers, or in heart diseases arising from failure of the cardiac muscles to compensate. Such patients generally need medical supervision. They should avoid strenuous exercises, have some occupation if possible, and map out a regular, healthy life. On these lines they may go along comfortably for years.

Sudden Heart Failure.—Treatment for sudden heart failure consists in stimulating the failing heart and resting the body. The foot of the bed is