of india-rubber tubing, and a little gas tripod educated women who will speedily attain to can be procured for a trifling expense from any such a standard of efficiency. Nothing can be ironmonger. Needless to say that the domestic more paralysing and derogatory to all future "pot" must be well scoured in boiling soda- progress in the nursing of the sick insane than to water. Failing anything else the dressings may inspire lunatic attendants with the impression be placed in a tin, with a closely-fitting cover, further secured with sealing-wax where the lid closes, placed in a pot with water below the sealing-wax line, and boiled till the water boils Do not forget to sterilise any bandages used.

A. V. STEWART.

Answers by the Editor.

I.—What training would constitute an efficient mental nurse?

A mental nurse must in common with all other specialists, if her training is to be efficient, obtain experience in the nursing of general diseases, before entering upon the special branch of work to which she intends to devote herself. She should therefore receive a thorough training in a general hospital, after which not less than twelve months should be spent in the sick wards of a well-organised lunatic asylum, of which the matron and head nurse are thoroughly qualified nurses, and therefore capable of supervising and instructing their subordinates in the care of the The development of the profession of nursing all tends towards the necessity for co-operation between institutions provided for the care of the sick; thus affiliation between a general hospital (containing medical, surgical, and gynæcological cases), a fever hospital, a lying in hospital, and an asylum for the insane, through the wards of which all probationers would have to pass to gain practical experience in the nursing of the special diseases treated in each, would, no doubt, evolve most capable and experienced nurses. Special examinations would have to be held in the various branches of nursing; and, once the certificate for general nursing was gained, examinations and certificates for the special branches might be competed for at the will of each candidate. Thus, those wish-ing to be capable of nursing the sick insane would qualify themselves by passing through a prescribed, practical, and theoretical course of training in a lunatic asylum. The certificate for mental nursing would thus be an additional and most valuable evidence of a nurse's fitness to nurse the sick insane, and would no doubt in time be compulsory before a nurse would be appointed to any position of authority in a lunatic asylum, or entrusted with the care of a private insane patient. If a high standard of efficiency is placed before the would-be mental nurse, there are plenty of conscientious wellthat the curriculum of nursing education at present in vogue, in the best of our asylums, is a satisfactory one, or has reached a standard which can be accepted as conclusive. In the interests of both mental nurses and their patients, we consider it wiser to point out the deficiencies in the present system rather than support the optimistic theories of those who have attempted to inspire asylum attendants with the opinion that they are efficiently trained nurses of the sick insane.

II.—Describe the best methods of sterilising surgical dressings.

The object of sterilisation is to destroy germs of disease by means of dry or moist heat, and all surgical dressings should be thus prepared before they come in contact with a wound. Scientific appliances for the purpose of sterilising dressings and instruments are now constructed upon most practical models, and are in use in the wards and the operating theatres of all modernised hospitals. To effectually sterilise dressings they should be loosely wrapped in gauze or a thin towel, placed in the steriliser and exposed to moist heat (steam) for at least an hour. The steam having been discontinued, they should be left to become absolutely dry, and then transferred from the steriliser and instantly incased and sewn up in oil silk, and kept ready for use in an air-tight tin box. A supply for ward use is thus daily prepared.

At private cases where ordinary hospital appliances for sterilisation are unobtainable, a new fish-kettle will take the place of the more costly steriliser admirably, but on no account should any household utensil which has been in use before be pressed into the service.

If a large quantity of cold sterilised water is required, it should be boiled in a new enamelled saucepan, and be placed to cool in a large enamel water can with close-fitting lid. These utensils are cheap, and can be easily procured. Messrs. Reynolds and Branson, of Leeds, have now produced a steriliser large enough to boil midwifery forceps, and equally useful for all other instruments, at the low price of 7s. 6d.

At the Johns Hopkins Hospital, Baltimore, by an ingenious device of Mrs. Hampton Robb, then Miss Isabel Hampton, the whole of the sterilisation needed in the institution was accomplished, without additional expense to the hospital, by means of a system of tapping the steam pipes in each ward kitchen.

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