

ounces of sterilized water, but the strength of the solution is afterwards considerably increased.

FIRST AID ON THE BATTLE FIELD.

A VALUABLE paper recently published on this subject enforces the following practical conclusions: (1) First-aid packages are indispensable on the battlefield in modern warfare. (2) The first-aid dressing must be sufficiently compact and light to be carried in the skirt of the uniform, or on the inner surface of the cartridge or sword belt, in order to be of no inconvenience to the soldier or in conflict with military regulations. (3) The Esmarch triangular bandage was of great value in the school of instruction, but in the first-aid package it was inferior to the gauze bandage. (4) The first-aid package must contain in a waxed aseptic envelope an antiseptic powder, such as boro-salicylic powder, sterilized pins wrapped in tinfoil, and between this package and the outside impermeable cover two strips of adhesive plaster an inch wide and eight inches long. (5) The first-aid dressings must be applied as soon as possible after the receipt of the injury, a part of the field service which could be safely entrusted to competent hospital-corps men. (6) The first-aid dressing, if employed behind the firing line, should be applied without removal of the clothing over the injured part and fastened to the surface of the skin with strips of rubber adhesive plaster, the bandage being applied over and not under the clothing. (7) The first-aid dressing must be dry and should remain so by dispensing with an impermeable cover over it, so as not to interfere with free evaporation of the wound secretion. (8) The first-aid dressing should not be disturbed unnecessarily, but any defects should be corrected at the first dressing-station.

CHLORINE WATER.

THE chlorine water treatment of typhoid has been largely used in India. The usual dose is a drachm every three hours. It is asserted by those who have used it largely that:—(1) Chlorine can be safely used till complete disinfection of the alimentary canal is obtained. (2) It improves the appetite and digestion, lessens the fever, and cleans the tongue. The only odour to the stools is that of chlorine. (3) It causes increase of strength and lessens the nervous symptoms. (4) It shortens the duration of the disease, and under its influence the patient usually makes a rapid and complete recovery.

International Congress of Women

NURSING SECTION.

AFTERNOON SESSION.

COUNTESS OF ABERDEEN presiding.

LADY ABERDEEN said: I do not propose to take up the time of the meeting, but will read a letter I have just received from Miss Florence Nightingale, which, I am sure, you will be glad to hear:—

DEAR NURSES—VERY DEAR NURSES,—Thank you, thank you for all the progress you have made in these last years. May God bless you—and He does bless you. You should be the salt of the earth, for such opportunities are yours. Such opportunities with your patients, without saying a word of preaching, for showing in your practice what a woman should be. And that every year should show this feeling more and more, is the earnest prayer of

Your affectionate and grateful friend,

FLORENCE NIGHTINGALE.

This letter was received with loud applause.

Lady Aberdeen then called upon Miss Lucy Walker, Superintendent of Nurses at the Pennsylvania Hospital, Philadelphia, to read Mrs. Hampton Robb's paper, Mrs. Robb having deputed Miss Walker to take her place, in her unavoidable absence.

THE ORGANIZATION OF TRAINED NURSES' ALUMNAE ASSOCIATIONS.

BY MRS. HAMPTON ROBB,

President of the Associated Alumnae of Trained Nurses of the United States and Canada.

As the representative of the National Associated Alumnae of Trained Nurses in the United States of America, permit me to express to you our appreciation and thanks for the honour accorded to us by your invitation to take part in the work of the International Council of Women.

The subject of Alumnae Associations for Trained Nurses is one that has no longer the charm of novelty to those of us who belong to the Nursing World. It has occupied our attention, more or less, for the past five years, and has been one of the chief themes of discussion at various times and places, in season and out of season, at formal meetings of delegates from various schools and at informal gatherings where two or three graduate nurses have met together. But, although the novelty may have gone, the interest in such discussions has not diminished. The sick will ever be with us, and even the most optimistic among

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