

HOW TO KEEP RUBBER GOODS.

There is no perfect preservative for soft rubber instruments, but by care their lives of usefulness may be prolonged.

Disuse and exposure to the air cause rubber implements to become hard and brittle by oxidation.

Rubber tissue is best kept moist in covered jars.

Sheet rubber should be kept sprinkled with talc, dry, flat or loosely rolled, in an air tight case.

Rubber gloves are soon ruined by boiling, but this is counterbalanced by the great reduction in the present cost price. During sterilization they should be kept separated by being wrapped in gauze. Fluffed gauze should be inserted into each glove finger to prevent stocking, which occurs after the first or second boiling on account of the softening which takes place.

After using they may be washed in a castile soap lather, dried, sprinkled with talc, and laid away unfolded in gauze, in an air-tight case.

Atomizer bulbs and soft rubber syringes should be kept thoroughly dry when not in use in a tight box or the instrument case. Stomach tubes may be cleansed in castile soap lather, then thoroughly dried, hanging up to drain, and placed at full length in case or box.

Catheters and rubber rectal instruments are best kept at full length, never coiled, in closely stoppered glass tubes. Boiling does not seem to materially shorten the life of some catheters, but they vary greatly in their power to withstand injury from this source. Catheters, as well as rubber gloves and other implements of like nature, may be sterilized in formaldehyde vapour. This process, however, requires a special sterilizing chamber.

An important factor in furthering the life of soft rubber instruments is the nature of the lubricant employed when they are in use. Oil and grease of whatsoever mixture soon ruin the rubber. Alcohol, ether and chloroform also shorten the careers of rubber goods.

The American Nursing World.

At a recent meeting of the Alumnae Association of the Massachusetts General Hospital, Boston, U.S.A., Miss Lillian Morris made the following remarks on the important subject of

THE PERSONALITY OF A NURSE.

"The personality of any person has, I think, a great deal to do with their success, no matter what their profession, and perhaps with us it is more important than in most cases, because people who are ill are so susceptible to mannerisms and are just

in a condition to notice and be annoyed by lack of tact and refinement in little things which in their ordinary state of health would be unnoticed.

"I don't see why the personality of a nurse is not just the personality of an ideal woman, for certainly nursing is one of the most truly womanly things that we can do. There are so many things which help to make an attractive personality, dignity, repose of manner, refinement, a sense of humour (if possible), an ordinary amount of cheerfulness, and enough strength of mind and reserve force to give people the feeling that we may be relied upon in any emergency.

"There is one point that I feel very strongly about, and that is the uniform. It seems strange to me that so many nurses when they leave the training-school to do private nursing give up wearing their caps, when they add so much to the dignity and neatness of their appearance. I have even met nurses on duty without cuffs or cap, and sometimes only a light cotton dress in place of a uniform. I wish something might be done to force nurses to wear their regular uniform if pride in their training-school does not do it. As long as a nurse's standard in the hospitals is judged more by the amount of work she can accomplish in a given number of hours than by the way the work is done or the character of the worker, we can't expect to have our profession composed of ideal women. but there is no doubt that there is more being done towards elevating the profession than ever before. When we hear nurses complained of in houses where perhaps several have been employed, it is not very often their work that is objected to. I have so often heard it said in regard to this, 'We had nothing to object to in her work. She took excellent care of the patient, but she is not the sort of person I should care to have again.' It seems that in many cases of this sort the nurse must be partly to blame. I believe that too many of us think that if we make ourselves attractive and pleasing to our patients that our duty in that regard ends there, and to the rest of the family we can be as professional and curt as we please. It certainly is very trying to be stopped every time we leave the sick-room by some member of the family, and asked question after question so many of which seem senseless to us, but if we could only put ourselves in their place and realise the constant anxiety they feel, which is so much harder to endure from the fact that they can do nothing for the patients and perhaps cannot see them for days, we would patiently and cheerfully answer their questions so far as our profession allows.

"I think a good woman who takes up her work with a true love of her profession and a resolve to be *courteous* to *everyone*, will not fail to have an attractive personality."

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