

breathers at night. Stenosis must be relieved in every case, but this is not sufficient to overcome the mouth-breathing, which remains as a fixed habit.

Ignition Vacuum Bottle. Dr. Karl Connell, House Physician at the New York Hospital, describes in the *Medical Record* a very simple apparatus for aspirating. An ordinary 5-pint bottle of about 1 in. mouth is chosen and fitted with a perforated rubber stopper, to which is attached 2 ft. or 3 ft. of firm rubber tubing, clamped by a hæmostatic forceps or other device. Three drachms of 95 per cent. alcohol is poured into the bottle, which is then turned until the entire inside is coated; the excess of alcohol is then poured off. The bottle is placed upright and a lighted match applied before the alcohol has time to dry or settle. A sheet of flame descends into the bottle, and, as it touches the bottom, the bottle is quickly corked. This will aspirate 60 oz. to 68 oz. The temperature of the bottle when the alcohol is poured in should be from 60° to 110°. Below 60° the alcohol will not ignite; above 110° it takes place so rapidly as possibly to be dangerous if the bottle is weak or has a narrow neck. With 50 per cent. alcohol or whisky the temperature must be at least 85° Fahr. or it will not ignite. The same bottle has been used over 1,000 times by the inventor without accident. The apparatus can be obtained at any village drug store for 50 cents, exclusive of the clamp.

The *Medical Press* says:—"It is strange that at the present time many medical men are found who continue to use corrosive solution for purposes of post-partum douching in spite of the clear demonstrations that have been made of its unsuitability and of its dangers, and in spite of the introduction of many safe and efficient substitutes. The use of this dangerous poison for post-partum douching is not alone confined to general practitioners, but it is used and recommended by many competent specialists. A case is recorded in an American contemporary in which a patient, aged thirty-three, who had miscarried at the fourth month, was given a single vaginal douche consisting of a quart of 1 to 1,000 corrosive sublimate solution. The next day she exhibited all the characteristic symptoms of sublimate poisoning—gingivitis, salivation, and diarrhoea—the symptoms became rapidly worse, and she died a fortnight later. Of course, an antiseptic cannot be condemned because it is carelessly used with fatal consequences in a single case, and, if corrosive sublimate had anything to very strongly recommend it, it would be foolish to do so. But what are its recommendations? It destroys metal instruments; it is a most dangerous lotion to leave about a house; it is decomposed and rendered useless in the presence of much albumin; it roughens the hands of the operator, and constricts the mucous membrane of the vagina and vulva, and so tends to encourage the occurrence of lacerations of these parts; and, as the case to which we have called attention shows, and as many other reported cases show, its use is by no means free from danger. The obstetrician who uses it himself is courageous, but the obstetrician who recommends it for general use to others—nurses or students—is foolhardy."

Legal Matters.

THE LIABILITY OF COMMITTEES OF NURSING ASSOCIATIONS.

A case of much importance to nurses, and to which we refer in our Editorial remarks, was tried in the Civil Court at Manchester last week, before Mr. Justice Jelf and a special jury. Briefly, the plaintiffs, Mr. and Mrs. Hall, of Windsor Road, Oldham, claimed damages from the Committee of the Oldham Nursing Association (Lees and others) for injuries sustained by Mrs. Hall from alleged negligence of two nurses supplied by the Association—Nurses Head and O'Donohoe.

THE PLAINTIFFS' CASE.

In January last year Mrs. Hall underwent an operation, and whilst under anaesthetics—either during the operation or immediately after its completion—hot bottles were used (as the plaintiffs alleged) insufficiently protected, with the result that the patient's right leg and left foot were seriously burned, in one instance right to the bone. Mr. Pickford, K.C., and Mr. Ambrose Jones appeared for the plaintiffs; Mr. Shee, K.C., and Mr. Byrne for the defendants.

THE DEFENCE.

The points urged for the defence were:—

1. That in the event of judgment for the plaintiffs the sum (£190 odd) claimed for expenses was excessive.
2. That the Oldham Nursing Institution was not an ordinary nurses' home carried on for profit, but a voluntary and philanthropic body, and that none of the ladies and gentlemen forming its Committee assumed, when they undertook the duty, that liability would attach to them for the negligent acts of nurses privately engaged. When in attendance on a patient apart from the institution the relation of master and servant between the Committee and the nurse did not exist. The nurse was the servant of the employer. All that the Association undertook was to supply nurses on request who had the requisite qualifications.
3. That the injuries complained of were sustained by the patient during the operation, and not after she had been removed from the operating table, and therefore, so far as they were concerned, the nurses repudiated accusations of negligence.

The evidence of the two nurses was, substantially, that an indiarubber hot-water bottle was used on the operating table at both operations. There was nothing to prevent the doctor seeing this. They described the use of the bottles and their protection. They thought it most likely that the injuries had been caused by the indiarubber hot-water bottle

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