

The Council would consist of trained nurses and medical men, and the moment it was formed the promoters would go into the background. They were not opposed to State Registration. On that point they were neutral. If Parliament in its wisdom passed a Nurses' Registration Act, they would be only too pleased to hand over their work to the State.

They hoped to set up the machinery which would eventually lead to State Registration. The time was not yet opportune to go to Parliament for this reform.

Mr. Holland asked for the names of the Matrons who were supporting the scheme. Beyond those of Miss Swift, Matron of Guy's, and Miss C. J. Wood, he could obtain none. They would, Mr. Bonsor said, be announced when the signatories had obtained their certificate from the Board of Trade.

Mr. Holland appealed to the Chair to know if the opposition were not entitled, as a matter of right, to know the names of the Matrons who were supporters of the scheme. Was it not of importance that they should be made public before, and not after, the Board had given its decision?

The whole united nursing world, as well as the medical profession, were against the scheme. No one was for it.

The Chairman replied that Mr. Holland could ask Mr. Bonsor for information, but he had no means of compelling him to reply. Mr. Bonsor remained obdurate, and the names were not disclosed.

In conclusion, the Chairman thanked all present for coming there. He assured them that their time had not been wasted. A shorthand note of the proceedings had been taken, and would be very carefully read by Lord Salisbury, President of the Board of Trade.

Practical Points.

Open-Air Treatment of Tuberculosis at Home.

Dr. W. B. McLaughlin, in the *New York and Philadelphia Medical Journal*, describes a half tent for the rest-cure in the open air, and a window tent which can be easily and cheaply applied to any window. The window tent is an awning which, instead of being placed outside of the window, is attached to the inside of the room. It is so constructed that air from the room cannot enter nor mix with the air in the tent. The patient lying on the bed, which is placed parallel with the window, has his head and shoulders resting in the tent. By following the description closely it will be seen that the ventilation is as nearly perfect as can be produced with so cheap a device. In the lower half of an American window is placed the frame, to which is attached the awning, stretched over a quarter circle, with a radius of 40 in. The frame of the tent does not quite fill the lower half of the window; a space of about 3 in. is left for the escape of the warm air in the room. By lowering the window this space can be reduced to one inch or less, according to need. On extremely cold and windy nights there need not be left any open space at all above the tent frame. The patient's breath will rise to the top of the tent and the form of the tent aids in the ventilation. The awning is made of stout duck and is waterproof. The patient enters the tent through a flap which can be made either on the right or the left side of the tent.

The lower edges of the canvas that come at the head and side of the bed are long enough to be tucked well under the mattress to exclude the air from the room and protect the patient from draught. The flap is so constructed as to admit of easy access to the patient. To protect the patient from storms the roof of the tent has been projected slightly beyond the window, and a roller blind placed in the window, which can be pulled down at will. If the light causes early wakefulness, a light bandage of thin black material, as a lisle-thread stocking, will obviate the difficulty.

The Treatment of Tuberculosis of the Larynx with Sunlight.

Dr. Kunwald describes, in the *Medical Record*, the very favourable results obtained in the treatment of tuberculous laryngitis by the reflection into the glottis of sunlight by means of mirrors. The patient is seated with the back to the sun, and in front of him, about the height of the mouth, an ordinary toilet dressing mirror is affixed to a suitable standard, at such an angle as to throw the light directly into the pharynx. The patient pulls forward the tongue with one hand, and with the other manipulates a laryngeal mirror in such a way as to render the image of his larynx visible in the large mirror. The best time for the treatment is early in the forenoon and late in the afternoon, as the sun's rays are more easily utilised when slanting, and it is desirable to eliminate the heat rays as much as possible. The patients soon learn the technique of the procedure and become much interested, as they are enabled to watch the improvement themselves. The length of each sitting varies from five minutes to an hour, according to the strength of the patient. The treatment is contra-indicated in cases of œdematous swelling of the larynx, which appear to be unfavourably influenced by the heat rays. The author gives the histories of fourteen cases in which the treatment was found of marked benefit, and he believes that improvement follows this method more rapidly than any other form of treatment.

The Cubicle System in Infectious Hospitals.

A recent issue of the *Bulletin de la Société Méd. des Hôpitaux de Paris* shows, as a safe result of the cubicle system of treating infectious disease, at the hospital connected with the Paris Pasteur Institute, where all kinds of contagious diseases are received and treated in the same pavilion, that, among over 2,700 admissions since 1900, including 443 of diphtheria, 524 of small-pox, 163 of erysipelas, 136 of measles, 7 of hydrophobia, and 192 contacts, only eight instances occurred in which contagion was apparently contracted after admission, five being cases of small-pox, two of erysipelas, and one of diphtheria. It would appear that the incubation period in these cases of small-pox indicated that infection was contracted, either before, or on the day of admission; that the erysipelas infection was traced to an imperfectly disinfected rubber comb; and that the diphtheria contagion was probably due to infected doll's clothing brought to a child from outside. Each patient on entering was vaccinated if there were any small-pox cases in the hospital, and children each received an injection of 5 c.c. of anti-diphtheria serum if there were any diphtheria cases.

[previous page](#)

[next page](#)