

utilised to promote the comfort and advancement of the nursing profession, then we are getting but poor loyalty and co-operation from our State Society. If the dismissed pupil and unaccepted probationer find all the private nursing they can do, and that to the exclusion of the Registered Nurse and decided jeopardy of the unsuspecting patient, surely organisation is of little worth. If these same pseudo-nurses can humbug the doctor and the public by masquerading in a garb fashioned after the graduate or undergraduate uniform of any school, is this not often due to the fact that the Alumnae of that school are careless as to wearing the exact or actual uniform of their school? Should the *American Journal of Nursing* fail to flourish, may not the members of the State Society feel reproached for having subscribed or contributed to a magazine edited as a financial venture by some enterprising lay-women to the exclusion of the journal for which the Associated Alumnae has long fought and bled, financially at least?"

At the Annual Convention of the Nurses' Associated Alumnae at Washington, Miss Damer, the Chairman of the Committee appointed upon ways and means for securing the ownership of the *American Journal of Nursing*, was able to make the following Report:—

"The committee appointed last year when we met decided that they would begin their work by writing to the associations that were not already owners of stock in this Journal, with the idea that they might possibly be induced to buy some shares, and we did so by writing to forty-three societies, with the result that during the year eighteen shares of stock have been taken by societies.

"So you see that there are very few shares remaining unsold; there have been demands for these shares from individuals, but the directors had decided that for one year they should be held open to the alumnae associations, and the committee felt it advisable to go on in the same way that we have been doing in order that the remainder of the shares may be taken by the alumnae associations. At present forty-three shares of the 100 are held by the alumnae associations, and one share belongs to the national society. We hoped in this way to secure the controlling interest in the Journal, and eventually that all the shares will be held by our societies, and it seems the easiest and simplest way to accomplish that without demanding that the national association should raise a large sum of money. Later on we hope that the societies will transfer as they can, either by selling or by giving their shares to the national association to be held by us and not individually, but we feel that from the general interest that is being taken in the Journal that it is our own magazine and belongs to us altogether, and that we must all do our share in interesting others and in making it a success, and the committee has nothing further to suggest to you, unless the suggestion come from the members, than that we should go on in the same way until we can gain possession of the Journal."

Miss McIsaac said that if a few more shares were

sold the Journal would belong largely to the associations. They hoped that it would not be very many years before the Journal actually belonged to the Associated Alumnae.

Clearly American nurses realise the value of a professional organ of their own, and their responsibilities in regard to it.

## Practical Points.

### The Passage of a Pill.

Drs. Sicard and Infroith have traced the passage of a pill through the digestive tract. The pill was made of colloid matter and filled with bismuth, so that when the canal was illumined by the Röntgen rays, its passage could be seen through the body walls. It was given on an empty stomach. It was found that for half-an-hour the pill remained in the fundus of the stomach, eight hours after that it was seen in the caecum, where it remained from four to six hours. It remained in the transverse colon from two to three hours, and in the descending colon from three to four hours. Between the twentieth and twenty-fourth hour it was seen in the sigmoid flexure, and after that it was expelled with the faeces.

### An Effect of Digitalis.

Dr. Samuel West in the *St. Bartholomew's Hospital Journal* has the following note on Digitalis which may usefully be noted by nurses:—"Digitalis is usually given to slow the heart, but its action is cumulative, and sometimes goes beyond what was intended. This is especially likely to occur where the heart muscle is degenerate. The heart-beats, which we may suppose to have been 140, may fall, after the action of digitalis, to 120 or 100, with great benefit to the patient, and then next day, without anything in the patient's condition to suggest any change, may be found to have suddenly dropped to 60, or even 40. The continued administration of the drug would be dangerous, and it would, of course, be stopped. The point is that this danger signal, as it produces no symptoms, might easily be missed unless thought of and specially looked for."

### Sterilisation of Cutting Instruments.

An American surgeon draws a comparison between the cutlery of the older surgeons and those of the present day. He says that it is an open question whether the marked excellence of the earlier instruments was due to superior material and workmanship, or to less wear and better care. Probably both factors are concerned. In former times, operators being ignorant of the origin of sepsis, had instruments that would cut. All of their troubles came after operation, none before. With modern surgeons the reverse is true. The writer declares that all methods now in vogue for sterilising instruments dull the edges of those intended for cutting purposes. The writer has recently sent to a number of operators in different parts of the country the following inquiries:—1. How do you sterilise your knives and scissors? 2. What method has the least effect in dulling their edges? The answers as to the scissors were practically unanimous. They are boiled along with the other instruments. Various answers were

[previous page](#)

[next page](#)