

loses its virtue, renders the skin rough and sore, and makes future sterilisation impossible; carbolic acid makes the hands anæsthetic and may cause vasomotor paralysis; potassium permanganate has no appreciable antiseptic action on the skin; mercury bi-chloride forms insoluble albuminates, thus encasing and protecting the germs, while alcohol is expensive.

Veroform antiseptic is open to no objections, while it is the most efficient means of hand disinfection that we possess to-day.

The following technique is reliable:

First: Each hand should be scrubbed for five minutes with a good soft soap, such as Squibb's, and hot water which should be repeatedly changed.

Then each hand should be scrubbed from three to five minutes with a 1½ per cent. to 3 per cent. solution of veroform antiseptic, which is two to four fluid drachms of veroform antiseptic to a pint of water, after which the hands, as desired, may or may not be rinsed with sterile water.

When used in this way veroform antiseptic offers the best means of sterilising the hands. It does all that other disinfectants will do under the most exacting circumstances, and it will do more than any other will do. It destroys germs and spores more quickly than any other antiseptic, and will penetrate and kill microbes where no other disinfectant can reach. It does not roughen the hands nor harden the skin and is unirritating, leaving no unpleasant after effects, and in other respects it is more agreeable than the disinfectants now in use.

Preventing Bed-sores in the District.

Hospital methods, however good, need some modification before being applied to the usual district patient, whose horror of clean water and fresh clothing is only equalled by the superstitions of his friends about both. Without the co-operation of at least one friend it is impossible for any visiting nurse to keep the back of a paralytic or emaciated patient whole. The best thing to do, therefore, when first called to attend a helpless case is to enlist the help of a friend or relation of the patient. She must have intelligence enough to understand the instructions given and honesty enough to carry them out when left alone with the patient. There is nothing *infra dig* in a nurse explaining the sweet reasonableness of her orders to her lay assistant, and in allowing her to help with the daily sponging and bed-making.

Spirits and powder, one's sheet anchor in hospital wards, are as a rule unsatisfactory in the district where the patient's back is often tender before the nurse is called in. I find the zinc ointment of the British Pharmacopœia, to each ounce of which thirty grains of camphor have been added by a chemist, far superior, being much cheaper and more agreeable to the patient. By telling the patient's friends that the back must always be well washed with soap and warm water before the ointment is applied, one can ensure that being done; the poor have great faith in ointment, but little in cleanliness and friction.

The patient's back should be massaged with the ointment for at least ten minutes, rubbing not only

the hips, shoulders, and other dependent parts, but also across the back, and up the spine. The person who is responsible in the nurses' absence should be instructed to attend to the patient at stated intervals, to keep the bed dry, and free from wrinkles, and not to allow the patient to remain too long in one position.

A bolster placed at a patient's back, when he is turned on his side, gives a feeling of support, and is a great comfort.

The "friend at court" if tactfully advised, can do much in the nurses' absence to destroy the fond illusion that feather beds and closed windows are indispensable to the sick.

Some may object to this method of preserving backs, because it is dependent to a great extent on the people themselves; but surely it is true charity to "help the poor to help themselves."

S.C.M.K.

Examination of Lambeth Infirmary Nurses.

The nurses of the Lambeth Infirmary who recently passed an examination conducted by Dr. Abbott at St. Thomas' Hospital in the nursing care of the sick and in ambulance work attended before the Lambeth Guardians at their last meeting, when the certificates they had gained were presented to them by the chairman.

In presenting these certificates the chairman said the Guardians were gratified to find that the nurses took such a keen interest in their work, and were so industrious and intelligent. Of 24 who had attended the examination 19 had gained certificates.

Appointments.

MATRONS.

District Infirmary, Ashton-under-Lyne.—Miss Katharine F. Cooper has been appointed Matron. She was trained at the General Hospital, Northampton, where she subsequently held the position of Sister in the Women's Surgical Wards. She has also been Sister of Men's Surgical Wards at the Metropolitan Hospital, and Theatre and Home Sister at the Wolverhampton General Hospital, where she at present holds the position of Assistant Matron.

Children's Hospital, Bradford.—Miss Nora Woodhouse has been appointed Matron. She received her training at the Infirmary, Sunderland, where she subsequently held the position of Sister. She has also been Sister at the Children's Infirmary, Liverpool, and at the Manchester Children's Hospital.

Buchanan Hospital, St. Leonards.—Miss Esther Hodges has been appointed Matron. She was trained at Charing Cross Hospital, where she has held the position of Ward Sister.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss C. D. E. F. Dunn has resigned her appointment.

The undermentioned ladies have been appointed Staff Nurses (provisionally): Miss Marguerite Aimée Cachemaille, Miss Marguerite Elizabeth Medforth, and Miss Frances Joan Mitchell.

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