

Practical Points.

The Dangers of Glass Bottles for the Delivery of the Milk Supply.

Mr. E. W. Lucas draws attention in the press to a new danger with which the public is confronted under the guise of a sanitary improvement, namely, the delivery of milk in glass bottles. The tin cans, formerly in general use, were sterilisable, and as a rule were sterilised by boiling in water. The only way of sterilising glass bottles is, he says, either in hot air ovens, or by placing them in water the temperature of which is gradually raised to boiling point and then gradually allowed to fall. The result is that the bottles are, as a rule, merely rinsed through in tepid or cold water, and in consequence are never sterile, a grave danger when the late contents may easily have been in a state of putrefaction. The public are off their guard, as they consider milk delivered in glass bottles and sealed is guaranteed free from adulteration and inoculation by micro-organisms, whereas Mr. Lucas who, as an analytical chemist is a competent judge, is of opinion that milk delivered in bottles contains practically always a large number of putrefactive germs.

Ice Enemata in Pyrexia.

Dr. R. U. Moffat, C.M.G. until recently Principal Medical Officer in the Uganda Protectorate, referring in the *Lancet* to the good results obtained by Captain M. F. Foulds, R.A.M.C., by the use of ice enemata in cases of sun-stroke says: "Captain Foulds suggests that this treatment might be, beneficial in cases of pyrexia from other causes and for this I can vouch from personal experience. Some years ago I found that large cold enemata were most efficacious in cases of malarial pyrexia. Had I been able to obtain ice probably the benefit would have been even greater. I know nothing which so quickly reduces the temperature as a large cold-water enema, and the resulting free action of the bowels which often follows adds to the comfort and relief obtained."

The Administration of Quinine.

Dr. Roch, of Geneva, says *Folia Therapeutica*, a new quarterly journal edited by Dr. J. Snowman, and published by John Bale, Sons, and Danielsson, considers it a pharmacological impropriety that the taste of quinine should not be better covered than by the usual vehicles such as black coffee, syrup of orange, and saccharin. For patients who cannot swallow pills or capsules, and especially children, he mentions the giving of quinine in oil as proposed by Dr. von Borde, and for this purpose recommends that the quinine be mixed with three parts of cacao butter, and given to the patient in warm milk with a spoon. The objection that quinine is not soluble in oil but forms a sediment, disappears with the cacao butter method, and by it even the pure alkaloid may be employed. Cacao butter has the property of completely covering the bitter taste of quinine and its salts.

League News.

Mrs. Bedford Fenwick, on Thursday last, paid a visit to Kingston and addressed a meeting of the Kingston Infirmary Nurses' League, on the subject of the Petition which is shortly to be presented to the Prime Minister, asking the Government to introduce a Measure for the State Registration of Trained Nurses in the coming Session.

An Important Appointment.

Out of a large number of applicants for the position of Assistant Inspector of Hospitals, rendered vacant by the retirement of Mrs. Grace Neill, the Government of New Zealand have selected Miss Hester MacLean, who is a daughter of the late Harold MacLean, Controller-General of Prisons in New South Wales. The position from a nursing point of view is important because it carries with it that of Assistant Registrar of Nurses and Midwives, and a considerable share in the general supervision of the St. Helen's Maternity Hospitals, which are under Government control.

Miss MacLean has had extensive experience in nursing in Australia and England. She began her nursing career at the Royal Prince Alfred Hospital in Sydney, where she was trained from 1890 to 1893. For three years she was Matron at St. George's Hospital, Sydney, after which she went as Sister in Charge to the Women's Hospital, Melbourne. After a year in this post Miss MacLean took charge of a District Nurses' Association for a similar period, after which she organised the new Queen Victoria Hospital for Women and Children. When this work was done she returned to the Women's Hospital as Matron. She was four years in this position—one of the best training schools for midwifery in the Australasian colonies. She left Melbourne at the end of this period and went to England for a pleasure trip, but during her stay there she had experience of district nursing in London, and made a study of what was being done in regard to nursing in London and Edinburgh. While in London she passed the examination of the Obstetrical Society, and was registered by the Central Midwives' Board. In 1904 Miss MacLean returned to Sydney, and took a post in the Tempe Bay View Asylum for Mental Cases, and was there for nine months. Then she re-organised the District Nursing Association, Sydney, of which she was Matron at the time of receiving her present appointment. Miss MacLean's experience in midwifery will be of special advantage to her in her new position.

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