

Practical Points.

A Salt Free Regimen for Scarlatina.

M. Pater, in a communication to the Société Médicale de Paris, has found that the withholding of salt from the food of scarlatinal patients exerts a remarkable influence in greatly reducing the tendency to albuminuria. Under this treatment also the patients gain weight more quickly than under a strict milk diet. He states that the achlorinated diet is without danger in scarlatina, and protects from nephritis much better than an absolute milk diet. He also asserts that it shortens the duration of the disease by abbreviating the period of convalescence.

About Operating Gloves.

Writing in the *National Hospital Record*, Mr. Paul G. Waldner, Hospital Steward in the United States Navy, remarks:—

“Surgeons’ gloves are getting to be a bug-bear among the expense items of an operating room which does much work, and a word about their selection and care may not be amiss. One hears much said about the “life” of this or that glove, but experience has taught the writer that there is not a serviceable glove made, no matter how good or how high the price, which will stand the careless usage usually given gloves by surgeons and operating room nurses. Since it is highly desirable to have a glove which is of light weight, to permit of deft and delicate manipulation, it is necessary that they should be carefully handled, particularly when putting on and taking off. The quality of the rubber in any of the gloves on the market which are sold at from five to seven dollars per dozen pairs is good enough for all purposes, and the tremendous inflation which some makers exploit in their gloves is entirely spectacular and not at all essential as a test of quality for a good glove. They are not intended for use as balloons, and need only enough elasticity to permit distension sufficient for easy putting on and free movement of the hand and fingers. When buying gloves it is well to know that reasonable, and quite often repeated, boiling or steam sterilisation will not ruin good rubber, but will disintegrate composition material, and that the latter can be readily detected by simply subjecting the glove to a steady pull. Considerable stress has been put on the “life” of gloves under various methods of sterilisation while the real damaging factors are overlooked. Few gloves in use ever get a chance to die of over-sterilisation. Most of them meet their Waterloo when surgeons or nurses, who do not have to pay for them, dive into them like grabbing a cat out of a bag or strip them off like a piece of adhesive plaster. That is what kills gloves. If the steam method of sterilisation is used they are sometimes fused into a shapeless mass because the person in charge of the sterilisation forgets to watch the steam gauge. Most gloves will stand ten to

fifteen pounds steam pressure for twenty minutes which is sufficient to render them sterile—the powder with which they are afterward dusted is apt to be a stumbling block in the matter of sterility. The writer’s method is to boil gloves for fifteen minutes—and we don’t have pus—and then have them put on in sterile water while another person holds them firmly, filled with water, cuffs turned well back, and the thumb of the glove pointing toward the person putting them on. About one glove in four is torn trying to put it on alone. There are always at least two pairs of sterile hands and they can help each other. Gloves should always be taken off under water. Another large factor in the durability of gloves is their care after use. Nurses have been seen to squeeze them out in bi-chloride and permit them to dry in a knot. Then when wanted in a hurry everything is stuck together and the glove is gone. They should be washed, straightened out, and hung up to dry; next day inflated to test them, turned inside out, and again hung up. When dry—powder and put away all the good ones. Those slightly damaged can be classed as seconds, and used for less important work, and the badly torn cut up into finger cots, which are also to be at once rolled up, powdered, and put away. In this way considerable saving will be accomplished if those concerned will observe the requisite care.

Appointments.

MATRONS.

Infectious Diseases Hospital, Gateside, Greenock.—Miss Margaret Russell Gay has been appointed Matron. She was trained at the Greenock Infirmary, and has been charge nurse at the East Poorhouse Hospital, Dundee; Matron of Clark Hospital, Largs, and has also had experience in private nursing.

Cottage Hospital, Mildenhall.—Miss Florence M. Turner has been appointed Matron. She was trained at Ancoats Hospital, Manchester, and has been Night Superintendent and Out-patient Sister in the same hospital. Miss Turner has also had experience in the nursing of convalescents, and in district nursing.

ASSISTANT MATRON.

Ladies’ Charity and Lying-in Hospital, Liverpool.—Miss Eleanor M. Edwards has been appointed Assistant Matron. She was trained at the County Hospital, York, and is a certified midwife. She is at present on the staff of the Glasgow Maternity Hospital.

SISTER.

Home for Incurables, Leamington.—Miss H. Carrie has been appointed Night Sister. She was trained at the Union Infirmary, Birkenhead, and has had experience in incurable work at the Home for Incurables, Upper Parliament Street, Liverpool.

Selly Oak Infirmary, Birmingham.—Miss Gertrude Hall has been appointed Sister. She was trained at the Chorlton Union Infirmary, and has held the position of Head Nurse at Thetford

[previous page](#)

[next page](#)