that a second operation—a re-amputation—is necessary. But this second operation can be postponed until the infection of the wound has disappeared, and can be undertaken in conditions wholly favourable as to time and place, and should therefore be without danger. It is, I think, an inconvenience rather than a contraindication."

AN ASEPTIC IRRIGATOR.

Professor Dr. E. C. Van Leersum, of the University of Leyden, writes in the Lancet:-

Generally speaking, it is very difficult to keep the rubber tube and the cannula of an irrigator sterile. While this may be possible in a modern aseptic operation room, it is much less easy,

or altogether impracticable, in the consulting room of the practitioner and in those provisional operation rooms of which so many are now established in the neighbourhood of the battlefields. There one is obliged to give up the principles of the aseptic method and to resign oneself to antiseptic measures.

The modification here described of the ordinary irrigator makes it possible, even under unfavourable circumstances and with the help of simple means, to keep the cannula and the tube absolutely sterile, and to prevent infection of the hands of the operator by a non-sterile cannula. The accompanying illustration will elucidate the principle

involved. Let the rubber tube of the irrigator pass through the opening of another glass reservoir (a bottle without a bottom may serve), but so that the tube, with the help of a cork and a piece of glass tubing, fits exactly in that opening. This second reservoir serves to hold the tube and the cannula, which, of course, must be provided with a cock when not used, and contains an antiseptic solution. The apparatus being a kind of syphon, it is clear that the brim of the second reservoir must be kept at a lower level than the surface of the liquid in the irrigator proper, otherwise the contents of the latter would not flow when the cannula is taken out for use. Our illustration is reproduced by courtesy of The Lancet.

THE NATIONAL COUNCIL OF NURSES.

In reply to several members of the Council who have not yet decided not to attend the meeting in San Francisco in June, we may reply that the Business Meeting of the International Council of Nurses will be held on May 31st, 1915, but no International functions or Congress will be held in connection with it. Four accredited delegates are allowed to each National Association of Nurses affiliated to the International Council, therefore the Hon. Secretary of our Council will be pleased to hear of any of our members who intend to go, so that four of them may be deputed to represent the nurses of Great Britain and Ireland officially, and to take our Report

and greetings to the International gathering. It is improbable that another meeting will be held until 1918, but as British nurses have several invitations to visit foreign countries, should Peace ensue it is not improbable that an interim meeting to welcome it may be arranged. Our Council will watch events.

STATE REGISTRATION OF TRAINED NURSES.

With the re-opening of Parliament this month, it is incumbent upon all those who are working for the organization of the Nursing Profession through State Registration, to draw the

attention of Members of Parliament to the importance of the Nurses' Registration Bill, to be introduced by Dr. Chapple, M.P., and the urgent need for its consideration. Never were the dangers arising from the lack of standards in the nursing profession more apparent, and all nurses who desire to protect the sick from attendance by incompetent persons, should urge that their Bill should receive the attention which is long overdue.

WELCOME HELP.

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AN ASEPTIC IRRIGATOR.



