

membranous bands or cords, which become fastened round the limbs and act as ligatures, and so lead to a spontaneous amputation of one or all of them. Upon these learned conjectures the writer does not presume to offer an opinion, but when we reflect that the fœtus is contained in a closed sac, and develops in a fluid medium, and that both the sac and Liquor Amnii do not altogether resemble any other sac or fluid in the human system, such as the pleural or cardiac sacs, it is somewhat difficult to understand how "plastic exudations leading to false membranous bands," could effect the spontaneous amputation of the fœtal limbs. On the other hand, it appears more feasible that a frail fœtal limb, at an early stage of intra-uterine life, might become entangled in the manifold twistings of a lengthened funis, which, acting as a ligature, might lead to amputation in the way we have just described. There is, however, one point in these singular cases of spontaneous amputations that admit of no dispute at all, viz.: the completion and perfection of the healing process as regards the "stump," that in adult life would delight the heart of any surgeon.

There are other congenital malformations of the limbs more familiar than those we have just touched upon, and we will begin with the upper extremities, as they affect the hands: sometimes the fingers of one or both hands are "webbed," that is, united together by skin—most frequently two or three of the middle fingers are so joined. The writer knew a lady who had twin girls, both of whom had the fingers of both hands "webbed." Or, again, we may have supernumerary fingers, five on one or both hands, which gives a singular and sinister appearance; there may be two thumbs on one hand or both, a smaller thumb growing from the base of the normal thumb, but in no wise impeding the use of the hands. We may also have a baby with a little rudimentary finger hanging by a slender pedicle to the base of one or other of the little fingers, and they shake about with every movement of the hands like little bells. Popularly these singular excrescences are called "cherry" fingers—I have not the least idea why; but this we do know, they will have to come off speedily—it is surprising how rapidly they increase in size—and we shall do this by simply ligaturing the pedicle with thread or surgical silk, which you can dip into any antiseptic solution you are using (and here I must digress to remark *en passant* that, in my opinion, *wetted* thread makes a firmer ligature for the cord, and less likely to cut down on to the vessels than dry). After a day or two the little fingers (?) begin to swell, and there is a little redness round the base of the pedicle; then they turn black, and finally, in five or six days' time, wither and drop off, leaving a clean healthy scar.

(To be continued.)

Nursing Echoes.

* * *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith.*



I AM asked to mention that at the request of the Special Committee on the Nursing of Cases of Cholera, four courses of instruction will be given by Dr. HERON at the office of the Association, 8, Oxford Circus Avenue, Oxford Street, W., on "Certain Points relating to the Nursing of Cholera." Each course will consist of three short lectures, to be followed by conversational instruction. Not more than twenty-five tickets will be issued for each course; precedence, in the allotment of tickets, will be given to Trained Nurses. The meetings will be held on Mondays, Tuesdays, and Thursdays in August, at 5 p.m. The first lecture will be delivered on Monday, August 7th.

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THE *Pall Mall* continued its revelations concerning "The truth about the London Hospital," on the 26th ult., as follows:—

"A number of letters sent to the Editor will undoubtedly be interesting to those who have followed the series of articles in the *Pall Mall Gazette* respecting my experiences in the wards of the London Hospital. I give them as they are written:

To the EDITOR of the *PALL MALL GAZETTE*.

SIR,—During the two years I was at the London Hospital (as a Probationer), 1889-90, very much the same condition of things existed, both with regard to Nurses and patients, as your "Special Commissioner" gives, as her experience in the *Pall Mall Gazette*. The patients were often neglected, not from actual unkindness on the part of the Nurses, but from lack of time, ignorance and overwork. Often there was no one to refer to when they wished instruction, the Probationer Sisters and Probationer Nurses only perplexing and hindering each other. I will give one instance of this. I was Night Nurse in Victor Ward—the ward for women's diseases and many serious operation cases. One night the night Sister came to me and said: Nurse, can you tell me how to apply a belladonna fomentation? I have just come from Blizzard (the erysipelas ward) and a fomentation has been ordered for No. —. *Nurse does not know how to apply it, and we are sure the day Nurse put it on wrong.* How would you do it? The night Sister was a Probationer, and so was the day Sister, as well as both the day and the night Nurses. By the way, it might be well to point out the absurdity of having isolation and out-door wards with one night Sister for them and other wards in the Hospital. Why should

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