

the water-vessel and plugged with a cork, through which a chemical thermometer passes, its bulb being in the water and the significant readings being visible on the portion of the stem above the cork.

#### DISINFECTION.

A very interesting article by Mr. Lockwood appears in last week's *British Medical Journal* upon disinfection. After using the greatest precautions in the way of washing, scrubbing, and the application to the skin, for a prolonged period, of strong antiseptics in the shape of carbolic acid, it was found that from the skin so cleaned could be prepared various forms of micro-cocci. Altogether 21 experiments were made, and, evidently, each one with the greatest care, and apparently in seven cases the skin was made absolutely aseptic; in six of these cases the wound, after operation, healed by first intention, and, in the seventh, there was slight suppuration. In the other 14 cases in which the skin, despite all precautions, remained septic, nine also healed by first intention and five suppurated. From this, it might be argued, and by some, perhaps, it will be argued, that it does not seem to make very much difference to the healing of the wound—which is the practical point a surgeon looks to—whether the skin itself be altogether aseptic or not. With regard to the disinfection of the hands, it would seem that a solution of perchloride of mercury in rectified spirit (one in one thousand solution) is the best for the surgeon as a cleansing agent. To render sponges aseptic, the following proceedings are recommended:—New sponges are well shaken to get rid of the sand and left in a solution of hydrochloric acid (a drachm to the pint) for 24 hours; they are then thoroughly washed and squeezed out in warm water (100 degrees Fahrenheit), which has been boiled and left to cool in a covered vessel; then they are transferred for half an hour to a warm solution of ordinary washing soda to secure the removal of fat or albumen; after being rinsed again in warm sterilized water, they are immersed in cold solution of sulphurous acid (one in five) for 12 hours; then they are squeezed as dry as possible, placed in carbolic lotion 1 in 20, and kept there until taken out by the surgeon himself at the operation. Mr. Lockwood states that out of 12 instances in which this method was carried out, in 11 the sponge was found to be absolutely aseptic, and he justly adds that this does great credit to Nurse Duffus, of St. Bartholomew's, who carried out in these eleven instances the process which has been described.

### Reflections

FROM A BOARD ROOM MIRROR.



HIS Royal Highness the Duke of YORK has consented to take the chair on Saturday, May 5, at the Hôtel Métropole, where a dinner will take place in aid of the Hospital for Sick Children, Great Ormond Street, Bloomsbury.

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THE QUEEN has been pleased, on the Home Secretary's recommendation, to appoint Sir HENRY ROSCOE, LL.D., D.C.L., F.R.S., to the vacancy in the Senate of London University, caused by the death of Sir WILLIAM SMITH.

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MISS AGNES E. BOURNE has been appointed Matron of the Chalmer's Hospital, Edinburgh. Miss BOURNE was trained and certificated at St. Bartholomew's Hospital; has gained experience in the nursing of children—as Night Sister at Great Ormond Street; and has been Sister-in-Charge of all the wards at St. Mark's Hospital, City Road. Miss BOURNE is a Member of the Royal British Nurses' Association, and a Registered Nurse.

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ON Wednesday, the 24th inst., an interesting ceremony took place, when the Probationers trained at the Mile End Infirmary had the honour of receiving their certificates at the hands of Sir HENRY ACLAND. The following is the digest of the Chairman's, Mr. H. KERWIN'S, address:—

“The object that calls us together this afternoon is unique in the history of the Administration of the Poor Law, and it will be not out of place if I offer some slight account of the events which have led up to this very interesting occasion.

It will be within the knowledge of most of those present that the existing arrangements for the care of the sick poor in London are of comparatively recent date, and I am happy to say that we are honoured to-day by the presence of gentlemen who were concerned in the formation of the present system even if they were not actually the creators of it.

I will not dwell upon the early history of the Metropolitan Infirmary system in general, but shortly refer to what has transpired within the memory of those interested in this kind of work in the Hamlet.

Our Workhouse buildings were erected some thirty years ago, which included an Infirmary uniform with the main body of the building. The gradual migration of the better class population of Mile End to the suburbs was followed by a great influx of the poorer population, and as a necessary consequence the accommodation existing for the indoor relief of the poor became insufficient, and an extension of the premises unavoidable. As the proportion of the resident poor permanently or temporarily disabled by sickness also increased, it was decided to extend the premises according to the provisions laid down by the Metropolitan Poor Act of 1867, and adopt the separate Infirmary System with an administration distinct from the Workhouse, of which the Infirmary had up to this time formed a part. The result was the demolition of the building then occupied as an Infirmary, which presented none of the essentials of a modern house for the sick, and the erection of the existing Infirmary Premises.

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