

the dentist, some of them every day. Then there are visits to the dressmaker, and others who want to go shopping. . . . One got herself in trouble, after using a wash on her face, prescribed by the doctor, who is a specialist on freckles; her face looked like raw beef for a week, and her freckles were not cured. The worst is that I have to take them to all these doctors.' We may, in England, be thankful that our girls in their happy school-days are not the victims of specialists, and let us hope that lawn tennis, swimming, cycling, and country walks, which will develop a love of Nature in many of its aspects, may long keep off the day of their falling into the social evils of needing specialists for their noses, throats, teeth, wombs and its appendages, freckles, &c."

We are glad to learn from the *Macclesfield Courier* that "new departures" in the management of the Infirmary are being inaugurated. To judge from a correspondence which took place in these columns some months ago, there was much room for "new departures" in the management of the Nursing Department of this Institution.

The *Macclesfield Courier* remarks:—

"It is not as generally known as it should be that our Infirmary, in addition to being a place for the healing of disease, is a Training School for Nurses; that, after the usual Probationary term, certificates are granted (signed by the Chairman of the Honorary Medical Staff, the Matron, and the Chairman of the House Committee), and the record of the Institution in this respect is a highly creditable one, many of the Nurses who have been trained within its walls holding positions of prominence and profit in various parts of the country. We think the facilities for the training of Nurses might be extended with benefit to the Institution and the public at large, and, without indicating in what particular direction this might be done, hope to see the matter under consideration of the Governors before long. Why should it be imperative upon private families requiring the services of a trained Nurse to send to Manchester, Stoke, and elsewhere—is it not possible for the Institution so to extend its system of training as to include a supply of trained Nurses for the service of the public, and thus become a source of revenue and a veritable help in many other ways to the Institution? We think it is, because it is done in connection with Hospitals elsewhere, and what other towns do successfully should not be impossible to Macclesfield."

The sting of the argument, as usual, is in the tail, and we strongly dissent from the suggestion made by the *Macclesfield Courier* that the labour of Nurses trained in the Infirmary should be utilised as "a source of revenue and a veritable help in many other ways to the Institution." Why, we would ask again, for the hundredth time, should the necessarily small income which a trained Nurse can earn be sweated at the rate of cent per cent, for the benefit of any public Institution? The prin-

ciple is indisputably bad, and should be resisted by trained Nurses with conscientious determination. Let the Committee of the Macclesfield Infirmary follow in their "new departures" all that they can honestly and justly approve in the management of "Hospitals elsewhere." But because abuses exist in other Institutions, it is certainly not incumbent upon the Committee of the Macclesfield Infirmary to adopt them in their own system of management.

THE origin of muffs has been lost in antiquity, but it has been authoritatively stated that the first muffs were made for the use of doctors to keep their fingers soft and warm, that they might accurately feel the pulses of their patients.

THE reluctance of some persons to pay their doctor's fee when recovery caused them to forget how easily the good man relieved them of their aches and pains was celebrated in the 16th century by the following epigram:—

"Three faces wears the doctor; when first sought,
An angel's—and a god's, the cure half wrought;
But when, that cure complete, he seeks his fee,
The Devil looks less terrible than he."

Mr. C. B. LOCKWOOD gives the following interesting information concerning disinfection in his article entitled "Further Report on Aseptic and Septic Surgical Cases, with official reference to the Disinfection of Materials and the Skin," which lately appeared in the *British Medical Journal*:—

THE DISINFECTION OF THE SKIN OF THE PATIENT.

All the following experiments were done in Hospitals. The skin which is met there is often neglected and hard to disinfect; but not only is it found that the skin of the various patients differs very much, but, as I shall presently show, that of the different regions of the body presents great differences; some is easy to disinfect, and some almost impossible.

The ordinary routine in Hospital practice is as follows: first the skin is prepared for disinfection; secondly, it is disinfected; and thirdly, it is protected and kept aseptic until the operation.

To prepare the skin for disinfection it is shaved, scrubbed with soap and hot water, and defatted with ether or turpentine. It is disinfected by applying spirit and biniodide of mercury (1 in 500) for not less than two minutes. The latter is washed off with dilute lotion and the operation performed. If there be any delay

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