

everything passing off well and smartly. When a Nurse really prefers night-duty, it is a sign that her nerves are disorganised, and that she is out of health. It will be very interesting to hear further from Nurses on this important question.

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SIR JOSEPH LISTER, speaking at the British Association gathering at Liverpool, said he was glad to know that there were, in Liverpool, superior arrangements for the training of Nurses.

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At the New Samaritan Hospital for Women at Glasgow all the beds are after the pattern invented by Dr. Stuart Nairne. Its special feature is that it is fitted with movable side bars, and a movable foot end bar, so that both doctors and Nurses can attend, with a minimum of obstacle, to any kind of gynæcological case. The sides to the beds are useful in cases of delirium or extreme restlessness. The height of the bed is greater than is usual in Hospitals, but it allows bandages and dressings to be adjusted with much more ease to the Nurse. Each bed, too, is fitted with a douche rod, which saves much time and trouble.

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BEFORE the *Mutford and Lottingland Guardians* came a question of combined day and night-nursing. Miss George, an assistant Nurse, was appointed one day and left the next, because she objected to working by day and by night. The Master stated that, if required, the Nurses had to be at work at night, but as a rule, on those occasions, they arranged for a rest during the day.—Mr. Rackham did not attach any importance to the complaint about the night nursing. The Nurse never expected to be appointed, and only came for a day's holiday at the *Guardian's* expense.

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We wonder if Mr. Rackham would "attach any importance to it" if he, in his business—whatever that may be—were required to work both by day and by night, with the delightfully vague arrangement mentioned by the Master of "a rest during the day."

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AMONG the Nursing staff of Guy's Hospital—150 in number—are some enthusiastic and expert cyclists. Nearly all are said to be suffering from the "wheel fever." A fund has been started among them for the purchase of Hospital bicycles, which may be used, more or less, in common. This is an admirable idea, as the purchase of a bicycle would be a somewhat serious item of expenditure in a Nurse's income.

TOUCHING on the death recently of a woman at Plymouth, who was attended in her first confinement by an absolutely untrained "Nurse," and died of acute blood-poisoning, a medical man has written to the *Western Morning News*: "It is surprising that in a large town like Plymouth there is no Maternity Charity, and, consequently, no School for training young women who wish to become Maternity Nurses. I can state, from personal experience, the need exists." Surely there must be some public-spirited woman in Plymouth who could initiate and carry through a scheme for providing the poor women of the town with skilled care and nursing during their confinements.

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A MEDICAL man writes to the *British Medical Journal*, telling how he treated a case of intussusception requiring inflation of the bowel, by means of the air-pump used for the pneumatic tyre of his bicycle. This he fitted on to a catheter with some tubing, and found most effective.

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

THE FINAL RESULTS AS SHOWN BY TESTING THE WOUNDS.

It is impossible to infer the absence of bacteria from the wound or its vicinity by merely noting its clinical characters. Our dressings are usually removed on the eighth day, and then the wound may be healed and absolutely dry, without any trace of inflammation, and, nevertheless, a culture experiment reveals the presence of bacteria along the scar of the recently-healed wound or on the neighbouring skin. Some would say that their presence was of no consequence so long as the wound was healed. But it is to be remembered that we are now concerned with the investigation of methods of wound treatment which are intended to exclude all bacteria; thus the presence of any proves that the methods are defective. Further, it is often urged that the bacteria which are present are non-pathogenic, and, therefore, do not matter. But, even if the assumption that bacteria are non-pathogenic be true, it is still a question of methods, and it is clear that one which is so defective as to admit one kind of bacteria cannot exclude another.

It is, therefore, of interest to see what the final results of our methods are when tested by culture media. With so many bacteria in the

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