

## Nursing Echoes.

\* \* All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.



OWING to over-pressure on our space, we regret that we must hold over Miss Frances Hughes' Paper on "Nursing in Metropolitan Hospitals" until our next issue.

WE have pleasure in acknowledging the receipt of £1 subscription from Lady Lumsden, of Belhelvie; £2 donation, Miss E. Robins;

and £5 5s. donation from Mrs. Langenback, for the Nurses' Home of Rest at Brighton.

MR. ROGERS, one of the Guardians of the Wandsworth and Clapham Union, has demanded an enquiry into the condition of the Nursing Staff of the Infirmary. He computes that the Probationers are paid at the rate of 1/2d. an hour, with board, lodging and washing. He says: "Their sleeping accommodation is not so good as a berth on a third-rate liner. They have not room to dress themselves without standing on the bed, or going into the corridor. They have to scramble for their meals, and their work is too hard. Forty Nurses have resigned in fourteen months."

Mr. Rogers is to be congratulated on calling public attention to such a lamentable state of affairs. And we hope the Guardians will not stop short of complete re-organisation.

At the Whitechapel Board of Guardians, the Chairman said at the present time there were no less than ten ladies waiting to come to the Infirmary as Probationers. We agree with him that this "is a most satisfactory state of things."

WE notice that a Nurse in the employ of the Hastings Board of Guardians has refused to remain unless her request for nine shillings a week in lieu of rations is acceded to. The Board appeared dismayed at the threat of resignation,

DELICIOUS MAZAWATTEE TEAS.  
DELICIOUS MAZAWATTEE TEAS.  
DELICIOUS MAZAWATTEE TEAS.  
DELICIOUS MAZAWATTEE TEAS.  
DELICIOUS MAZAWATTEE TEAS.  
From the sweet-scented Island of Ceylon.

and are pleading with the L.G.B. for the Nurse to have her own way. "Board wages" is an objectionable form for a Nurse's salary to take, and is open to many abuses. The L.G.B. is sure to refuse, as it always discountenances "allowances" in lieu of food.

IN last week's *British Medical Journal* there is a most interesting and instructive article entitled "Further Report on Aseptic and Septic Surgical Cases, with special reference to the Disinfection of Materials and the Skin, by Mr. C. B. Lockwood, Assistant-Surgeon to St. Bartholomew's Hospital. The importance to Nurses of a knowledge of the results of Mr. Lockwood's experiments is of the utmost value, as we fear many of our colleagues do not estimate at its true value the necessity for a keen appreciation of real "surgical cleanliness." Mr. Lockwood says:—

Again, our standard of perfection is the absence of bacteria from the skin of the patient, from the hands of the surgeon and of his assistants, from everything which came in contact with the wound, and, finally, from the wound itself. The test adopted is a simple one. A scrap of skin, towel, sponge, and so forth, is cut off and dropped into nutrient broth, which is afterwards kept at a temperature of either 20° C. or 36° C.; and a final opinion was not arrived at until the higher temperature had been used. If the broth remained clear at the end of a fortnight, it was assumed that what had been put into it was sterile. In the last report some experiments were cited to show that the minute quantity of the chemical which was always conveyed into the broth with the material did not mar the result. These experiments have been continued. A number of the broth tubes which had remained clear after skin, towel, sponge, and so forth, had been put into them, were inoculated with bacteria. An abundant and rapid growth always took place, thus proving that the amount of chemical conveyed into the broth upon the material was quite innocuous.

## DISINFECTION OF SILK AND FISHING GUT.

Various sizes of twisted silk are used for buried sutures and ligatures. The silk is wound upon a reel, or upon a microscopical slide, and boiled in water for twenty minutes or half an hour. When the silk is thick, or much has been wound upon the reel, the longer period is required. After having been boiled, the silk is put into a bowl of carbolic acid lotion (1 in 40). None but the operator touches the silk, ligatures, or instruments. The silk was tested twelve times before use by cutting a scrap of it off and dropping it into broth. On each occasion it was sterile. Also silk which had been much handled in the operation of laparotomy for tuberculous peritonitis, in the operation of varicocele, and in that of the removal of a large patellar bursa, was sterile at the end of each of these three operations. Silk which had been used in operating upon an epithelioma of the neck was septic at the end of the operation.

I find it so difficult to disinfect my own hands that the silk is handled as little as possible, but the atmo-

[previous page](#)

[next page](#)