

lint soaked in carbolic solution 1-20 will easily clean it, at the same time rendering it aseptic. But it is safest between the first washing and a second to soak the skin with a little turpentine. This also must be carefully kept off the wound itself, and well washed off by carbolic soap and water. As soon as you have the skin clean and aseptic, wrap it in lint which has been wrung out of carbolic solution 1-40, and so protect it from becoming again contaminated by dust, contact with surrounding objects, &c. Now there remains the raw surface. Take a fine, *clean* pair of forceps and carefully *lift out*—not *drag out*—any loose bits of dirt, cloth, bone; then fill a syringe full of *warm* carbolic solution 1-20, and syringe with some little force into every recess of the wound, and all over the surface, teasing out by its force any dirt which clings. You will do no harm by using some power. The force of water is great, but it is gentle and even in its action. Far more harm can be done in a second or two by the rough use of forceps, which may start vessels which were but slightly crushed, and so fill the wound with blood and render abortive your efforts for the present. At the same time, if you have loosened any fragment and it is simply lying free, you can lift it out. Now cover the wound with a similar guard, wrung out loosely from 1-40, whilst you are syringing with the other hand. *Don't* put down your syringe and leave the wound uncovered whilst you go and look for some more lint. Whilst you are away dust is falling into the wound, and with that dust bacteria, and when you return the whole process of washing out will have to be gone over again. Whenever I see a Nurse do this, and coming back coolly cover the wound with a piece of carbolised lint, proudly conscious that she has done her duty, and that if the case goes wrong, at least it is not *her* fault, I feel as one does in the theatre, when the actor in a play leaves some valuable article in a case about whilst he goes to wash his hands or make love to somebody. The villain of the piece enters, appropriates the diamonds or what not, shuts the case again, and disappears. The actor comes back, never looks inside, but locks up the case in his safe, and is utterly confounded when later the jewels are missing. *Don't* you feel inclined to cry to him, "Look inside, you idiot"? And so, when having deposited the precious jewel of asepticity in a wound, the Nurse stupidly allows it to be filched from her by the demon bacteria, and with the same sublime, well, call it innocence, covers up everything, and thanks God that she is not as other Nurses, but understands antiseptics when she sees them, I, too, feel inclined to make remarks of a similar nature.

(To be continued.)

THE BRITISH NURSES' ASSOCIATION.

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DR. PRIESTLEY, who was the next speaker, addressed the meeting as follows:—To register Midwives is no new proposal. It is calculated that in England and Wales there are more than ten thousand Midwives following their occupation. I believe that in some of the manufacturing parts of England about sixty per cent., if not seventy per cent., of the poor women are attended through their confinements simply by Midwives. At the East End of London some forty or fifty per cent. at least of the poor women are attended solely by Midwives. At the West End, on the other hand, not more than two per cent. of the women are attended by midwives. But, unhappily for the poor women, a great many of the women who exercise the art of the Midwife are entirely uneducated in their responsible calling; and in many cases, too, they are quite unfit for the duties they exercise. Fortunately, the process of parturition is a physical one. If all goes well, the observance of very simple rules and directions keeps everything right; but if, on the other hand, danger ensues, it comes suddenly, and is of such a serious character that it needs all the resources and skill of the best educated practitioner to meet it. Medical men who desire to practise as obstetricists are carefully educated, and in addition to being instructed in medicine and surgery, they are educated thoroughly in obstetrics, besides which they have to pass a surgery examination by way of proving their efficiency. On the other hand, any woman who chooses may practise as a Midwife without possessing any qualification and without any previous training. The result, as all medical men who are engaged in Hospital work are able to tell you, is that evidences are constantly coming before them of ill-treatment of the poor women, many of whom lose their lives in consequence. In addition a great many children are sacrificed. What is almost as bad is that a great many poor women are so maimed as to become incompetent to discharge their domestic duties. Under these circumstances you can readily understand that the evil that exists is a very crying one, and that there is a very urgent need for reform in reference to the practice of Midwifery. I may say that the attempt to register Midwives is not a new one by any means. The Obstetrical Society years ago made various attempts to get a Bill passed through Parliament for the education and Registration of Midwives. When President of that Society many years ago, I was a member of two deputations on the subject to Lords President of the Council, one under

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