

Poisons.

INORGANIC.

By Miss E. L. B. FORSTER.

No. VIII.

TABLE No. 2.

Corrosive Sublimé.

The most important preparation of perchloride of mercury is the official solution. It is made by dissolving the salt in distilled water. Its strength is $\frac{1}{10}$ of a grain in a fluid drachm. The dose of the salt itself is $\frac{1}{32}$ to $\frac{1}{10}$ of a grain. The dose of the solution is one fluid drachm, hence it contains the maximum dose.

This preparation is the one used when corrosive sublimate is ordered as an antiseptic. It is on account of its antiseptic properties that it is so well known. It is used at about the official strength; if required stronger, a special solution must be prepared. At one time it was made by dissolving equal quantities of perchloride of mercury and ammonium chloride in water. The latter salt was added to render the solution more stable. It formed a double salt, called sal alembroth, a name still in use for the blue gauze so much used nowadays for surgical dressings, which is rendered antiseptic by treatment with the above-mentioned compound. Sometimes hydrochloric acid is added in making a solution, as it helps to keep it more stable. There is no other official preparation of perchloride of mercury, but in prescriptions it may be ordered in other forms. In pills it is sometimes prescribed, when $\frac{1}{32}$ to $\frac{1}{10}$ of a grain would be in each pill, the remainder being an inert substance, simply a base. In ordinary medicine, if the salt is ordered the solution is generally used—a quantity which will contain the exact amount prescribed is calculated out. At the present time special preparations of corrosive sublimate are made by firms and largely used, such as tabloids and soloids. Each contains a specified quantity; and for antiseptic purposes they are often very useful, as they can be carried about so easily, and dissolve rapidly when placed in water.

Beside the powerful antiseptic properties of corrosive sublimate, it is largely used as an internal medicine. It is a specific for certain disorders, when generally given with iodide of potassium, which, although it is a test reagent for mercuric salts, giving a red precipitate, yet when prescribed in correct proportions, and dispensed, a clear colourless mixture is the result. Preparations of perchloride are given in skin disease, and as an alterative medicine and as an astringent.

In cases of poisoning, emetics must be given, the stomach-pump used; the white of an egg with milk, flour and water, barley-water, and other demulcents to protect the mucous membrane. To soothe the pain, tincture of opium may be given, from 10 to 20 minims.

Registration as it Affects Poor Law Infirmaries.*

By Miss ELBANOR C. BARTON,

Matron of the Chelsea Infirmary.

I have been asked to read a paper on the subject of State Registration for Trained Nurses from the point of view of the Poor Law.

There are very few subjects on which the lay public have such vague and incorrect ideas as on that of infirmary nursing.

So many associate all Poor Law nurses with the tales they have heard of thirty years ago—tales only too true of patients nursed by paupers, and of the consequent bitter complaints of neglect, harshness, and want of refinement. Even still in the small country infirmaries and workhouses there are many difficulties as to the securing of good candidates and the carrying out the nursing of the patients. It was in consideration of this difficulty and as an attraction to candidates, that the late Departmental Committee of the Local Government Board suggested the title of "qualified nurse" after one year's training, and this has been met with very proper opposition. But if (as is hardly likely) this or any similar suggestion should ever be carried into effect, its chief sting, and the injury done by it to other nurses would be removed if "State Registration" for nurses were an accomplished fact, and only those would be recognised as trained nurses who had passed the examination laid down by a State-appointed Board of Examiners, producing at the same time entirely satisfactory testimonials from their training-school and in every way satisfying the provisions laid down by this examining Board.

If it is true, as all must acknowledge, that there were many abuses connected with Poor Law nursing in the past, it is also true that there is no department in which of late years such a marvellous advance has been made. Among never-to-be-forgotten names in this connection may be mentioned the late Mr. William Rathbone, Miss Agnes Jones, and Miss Louisa Twining.

By much effort, often against many difficulties, the nursing in this branch has so improved that at present in many of our Metropolitan Poor Law infirmaries—which, it should be remembered, are quite separate from the workhouses, and superintended by trained Matrons and assistants—the nurses receive a general training which fits them to take their place among the best nurses in the land. When State Registration is established, as, sooner or later, it surely will be, I venture to predict that the Poor Law nurse coming from one of our excellent training-schools will surprise the public by

* Read at the Conjoint Conference held in London, May 8th.

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