

International News.

Miss Rose Creal, Matron of the Sydney Hospital, is leaving Sydney on a visit to Europe, and we are officially informed that the Council of the Australasian Trained Nurses' Association have appointed her to represent them at the forthcoming meeting of the International Council of Nurses at Berlin. A short report prepared by Miss McGahey will be presented on nursing work in the Australian States since the meeting in Buffalo in 1901, a report of steady growth and progress in professional organisation, and, consequently, of improvement in the care of the sick and the condition of nurses.

Mrs. Bedford Fenwick has been invited to represent the Victorian Trained Nurses' Association at the meeting.

The Foundation Members of the International Council, members of the Provisional Committee of England, members of the Nurses' Associated Alumnae of the United States, and members of the German Nurses' Association will be entitled to wear the Official Badge to distinguish those who have a right to consider the Affiliation of National Councils of Nurses and to vote during the Conference. This Badge can be obtained from the President at Berlin.

Progress of State Registration.

An informal meeting was held quite recently in Sydney to discuss State Registration of Nurses for Australasia. This subject will be fully considered at a meeting of nurses, which will be convened at an early date.

Welcome to American Nurses.

The suggestion to welcome the American delegates during their short visit to London has met with a most cordial response amongst Matrons and nurses, and the Committee hope that all those who wish to be present at the dinner at the Criterion on June 6th will make early application for tickets, so that the final arrangements may be completed.

Mrs. Dietz Glynos, the President of the Society of American Women in London, and Mrs. Hugh Reid Griffin, the late President, intend to be present, and many other friends of nurses hope to attend. It is proposed that the gathering shall be of an informal and cheery character.

Miss Debenham, of St. Andrew's House, has most kindly invited the Committee and their American guests to luncheon at two o'clock on June 6th, so that between a morning and afternoon sightseeing they may rest and refresh. Interested as all American women are in nurses' clubs, they will enjoy the privilege of inspecting St. Andrew's House, which is a model of its kind.

Practical Points.

Some Mistakes we have Inherited. Says Dr. M. T. Knapp (*Med. Rec.*): Our inherited beliefs regarding the following subjects are in error: (1) vomiting, (2) appetite, (3) the eating of stale bread,

and (4) the expediency of eating sugars and fruit for their laxative effect. The writer considers that: 1. There is no such thing as reflex vomiting. Vomiting is always due to spasm either of the stomach or of the intestines, and the spasm is, in turn, always due to irritating material which acts directly upon the mucous lining. Green vomit is due to the presence of green mould, and not to bile. Bile may be present, but bile is yellow, and not green. Chocolate-brown-coloured vomit is most often due to red mould. One must never assume the presence of blood; one should prove its presence if it is suspected. 2. Appetite is the sensation produced by a contracted stomach. When the stomach relaxes, appetite vanishes. 3. Stale bread is not more easily digested than fresh bread. Clinical experience is misleading. It is the quantity that makes the difference. Fresh bread is more palatable than stale bread; hence more of it is eaten at a time. Bulk for bulk, there is no difference in the digestibility of stale and fresh bread. 4. Sugars and fruit certainly do move the bowels. It is because they ferment and decompose and so give rise to irritating products. In small quantities they may be good; in large quantities they are absolutely dangerous.

A Substitute for Rubber Gloves. In the Journal of the American Medical Association, Dr. John B. Murphy, of Chicago, says:—"The disadvantages, inconveniences, and dangers of rubber gloves and dam,

as well as their theoretical advantages, are well understood and will not be commented on here. For several months past I have been endeavouring to find a material that might be applied to the hands of the surgeon and skin of the patient which would practically seal these surfaces with an insoluble, impervious, and practically imperceptible coating—a coating that would not allow the secretions of the skin to escape and will not admit secretions, blood, or pus into the pores or crevices of the skin, at the same time one that will not interfere with the sense of touch or impair the pliability of the skin. I have ascertained that a four, six, or eight per cent. solution of gutta-percha in benzine fulfils all of these requirements, while a similar solution in acetone also meets most of the requirements. In my clinical experience in the last four months I have found that the four per cent. solution of rubber in benzine is the most serviceable for the hands, as it wears better on the tips of the fingers under handling instruments, sponges, and tissues than the acetone solution. For the abdomen the acetone solution has the advantage, as it dries in from three to four seconds after its application, while the benzine solution takes from two to three and a-half minutes to dry to a firm coating. The acetone coating when dry is only slightly adhesive, while the benzine coating is sticky.

"The method of application to the hands and forearms is that of simple washing, as with alcohol, care being taken to fill in around and beneath the nails.

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