

when applied to septic wounds. The wall surrounding a focus of suppuration becomes, as soon as it is opened, an excreting rather than an absorbing surface. Another point against the absorption or, if there is absorption, against the efficacy of antiseptics in these wounds is the fact that the signs of infection first disappear in the periphery of the red, indurated area surrounding a septic wound. If antiseptics had any considerable influence on this process, it would seem that the area nearest the wound would be the first to clear up, as it is most intimately in contact with the antiseptic. The writer has observed that septic wounds treated aseptically clear up quite as soon as when treated antiseptically. He believes that the antiseptic dressing, when applied to septic wounds, fails in the only advantage which in theory it possesses over the aseptic dressing, and that it exerts no appreciable bactericidal action. A dressing for a septic wound should secure three things: It should give protection from infection from without; it should drain the wound well; it should stimulate, as far as possible, the proliferation of healthy granulations. As far as protection is concerned, both the moist and the sterile dressing are efficient. Neither has any great advantage over the other. But the dry dressing drains the septic cavity much better than does the moist dressing. The granulations from the use of dry dressings are more healthy and vigorous than when moist dressings are used. The writer concludes that dry sterile gauze dressings are far preferable for the dressing of septic wounds for the reasons already mentioned, while moist dressings and antiseptic baths and irrigating fluids have a depressing effect on the granulations; moist dressings are, however, indicated when one cannot obtain sterile dressings or cannot depend upon the aseptic skill of the persons who are to apply the dressings. "Antiseptic poultices" are not to be preferred to sterile dressings, and there is at times a danger in their use. In case irrigating fluids are necessary, when from some unusual reason it is impossible to make a wound of such shape that it can be properly dressed, sterile salt solution should be the irrigating fluid used. Peroxide of hydrogen should be avoided, since in partly-closed cavities or loose tissues its gas production may make it a spreader of infection. The use of dry sterile gauze meets the indications in the routine treatment of the great majority of septic wounds better than any other material.

Appointments.

SUPERINTENDENT.

Miss Alice H. Elkington has been appointed Superintendent of the Sarah Acland Memorial District Nurses, Oxford. She was trained at the General Infirmary, Salisbury, and has done district nursing work in connection with the Queen Victoria's Jubilee Institute for the past eight years, first at Bolton, then at Windsor—where latterly she was Assistant Superintendent—then as Superintendent at Liverpool, and for the past four years as Inspector of Nurses for the Midland Counties. Miss Elkington holds the certificate of the London Obstetrical Society.

SISTER.

Miss Jessie Allan has been appointed Sister of enteric wards at the Corporation Sanatorium, Lancaster. She was trained at University College Hospital, London, and nursed in South Africa during the recent war, and has since done private nursing.

SUPERINTENDENT OF NIGHT NURSES.

Miss Harriet Deakin has been appointed Superintendent of Night Nurses at the City Hospital, Newcastle-on-Tyne. She was trained for a year at the New Infirmary, Birmingham, and after working on the staff of St. George's Private Nursing Home, Sheffield, for two years, entered the General Infirmary, Leeds, for three years' training, and obtained a first-class certificate on its completion. She was then appointed Day Sister in that institution, which office she has filled for the last four years.

NIGHT SISTERS.

Miss Lilian Lloyd has been appointed Night Sister at the Royal Hospital for Diseases of the Chest, City Road, London, E.C. She was trained at the Jessop Hospital, Sheffield, and the General Infirmary, Bolton, Lancashire, and has held the positions of Charge Nurse at the Park Hospital, Hither Green, and of Night Superintendent at the Royal Infirmary, Halifax.

Miss Emma S. Harrison has been appointed Night Sister at the London Fever Hospital, Liverpool Road, Islington. She was trained at the North-West London Hospital, and has done temporary duty as Night Sister at the Hospital for Diseases of the Heart, Soho Square.

SUPERINTENDENT NURSES.

Miss Helen Pirie has been appointed Superintendent Nurse at the Bristol Union Infirmary, Eastville. She was trained at the Crumpsall Infirmary, Manchester, and at King's Cross Hospital, Dundee, and holds the certificate of the London Obstetrical Society.

Miss Martha Louise Mancer has been appointed Superintendent Nurse of the Union Infirmary, Wallingford. She was trained at the Union Infirmary, Steyning, and has held the position of Charge

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