

the South, on the East Coast an African would dislike European food. His view is that we have too many meals and eat too many things, and yet when we have finished have had so little to eat. He prefers two good square meals a day, when he eats a quantity of rice daintily cooked, and flavoured with a tasty gravy and some sort of relish, such as a bit of fried fish. We should not like it, but of its kind it is good, and it is the food to which he is accustomed. He eats it with his hand, and for this reason the Swahilis are particular as to what they do with the right hand, washing the hands most carefully before meals. They consider our habit of eating with forks and spoons which have been in the mouths of other people most uncleanly.

If they are not well enough to eat rice then they fall back on a kind of native gruel of about the consistency of arrowroot. They not only do not crave for, but they heartily dislike our low diet of milk and beef-tea, and it is with the greatest difficulty they can be induced to take it.

It is just here that the difficulty of training nurses in an exclusively native hospital comes in. The dainty preparation and service of food is an important part of a nurse's training. In private work subsequently it will be her duty to see that the silver, glass, china, and napery used for setting a patient's tray are spotless, and she should have been trained in their care and arrangement during her period of work as a probationer.

These are points which no doubt were in the minds of the Committee which made the recommendation as to requiring a proportion of European beds in a training school, and they are important ones.

They do not, of course, apply in the case of training schools for coloured nurses if the subsequent work of these nurses is to be exclusively amongst their own people.

In India, and in some parts of Africa, the natives make acceptable nurses, not only to their own, but also to white races. There seems, however, to be a feeling against the employment of Kaffirs in this capacity and each country must work out its own problems.

Medical Matters.

ASEPTIC CATGUT.



The *British Medical Journal*, in a summary of an article in a foreign contemporary, says:— Dr. Kerewski reports the results of investigations which he has carried out on the subject of aseptic catgut. He finds that all the methods adopted up to the present fail to give completely satisfactory results, and therefore he has attempted to find a new method which will lead to the introduction of a permanently sterile, aseptic catgut, which is ready for use. He considers that such a catgut should be sterilised without the use of antiseptics, should not contain any chemical substances which might transude into the tissues and harm them, should be firm and elastic, and should be put up in such a way that its fitness for use does not deteriorate with time. In order to insure the last-named point, he found it necessary to make a special glass tube. The tube, which he describes in detail, allows of the introduction and twisting of the gut, without it being touched by hand. The tube narrows above to a thin neck, above which it has a small bulb, and again constricts. The end of the gut is knotted several times, and the knots are allowed to drop back as far as the bulb. The sterilisation cost him much more difficulty than the tube did. At last he found that the vapour of water-containing alcohol was capable of absolutely sterilising the catgut after about eight minutes. He therefore places the tubes containing the rolled-up catgut in a wire basket, which is of the same circumference as the alcohol vessel. The latter is made of copper and contains sufficient 70 per cent. alcohol to supply all the tubes, and the whole apparatus is then covered hermetically in with a hood, containing the tube for the cooler and a thermometer. The alcohol is then heated up to about 79 degs. C. and kept at this temperature for twenty-five minutes. The tubes are then sealed up below, and then from 1 to 3 per cent. of glycerine and absolute alcohol is filled into a cup from above. The upper end is then sealed up and lastly the sealed tubes are again heated for one hour to 103 degs. C. Catgut prepared in this way is absolutely sterile and reliable. He has tried the method with infected material and has subjected it to a number of severe tests and finds that the process is satisfactory. He details his test experiments. Lastly he describes a special apparatus which he has

[previous page](#)

[next page](#)