

flow being stopped at intervals by pressure on the clip on the rubber tube, which is placed as near to the nozzle as possible.

When the nose is thoroughly clean, as shown by the fact that clear water flows out of the other nostril, the nozzle should be removed from the nose and straightway placed in a bowl containing a little 1 in 200 izaral solution. Another clean nozzle is now taken, and the mouth thoroughly irrigated in the same way. If there is a discharge from the ears these are then douched with the third clean nozzle. During this operation it is important that the surroundings of the patient should be protected from contamination by splashing of the irrigating fluid, and also that an aseptic surface should be provided to avoid infection of the nozzles or gloved hands. For this purpose sheets of any thin waterproof material that will stand boiling are used. (Jacquette is useless, as it will not stand repeated sterilisation.) These are placed round the neck of the patient, and on the surrounding bedclothes; they are then covered with thin towels, which have been previously boiled, and wrung out of a 1 in 200 izaral solution.

Before proceeding to the next patient, the nurse's gloved hands are cleansed by holding them under running water from the tap for two minutes. By this means all infective matter is washed away from the impervious rubber surface, and the hands are rendered practically sterile for the next patient.

A similar procedure is adopted for the dressing of wounds. In practice, enough nozzles for all the patients, and a few over, are sterilised by boiling for five minutes in a weak solution of soda, and they, together with the sterilised gloves, are carried in a boracic solution on the ward trolley, which also takes bowls of 1 in 200 izaral, for dirty dressings, nozzles, etc., and a supply of impervious sheeting and sterile towels, also in a 1 in 200 izaral solution.

This is the routine adopted for the cleansing of throats, and it should be noted that nothing has been said about the application of antiseptics to the throat itself. Throat sprays are not used at all, as they cannot be sterilised. When a throat is to be actively disinfected the operation is performed by the surgeon himself, with the fauces well exposed in a good light. Similarly, no antiseptic, except occasionally a weak solution of peroxide of hydrogen, is ever employed for gargling, or as a mouth wash.

During the treatment of the throats, the nurse has her arms bare to the elbow, and wears a mackintosh apron, that can be itself sterilised, to protect her clothes.

Presentation to Miss Medill.

The Board Room at St. Mary's Hospital, Paddington, was packed to overflowing on Thursday afternoon last, when members of the Board of Management, the medical, and the past and present nursing staff assembled to do honour to their late matron, Miss E. M. Medill, to present her with tangible tokens of their regard.

The table at the end of the room was tastefully decorated with beautiful flowers—pink carnations, lilies of the valley, white and yellow chrysanthemums were there in profusion; the spotless uniforms of the many sisters and nurses present looked very trim. The sisters were in plain blue, the staff nurses in a small check, and the Sister Dora caps of the latter were particularly neat and professional.

The Chairman of the meeting, Mr. J. R. Mellor, opened the proceedings by reading a letter from Mr. H. A. Harben, Chairman of the Board of Management, regretting that the state of his health did not permit of his presence, and expressing his high sense of Miss Medill's loyal and devoted service to St. Mary's. Dr. Cheadle, also sent an apology.

The Treasurer of the Ladies' Association, also wrote regretting her absence, and enclosed a welcome cheque for £500 for the endowment of a cot, towards raising which she said Miss Medill, and some of the Sisters, had given valued help.

Mr. Mellor, who stated that those present had assembled to honour the lady who for twenty-one years had discharged the duties of the honourable and onerous office of Matron of the Hospital, said that in the exercise of that office Miss Medill had shown dignity, sympathy, tact, and undeviating firmness in matters of discipline. She had also worked in harmony with the superior officers of the hospital, the Secretary and the Medical Superintendent. The Board had invariably found her most loyal, and there was general regret when she had intimated her intention of retiring. Mr. Mellor said he would like to mention, in connection with the purse to be presented shortly to Miss Medill, that the present and past nurses of the hospital had subscribed a very large portion of the total sum. They had taken this opportunity of bearing spontaneous testimony to the respect and affection in which they held her. On behalf of the Board of Management he desired to say that Miss Medill carried with her the approbation of every member. They trusted she would long be spared to perform acts of charity and mercy, and they wished her God speed.

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