

"History of the Troubles at Ruchill Hospital."

Under the above heading the late Assistant Medical Officers have issued a lucid statement of the circumstances which led up to their dismissal from the Ruchill Hospital, Glasgow. It proves, as indeed was clearly brought out before the Local Government Board Commissioners, that Dr. Goldie Smith, Dr. Burgess McPhee, Dr. Hamilton Robertson, and Dr. J. Baird Morton had ample reason for lodging a complaint against the conditions prevailing at the Ruchill Hospital, and that to have remained silent would have been to sacrifice the welfare of the patients entrusted to their care.

They attribute the real origin of the trouble at Ruchill (1) to a policy of economy which was, unfortunately, pursued beyond the limits of efficiency; and (2) to a tactless, and indiscriminate manner of dealing with a large nursing staff.

In connection with the first point, and as a consequence of the deficiency of nurses in number and experience, certain evils, they allege, arose. Inexperienced nurses were left in charge of serious cases; neglect of patients in regard to feeding and cleanliness occurred; patients were found dead on several occasions; ward maids and patients sometimes assisted in the medical treatment; frequent and indiscriminate changes of nurses occurred; sometimes nurses were sent on duty from one ward to another (different infectious diseases) without disinfection; nurses had to work overtime, were called from their beds after a hard day's work to assist in the wards, and were very often required to remain in the home during their off-duty time to be ready for ambulance work.

Young and inexperienced nurses were placed on ambulance duty, a nurse on her first day in hospital being sent to bring in a scarlet fever patient, and a nurse on her second day in hospital bringing in a cerebro-spinal fever patient.

In connection with the over-work of the nurses it is noteworthy that the late resident medical officers point out they "were working under conditions which no organised trade or profession would permit."

It is obvious that under the conditions of overcrowding and under-staffing to which the resident staff, actuated by a sense of public duty and professional responsibility, effectively drew attention that the patients were bound to be neglected.

We consider the report of the Local Government Board Commissioners unsatisfactory inasmuch as it makes no effective suggestion for the prevention or recurrence of the conditions at Ruchill Hospital which have recently been divulged. We think that the citizens of Glasgow are entitled to a plain statement as to the steps which are being taken to avoid past defects in the future, and we hope they will insist on having it. We learn that the Committee will shortly consider the regulations in detail, after which we hope a statement will be issued.

We shall next week refer to a statement which has been issued on behalf of the Nursing Staff at Ruchill.

Practical Points.

Libraries and Infectious Disease.

Dr. Iredale, a prominent member of the Blackpool Town Council, accuses the Free Library of that town, which is an open access one, of acting as a disseminator of infectious disease. The Librarian, while admitting that there are 2,000 books which ought to be withdrawn from circulation, did funds permit, states that the public would rather have them dirty than not have them at all. As the disinfection of infected books is an extremely difficult matter, and an authority like Professor Henry Kenwood asserts that no practical means of disinfection is trustworthy, the problem is a serious one, but as few people can afford to buy all the books they desire to read the risk of using a free or circulating library should be reduced to a minimum by the selection of books from a catalogue instead of direct from the library shelves, to which the staff alone should have access. The issue of books to infectious hospitals is not a likely contingency, but it is not so easy to control their issue to infectious cases in private houses or nursing homes, and house-holders will do well to realise their public duty in this respect, and to refrain from obtaining books from a public library where the house has not a clean bill of health.

Glycerine as a Dressing for Prevention of Suppuration.

Dr. Howard Lillenthal, surgeon to Mount Sinai Hospital, New York City, draws attention in the *American Journal of Dermatology* to the usefulness of glycerine as a preventative of suppuration. He writes:—

Having noted the relief following the employment of the various glycerine pastes which are in use, it occurred to me that the hygroscopic effect of the glycerine could be greatly increased by using this substance pure instead of as one of the ingredients of a mass with a burnt alum or kaolin base. The experience of three years has shown that this form of dressing is of very great value in preventing suppuration in slightly infected wounds and in many of the milder cutaneous and subcutaneous infections not due to surgery.

It is not intended to supplant operative drainage, but rather to turn the scale in the borderline cases in which incision is not yet clearly indicated.

Much depends upon the manner of applying this dressing, so I will describe the method in detail:—A poultice is made by thoroughly impregnating absorbent gauze or cotton with anhydrous glycerine. It is essential that the gauze or cotton, as well as the hands of the surgeon, should be absolutely free from water. The poultice is made by kneading the gauze in a basin of glycerine until it is thoroughly saturated and dripping. It is astonishing how much glycerine an apparently small piece of gauze will absorb. The part to be dressed, and a considerable area surrounding it, should be covered with this glycerine poultice and this in

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