

It is necessary then that the hands of those who have been in attendance on a case of enteric fever shall be sterilised, not merely washed, before that attendant takes any food whatever. This can be done in various ways, but the essential point in each is that the process should take some time. There is no chemical or soap that will sterilise hands at sight so to speak. Whatever disinfectant is used must be rubbed in. It is also essential to select a process that does not render the hands hard and chapped, and this means the discarding of mercurial and carbolic solutions.

Perhaps the best method for a nurse is the following:—Some soft soap is rubbed well into the dry hands, paying especial care to the crevices round the nails. This soap may be conveniently kept in a collapsible tube, and may be obtained nowadays from most chemists.* It should be a pure potash soap, and may contain a small quantity of antiseptic, though this is not essential. Ethereal soap solution is a pleasant and efficacious, but somewhat expensive substitute. After the soap has been well rubbed in, the hands are scrubbed with a nailbrush and hot water, and are then rubbed with methylated spirit applied with a swab, or piece of lint, or gauze. Turpentine may be used before the spirit, but this is not necessary if the rubbing with the soft soap has been thorough, and it is apt to make the hands hard and dry.

However carefully the hands have been sterilised it is unwise to court infection by eating bread or other food with the fingers, especially as there is no reason why a fork should not be used for the purpose.

There remains one other method in which infection may be conveyed, and that is by inhaling the breath of a patient who is suffering from pneumonia as a complication. In this case, the infection enters directly into the lungs, and the resulting attack of enteric fever is often of the pulmonary type. This is unlikely to occur, however, unless the breath of the patient be directly inhaled, and it is usually possible to avoid this.

Wedding Bells.

The resignation of Miss Clara C. Trafford, of the Matronship of the City of London Hospital for Diseases of the Chest, Victoria Park, E., has been caused by her approaching marriage.

*Messrs. Wodleys, Ltd., of Victoria Bridge, Manchester, have prepared a soft soap of this kind to my prescription, which does not tend to make the skin chapped or hard.

Regulations for Military Nurses in France.

An examination for the admission of lay nurses will take place at the Val de Grâce Hospital, on February 1st, 1908, for all the Military Hospitals of France.

The applications must be sent to Dr. Delorme, director of the Val de Grâce Hospital, before January 15th. Applicants must be French, aged 21 to 25 (to have a right to be pensioned), otherwise must not be over 45 years. They must have a diploma of the Assistance Publique, or delivered by one of the lay schools of nurses, either public or private, accepted by the Minister of War.

All applicants will have to submit to an examination before two military doctors appointed by the Director of the Val de Grâce Hospital. The same questions and practical work will have to be answered and performed by each of the applicants.

The Director of the Val de Grâce will appoint the nurses to their posts.

The duty of the nurses will be to nurse the sick and wounded under the direct authority of the doctors.

The nurses will first serve on a probationary term of one year, and will receive 800 francs, lodging, and food.

They may then be either dismissed or be posted as 3rd class nurses.

Nurses will be accepted as 2nd or 1st class nurses at the end of three years' service, if they are very satisfactory, otherwise they will as a rule advance at the end of five years' service. First class, salary 1,250 francs per year; 2nd class, 1,146 francs; 3rd class, 1,042 francs, with lodging and food. They may lodge in towns near the hospital, and in this case will receive 350 francs for their rent.

This circular is dated December 20th, 1907, and signed by Dr. Delorme, Director of the Val de Grâce Hospital.

The Military Authorities in France are heartily to be congratulated on their decision to employ trained lay nurses in military hospitals, and on testing their knowledge before appointing them.

Owing to the training given at Bordeaux, there are now a number of certificated nurses working both in civil and military hospitals in the Gironde, so that there is material there upon which to draw for this new work.

Dr. Anna Hamilton has been invited to bring this examination and the new opening in the Military Hospitals of France to the notice of trained nurses with whom she is in touch.

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