

cially just before use in the usual way. No one, for instance, would think of boiling a supply of dressing forceps and then doing a round of dressings with them. It is necessary, however, to mention that very great care must be taken with swabs, which should be sterilised separately for each dressing or throat treatment, and, in addition to this, there should be in each ward, a stock jar of swabs which have been boiled and are then kept in weak Izal solution for use in an emergency. It is generally in an emergency that our aseptic precautions are apt to break down, and there is nothing more likely to be infective than a hurriedly "sterilised" swab. It is possible to take swabs out of the jar of Izal solution even with septic fingers without contaminating the remainder of the stock, and if this has been done it is always possible to boil the stock over again, and change the solution. I do not like to see in a ward any stock of dry swabs or gauze strips "ready to be sterilised." It is putting temptation rather too near to careless or hurried fingers.

Then we come to feeding appliances, and by far the most important of these are mugs (or cups) and "feeders," for there can be no doubt that infection is often carried by them from one patient to another. In theory, there can be no doubt that it would be best to sterilise all these by boiling directly they have been used, and to boil them again before each meal. But in practice we have to compromise, and adjust the precautions to the number and experience of the staff. We do this by marking all the feeding utensils of any "barriered" case, and keeping them separate, preferably on glass shelves inside the barrier (as at Plaistow Hospital), and having them boiled separately before and after use by the nurse instead of being "washed up" by the ward-maid.

The same precautions may be taken with spoons and forks, though these are not so important.

Where the drinking vessels, etc., for any special case cannot be kept inside the barrier, they should be marked and kept in the duty room, or crockery store, but well away from the common stock.

We then come to some things which are not so likely to spread infection, and my own view is here that in legislating very strictly we run a risk of obscuring the regulations concerning the more important articles I have hitherto named. It is most essential that the younger nurses should be trained to have a right sense of proportion in surgical matter, and we may easily destroy this, and make the whole process but a matter of ritual, of which the per-

formers do not themselves know the meaning, by the multiplication of precautions.

Hence, I do not regard the sterilisation and keeping separate of bed pans, urine receptacles, plates, medicine bottles, etc., as usually advisable, though I quite admit that if the staff of nurses be a large one, it is desirable to approach as near theoretical perfection as we can. It is, of course, necessary to mark and keep separate the excretory appliances of any patient, who is suffering from an infectious discharge from the rectum or genital organs.

Consequently in the ordinary "barriered" case, we should mark and keep separate within the barrier certainly the spatula nozzles and a supply of swabs (together with a small bowl to receive these when soiled), a swab holder (or artery forceps), a "feeder" or mug (of enamelled ware), a spoon, and a bowl or two, and we should add dressing appliances if the patient has a wound also. We might extend the number of utensils if it were certain that the staff had plenty of time and ability to attend to the separation of those mentioned, but not unless.

FINIS.

Progress of State Registration.

SUPPORT BY THE WAY.

The following letter has been received from the Hon. Secretary of the Royal South Hants Nurses' League:—

DEAR MADAM,—I am instructed by the General Council of the Royal South Hants Nurses' League to forward you the following resolution which was unanimously passed at their last meeting, on Saturday, July 18th:—

"That the members of the Royal South Hants Nurses' League desire to record their satisfaction at the second reading of the Nurses' Registration Bill in the House of Lords, as well as their appreciation of the efforts made on behalf of that measure by the Society for the State Registration of Nurses, to whom they feel that the sincere thanks of all right-minded nurses are due. The Royal South Hants Nurses' League approves emphatically of the Bill in its present form, and sincerely hopes that the measure will emerge from the Committee stage without material alteration.* Above all, they hope that the clauses providing for adequate direct representation of the nurses, and for a Central Examination Board, will be retained, and the General Council of the Royal South Hants Nurses' League direct that a copy of this resolution be sent to the Secretary of the Society for the State Registration of Nurses."

I am, Madam,

Yours obediently,

K. WINTERSCALE,

Hon. Sec., R.S.H.N.L.

* The members of the R.S.H.N.L. were not aware at the time of their meeting of the Amendment excluding Ireland.—Ed.

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