

type of women, and we hope that the latter point may receive some attention at the forthcoming Congress, for while within the last twenty years the purchasing power of a sovereign has decreased, the salaries of district nurses have not been perceptibly advanced, and have been constantly depreciated by the badly trained and ill-paid cottage nurse.

When we consider the wear and tear of a uniform constantly worn out of doors in all weathers, the necessity for strong and well-made boots, and the high standard of personal cleanliness to be maintained, it will be seen that a large amount cannot be left for incidental personal expenses and holidays, to say nothing of provision for old age on a salary of from £30-£35 a year.

Constant anxiety as to money has a depressing effect upon any worker, and we should like to see the nurses connected with Queen Victoria's Jubilee Institute, like those of Queen Alexandra's Royal Naval Nursing Service, and Imperial Military Nursing Service, secure of a genuine pension after a certain term of service.

We hope that at the forthcoming Congress the first steps may be taken in this direction.

### Medical Matters.

#### ALCOHOL AS A SURGICAL DRESSING.

Dr. James Grant Andrew, F.F.P.S., Surgeon to the Victoria Infirmary, Glasgow, contributes a note on the above subject to the *British Medical Journal* as follows:—

For some years it has been the custom in many surgical clinics to use methylated spirit as an agent for cleansing the skin previous to operation, and also for removing the inspissated debris from around the wound at the subsequent dressing. An antiseptic wash of some kind is usually applied to the wound itself. For some time now I have gradually found myself abandoning the use of any antiseptic wash at the dressings, and confining myself entirely to spirit, whatever the nature of the wound. It may temporarily smart, but it is only for the moment. But what I wish to state more especially is that spirit forms a most excellent dressing for wounds. For months I have used it alone in all freshly-incised wounds for whatever purpose—in many cases of radical cure for hernia, in breast cases, in excision of veins, in three cases of displaced

semilunar cartilage of the knee-joint, in abdominal sections, etc., and I find that I have had a larger series of continuous good results than from any other dressing. It is now my custom before closing the wound to bathe the tissues with the ordinary "industrial" methylated spirit, and, after closure of the wound, to apply plain white sterile gauze wrung out of spirit.

The benefit of this dressing is, I believe, due not so much to the antiseptic properties of the spirit as to the powerful affinity that alcohol has for water, thus removing, perhaps, the most essential factor of bacterial growth—moisture. It also lessens in many cases the necessity for drainage, and by its styptic properties shortens the time necessary for securing the smaller bleeding points. When the wound is looked at for the first time after the operation, the small quantity of blood which has oozed from each stitch hole will be found caked and clotted and quite hard.

It is well known that whisky and rum were used occasionally as a dressing for wounds before antiseptics were introduced.

#### PROPHYLAXIS OF GALL STONES

Dr. A. A. Robinson, writing in the *Dietetic and Hygienic Gazette*, says of the Prophylaxis of Gall Stones:—

Durande advocated ether and turpentine to dissolve the stones. This is used quite extensively in France at the present time, but Naunyn found no evidence of the dissolving of gall stones by medical treatment, except in two or three instances out of one thousand. The only satisfactory medical treatment of gall stones seems to be preventive measures. After agglutination takes place, they become the property of the surgeon.

A brief summary of preventive measures may be outlined as follows:—

1. Plenty of exercise in the fresh air.
2. A cold sponge bath in the morning, which stimulates the vaso-motor nerves, giving tone to the vascular system, and overcoming a sluggish circulation.
3. Daily evacuation of the bowels.
4. A simple diet. Avoid excessive nitrogenous foods, highly seasoned foods, rich soups, alcoholic drinks, and partake sparingly of fats.
5. Avoid tight lacing in the use of corsets and belts, and develop deep, diaphragmatic breathing.
6. Alkaline waters are useful.
7. The salicylates are excellent cholegogues, and possess antiseptic properties in the gall-bladder.

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