

the waste paper basket. No one would read it, not one in a hundred. It would be premature to send it. He said also he had never seen the letter till that moment, and had not read it. He did not care to put his name to it.

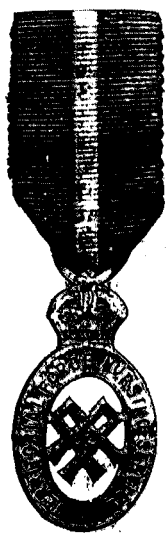
In presenting her report as Hon. Secretary, Miss Broadwood said that the work of the office had increased, but there had been no increase of staff. She had, however, sanctioned the employment of an office girl to do up parcels, fill the inkpots, and do the rough typing.

She mentioned the advantage of being able to transfer a nurse to another branch when, owing to some folly on her part, advances were being made to her by some *very* undesirable young man. Advice was given to these nurses, and about thirteen had been transferred in the course of the year, with great success.

She also referred to nurses who were dishonest enough to take a "valuable training," and then wriggle out of fulfilling their contract. Their hon. solicitor had been very successful in recovering fines from these dishonest nurses.

One hundred and forty-eight nurses had been placed on the Register during the past year. Miss Broadwood urged all the branches to keep in touch with the central office, and to deposit the nurses' certificates there, otherwise when trouble arises "where are we" asked Miss Broadwood, "if that nurse has not been registered?" So registration, to forge its fetters the more securely upon its indentured employees, finds favour at the office of the C.B.N.A.

The Territorial Force Nursing Service.



On Saturday, June 19th, his Majesty will present the Colours to the Territorial Forces at Windsor Castle. A certain number of Peers and members of the House of Commons will be present, but owing to want of space the only ladies invited are Matrons, and other members of the Territorial Force Nursing Service, the members of which greatly appreciate the recognition thus accorded to them.

On Wednesday, June 9th, Viscountess Downe presided at the Annual Dinner of Queen Alexandra's Imperial

Military Nursing Service at the Hotel Windsor, when a very enjoyable evening was spent.

Practical Points.

To Boil Catheters.

Dr. M. W. Herman, as reported in the *Dietetic and Hygienic Gazette*, states that boiling catheters in saturated solution of ammonia sulphate prevents them from becoming cracked and rough. Boiling for from three to five minutes causes complete sterilisation, and after removal they may be used immediately, because solutions of ammonia sulphate are non-irritating to mucous membranes.

Economy in Hypodermic Needles.

Dr. Adolph Brown, in the *Medical Record*, states that thousands of hypodermic-syringe needles are thrown away each year as useless by members of the profession, which could, with a slight amount of trouble, be restored to their original state. The channel of the needle becomes occluded, owing to the deposition of material derived from the injected fluid. This precipitate is readily dissolved and removed by boiling the needles for a period of ten minutes in a solution of sodium carbonate, which not only cleanses the needle internally but restores the brightness of the external surface as well.

Treatment of Flatfoot.

Professor Schanz calls attention in the *Journal of the American Medical Association*, to the fact, which has been generally overlooked hitherto, that the arch of the foot is a transverse as well as a longitudinal arch. The transverse mechanism may be out of gear without disturbance of the longitudinal, or both may be involved. This is the explanation of the persistence of symptoms after correction of flat-foot; the transverse arch has not been corrected with the longitudinal. The disturbances in the transverse arch are experienced in the front part of the foot, and it spreads out abnormally wide; between the ball of the big toe and the ball of the little toe the distance is over a quarter of an inch wider than in the other foot. By strapping the foot with adhesive plaster to bend it into proper shape to restore the transverse arch, all disturbances vanish. He prefers for the purpose a strip of cotton flannel and Finck's glue. This makes a plaster that fits better, and is more easily removed. The glue is made of 7 parts Venice turpentine, 6 parts mastic, 12 parts colophony, 4 parts white resin, and 90 parts 90 per cent. alcohol, mixed and filtered. A thin layer of this mucilage is spread over the foot, and the fuzzy side of the cotton flannel adheres firmly to it. He regards this combination of glue and cotton flannel as a marked advance in the technic of such dressings. He also gives an illustrated description of a durable leather device to wear to sustain both the longitudinal and the transverse arch.

The treatment of flat foot is of considerable interest to nurses, as not a few contract it in the course of their training.

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