

quite suddenly, and can often be made to disappear with equal rapidity, by such expedients as painting the throat somewhat roughly with strong astringents, or even by informing the patient that a very painful method of treatment will have to be adopted if the voice does not return.

Hysterical paralysis of the limbs, too, is not uncommon; all the muscles on one side of the body may be affected, or, in rare cases, all the limbs may be paralysed together; there is seldom, however, complete loss of power; if the attention of the patient be distracted, and the paralysed limb held up, it often happens that when the hold on the limb is relaxed, it will remain in its suspended position for a few moments, thus showing that the muscles are not completely functionless. Again, sudden restoration of power is usual, and is often affected by any novelty in treatment, or even by purely emotional influences.

(To be continued.)

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## OUR PRIZE COMPETITION.

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MENTION THE DIRECTIONS IN WHICH THE WASTE OF HOSPITAL PROPERTY IS LIKELY TO OCCUR (a) IN A WARD, AND (b) GENERALLY THROUGHOUT THE BUILDING.

We have pleasure in awarding the prize this week to Miss M. K. Steele, St. Bartholomew's Hospital, Rochester.

### PRIZE PAPER.

#### WASTE IN WARD AND HOSPITAL MANAGEMENT.

Waste, in other words, losing where others may gain, is a subject the economical never tire of. That it occurs even in the best managed of departments or institutions is obvious, and unless all minds work for the same results, there seems to be no hope of altering it. As applying to a ward, there is little to be said where the institution is ruled by the zealous in authority. The Ward Sister has the power of ordering only to a very limited amount. This is, of course, considering that the responsible administration are thoroughly well informed as to the real requirements of her department.

Probably the chief channels for waste are light (gas and electricity), coal, water, food-stuffs, washing, as applied to bedding, &c., cleaning materials in the form of spirits, or lint, surgical dressings, drugs. Extras and stimulants are usually so difficult to requisition that there is little or no overlapping in the quantity from year to year.

Where steam pipes are in use, the ward fire can be regulated by the ward thermometer and the careful arrangements for stoking by the Sister. A little experience will show just how long a fire will burn without mending, and just how much coal is required to feed it.

If the hospital is small, and the Matron orders fuel, there will be little possibility of waste, as any slight variation will be noticed each quarter.

*Light.*—Under this heading must be added gas used for cooking and sterilisation.

A gas stove is a tremendous help to the probationer responsible for the heating and making of the patients' minor food, but it is also a trap for unwary feet. Nothing mounts up quicker than the units of a gas meter, and an alarming array they make (on paper) when set forth for those in authority to read.

In a surgical ward, where sterilisation is practically in process all day, care must be taken that the tap is turned off whenever possible. Instruments do not improve with continuous boiling, neither does the burner nor the wall behind it.

*Water.*—Water rate, of course, varies with the town one lives in.

It is probably, from a hygienic point of view, better to use too much than too little. Those who have lived in countries where water is bought have a greater respect for its worth.

A tap ought never to be left running without attendance.

Leaking taps should be reported at once. Water closets should be inspected at least once a day, and any faults reported at once.

The average amount of water used daily is easy to ascertain: if the amount is larger, it is probably due to carelessness.

*Foodstuffs.*—Under this heading comes a formidable list—ends of loaves, pieces left by patients, milk gone sour through dirty milk cans or crockery, beef tea in the same condition from a similar reason, diets called and not required, vegetables, mineral waters, but especially bread.

In all ward kitchens a basket should be kept in which to collect the daily odds and ends, which should be inspected before the daily supply is "called," and returned to the hospital kitchen.

In the same way, diets or vegetables "over" from the dinners should be returned, and not stored in the kitchen cupboard, in the hope that Daddy might eat a "bit" for his supper.

*Ward Washing.*—This important item of hospital expenditure again applies very much to

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