

questions are under consideration does not meet the needs of the situation.

7. The wrecking of the Nurses' Registration Bill in the House of Commons by the representatives of the College of Nursing, Ltd., the nurse members of which organisation were incited to this suicidal policy by the Council of the College, composed at the time entirely of employers, and of hospital officials under their control.

The answer to this wrecking policy of the organisation controlled by employers was, as we have shown, inevitable—association of the working nurses in a trade union.

WORK AND WAGES.

Two Bills, both of which are likely to affect nurses, trained and in training, were presented by Sir Robert Horne in the House of Commons on August 18th, and will probably be proceeded with as soon as Parliament re-assembles. Nurses should, therefore, acquaint themselves with these Bills (1) Minimum Rates of Wages Commission (Bill 198, price 1d. net), and (2) Hours of Employment (Bill 197, price 2d. net), in order that they may take any action necessary to safeguard their professional interests.

Bill No. 1 deals with the question of a minimum and living wage, and proposes that a Commission should be constituted to inquire into and report on this question.

Bill No. 2 proposes to establish a 48-hours' working week for those to whom the Act applies. It applies, with certain defined exceptions, (1) to all persons who work under a contract of service, or apprenticeship with an employer, whether expressed or implied, oral or in writing; (2) to persons employed in the service of the Crown or any local or other public authority (except persons in the naval, military or air service, or of any police force). It is therefore presumable (1) that pupil nurses, or probationers, would come under this Act in voluntary hospitals and allied institutions, and (2) that it applies also to trained nurses in Poor Law infirmaries, asylums, and fever hospitals, to those engaged in public health work as school nurses and health visitors, to many midwives and other allied workers.

The Bills may be obtained from H.M. Stationary Office, Imperial House, Kingsway, London, or through any bookseller.

OUR PRIZE COMPETITION.

WHAT IS THE PRINCIPAL SOURCE OF INFECTIVE MATERIAL IN (a) PULMONARY PHTHISIS, (b) ENTERIC FEVER, (c) SCARLET FEVER, (d) DIPHTHERIA, and (e) CHICKEN-POX? STATE IN DETAIL HOW THE DISCHARGE IN EACH CASE SHOULD BE DISINFECTED.

We have pleasure in awarding the prize this week to Miss Winifred M. Appleton, University College Hospital, London, W.C.

PRIZE PAPER.

The prevention of disease depends largely on recognising the source of infection and using hygienic and scientific methods to disinfect any media likely to spread infection, and is an important factor in nursing acute specific diseases. Sun and fresh air are always essential, because they are potent germ destroyers.

The tubercle bacillus is a widely distributed organism frequently inhaled or ingested in air, food, or milk, causing many deaths which would be preventable by the proper precautions.

Phthical patients infect their surroundings mostly by coughing up sputum containing bacilli, which, when dried, may be inhaled with dust. By swallowing such sputum the patient may infect other organs of his body, therefore he should be encouraged to expectorate only into a sputum pot, containing a measured quantity of carbolic lotion (1-20). When emptying this a good plan is to add sufficient sawdust to absorb the moisture, and then to burn it. The pot should be well washed and sterilised by boiling at least once in twenty-four hours. The patient might sneeze or cough into old rags which should be destroyed by burning. Antiseptic inhalations should be given.

The dissemination of *Enteric* is by means of the faeces and urine of infected persons, the disturbing organism being the bacillus typhosus, which is allied to the bacillus coli. Persons attending the patient may be directly infected by conveying the germs on hands soiled by excreta; hence the importance of having a hand bowl of disinfectant close to the bed. Others are indirectly infected by stools poured into drains, which, through defective sanitation, obtain access to the public water supply, thus spreading the disease in various ways.

Excreta must be left standing for at least an hour, mixed with an equal quantity of disinfectant (perchloride of mercury, 1-1000, or carbolic, 1-20, or Lysol, a table-spoonful to the pint), as it is less virulent when first passed than later on. The utensil should be covered with a lid, and a cloth wrung out in disinfectant.

In country districts, where there is no modern

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