

Practical Points.

We call the following from
Washing Dress *St. George's Hospital Gazette*—
for Doctors.

"It is the custom at most London and provincial hospitals for House Surgeons and dressers to wear white coats of some washable material in the wards. Why not at The Corner? The habit has everything to recommend it and no disadvantages. From a patient's point of view it would lessen the risk of the transmission of micro-organisms from place to place, and from the dresser's it would surely conduce to personal cleanliness; and will anyone deny that cleanliness is next to godliness? Under present conditions, the bacteriological examination of an ordinary coat after three months' dressing in the wards should prove an interesting study."

Is it possible that the medical staff at St. George's have not yet adopted a washing suit for dressers? It would be absolutely incredible if one did not realise how extraordinarily unpractical is the average man of science.

Hospital interns and ward students in the United States have been compelled to wear white washing costumes—coat and trousers—for the past fifteen years. How absurdly inconsistent it is to spend untold time in hunting the wily microbe to his lair, and then to kindly convey him to an appetising meal in the wards in the folds of infected garments. Washing clothes should be compulsory for all doctors and nurses during the ward visit, and in the operating theatre—that is if reason is to rule our attitude to disease.

Sterilisation of Hands.

The following is the method
of sterilisation of hands in use at
the Birmingham and Midland
Hospital for Women, Sparkhill,

by order of the Medical Board:—

1. Scrubbing with hot water and soap for not less than five minutes.
2. Attention to nails.
3. Staining in hot saturated solution of permanganate of potash, bleaching in hot saturated solution of oxalic acid.
4. Washing in sterilised water.
5. Rinsing in methylated spirit.
6. Rinsing in sterilised water.

Sources of Infection.

One of the very difficult yet most interesting tasks of modern hygiene, says Dr. George Richter in an American Journal, is the study of the various sources of infection in daily life. There is no doubt that the most of the infectious diseases are caused by a communicable virus present with certain bacteria. The great dispute between Koch and Behring as to the real source of infection, whether by inhalation or by the swallowing of the bacilli, may now be regarded as settled; both ways lead to infection. Under ordinary circumstances the mucous of the nose and throat and the digestive fluids annihilate the infectious germs. Yet too often they

fail to do so and the disease is established. Especially is this so in the case of tuberculosis. Dr. Richter then touches on predisposing conditions, and amongst them says: "A much neglected source of infection for grown people will be found in the first-class hotels, restaurants and saloons. I have had many a patient who acquired typhoid fever on a trip for health, or even quick consumption. We cannot lay too much stress upon the fact that there is an immense difference between what appears to be quite clean and what is actually clean. Many sick people travel. They eat and drink from the same dishes and glasses that will be used by others afterwards, after having been 'cleaned.' But how? The dishes and the glasses are put in a tank of water, washed with some old rag, rinsed in another tank, and then wiped dry. In the tanks the bacilli accumulate and render them a regular reservoir of virus. Each and every dish, knife and fork, gets its share of the common stock. If there were not so many immune, or with enough healthy resistance in their bodies, what epidemics we would have! It is even worse with the average saloon. We speak, properly of the great saloon evil in a different sense, but this side of the evil can be corrected with some good will from part of the host. Even in the cleanest saloon glasses are usually not washed in running water, which should be regarded as an absolute necessity. The careful polishing of a tumbler that has been washed in infected water (which under ordinary circumstances is the rule) is certainly no safeguard against the presence of bacilli on the glass. Doctors Roepke and Huss have made instructive experiments in that line which have revealed several important facts. After the German Imperial Board of Health had suggested that the chalice of holy communion should be wiped dry with a clean cloth every time after a communicant had partaken of it, and that the chalice must be turned somewhat so that the next communicant would touch a new place with his lips, they had a number of consumptives drink from a chalice following these instructions. They then examined with proper care the rim of the cup and the wine remaining in it, which, of course, now contained also those drops which had, after drinking, run back into the cup. They found incontrovertible evidence of tubercle and other bacilli, and succeeded in infecting guinea pigs with them. Right here seems to be a source of infection—not so much by the chalice, but by the drinking vessels of public places. This applies just as much to the crockery and glass used in hotels and restaurants."

To Prevent Sea- Sickness.

The director of the German Lloyd Company, Herr Otto Schlick, has invented a revolving ship's screw which is said to reduce to a minimum the pitching motion of vessels at sea. Should the new apparatus, which has been tried on a torpedo-boat at Stettin, turn out a practical success, the consequences will be immense, for not only will it largely reduce the dreaded attacks of sea-sickness, but will result in considerably increasing the accuracy of naval guns.

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