

no subcutaneous fat taken with it. The outline of the incision should preferably be an ellipse to permit of closure of the defect by sutures. The skin removed should be one-third larger than the defect to be covered to allow for shrinkage. The graft after having been placed in its new position may be retained by sutures or reliance placed on overlying dressings. The method is uncertain in results but may sometimes be used with advantage.

In addition to the recognised methods of skin grafting just described occasional reference will be found to grafting wounds with the skin of an egg, with the pellicle of a blister and with dry epidermal scales, such as scrapings from callosities or dandruff from the head. These expedients usually yield unsatisfactory results. The only reasonable sources from which to obtain vital epithelial tissues are the skin of the patient, autografts; the skin of another individual, heterografts; and the skin of a lower animal, zoografts.

Autografts are usually cut from the patient's thigh or shoulder. They furnish the material most likely to prove successful, and should be employed except in cases where the patient's general condition is bad or where the area to be grafted is very extensive.

2. *Heterografts* are obtained from another individual, from amputated extremities or from fresh cadavers. They usually grow well and should be employed when they can be secured from a satisfactory source. They entail the danger of infecting the patient with syphilis, tuberculosis, and other diseases which must be carefully guarded against. The question of the necessity of the grafts being of the same colour as the skin of the patient on which they are planted is still unsettled. It is claimed that a negro's skin grafted on a white person will lose its pigment and that a white skin grafted on a negro will become pigmented.

3. *Zoografts* are obtained from one of the lower animals, the frog, chicken, pig, dog, cat, rabbit, or guinea-pig being most commonly used. They do not grow as readily as grafts from the skin of a human being, and they should not be employed when other sources of supply are available. Still there are certain conditions where they are not only useful, but are the only means by which a patient can be cured.

Up to the present time it has been considered that cow's milk which has been sterilised by boiling for five or six minutes is quite safe. It is disquieting to learn that recent experiments by Dr. Calmette, Director of the Pasteur Institute, and Dr. Breton, demonstrate the contrary.

Washing Infected Garments.

SOME HINTS TO DISTRICT NURSES.

The disinfection of garments worn by phthisical persons is always a difficulty in cases where the patient and his friends are uneducated and cannot be brought to see the need for extreme care.

Of course, the great point is to try to make them realise the danger not only of promiscuous spitting, but also of using and keeping in the room handkerchiefs or their substitutes containing dried expectoration; this is easily disseminated in the form of dust (perhaps invisible), and may become a source of infection to those who inhale it.

We will take a not uncommon case where the patient has proved intractable and persists in spitting into handkerchiefs which, in spite of the nurse's counsel, are reserved for the weekly family wash. Here, after explaining the reasons and necessity for great precautions, the nurse should insist on the purchase of a covered metal pail; this must be kept in an outhouse or even in the open air, not in a dwelling room.

The nurse should herself fill it half full with carbolic acid lotion, strength 1 in 20. She should endeavour each morning when she pays her visit to see that all soiled handkerchiefs have been placed in the pail and kept there until they can be boiled.

I mention carbolic as the disinfectant for two reasons, first, it can always be had for disinfecting purposes without payment from the local sanitary authority; and, again, "its activity is little, if at all, impaired by the presence of albuminous substances. This renders it much superior to perchloride of mercury for disinfecting blood, pus, sputum, or fæces" (although perchloride is a much more powerful germicide) ("Andrewes' Lessons in Disinfection").

A special tin saucepan must be reserved for boiling the handkerchiefs; the boiling should last at least thirty minutes, the addition of soda to the water will raise its boiling point and assist sterilisation.

If the patient is confined to bed it is a very good plan to provide him with a little enamel bowl (they can be purchased for 3d. each), and to teach him to put his handkerchief in it rather than under his pillow, explaining that the warmth of the bed would dry the expectoration on it and so make it liable to be shaken about the room and a danger to those living with him.

Now, as regards body linen and sheets. Give strict orders that the patient's sheets, body

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