

—with regard to position of deposit—infectivity of dust, and these experiments have recently been confirmed and elaborated by Dr. Coates, of Manchester, whose researches are peculiarly interesting to us who, as nurses, are primarily responsible for the cleanliness of our patients' rooms.

Dr. Coates simply collected samples of dust from places where it had settled naturally, and where "there would be no likelihood of direct contamination with expectoration or by infected articles." He found that in dirty houses where the patient spat about freely the dust in 66.6 per cent. was highly infectious, and that that which was "taken within 1 or 2 ft. of the floor produced tuberculosis oftener than samples taken at higher elevations."

He further demonstrated that in these dirty houses the floor near the bedside and the fireplace was the most likely place to receive the infectious sputa, but that when this is pulverised very little will rise to the highest points in the room, and it "ultimately settles near or on the floor."

In houses kept clean, but where the patient, although not spitting about promiscuously, had not learnt how to manage properly his expectoration, infectious dust was found to be present, but not in so large a proportion (50 against 66.6 per cent.), and here again the dust from the lowest parts of the room was shown to be the most dangerous.

Special attention must therefore be paid to the thorough cleaning and daily freeing from dust of the "lowest parts of the walls," and such projections as "the tops of the skirting board," &c.

Now consider the case of a small child playing about on the floor of one of these houses. If quite an infant it probably will be sucking one of those abominations known as "comforters," which every few minutes will fall on to the floor and receive a nice coating of dust before being popped back into the baby's mouth; or, if a little older, the child may be teething and rubbing its gums with its toys, which will alternate between its mouth and the dusty floor.

Dr. Coates also proved that "infected dust is present in greatest amount, or is most virulent, where the access of sunlight and the circulation of air is prevented."

Although in sanatoria it is customary to take every precaution as to the destruction of sputa before it has had time or opportunity to become "dust," yet in a building where many phthisical patients are living together it is necessary to take very special measures for the removal of all dust whether dangerous or not. I say removal advisedly, because the reason why you are taught to use dusters wrung out in boiling water is that your cloth may pick up the dust and not flick it away to settle elsewhere.

In any case dust is undesirable on account of the tendency to cough which it produces by mechanical irritation of the air passages.

Auto-infection.—It is most important to teach patients how to be careful to avoid re-infecting themselves. They must on no account swallow their expectoration, or there may be danger of setting up tubercular disease in the intestines.

Again, every time a man coughs, expectorates into a flask (or elsewhere), and then wipes his mouth with a handkerchief, there are three different ways in which he may re-infect himself.

Firstly, from invisible particles which may adhere to his moustache, beard, or lips.

To avoid this, a council of perfection would recommend our patient to be carefully shaved and not to grow any hair on his face.

Secondly, from any soiling of his fingers when handling flask or handkerchief; here again the particles, being invisible, are likely to contaminate his food at the next meal.

To combat this danger you must lay great stress on the necessity for keeping the finger-nails short, and thoroughly scrubbing the hands before eating.

Thirdly, from an infected handkerchief either in the pocket or under the pillow; either of these situations will dry any sputum that may be upon the handkerchief, which, in its turn, will contaminate the pocket or bed-linen, and shed its mischievous dust whenever it is used.

The remedy here lies in allowing only paper handkerchiefs, which must be burnt after use; or, if pieces of rag are preferred, they can be kept in properly-constructed loose pockets, which must be frequently disinfected. Here, as you know, patients are provided with these for the daytime, and at night are instructed to place their paper handkerchiefs in little enamel bowls by the bedside instead of under the pillow.

There is just one other point to which I must call your attention—viz., the habit which many people, even those who ought to know better, have of sucking or biting the ends of pens and pencils when writing, or moistening the finger with saliva when turning over the leaves of a book. Both these customs are not only dirty, but they may be positively dangerous.

Off to Berlin.

A cheery party of thirty British nurses, under the able guidance of Miss Mollett, left Victoria on Thursday morning for the Berlin Congress. Miss Mollett was there in good time, prepared to wrestle with luggage, and generally to attend to the needs of her party. After considerable excitement, and a hearty send-off, the Delegates got under way. As we went to press immediately after they left, there has been no time to receive further news of the travellers. Next week we hope to have plenty.

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