

from even the slightest shadow of suspicion that any complication that may arise could be traced to carelessness or neglect on her part.

Another thing to be careful about is the removal of dust from all surfaces and crevices in the sick-room. When we stop to consider how dust is blown in through windows and doors, with a sudden gust of wind, and how it filters in through the smallest apertures, and that dust when examined under the microscope is found to contain such germs as the bacilli of tuberculosis and influenza, the diplococcus of pneumonia, to say nothing of its being the medium for carrying the infection of scarlet fever, diphtheria, erysipelas, and all such diseases, the imperative necessity of absolute cleanliness everywhere, but especially in the vicinity of sick persons, where vitality is at a low ebb, is at once apparent.

A soft cloth wrung out of a 5 per cent. carbolic acid or a 2 per cent. lysol solution I find very satisfactory to use in dusting the sick-room, and a wise nurse will superintend the cleaning, if not actually do it herself, as is much better in many cases, rather than leave it to the maid who is utterly ignorant of the great, invisible regiment of the ever-active, ubiquitous microbes she is carelessly swishing around from room to room.

I was much impressed with a statement made by an eminent Chicago specialist in the course of an address on protection from contagious diseases, when he said that on examining cultures obtained by exposing plates provided with culture media for sixty seconds in a dozen down-town districts, it was found that from 600 to 3,200 living organisms developed on each plate. While all of these might not be of an infectious nature, still doubtless a large percentage would be of the common contagious disease-producing bacteria.

In the face of such convincing facts we must be watchful that we do not undo all the work of the sterilising rooms by exposing dressings, towels, and instruments, with which we are preparing to dress a wound, in a room where dust has gathered and which can so readily be sent flying through the air by careless movements.

First, have the visible dust wiped from all surrounding surfaces, then, with properly cleansed hands, bring in the instruments and dressings required for the case in question, and then, after again washing the hands, you will be ready to assist the surgeon as occasion arises. So much more might be said on this interesting subject, but time will not permit, but I trust I have said sufficient to impress on your minds the need for absolute or "surgical cleanliness" in our every action.

Besides the above-mentioned micrococcus there is the staphylococcus pyogenus albus, which we also often meet with in pus formations, but it is not so virulent or resistant as the former; under the microscope we find this species form in clusters like grapes, and then in a chain-like foundation; we

find also the streptococcus pyrogenus, which is considered the specific germ of infection in erysipelas.

It is not my object to describe at great length the various forms of bacteria or even to name them, but simply to draw your attention to the important part these minute organisms play in the production of disease and how very essential it is that we remember that they are active and progressive agents; that, though so tiny that they are invisible to the naked eye, they abound in myriads around us and carry sickness and death in their train.

If you can only come to realise how very real their action is, you will be surprised how quickly you will become accustomed to taking what we call "antiseptic precautions" and unconsciously develop the ability and skill that will make you a capable and successful nurse in the medical and surgical fields of action.—*The National Hospital Record.*

Sleeping Sickness.

An interesting report containing evidences of valuable discoveries has just been issued by the Congo Expedition of the Liverpool School of Tropical Medicine. Dr. Dutton, Dr. Todd, and Dr. Christy left for the Congo thirteen months ago. A special hospital was erected by the authorities of the Free State at Leopoldville, and made the headquarters of the expedition, to which Dr. Inge Heiberg, an old pupil of the school, was attached by the State.

The observers of the disease thus had cases of sleeping sickness under their immediate care, and facilities were given for the study of a large number of patients.

The results of their investigations are incorporated in the report, and illustrate the occurrence and distribution, describe the symptoms of trypanosomiasis in all its stages, both in Europeans and natives, and show how sleeping sickness, so-called, is related to trypanosomiasis as a symptom of that disease.

As far as the very numerous and detailed observations of these workers go, they show that the parasite identified with sleeping sickness in Uganda and the Congo does not differ from that described by Dr. Dutton in the Gambia. The question of a curative agent has for a considerable time engaged the attention of the members of the research, and experiments are now in progress to find a remedial agent which would have the same effect in trypanosomiasis that quinine has in malaria. A variety of drugs have been used with more or less success; up-to-date arsenic, and trypan red, an aniline dye introduced by Ehrlich and Shiga, appear to be the most useful. The parasite disappears for a time from the blood and the life of the animal is prolonged, but with neither of the drugs is an absolute cure obtained. A combination of the two appears to offer better results.

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