

patient is carried or wheeled in. He finds himself before a sea of strange faces, and often has to undergo a painful examination without the friendly hand and face of the ward nurse to console him. The same thing happens in the case of women and children. On this occasion the first patient was a man of about thirty, a stalwart peasant, who was wheeled in in his bed. Two students were called down from their seats, and had to stand by the bedside to undergo the formidable ordeal of being questioned by Kocher. The latter explained that the man had been brought in complaining of great pain in the thigh after a fall from a bicycle. There had been no wound and no signs of fracture, and no cause for the pain could be discovered. Kocher had thereupon made an incision. He found nothing, but next day an abscess on the bone manifested itself. "What," said Kocher, turning to one of the students, "do you attribute this to?" The unfortunate man ventured, after some hesitation, to say, "To septic infection," and Kocher thereupon asked whether he accused him, Kocher, of introducing germs with his instruments. The tone was light and bantering, but one felt sorry for the youth, particularly as the answer, as far as it went, was correct.

The Professor then explained the history of the case. He had re-questioned the man after the abscess had formed, and ascertained that some time previous to the fall he had cut his hand with a fork with which he had been carrying manure. The wound had suppurated badly. "That," said Kocher, "is how the germs entered the circulation. And when the man had the fall and bruised the bone, the cocci found the injured area a congenial spot to settle in and multiply. When you cannot account for a similar septic condition, always find out whether there is any history of a previous infection." Kocher concluded his lecture on the case thus, and possibly the hint may be of use to nurses also.

E. L. C. EDEN.

Health and Morality.

A Private Conference on Health and Morality is being arranged to be held in London on Wednesday, November 23rd. Women doctors, trained nurses, Guardians, and Rescue Workers will be invited. The Editor will be pleased to obtain tickets for Nurses who desire to attend the meeting. We are glad to note in reports of addresses by doctors to nurses in the United States that the vital importance of morality to the health of a nation is being impressed upon them.

Practical Points.

The Dirty Medicine Bottle.

The *Lancet* reports that Professor Joseph P. Remington, a prominent pharmaceutical teacher, in addressing a section of the American Medical Association at the recent meeting at St. Louis, called attention to the useful work which the pharmacist can do in the way of preventing infection from harmful bacteria. By way of illustration, he stated that practices which had been followed by careless and ignorant druggists, have most undoubtedly increased the death-rate in the past. Thus bottles and boxes coming direct from an infected sick room have frequently been refilled without proper cleansing. It is obvious that the blame for this dangerous practice rests largely with the nurse in charge of the case, who should see that corks and boxes from infected quarters are destroyed, and that bottles and other utensils are properly sterilised before passing into other hands. Corks are particularly dangerous as germ bearers, and there is no valid excuse for using them a second time. The old practice of biting a cork to soften it and moistening it with the tongue to make it fit the neck of the bottle are not altogether obsolete, disgusting though they are. The necessity for scrupulous cleanliness in dispensing is especially evident in the case of hypodermic injections and collyria. Care should be taken to sterilise the liquid to remove all flocculi and particles of dust, and to use perfectly clean utensils and containers. Such precautions call for greater care in the storage of dispensing materials and containers than is usually met with. A glance at the back of a dispensing screen too often reveals row after row of dusty bottles and jars, and syrup bottles coated around the neck with crystalline sugar and dust, upon which flies find a happy hunting ground.

Skin Sterilisation by Tincture of Iodine.

Dr. I. S. Stone, writing in the *Southern Medical Journal*, considers that tincture of iodine is the best skin disinfectant now known. Experiments have been performed which clearly demonstrate that iodine has the power of penetrating deeply into the layers of the skin. The spaces between these layers are occupied by the various forms of bacteria, fat, sweat, etc. The inter- and intracellular capillary and lymph spaces all communicate with these layers of epithelium, and it is conclusively shown that iodine penetrates into all of these various clefts and openings of the skin. The alcohol of the tincture dissolves the fat, while iodine has a special penetrative quality of its own and forms a chemical combination with the fatty acids of the skin, which combination is quickly absorbed. The author believes that the soap and water cleansing is wrong in principle, as the intracellular spaces are filled with the soap solution, which prevents the action of the alcohol. After the operation is completed a final application is made over the closed wound before applying the sterile dressing.

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