

When the feet are burning, alcohol is one of the best tonics for them. It cools the skin and stimulates the muscles.

Treatment of Phthisis by Intratracheal Injections.

A manual issued to those professionally interested in the medical uses of Izal includes an abstract of a paper by Dr. Colin Campbell on the treatment of phthisis by intratracheal injection of a solution of Izal in glycerine. Dr. Campbell points out that the fact that open air cannot in itself kill the bacillus is proved by the course of lupus; the object of the treatment is the destruction of the tubercle bacilli in their hatching place. He explains that glycerine, when injected through the trachea, causes a greatly increased flow of pulmonary secretions. He finds that it is possible to inject one, two, or even three ounces of fluid at a single sitting. Referring to the researches of Delépine on the bactericidal action of Izal, he shows that Delépine and Coutts used emulsions of Izal oil in the strengths of 1 in 25, 1 in 50, 1 in 125, and 1 in 250, mixed in equal parts (save in two cases) with sputum teeming with tubercle bacilli, and the mixture was injected into guinea-pigs after one hour. It appears that up to 1 in 125 Izal oil is capable of destroying tubercle bacilli in one hour. The application of this drug for intratracheal injections in the hands of Dr. Colin Campbell has given excellent results. He finds that, although three ounces of fluid can be injected at a single sitting, it is not necessary to administer more than from 6 to 16 drachms at a sitting. After the dose has been administered, he directs his patients to take deep inspirations. This is followed by a sensation of heat travelling through the lungs, and later by a greatly increased flow of expectoration. In this way, the lungs wash themselves out, by the action of the vehicle—glycerine. In conclusion, he states that it is best to give two injections a day—one to wash out the lungs, and the second "to go to the bottom." He claims that by the destruction of the germs in the lungs he not only disinfects the sputum before it is discharged, but actually gets a curative effect at one and the same time.

Disinfection of Hands.

According to the observations of Prof. Schumburg, a surgeon on the general staff of the German Army, reported in the *Deutsche Medizinische Wochenschrift*, washing the hands with strong alcohol is a most effective means of removing all infection and rendering any bacteria innocuous. This author states that 200 c.cm. of alcohol applied with a pledget of cotton wool are sufficient to disinfect the hands to the extent of 99 per cent. or more of all bacteria present. Ordinary methylated spirit is quite effective. It is found that bacteria which still adhere to the hands after they have been washed with soap and water are easily removed by this method.

Prizes for Invalid Cookery.

The Invalid Cookery Section (Class 32) at the Food and Cookery Exhibition, held last week at the Royal Horticultural Hall, is "open only to certificated nurses," but it would seem more accurate to say it is open to those in training also, since many of the competitors are probationers.

There were thirty-six entries in this class, many of the trays were daintily arranged, and the food looked appetising and was attractively served. On each tray a few choice flowers were arranged, and in some instances these were renewed each day. The uniform dark green trays sent by the London Hospital nurses had in each instance dainty little etchings of bears as menu cards.

Gold Medal.—The Gold Medal was awarded to Miss M. Gregory, of Charing Cross Hospital, who selected as her exhibits Scotch broth, which, seen cold, was a solid jelly containing pearl barley and vegetables, the wing of a boiled chicken covered with white sauce, decorated with fragments of the yolk of a hard-boiled egg passed through a sieve, potato croquette, spinach on tiny circles of toast, baked custard, and barley water. The meal was served on white china with a green border of oak-leaf and acorn pattern, and the flowers selected for decorating the tray were a few deep crimson carnations.

Silver Medals.—Silver Medals were awarded to the following nurses:—Misses N. Cooper (Westminster), L. A. Paul (diabetic tray), K. Hodgkinson, M. Mackenzie Kennedy, M. McLaren, and M. Oldshaw (all of Guy's), M. Marston (diabetic tray) (London).

Bronze Medals.—Misses Y. Goyanlock (Charing Cross), F. Jagger (Guy's), E. King, M. Waller, and G. Roberts (London).

Certificates of Merit.—Misses E. G. Gower (St. Bartholomew's), M. Spedding (Charing Cross), E. Schlagentweit, and E. Grant (Guy's), R. Gordon, H. Lugg, M. Langford, F. Jewitt, L. McKinley (London), and A. B. N. Hadfield (Westminster).

The hospitals from which nurses competed in this section were Guy's, Westminster, St. Bartholomew's, Charing Cross, and the London. St. Thomas's Hospital has a class in invalid cookery for its pupils, who are subsequently examined by Mr. C. Herman Senn, Managing Director of the Universal Food Association, but they did not send exhibits to the Cookery and Food Exhibition.

The two diabetic trays were of special interest, and would certainly tempt any invalid. Miss Paul (Guy's), selected Haugh tea, mutton chops, salad, savoury custard, light pudding, and imperial drink as her exhibits, and Miss M. Marston (London) Clear soup, fish mayonnaise, egg jelly, diabetic bread, and lemonade. Taken as a whole the excellence of the trays certainly equalled, if they did not excel, those of preceding years.

The Naval and Army Cookery Competitions between cooks in H.M. Navy and cooks of the Army Service Corps, and some of the Military Hospitals, excited considerable interest. The School Children's Cookery Competition was also a very popular one.

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