

PRACTICAL POINTS.

To Prevent Flat Feet. Those who are threatened by flat-foot or already suffering from it would benefit greatly by performing the following simple exercise twenty times every morning: Take off the shoes and stand in front of an open window with heels together, toes turned out. Place the tips of the fingers on each shoulder, rise slowly on to the toes, inhaling as you rise, and extend the arms into the horizontal position; return to the first position, exhale as you sink, and let the arms drop to the sides. When in bed, or resting, turn the feet so that the *outer* edges are resting on the bed, this helps to raise the arch of the foot. The writer, who was crippled by flat-foot after a few months' hospital work, cured herself completely by means of this exercise alone, which was performed daily for three years. Such a remedy, unlike the use of supports, strengthens the muscles of the foot, and it is probable that this exercise practised during childhood would greatly diminish the number of cases of flat-foot amongst nurses. Of course, broad, low heels and shoes of a shape to allow perfect freedom to the toes should always be worn, otherwise the muscles of the feet are strained, or so compressed that they can have little or no play.

Sensitive to Light.

Many people can only sleep well in a darkened room, and this is often difficult to attain where light blinds and curtains are in use. Private nurses, in changing their abode, so often suffer loss of sleep from light. A good plan is to cut off the foot of an old black silk stocking and place the leg piece lightly over the eyes and around the head when composed for sleep. Nothing need then be drawn across the open window.

Kill Those Flies.

The International Hospital Record reports an American physician who has recently been touring in Europe inspecting hospitals to say: "Our tour has been of immense educational value, for we have picked up new ideas everywhere. At the new Pitié Hospital, in Paris, just completed, I counted eight flies in the typhoid ward. This may seem trivial, but when it is realized that these eight flies could escape and propagate others to carry the contagion to other wards, it looms up as a big and very important detail. That condition can not exist in an American hospital, at least in any of the newer or larger hospitals. I say these things not by way of criticism, but merely to show that all we saw, even in cities noted for being way up in such matters, was not perfect, and that we Americans could teach the old world a few things if the physicians would come over and observe our work and our systems."

The Mouth in Measles.

Dr. G. R. R. Trist writes in last week's *British Medical Journal*:—"In spite of the number of deaths from measles, and of the more serious light in which it has come to be regarded by medical men to-day, lay tradition for the most part looks upon measles as a trifling disorder. And one cannot but be struck by the simultaneous occurrence in every epidemic of cases presenting, on the one hand, an illness of the most trifling character, and upon the other a condition placing the patient in grave danger of his life.

"Of the causative factor we are yet ignorant, but a necropsy upon a fatal case always reveals to the bacteriologist the presence of one or more pathogenic micro-organisms, not, indeed, constant in variety, but notably the pneumococcus, the streptococcus, and the *Staphylococcus pyogenes aureus*.

"It is submitted that measles is a condition in which certain tissues (notably mucous surfaces such as of the respiratory and alimentary tracts) are so affected as to render them unduly susceptible to the mischief which these organisms are able to bring about; and that herein lies the danger of the disease.

"I contend that the first point of entry of these micro-organisms is the mouth, and in support of this submit that, in my experience: (1) Every case of measles with severe complications (whether of bronchopneumonia or diarrhoea) has presented a mouth of exceeding foulness; (2) among my patients, since the adoption of routine cleansing of the mouth, no case brought under treatment within twenty-four hours of the appearance of the rash has had a fatal termination.

"The treatment adopted is simply to order the mother or nurse to wipe out the mouth carefully but gently every four hours with a piece of clean boiled rag or lint dipped in borax or thymoglycerine; attention is directed not only to the tongue and roof of the mouth, but especially to the inside of the cheeks and labial surface of the gums.

"I claim nothing new for this method; it finds mention, among other details, in every textbook and system of medicine. But from the number of instances (both in consultation and in conversation with other medical men) in which it would seem that this simple piece of therapeutics has been omitted, it has seemed well to set down that which I have come to regard as the most important detail in the treatment of measles, the disregard of which produces results as unhappy as they are avoidable.

"M. D." from the Reform Club draws attention to the dust and dirt in railway carriages, and suggests a crusade against it. He considers railway carriages large factors in spreading disease. Some method of more thoroughly cleaning the linings should be devised. Why not cover the seats with a movable washing material.

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