

clothing, and the bedding and sickroom should be thoroughly fumigated.

Miss M. H. Griffith writes:—A nurse should always bear in mind that the source of infection lies in the evacuations, urine, and discharges of a patient suffering from enteric fever, and that the infection may be carried by (1) herself, (2) the patient, (3) the surroundings of the patient. She must therefore take the following precautions:—

(1) As regards herself, she should never go on duty fasting; she must be in good health; she should go out in the open air daily. She should keep her fingernails cut short, and always use a nailbrush when washing her hands, which she should never omit to do after handling soiled linen, before handling or serving food, and before partaking of food herself; it is advisable for her to eat all her food with a knife and fork.

(2) As regards the patient, the patient must be isolated; the bed and body linen, also the patient's skin, must be kept scrupulously clear of any contamination by fæces or urine. Materials used for cleaning the mouth and any other discharges must be burnt immediately after use.

One very important point is that everything used by an enteric patient—crockery, linen, bedpan, &c.—must be marked in so distinctive a way that there can be no possibility of its being used by mistake for anyone else. On a dresser in the diet kitchen of the Preliminary Home at Guy's Hospital there is some crockery with a broad red cross from one side of the plates to the other, which sets them apart so distinctively that the newest Pro. could not suppose they were for ordinary use. The importance of separating the crockery used by infectious cases is thus impressed on the pupils.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. H. Griffiths, Miss S. Simpson, Miss H. J. Pryer, Miss D. Vine, Miss B. M. Dolan, Miss J. Robertson, Miss P. Jones.

QUESTION FOR NEXT WEEK.

Give symptoms and treatment of opium poisoning.

Nurse Tonge, of the Eagley and District Nursing Association, has received the badge for 21 years' service from Queen Victoria's Jubilee Institute, and is greatly to be congratulated upon such a splendid record of devoted work for the poor.

THE PREVENTION OF FROST-BITE.

Sir R. Douglas Powell, writing in the *Lancet* on "The Prevention of Frost-bite," says that:—

"There are some points in the prevalence of frost-bite affecting the Expeditionary Force, which are worthy of careful consideration with a view to prevention. In the first place, it is not mere cold that produces frost-bite. The attacks with our soldiers are limited almost entirely to the feet, from the minor degrees in the form of chilblains through all the further stages up to positive gangrene. If we look to the accounts of Arctic and Antarctic experience we find frost-bite mostly in exposed parts—face and hands—and chiefly accounted for by the prevalence of wind in association with low temperature. When the feet have been attacked it has mostly been in association with wet. In the trenches, in which frost-bite is almost exclusively met with, the conditions present are those of water or mud slush with low temperature; a temperature, however, far above the highest met with in the Arctic or Antarctic winters. Further conditions to which frost-bite is attributable are long maintenance of the upright posture with general fatigue and lowered vitality from exposure. It is obvious, however, that amongst the important contributory causes must be mentioned: (1) any tightness of leg gear causing a constriction of circulation; and (2) ill-fitting boots having the same effect. If the precautions mentioned by Mr. A. W. Mayo-Robson as laid down in the Army Medical Regulations be observed these latter causes will be obviated. No doubt sound and more or less water-tight boots are of some value; but it practically is the case that the soldiers are oft-times well over their boots in water or slush, so that the soundness of the boot in this respect is of little avail. It has been suggested that the men in the trenches should wear water-tight thigh boots something after the fashion of those used by our sewer inspectors. But it should be remembered that the men must be fit at any moment for skirmishing, quick marching, or hand-to-hand fighting, in all of which foot agility is of the utmost importance. In a charge or bayonet encounter foot work is as important as in boxing or fencing, and to handicap feet and legs by cumbersome boot gear would be to sacrifice the men's efficiency, and often their lives, to the comfort of their feet.

"Returning to the etiology of this matter, I would point out that frost-bite in the present war is due (1) to the feet becoming sodden with water and their circulation and vitality thus

[previous page](#)

[next page](#)