

PRACTICAL POINTS.

THE HANDKERCHIEF—A SOURCE OF INFECTION.

It is a remarkable thing that, during the recent little "offensives" of the influenza, so little attention was paid to the pocket-handkerchief as a source of infection. In the organic substance of an ordinary handkerchief, and in the organic catarrhal discharge on it, germs can feed and thrive and multiply, so long as the handkerchief is moist, whilst as soon as it is dry every flourish shakes infectious dust into the air. A dirty handkerchief used—it may be for several days—by an influenza patient is covered with decomposing organic material, and kept at a steady temperature in a warm pocket, is an admirable hot-bed and incubator for the intensive cultivation of microbes.

The public were told to douche their noses and to gargle their throats. They were told to use masks, which are probably as useful as herring-nets to intercept germs either coming or going—which interfere with free breathing and which render the air inspired unhealthy, warm and wet. They were told to avoid crowds, which were probably unavoidable, and they were given other advice, good, bad, and indifferent, and yet nothing was said about that seed-sack of death, the pocket-handkerchief; and no doubt it went on disseminating disease in all directions, for almost no attempt was made to sterilise handkerchiefs in the wash or to guard against the infection of other handkerchiefs. In the circumstances, laundry workers were specially subject to the "flu," and no wonder.

If future epidemics of influenza are to be checked, not only eating utensils but handkerchiefs as sources of infection must be carefully sterilised, not merely perfunctorily washed in water more or less hot. At sanatoria for consumptives, the handkerchiefs used by patients are always soaked in disinfectant before being washed, and during epidemics this should be made a general rule. Further, the public must be taught that handkerchiefs, like bandages, should be changed as soon as they are soiled, and that a dirty handkerchief is not only aesthetically objectionable, but a source of danger both to the owner and to the community.

It must be noted, too, that under certain conditions the pocket itself is liable to become septic and infectious. The writer has demonstrated microbes in the handkerchief pocket of consumptives. So that in times of pandemic and epidemic it will be a good thing to sprinkle both handkerchief and pocket with some volatile disinfectant in addition to taking further

measures thoroughly to sterilise both. And if people can be persuaded to use paper handkerchiefs, and to burn them as soon as soiled, that would be a still more effective means of combating infection. Whatever practical measures be taken for the purpose, it is certainly necessary to pay more attention to the sterilisation of pocket-handkerchiefs.—From "Una."

STERILISING CATHETERS.

A writer in the *Urological and Cutaneous Review* says: "In sterilising catheters by boiling, do not drop them into the water until it has reached boiling point. Take them out as soon as the purpose of the boiling has been served, and do not let them remain indefinitely in other solutions. Suspend them as soon as you are through with them. Thus can you prolong the catheter's life."

WAR MEMORIAL

TO OUR NURSES WHO HAVE SACRIFICED THEIR LIVES FOR THEIR COUNTRY.

It is announced that a Committee has been formed to promote a War Memorial to the Nurses who fell in the war, who were members of Queen Alexandra's Imperial Military Nursing Service and Reserve, the Territorial Force Nursing Service, Assistant Nurses and Special Military Probationers. Subscriptions towards the Memorial are invited from past and present members of the above services, and it is suggested that subscriptions should be limited to two days' pay of rank. Any past member desirous of subscribing is asked to forward her full name, address, and subscription which should be designated "For Military Nurses War Memorial Fund," to Messrs. Holt & Co., 3, Whitehall Place, London, S.W., who have consented to act as bankers of the fund.

Every nurse will wish to commemorate the sacrifice of life for their Country of those colleagues who died on active service, and the Memorial should be Imperial in character and free from all association with the numerous charity schemes for the living, which have given such offence to the self-respect of the independent section of the Nursing Profession. We advise nurses to write for full particulars, as to the Committee, and the form the Memorial is to take, to the Matron-in-Chief, Q.A.I.M.N.S., Adastral House, London, E.C.

NATIONAL INSURANCE.

Nurses of all ranks whose income is not £250 a year must now insure. Naturally many holding high professional rank will prefer to insure in a professional Nurses' Approved Society, managed entirely by members of their own profession. We advise such nurses to apply to the Secretary of the Trained Women Nurses' Friendly Society for information at 431, Oxford Street, London, W. 1.

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