the Register for the Chronic Sick will become the accepted standard.

Miss Isabel Macdonald considered that the speaker had given such a brilliant address that she had left little to be said, she agreed with it all.

Miss Macdonald, however, regretted that among the Private Nurses there appeared to be no clear thinking on this important subject. She considered that the Private Nurses would be the worst sufferers from the recognition of an inferior grade of nurse, as private nursing was almost all chronic nursing, and the public, through lack of knowledge, would choose the lower grade because they would be on a Register for Nurses for the Chronic Sick, who, in spite of their ignorance, would be guaranteed by the General Nursing Council.

Miss A. M. Bushby, in supporting the previous speakers, considered that, at all costs, the General Registered Nurse should be protected from competition with an inferior grade.

All those present who spoke were absolutely unanimous. When the Resolution was put to the meeting it was supported by every nurse in the Hall.

## MEDICAL MATTERS.

### INFECTION OF FINGERS AND HANDS.

In the course of a post-graduate lecture recently delivered to medical practitioners at St. Mary's Hospital, London, W., by Mr. R. M. Handfield-Jones, M.C., M.S.Lond., F.R.C.S.Eng., surgeon to out-patients at the hospital, and published in the *Lancet*, the lecturer said :—

We have had during this year the sad experience of losing one of our most brilliant young surgeons as the result of a slight prick of one finger. It should need no such tragedy to bring home to us the vital importance of these infections. I ask each one of you to picture yourselves lying in bed with an infected hand and forearm. Three days ago you had a simple infection in the distal segment of the finger, of which you thought little, and to-day, feeling desperately ill, you face the horror of a spreading lymphangitis up your forearm and arm, and you dare not think of the possibilities which may lie ahead. If I have filled your thoughts with something of the anxiety that you would feel, let me ask you to regard every patient with a septic finger in a similar light. If you do you will never again look upon it as a trifle of minor surgery.

#### Prophylactic Treatment of Hand Injuries.

Statistics show that hand injuries are very common in industrial workers, but that permanent disability is due to the resultant infection rather than to the traumatic destruction of tissue. The trivial wounds, such as are produced by a rose thorn, a splinter of wood, or a needle, are, however, of even more sinister import, for in them a virulent organism may be implanted and little or no drainage is provided. We face our own peculiar dangers in the surgery, the operating theatre, and the post-mortem room. The steps to be taken after an injury to the finger or hand are as follows :—

1. *Cease all work.*—This may appear quite unnecessarily fussy, but the loss of part of a day's work is preferable to weeks of sepsis.

2. *Encourage bleeding.*—The immediate concern of the victim and of the onlookers is to stop the bleeding, the very worst thing to do. Bleeding will wash out organisms from the depth of the wound as nothing else can do. If there is little bleeding or it has stopped, it should be encouraged by holding the part under a stream of very hot water and bandaging the arm to obtain venous congestion. Brisk oozing should be allowed to continue for two minutes.

3. *Cleanse the wound.*—If the hand was clean at the time of injury, it should be thoroughly washed ; if it was dirty, as it often must be in many occupations, more harm than good is done by washing. The injured part is then placed in a bath of (neat) tincture of iodine for five minutes, the edges of the wound being separated to allow free access of iodine. Dabbing with a swab of iodine is futile.

4. A *sterile dressing* is applied, and great care must be taken to ensure that the bandage is loose so that there is no interference with the flow of blood.

5. *Immobilise the arm in a sling* till bedtime. Then spend 12 hours in bed with a sedative to be certain of long sleep. This completes the prophylactic treatment, and if in the morning there is pain, swelling, tenderness, or throbbing a surgical opinion should be sought without delay.

It may be asked how we are to deal with those penetrating wounds, which are so likely to affect ourselves, such as a deep prick with a needle. It is difficult to disinfect such a wound, for the point of entry is minute and the track is very quickly sealed. If possible the puncture must be made to bleed and the immediate application of the arm compressor of the sphygmomanometer should be utilised and all the foregoing instructions carried out. If there is the slightest doubt about the presence of infection at the time, I strongly advise an intramuscular injection of 5 ccm. Prontosil to be given at once, and repeated every twelve hours for two days.

The issue in these serious cases is determined by the conflict between the virulence of the organism and the resistance of the patient. It is worth remembering in this connection that we owe a duty to ourselves as well as to our work, and that a regular annual holiday is worth more than any number of sick insurance premiums of whatever value. A time comes when the steady application to work without a break ceases to be praiseworthy and inspires only a pity for the intellectual frailty which so misjudges the true values of life.

The lecturer then described the various forms of infections :—(1) That affecting the distal segment of the fingers ; (2) acute lymphangitis, almost invariably streptococcal in origin, the organisms being introduced by a trivial prick usually in the distal segment of the finger ; (3) tendon sheath infection and fascial space abscesses in the palm, giving the clinical picture and general technique in treatment in each case. Thus in tendon sheath infections, we read, the symptoms and signs are :—

1. *Throbbing pain* in the affected area.
2. *Symmetrical enlargement* of the whole finger.
3. *Exquisite tenderness* over the course of the sheath.
4. *Great pain* on full extension of the finger.
5. The finger is held in *moderate flexion* at all joints.

#### Clinical Picture.

The clinical picture will include the primary infection to which the teno-synovitis is secondary, the onset of which is marked by a spread of the local signs and a marked deterioration in the general condition of the patient.

Nurses as well as medical practitioners must be alert in dealing with any cases of infection of fingers and hands which come to their notice and in securing medical advice for them with the least possible delay.

### REST COTS FOR SCHOOL CHILDREN.

Children under the age of five are to have "rest cots" in Heston Schools.

A report to the council says that young children are often to be seen asleep in uncomfortable positions across a desk.

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