are similar movements in the other Presidencies. Lord Willingdon said at the meeting which opened the campaign that there would be times of great strain during the war for all those waiting for news from Europe, and he asked every citizen of Bombay and of the Presidency to face these times with patience and calmness, trusting in the success and justice of our cause; and to help to keep down all those false rumours which, being circulated among the less educated part of the community, do much harm. This is a little way in which even the poorest and busiest can help, as it requires neither the expenditure of time nor money.

The members of the Nurses’ Associations are wondering what will be done about the meeting of the International Council of Nurses in San Francisco next Spring. It hardly seems likely that it can be held, as even after the war is over, there will be extra work for nurses, and the scarcity of money must be deeply felt for a long time. We are communicating with San Francisco and shall give our readers information as it comes to us. Meanwhile we would urge all members who have any work in hand for the congress to continue it as if nothing had happened. There seems to be no reason why our own Annual Conference should not be held as usual.

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**ORAL SEPSIS.**

By Miss Violet Machado, B.A., M.B., B.S.,
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**ALTHOUGH** one can scarcely realize it, there are more germs found in the mouth than in the rectum. From observations made by various scientific men, it has been ascertained that there are ten million germs to every cubic millimetre of space in the mouth. Now it is these germs which are responsible for most of the ills that humankind is prone to in these days. Enumerating some of the most virulent ones, we may mention those which are the cause of pneumonia, diphtheria, thrush, and the formation of pus between the gums and teeth, of which I shall say something a little later. However, there is one consolation, that these germs cannot do much harm as long as the person is in tolerably good health and able to resist them. Hence everyone’s first duty, be it in health or disease, is to look after the cleanliness of their own and their patient’s mouths. If only this practice were more strictly adhered to, how many ills would be avoided. Nurses are always taught to keep their patients’ mouths clean. They ought not to think that this applies only to the very ill cases, but to all, even healthy people, on account of the disastrous results due to carelessness in the beginning.
The kinds of mouths in which these germs multiply and play havoc are those which are not rinsed out and thoroughly cleaned. This cleaning should be done not only morning and evening, but also after every meal. The reason for this is that the food collects between the teeth and in the gums and these little crevices form a very good soil for the ever ready germ. The next best breeding places for them are mouths with various teeth and stumps of decayed ones; as also the presence of tartar or the teeth. Then again in acute diseases of which I will mention only enteric fever and pneumonia, these germs become prolific when there is faulty nursing. Every nurse knows that, owing to deficiency of saliva in the mouth in these acute illnesses, sordes collect very quickly on the teeth, lips, and gums. It is also known that these patients sometimes being too ill to expectorate, allow their phlegm, or phlegm, or even vomit to remain in their mouths and dry up. If the nurse gets lax in her duty and does not swab out the mouth thoroughly at regular intervals, she only helps the germs to thrive, whereas she is pledged to do all in her power to crush them efficiently.

And last, but not least, this condition of sepsis in the mouth is found in debilitating conditions like phthisis, thus helping on the tubercle bacillus in its onward course of destruction, and making the already miserable victim still more miserable.

Having seen the conditions in which these germs thrive, we will now turn to the evil effects of their presence in the system. Starting with the mouth which is, as you all know the commencement of the alimentary canal, the patients suffer from a general inflammation of the mouth and tongue which renders swallowing an agony, and subsequently leads to indigestion. This condition is known as stomatitis. Then these organisms get into the cellular tissue in the floor of the mouth and cause a general and painful, hard swelling of the mouth and throat known as Ludwig's angina. They also cause inflammation of the gums which ultimately lead to gum-boils, which most people have experienced and hence know the pain and inconvenience caused thereby.

Mumps, bronchitis, pneumonia, dyspepsia and septic diarrhoea are in a way due to people swallowing or inhaling these germs when they breathe or eat, as they are always found in dirty mouths. Nervous diseases, pernicious anaemia and blood poisoning can also be attributed to their virulence.

However, the two most striking results which at once attract one's notice, are that they cause pyorrhoea alveolaris or Riggs's disease, and septic arthritis, a disease of the joints which would at first strike one as a typical case of rheumatism.

Taking the first condition, viz. pyorrhoea Alveolaris, any dentist will
tell you the trouble he has with such patients. They get into the habit of keeping their mouths dirty by not scrubbing their teeth and gums thoroughly. Naturally food collects in the interstices, and remaining there for a long time putrefies. We all know how germs thrive in putrefaction. These germs pass between the gums and into the sockets of the teeth and lead to the formation of pus in these places, causing the condition known as pyorrhea alveolaris. What can be more revolting than to see pus pouring out of the gums, and the offensive breath consequent upon it. By force of habit, or by ignorance of the fact the poor patient swallows this pus continuously and then is liable to get any, or most of the diseases mentioned above, especially if his health is run down at the time, or if he is depressed by sorrow, anxiety, overwork, want of food or fresh air. Another curious result is a form of joint disease, which is known as septic arthritis. I have seen a few cases like this which resembled rheumatism, viz., the flying swellings and inflammations of all the joints one after another with fever and sweating. But they withstood all rheumatic treatment and on examination of their teeth, pus could be squeezed from their gums, as well as from the sockets of almost every tooth.

Now we come to the most important part of our subject, viz., the prevention and cure of this condition. Let it be the first care of every nurse, not only to take care of her patient’s mouth, but also of her own. For this purpose, everyone should use a firm brush and an efficient dentifrice, morning and evening. Odol, or Colgate’s antiseptic powder, or any other well-recognized one would do quite well. In the case of patients, their mouths should be conscientiously swabbed in the transverse and horizontal directions with the utmost care, at least once a day. If the patients are suffering from any acute complaint, this procedure should be carried out at intervals of every three or four hours, especially after feeda. In this case a piece of cotton wool, or lint ought to be wrapped round the finger and dipped in glycerine with borax, which not only helps to clean the mouth, but also to keep it moist.

If, however, the mouth has already become septic, disinfectants should be used in the form of gargles. The most effective of these are hydrogen peroxide, Glyco-thymoline, Listerine and Condy’s fluid. These may all be used in the proportion of a teaspoonful of the disinfectant to a cup of warm water. Another effective method is to swab and clean out the teeth and gums with acid sulphuric aromatic, or Bélixir of Vitriol. Tincture Iodine may be used in those cases with slight pain and inflammation.

The most scientific and modern treatment is by the use of a “vaccine” of which I shall say a little. In the worst conditions when the gums and sockets of the teeth contain pus, this pus is squeezed out
and put into a test-tube containing material on which the said germs are known to thrive. This test tube is plugged with sterile cotton wool and allowed to stand till the bodies are formed in it which will counteract the poison produced by the germ. This fluid is sterilized and injected into the patient as a remedy.

If, however, the condition has gone too far, have all the teeth removed, or get a false set, which alternative I am sure no one would like, and hence let them fight oral sepsis by paying more attention to the cleanliness of the mouth.

NURSING ON THE BORDERLAND OF AFGHANISTAN.

BY MISS ALLINSON.

[Written for the Hospital and printed in that Magazine, Aug. 25, 1906.]

In describing my work in a hospital in Baluchistan I will not speak much of hospital work, for in many ways it is much the same as that so ably described in a recent issue of the Hospital “Mission Nursing in India.” Suffice it to say that here, on the borderland of Afghanistan we suffer a good deal from the extremes of cold and heat. In the winter it is very cold, my room rarely getting above 30° F. when the sun is down; whilst in June it is often 90° F. with every window and door open. We have however, the great comfort of cool evenings and invariably get a breeze of some kind. Quetta is surrounded by huge mountains, and when the thunder rolls around it is truly awe-inspiring. Last night we had a “wind storm,” and as we could not keep a lamp alight while I went my round with the night nurse, we waited for the lightning flashes and by this means saw each patient clearly. Here we have a mixture of three languages to face, and also a curious medley of tribes, Brahmi, Pathan, Hazari, Hindu, all coming daily to our hospital for treatment. On most days the Gospel message is given in three languages. But my work lies a good deal amongst the patients in their own homes and the curious methods they pursue for the alleviation of pain are most interesting.

The Men Who Came to Mourn.

One very cold wet night in early January, a man came about 10 P.M. He was in great distress about his wife. She had been ill for days, and he was sure if the “Mam Sahib” would but look at her she would get well; I got my bag and entered the “tam tam” (native