

in a manner similar to that used in central galvanisation, but including also the upper and lower extremities. In some cases it is more convenient and sufficient if the patient sits upon one pad, the legs being included, or not, in the labile applications according to circumstances.

When either of the above methods is employed it is very advantageous for the operator to make the applications to the *head and neck* with his hand or hands, including himself in the circuit for the purpose. If one hand only is used to apply to the patient, the other may simply hold the electrode, and thus complete the circuit through both patient and operator. If two hands are required for the patient, a pad electrode may be conveniently attached to the operator's neck.

The advantage of thus using the hand or hands as electrodes is that, owing to the adaptability of the hand to delicate gradations of pressure and contact area, the current strength administered may be regulated with great nicety to suit the susceptibility of the parts treated. The operator's own sensations are a useful adjunct to the measuring instrument employed in gauging the sensations of the patient, and further, many valuable manipulations may be carried out at the same time.

To the less sensitive parts this plan is unnecessary, for the comparatively strong currents—which may most advantageously be administered to the back—would be very disagreeable, and even painful, to the operator, if passed through his hands. A handle electrode should be used as a rule to all parts of a patient other than the head and neck. (To be continued.)

"IN DARKEST AFRICA."

(Continued from page 18.)

WE now give a series of excerpts from the second volume of this truly wonderful book, and only deeply regret that pressure upon our space prevents us from giving more. The work is of intense interest, and we feel sure that those Nurses who are fortunate enough to be able to peruse it will be well rewarded for their attention and trouble.

"Here we halted two days, during which we became aware of certain serious disadvantages resulting from contact with the Manyuema. For these people had contracted the small-pox, and had communicated it to the Madi carriers. Our Zanzibaris were proof against this frightful disease, for we had taken the precautions to vaccinate every member of the expedition on board the *Mad-ura*, in March, 1887. But

on the Madis it began to develop with alarming rapidity. Among the Manyuema were two insane women, subject to spasms of hysterical exultation, possessed by "devils," according to their chiefs, who prevented sleep by their perpetual singing during the night. Probably some such mania for singing at untimely hours was the cause of the major's death. If the poor major had any ear for harmony, their inharmonious and excited mad-house uproar might well have exasperated him.

"The female sympathisers of these afflicted ones broke out into strange chorus with them, in the belief that this method had a soothing effect, while any coercive measures for silencing them only exaggerated their curious malady. Whatever influence the chorus may have had on the nerves of the sufferers, on us, who were more tranquil, it was most distressing.

"A man in the advance canoe was shot in the back with a poisoned arrow. The wound was treated instantly with an injection of carbonate of ammonia, and no ill-effects followed.

"About nine p.m., tidings came that two Zanzibaris had been killed by poisoned arrows. An hour later a dead body, that of Ferajji, the humorous headman, who was cross-examined at Banalya, was brought in. On inspection, the corpse was found studded with beads of perspiration. The arrow wound was a mere pin-hole puncture in upper left arm, but it had proved quite enough. It was said that he walked about an hour after being struck towards camp, but then cried out for a little rest as he was faint. During the ten minutes' rest he died.

"Young Hussein bin Juma, of a respectable parentage at Zanzibar, was soon after carried in, and brought to me, not dead, as reported, but in an extremely low condition. I discovered that the arrow had pierced the outer flesh of the right arm and had entered an inch above the third rib. The arrow was hastily withdrawn and shown to me. It was smeared over with a dark substance like thick coal-tar, and emitted a most peculiar odour. The arm was not swollen, but the body wound had caused a considerable tumour, soft to the touch. He said that he had felt exceedingly faint at one time, and that he perspired greatly, but had felt greatly relieved after retching. At present he was languid and suffered from thirst. After washing well both wounds, five grains of carbonate ammonia were injected into each wound, and a good dose of strong medical brandy was administered.

"In ten days young Hussein was quite restored and went about performing his accustomed duties.

"Our anxieties at this period were mainly on account of those suffering from ulcers. There

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