

and is evidenced, for example, in the ease with which they rupture after comparatively trivial blows. The explanation is, at any rate, more convincing and comprehensible than another which has received support, and which accounts for the hæmorrhages on the ground of a deficiency of coagulating power in the blood of these patients. Because this would not explain the facts to which we have referred, and others equally important. In any case, it is undoubted that the disease is hereditary, and that it is found in whole families, but with a marked distinction of sex. For example, when all the boys of a family are "bleeders," the girls may not show the slightest disposition to similar accidents, and *vice versa*. Another curious fact which is supported by an increasing amount of evidence is that the disease is transmitted from the mother to the boys and from the father to the daughters, more commonly in the former case than the latter.

SALOPHEN.

The action of salicylic acid and its various compounds, in the treatment of acute rheumatism, is well-known; and the great majority of cases, which formerly were expected to last four or five weeks, are now cut short in four or five days, by the remarkable action of this drug. But in chronic rheumatism, especially when this affects the muscles, salicylic acid does not afford invariably good results. German physicians, however, have recently been employing a combination of this acid with a complicated chemical product of carbolic acid. The results which they have obtained have been very remarkable; and cases of chronic rheumatism, which have persisted in spite of all ordinary treatment, have been rapidly cured by a few doses of the new drug. It would almost appear as if Salophen had some specific effect upon the rheumatic poison, because in other diseases in which the rheumatic taint is known to be an important factor—for example, Chorea, Tonsillitis, and Sciatica—the drug has yielded equally good results. An additional and great advantage of Salophen is that it does not appear to exercise the depressing influence upon the heart that is so serious a drawback of the salicylic acid preparations, and which, indeed, in some cases, is a complete bar to their employment.

Nurses as Sanitary Reformers.

THE work done by district nurses, as agents in effecting sanitary reform while they are carrying out their own especial duties, has often been acknowledged and commented upon. The fact that so much has been effected in this way, is one upon which the nursing profession may congratulate itself, and speaks well for the individuality of the nurses concerned. For this reason—it is the *personal influence of the nurse which has carried such weight*. Her patients believe in her; they wish, out of gratitude, to please her. What she desires to have done may be an incomprehensible fad, but still, "Nurse wishes it," and as she is perhaps saving the life of the bread-winner of the family by her devoted nursing, or has rescued the baby from death, her "fads" are considered, and her wishes carried out with a whole-hearted allegiance to the *person*. Then comes the nurse's opportunity. Reforms having been carried out, *out of gratitude to herself*, the reformers are naturally interested to hear why nurse made such a point of them, and, on her next visit, she has an attentive and sympathetic audience while she explains *why* it is undesirable that a sack should be stuffed up the chimney, that the windows should never be opened, and that the clothes set aside for next week's wash should be kept under the bed, and, in the future, these things will be intelligently avoided, if the nurse be a wise woman, and makes the most of her opportunities. She has, in fact, a "pull" upon the poor, which the sanitary inspector, be he ever so tactful, can never hope to have. He is regarded as the accredited emissary of cleanliness. Cleanliness means trouble, and very considerable trouble very often too. Therefore, though he is armed with the authority of the law, and can enforce all reasonable sanitary precautions, his visits are too often regarded with suspicion and resentment. "Drat that there sanitary inspector; why can't he look after hisself, and leave poor folk alone?" is the frame of mind in which he is received; therefore, though the sack may be taken down from the chimney by his directions, it will probably be replaced on the first opportunity, the soiled linen will be only temporarily removed from under the bed, and he probably goes out of the house with the conviction that the window will be closed as soon as his back is turned.

Because of the willingness of the poor to listen to the instructions of district nurses, it cannot be too strongly impressed upon nurses, that their opportunities, and, therefore, their responsibilities, are *great in this matter*, and further, it is often within the power of a district nurse to give advice upon subjects which do not come under the immediate notice of the sanitary inspector. For instance, a death occurs in a crowded house; from whom so well as from the

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