

With regard to the death-rate in the above institution last year, we agree with the Chairman of the Hospital—"they ought to do better than that." But we must point out that in estimating the importance of a death-rate many things must be taken into consideration—notably, the serious or slight nature of the cases, and the skill of the operator, while, as we have already seen, the efficiency of the nursing staff has a marked influence upon it.

The highest importance—and rightly—has of recent years been placed in the maintenance of aseptic surroundings for operation cases, more especially in gynæcological work. But is this theory always carried to its logical conclusion even by the medical staff of a hospital, and is it not true that a chain is no stronger than its weakest link, and that any breakdown invalidates the most carefully-planned and elaborate precautions?

Does an operator in this country, for instance, always approach his patient in a sterile condition? Or does he operate in clothes and shoes in which he has passed through the streets, in which, perhaps, he has entered omnibuses, and come into close contact with persons who may be incubating with some infectious disease? Does he wear a beard, in which germs may find a ready lodgment? If so, can any failure in the success of an operation be fairly accredited to the nursing staff of a hospital?

We were much interested on our recent visit to the United States to find that many of the hospitals provide, in connection with their operating departments, bath-rooms and dressing-rooms for the visiting staff. We know of no English hospital which makes the same provision for the convenience of its staff and the protection of its patients. But surely, now that we are better acquainted with the principles and importance of asepsis, a bath-room should be provided in every hospital for the use of the visiting staff.

A Memorial Wing.

Last Monday the Queen Victoria Memorial Wing of the Leicester Infirmary passed into the possession of the town. The cost, which has been between £12,000 and £13,000, has been defrayed by public subscription.

Admission to the wing is gained by a very pretty entrance-hall, where a beautifully wrought bronze tablet with gilt lettering sets forth the object which prompted the movement for the erection of the building: "This wing was erected in commemoration of the glorious reign of Her Majesty Queen Victoria by funds raised for this purpose and for a convalescent home for the town and county, by the late Ald. Samuel Lennard, J.P., Mayor of the Borough 1900-1901. Opened on the 24th July, 1902, by Mrs. T. Fielding-Johnson." This tablet, which is crowned with the borough arms, was modelled by two students of the School of Art.

The Sleeping Sickness.

The ravages of malaria, the disease which has exacted a yearly toll of many of the brightest and best of those who for various reasons migrate to tropical countries, have been shorn of some of their terrors by the brilliant researches which have recently been made in connection with infection through the agency of the mosquito. But a new terror is arising amongst the native populations of Central and East Africa, from which, so far, they have been practically free, and these districts are now being invaded by the sleeping sickness. How the disease obtained a foothold in Central and East Africa is not known, but it is common in some parts of West Africa, and may have crossed the Continent from thence.

Dr. C. Low, a member of the Royal Commission sent out to Uganda to study the disease, estimates that during the last four years 70,000 natives have died of it in that country. At the present time not less than 15,000 natives are now affected, and it is terrible to think that the disease is practically fatal, and that it is increasing in virulence. The natives are so terrified at it that they are moving from one place to another, and large areas are going out of cultivation. The first symptoms of this dread disease are described as being very slight, so that the relations are able to perceive it before even a European doctor. The patient first becomes dull in manner, then stupid, with a heavy look about the face and swelling of the lips. Then there is a disinclination to work and eat, and lethargy, which is more a sign of the disease than sleepiness, ensues. Then follow tremors of the arms and tongue, and finally coma, ending in death.

The disease, says Dr. Low, is a nervous complaint, characterised by inflammation of the brain and its membranes, analogous to ordinary meningitis, but the ordinary treatment of meningitis is quite ineffective.

The Commission studied the disease for five months in a hospital at Entebbe, the seat of Government in Uganda, which was specially erected for the purpose. So far they have discovered no cure, and treatment with various drugs only enabled them to prolong the existence of the patients, who ultimately succumbed. The Commission have, however, in reports to the Foreign Office and Royal Society, given much new and important information as to the nature of the disease, and Dr. Castellani, who is remaining at Entebbe, and is conducting bacteriological experiments, says that there is not much doubt that before long the Royal Society will be able to announce the capture of the germ which is the cause of sleeping sickness.

The Commission has received every possible assistance in its work from Colonel Sadler, the Commissioner, and Dr. Moffatt, the Principal Medical Officer.

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