

stage of the development of the parasite (malaria) in a patient predisposed by acute or chronic malarial infection. He objects to Dr. Koch's assumption that quinine is a potent factor in the etiology of blackwater fever, because in the majority of cases there is a history of quinine having been taken. As, however, quinine is taken by practically everyone in the tropics when the slightest feeling of malaise occurs, should influenza or pneumonia develop after the chill, instead of blackwater fever, it would be as logical to ascribe these ailments to previous dosage with quinine as to assume that blackwater fever is invariably so caused.

Many authentic cases of success in the treatment of this disease are recorded in connection with teaspoonful doses of liquid extract of cassia. Dealing with the diseases of Egypt, Dr. F. M. Sandwith, F.R.C.P., says:—"Ascaris lumbricoides is the commonest of the entozoa in Egypt, and is met with every day amongst autopsies of patients to whom santonin has not been administered. In an Egyptian boy, aged seven, I once found thirty-two of them at an autopsy, viz., fourteen in his stomach, twelve in the jejunum, three in the ileum, one in the colon, one in his cesophagus, and one was trying to enter a Eustachian tube! The boring habits of these worms are not quite understood in England, though it is recognised that a tuberculous ulcer of the intestine can be perforated by them. This has been seen several times, and once I found an ascaris who had died in the very act of boring his way through such an ulcer into the peritoneal cavity. An Egyptian woman once died of local peritonitis, somewhat to our surprise, after ovariectomy. The operation wound and its vicinity were perfectly healthy, but the peritonitis had been caused by the escape of an ascaris into another part of the peritoneal cavity. This necessitated the routine administration of santonin to patients about to undergo abdominal operations.

Dr. Norman Walker records a case, reported by Dr. Petersen, of Oriental boil treated by Finsen's phototherapy. There was considerable reaction, and treatment had often to be interrupted, but the improvement was steady. He suggests that it is a happy accident that the disease is most common in the tropics, for there the sun is available for the treatment and there is nothing to pay for it.

There are many other interesting articles in the Annual which space does not allow us to quote at length. Notably the one on the Disinfection of Hands, Sutures, &c., by Mr. Priestley Leech, F.R.C.S., and one on Infant Feeding, by Dr. Henry Dwight Chapin, M.A., are of special value. The article by Dr. Arthur E. Giles, F.R.C.S., on the management of labour will be read with interest by many of our readers whose duties lie in this direction.

A REVIEW OF NEW INVENTIONS.

This section gives briefly an epitome of some of the newer medical and surgical appliances, the value of which is enhanced by the excellent numerous illustrations which elucidate the text. The progress of pharmacy and dietetics is also dealt with, and the books of the year. There are useful lists also of the lunatic and idiot asylums in Great Britain and Ireland, of Sanatoria for the Treatment of Tuberculosis, of Inebriate Homes, certified under the Inebriates Act, of Hydropathic Establishments. A list of Nursing Institutions and Associations is also given, together with other useful information.

Our Foreign Letter.

IMPRESSIONS OF SOME HOSPITALS ON THE MEDITERRANEAN

By Miss EDLA R. WORTABET,
Lady Superintendent, Beyrout Hospital, Syria.



We were cruising around the Mediterranean, and wherever I could, much to the amusement of the rest of the party, I frequently gave up sight-seeing

in order to visit hospitals.

In this paper I mean to deal only with those hospitals which are being nursed by British nurses.

In giving you my impressions of these hospitals, my object is twofold, the first being to show what British nurses are doing abroad, and, secondly, to give those who may wish to join these hospitals an idea of what they may expect, for they are totally different from their home hospitals, being on a different basis and differing in circumstances.

We will begin with the

GREEK HOSPITAL AT ALEXANDRIA,

which is, I believe, entirely supported by the Greeks resident in Alexandria and Cairo. The Greeks in Egypt are a rich colony, and, having associated with other Europeans and travelled in Europe, they are infinitely more civilised and wide-awake than most of their countrymen in Greece.

In speaking with the better-class Greeks I have been struck by two facts—first, their love for Great Britain; and, secondly, their recognition of the qualities which have made the British nation great, viz., order, discipline, the power of endurance, and the gift of administration. They know that they are lacking in these qualities, and they are striving to attain them, which is a great point in their favour, and gives one hope that they will yet raise their nation.

It was 10.30 a.m. when my friends left me at the hospital gates.

The hospital is in a good quarter of Alexandria, standing well back from a fine broad street and surrounded by large grounds of its own. One enters by large iron gates, at the right of which there is a lodge, and a little further off the out-patients' department in a building apart. To the left a short drive brings you up to the hospital itself—a large building, with wide passages and fine big wards containing some 200 beds.

The porter at the lodge had taken no notice of me; the gates were wide open, and I had walked in and up to the entrance of the hospital without being taken any notice of, and as the doors were wide open I walked into the passage and looked around. I saw some offices to the right hand, so I went in and asked one of the clerks if I could see the Lady Superintendent or Matron. "We have no Lady Superintendent," he said, in a puzzled way. "Are there no English nurses here?" I asked. "Yes, they are all English." "Well," I said, "may I see the Head Nurse?"

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