

### Practical Points.

**Death from Dust.** The death-rate is so high at Johannesburg that a Commission has just been sitting to inquire into it, and has decided that the dust alone is responsible for the majority of the deaths from pneumonia. One week saw forty-eight whites and fifty-six blacks buried. There are no drains there, and the soil is fearfully polluted. On all blazes the sun, and round all whirls the awful dust.

**Collodium Treatment of Carbuncle.** Dr. Hauffe, of Eilenburg, calls attention to the far more rapid healing of a carbuncle when the immediate environment is painted with collodium. The hairs must be carefully shaved off, and the centre of the lesion treated with sublimate or otherwise as needed. The layer of collodium protects the sound tissues and exerts a gentle pressure, both of which favour rapid repair.

**Care of the Nipples.** As the pregnancy nears the end, the nipples demand special attention, not only to keep the mouths of the ducts and the crevices clean, but to render them hard and firm, so that the epithelium may not be so readily removed by the infant in its early attempts at sucking. For this purpose there is nothing so good as frequent bathing, accompanied by gentle friction, with a saturated solution of boric acid in dilute alcohol.

**Ship-bred Mosquitoes.** Although few men accustomed to weigh evidence and not blinded by prejudice now doubt the agency of mosquitoes in the propagation of malaria and of yellow fever, there are still some facts alleged by objectors to this doctrine which are not easy of explanation. One of these is the occurrence of ship epidemics of yellow fever, after seemingly thorough disinfection and before the vessel has again entered an infected port. An interesting fact which might serve to account for some such cases is related by Dr. Andrew Balfour of Khartoum in the *Journal of Tropical Medicine* for August 15th, 1903. He says that, while searching for specimens of mosquitoes, he was led to inspect the steamers which ply on the Blue Nile and the White Nile, and which are perfect hot-beds of these insects. The reason for their presence in such numbers was soon apparent, for he found the bilge-water swarming with larvæ, which in some cases were present even in the oily water standing in the engine-rooms. These larvæ were of two species of *Stegomyia*, and there were no larvæ of *Anopheles*, although that mosquito is a frequent passenger on the boats. The yellow-fever mosquito, it appears, is a less fastidious breeder than the malarial, and its larvæ will flourish in filthy water which would be fatal to the young of *Anopheles*. Measures are to be taken to rid the steamers of their mosquitoes, but evidently fumigation alone will not accomplish this object, since some at least of the larvæ in the bilge would probably survive the process. In that case, assuming that the female imago can transmit the parasite, whatever it may be, to the offspring, it is evident that simple fumigation could not absolutely free an infected ship of its disease-bearing stowaways.

### Nursing Echoes.

\* \* \* All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.



During the past week there have been sensational paragraphs in the daily Press in relation to the nursing staff at Charing Cross Hospital. Upon inquiry at the hospital, we find the real position of things a very simple one. With the advent of a new Matron some changes are almost inevitable, nor are they to be regretted. To some natures any new régime, however kindly, and however wise, involving new regulations is uncongenial, and it is then far better for the institution concerned that the resignations of this element should be received.

At Charing Cross Hospital, the new Matron, Miss Mildred Heather-Bigg, has already effected various changes in relation to the nursing staff which cannot fail to increase the prestige of the certificate gained by probationers, and, as the public judge of a hospital to a great extent by its nurses, the prestige of the hospital also. For instance, until quite recently the regulations for probationers and nurses provided that the "term of a probationer's training is a complete year. It may, however, be extended by the Lady Superintendent for another quarter, and each one will have to pass such examinations as to her qualifications as may from time to time be prescribed. At the expiration of one month from the date of entry, every probationer shall be required to engage herself to continue in the service for at least two years longer than the year of probation. . . . When the term of probation has expired, her engagement will require her to serve as Nurse to the sick at the hospital, or in private houses as the Lady Superintendent may appoint."

Such a standard is, of course, quite obsolete, and at the present day fair neither to the institution, the probationer, nor to the public. Under the new regulations, probationers sign a four years' agreement from the date of admission, and agree to accept any situation *in the hospital* which the Council may think suitable to their abilities. The standard of training is thus placed upon a modern basis, and the Nursing Committee are greatly to be congratulated on its inauguration. It follows, however, that Ward Sisters who worked contentedly under the old conditions might not care.

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