

## Appointments.

### MATRON.

Miss Rachel C. M. Reid has been appointed Matron of the Cottage Hospital, Axminster. She was trained at St. Thomas's Hospital, London, and has held the position of Sister in the Hospital for Women, Liverpool, and Sister in the Deaconess Hospital, Edinburgh.

### ASSISTANT MATRON AND HOUSEKEEPER.

Miss L. Paul has been appointed Assistant Matron and Housekeeper at the Somerset Hospital, Cape Town. She was trained for four years at the London Hospital, Whitechapel, E.

### SISTERS.

Miss Ethel Kaberry has been appointed Out-Patient Sister at Charing Cross Hospital. She was trained at the General Hospital, Bristol, and has held the position of Sister at the East Suffolk Hospital, Ipswich, and at the Mount Vernon Hospital, Hampstead, N.W.

Miss Kathleen Smith has been appointed Sister at the West Norfolk and Lynn Hospital. She was trained at the Essex and Colchester Hospital, and at the Royal Hants County Hospital, and has held the position of Sister at the Essex and Colchester Hospital and at the Infirmary, Shirley Warren, Southampton, and of Charge Nurse at the Victoria Isolation Hospital, Winchester.

### NIGHT SISTER.

Miss Mary Newton has been appointed Night Sister at the Isolation Hospital, Wimbledon. She was trained at the Royal Infirmary, Hull, and the South-Western Hospital, Stockwell. She has also held the positions of Charge Nurse and Night Superintendent at the Brook Hospital, Shooter's Hill.

### QUEEN'S NURSE.

Miss Winifred Higgins has been appointed Queen's Nurse in connection with the Faringdon District Nursing Association. She was trained at the Steyning Infirmary, Shoreham, Sussex, and holds the certificate of the London Obstetrical Society.

## The Passing Bell.

One by one the pioneers of military nursing are passing away. Mrs. Maria Bancroft, one of the last survivors of Miss Florence Nightingale's devoted band of nurses in the Crimea, was buried at Blackburn on Saturday. She was seventy-nine years old.

We regret to record the death of a gallant young officer, Lieutenant Joseph Raboteau Welland, M.B., of the Royal Army Medical Corps, who was killed in the recent battle at Jidballi, in Somaliland, against the forces of the Mullah.

## The Spread and Control of Diphtheria Epidemics.\*

By J. SHOLTO C. DOUGLAS, B.A. (Oxon.).

Mr. President and Gentlemen,—The subject I wish to speak about this evening—"The Spread and Control of Diphtheria Epidemics"—is one which, I think, appeals to all men, but more especially to us as medical students. It may at any time be our duty to face this problem practically, and I thought you would be interested to hear of the many ways in which the Klebs-Löffler diphtheria bacillus may be spread abroad, and of the proofs that it is so spread. In the first place, let us inquire how climate, rainfall, and soil affect diphtheria epidemics. It was shown some years ago by Dr. Shellong, of Königsberg, that diphtheria occurs almost universally. In the tropics it is found in sporadic and mild cases only, the virulence of the disease, as shown by the tendency to spreading epidemics and severe cases, increasing gradually as the tropics are receded from. Intense summer heat alone is not able to kill the diphtheria bacillus, for diphtheria occurs endemically even in Cairo and Brisbane, places where a high summer temperature is experienced, but where also, at another period of the year, there are some weeks of cold. In England the diphtheria bacillus creates its greatest effects in the autumn and winter, rather than in the warmer months. From such facts we may infer, not that the diphtheria bacillus is killed by the heat of the tropics, as suggested by Dr. Shellong, but that its virulence is attenuated; and it is interesting to note that culturally the diphtheria bacillus may be attenuated by growing it at 39.5° C. in a current of air. Further, we may infer that cold will re-establish its virulence, at least in the state of Nature, although, as far as I am aware, this has not been shown in the laboratory.

As regards rainfall, the greater the drought experienced the greater will be the chance of a diphtheria epidemic—at least, Dr. Newsholme, as the result of great statistical research, gives this as one of the most important factors in the pathogenesis of diphtheria epidemics. If this be true, we must look upon diphtheria, occasionally at any rate, as being dust-borne. Notter and Firth, however, find that in England atmospheric humidity favours the disease, while it flourishes with severity in very dry weather in America; but whether these conditions increase the microbial activity or decrease the resistance of the body is unknown. Immersion in water is quickly fatal to this bacillus, although it seems to

\* A paper read before the Hunterian Society of St. George's Hospital, London, December 3rd, 1903.

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