

Appointments.

LADY SUPERINTENDENT.

Miss Florence A. Cann has been appointed Lady Superintendent of the Norfolk and Norwich Hospital out of fifty-three applicants. She was trained at the Westminster Hospital, London, and has held the position of Theatre Sister at the General Hospital, Wolverhampton, Ward Sister at the Hospital for Women, Soho Square; Night Superintendent at University College Hospital; temporary Matron of St. Mary's Infirmary, Highgate, N.; and Assistant Matron at the Grove Hospital, Tooting, S.W.

MATRONS.

Miss Winifred Jones has been appointed Matron of the Westminster Cottage Hospital, Shaftesbury. She was trained and certificated at the Taunton and Somerset Hospital, and at present holds an appointment at the Hospital, Abergavenny.

Miss M. Phillips has been appointed Matron of the South Rotherham, Handsworth, and Kevelon Park Isolation Hospital, at Swallownest, near Sheffield. She was trained at Sir Patrick Dun's Hospital, Dublin, and has had experience of fever nursing at the Wakefield City Fever Hospital.

SISTER.

Miss Rosamund Dawson has been appointed Sister at the Clayton Hospital, Wakefield. She was trained at the Royal Infirmary, Liverpool.

The Spread and Control of Diphtheria Epidemics.

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

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Having now seen some of the many and various ways in which the diphtheria bacillus manages to spread itself, we must consider the means we have for combatting its manœuvres in this direction. I am afraid the idea promulgated in the work of Celsus will no longer be considered efficient. As this was written some 1800 years ago you may be interested to hear the following translation of what he says on the subject of immunisation against diphtheria—or angina, as he calls it. He writes:—“I have heard it vulgarly reported that if a person eat a young swallow, he will be in no danger of angina during a whole year; and that it is beneficial, if this young swallow be preserved in salt, burned, and the carbon reduced to powder and given in hydromel, when the patient is labouring under angina. Now as this remedy seems to have creditable authority among the common people, and to be attended with no danger, although I have not read of it in the records of physicians, yet I consider it worthy of being inserted in my work.”

However, let us turn to the more modern aspect

of the question. Climate and rainfall perhaps are beyond our power to alter; we cannot all live in the tropics, nor can we produce rain to order, but we can and should see that our streets at any rate are well washed by aid of watering carts, both to remove refuse and to lay the dust which may sometimes be the means of propagating the disease.

I have already stated my belief that diphtheria is not air-borne, save in so far as the air of diphtheria wards is concerned; for here bacilli have been found floating in the air before disinfection of the room, but not afterwards. For this purpose the English method of burning sulphur in the room is quite effective, provided care be taken to use enough of it; for Kenwood found that the Klebs-Löffler bacillus was inhibited in its growth by exposure for four hours to an atmosphere containing 0.25 per cent. SO₂, and killed if the percentage of SO₂ was raised to 0.5.

Drainage should certainly be seen to, but rather with a view to the general health than with regard to preventing a direct source of diphtheria. For, although sewer gas lowers the resistance of the mucous membrane, it does not contain diphtheria bacilli as far as is at present known.

Since diphtheria is sometimes alimental in origin, we must be on our guard for contamination of milk supplies. This may be prevented by adopting certain precautions both for the collection and distribution of this commodity. Those who milk the cows, or handle the milk on its way to the consumer, should be bacteriologically examined occasionally to prove the absence of diphtheria bacilli from their throats. They should wash their hands before touching the teats, and the pernicious habit of spitting on the hands before proceeding to work, especially prevalent in England, should be abolished. The teats of the cows should also be cleansed, and milk from animals with ulcers and sores on the part should not be used. The utensils for collection of the milk should be washed or sterilised before use, as well as those for its distribution. If the milk is to be sent any distance, or to be kept for many hours before distribution, it should be cooled, at the least, to 40° Fahr. In this way the spread of diphtheria by milk would be greatly lessened, if not altogether abolished.

The prevention of the spread of the disease by fomites may be effected by burning or sterilising all handkerchiefs, linen, toys, &c., which have been in contact with the diphtheritic patient.

It is somewhat more difficult to prevent spread of diphtheria by the direct and indirect corporeal means. In the former case strict isolation of the subject must be insisted on; all who come in contact with the patient both before and during his illness should receive a prophylactic dose of anti-toxin, and use antiseptic gargles. All sputum, &c., should be received in antiseptic solutions, the

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