

vantage after a protracted operation such as that for removal of the mammary gland, pectoral muscles, and the lymphatic area—it is very rapid. But the continuous suture has a disadvantage, for it often strangulates the strip of skin within its grasp. As a rule, when this occurs the loss is trifling, but it is to be doubted whether the wound ever remains aseptic, and at times the ultimate healing is delayed. For this reason I have found it difficult to classify as “septic” or “aseptic” some of the amputations of the breast and operations for cancer of the lymphatics of the neck. Without an explanation it would lead to misconception if they were called septic, and yet they cannot truthfully be called aseptic. Some day, when our knowledge is more precise, we shall perhaps include them in a class labelled “secondary skin infection after necrosis of skin.”

In spite of these occasional drawbacks, the complete closure of wounds by means of skin sliding and skin flaps is an enormous gain, and, when boldly resorted to, does away with the necessity for skin grafting by Thiersch's or other methods. It is a very great happiness to patients to be told, on the removal of the dressing, that the wound is entirely healed.

THE THROAT AND DIGESTIVE TRACT.

In a paper by Dr. Robinson, on “Stomachal and Intestinal Derangements and Affections of the Fauces, Pharynx, and Air Passages,” which appeared in the *Boston Medical and Surgical Journal*, that author states that at times the same micro-organisms are found in the throat and in the stomach. It is not known whether these micro-organisms were swallowed or were originally developed in the stomach and brought into the throat by regurgitation. He believes that the condition of disordered stomach or bowels is not infrequently the cause of acute coryza. What is true of simple coryza is also true of acute catarrh of the naso-pharynx, and of superficial acute tonsillitis of the simple variety. The dividing line between some cases of follicular tonsillitis and diphtheria is not easy to determine. The reactions of chronic disorder of stomach and bowels to nasal and naso-pharyngeal catarrh were insisted upon as far back as 1882, by Dr. W. H. Daly. Each case must be treated by itself, according to its indications. The local faulty conditions of the air-passages should be treated, while at the same time the habits should be regulated, and the diet should be made moderate in quantity, simple, and nutritious.

Appointments.

MATRONS.

Miss Mabel Newill has been appointed Matron of the Royal Prince Alfred Hospital, Sydney, New South Wales. She holds the three years' certificate of King's College Hospital, and the Midwifery certificates of the Manchester Maternity Hospital and the London Obstetrical Society. She has held the positions of Night Sister at the Seamen's Hospital, Greenwich; Ward Sister at University College Hospital, and Home Sister at the Hospital for Consumption, Brompton.

Miss Katherine Armistead has been appointed Matron of the Fever Hospital, Hawick. She was trained at the City Hospital, Edinburgh, and at the Longmore Hospital, and for over eight years has acted as Assistant Matron at the former institution, where she has been most successful in her work. On leaving, she was presented with a fitted dressing-case and a cream-jug and toast-rack as a token of the love and gratitude of the nursing staff.

Miss Letitia Bown has been appointed Matron at the Cottage Hospital, Carshalton. She was trained at the National Orthopædic Hospital, London, and St. Mary's Hospital, Manchester. She has held the position of Theatre and Ward Sister in the latter institution, and of Sister at the General Infirmary, Chichester, and at the General and Eye Hospital, Swansea. She holds the midwifery certificate of St. Mary's Hospital, Manchester, and has had experience in private and district nursing.

HOME SISTER.

Miss Jane Anderson Russell has been appointed Home Sister at the new Nurses' Home connected with the Lambeth Infirmary. She was trained at the Glasgow Cancer Hospital, the Glasgow Fever Hospital (Belvidere), and at the Royal Devon and Exeter Hospital, where she worked from 1896—1903, holding first the position of Nurse and then those of Sister and Night Superintendent. From September of last year to the present time she has been Sister Housekeeper at Charing Cross Hospital.

NIGHT SISTER.

Miss Margaret Borrie has been appointed Night Sister at the General Infirmary, Hereford. She received her training at the Hospital, Gravesend.

Queen Alexandra's Imperial Military Nursing Service.

The undermentioned Staff Nurses have been appointed Sisters in the above Service:—Miss M. M. Blakely, Miss J. A. Evans, Miss A. FitzGerald, Miss E. C. Humphreys, Miss A. C. Jacob, Miss M. Pedler, Miss M. L. Potter, Miss L. A. Rideout, Miss M. M. Tunley.

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