

Appointments.

MATRONS.

Miss M. Anderson has been appointed Matron of the East End Mothers' Home, Commercial Road, E. She was trained at St. Bartholomew's Hospital and is a member of its Nurses' League, and has held the position of Sister at Queen Charlotte's Hospital, Marylebone Road, N.W.

* Miss Elizabeth Davies has been appointed Matron of the Royal National Hospital for Consumption, Ventnor. She was trained at the Chelsea Infirmary, where she subsequently held the position of Assistant Matron. Her present position is that of Matron of the Essex and Colchester Hospital, Colchester.

Miss M. E. Crosse has been appointed Matron of the Preston, Fulwood, and Longridge Joint Hospital. She was trained at the Norfolk and Norwich Hospital, and has held the position of Matron of the Infants' Hospital, Hampstead, and of Lady Superintendent of Poor Law Children's Homes at Birkenhead.

Miss Cicil Bell has been appointed Matron of the Isolation Hospital, Davenham, Cheshire. She was trained at the Sunderland Infirmary, where she has held the position of Charge Nurse; she has also been Matron of the Memorial Hospital, Blythe, and of the Sunderland Borough Sanatorium.

Miss Annie Milner Carr has been appointed Matron of the Dunster and Minehead Village Hospital, Somerset. She was trained at the Royal Hants County Hospital, Winchester, and has held the position of Sister at the Royal Isle of Wight County Hospital, Ryde.

SUPERINTENDENT NURSES.

Miss Millicent Plumb has been appointed Superintendent Nurse at the Mitford and Launditch Workhouse Infirmary. She was trained at the West Ham Infirmary, where she subsequently held the position of Staff Nurse. She has also held the position of Staff Nurse under the Derby Board of Guardians.

Miss Maud Mellor has been appointed Superintendent Nurse at the Workhouse Hospital, Nantwich. She was trained at the Monsall Fever Hospital, and has held the positions of Staff Nurse at the Workhouse Hospital, Nantwich, and of Superintendent Nurse at the Wolstanton and Burslem Workhouse.

CHARGE NURSE.

Miss Ethel Breckenridge has been appointed Charge Nurse of the Union Infirmary, Newcastle upon-Tyne. She was trained at Fir Vale Infirmary, Sheffield. She has also been Sister at the Aston Infirmary, had experience in private nursing, and is registered under the Central Midwives' Board.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned staff nurses resign appointments: Miss E. M. Walby, Miss A. M. M. Denny.

The Prevention of Malaria.*

During recent years great and far-reaching discoveries have been made which should teach us what precautions to adopt in a malarial country. It must be confessed, however, that very frequently the facts are misunderstood and misquoted. It is only too common to hear ridicule poured on the "Mosquito Theory of Malaria" by persons who have never taken the trouble to find out what that theory is.

Hence it may be worth while to recapitulate these discoveries as briefly as possible, and to endeavour to deduce from them the precautions which should be adopted at the various stations of our mission.

Malaria is a disease acquired by inoculation, just as vaccination is. The inoculating instrument is the proboscis of a mosquito of a particular genus, called *Anopheles*. The poison inoculated is the malarial germ, which has been sucked up with the blood of a patient who is suffering from chronic malaria (generally a native child) about a fortnight previously, and which has come to maturity in the body of the mosquito, and finally reached the proboscis ready to pass out again.

As far as the mosquito is concerned the whole process is accidental. It only aims at getting its feed of blood regularly. If it feeds on a patient with malaria the development of the germs in its body give it neither inconvenience nor advantage. The malarial germ has taken advantage of the blood-sucking habits of the mosquito to secure its transmission from one human being to another.

Such are the facts; now let us deal with some of the fallacies often stated.

1. This theory applies to *infection* with malaria. It is well known that relapses may occur without any fresh infection. They occur in England as well as in Africa. The theory does *not* say that *every attack* of malaria is caused by the bite of an infected mosquito, but that the *first* attack always is. How far subsequent attacks are mere relapses and how far they are fresh infections often cannot be determined, but it is obvious the fewer infections a person gets, the better his chance of keeping free from malaria.

2. Only one particular kind of mosquito is the culprit—viz., *Anopheles*. The other principal kind, *Culex*, does not convey malaria.

On our mission stations, *Culices* are generally more plentiful than *Anopheles*, and they are much more to the fore. It is mainly they who bother one during dinner and in the evening. *Anopheles* frequent particularly native dwellings, for there they get a good chance of a feed night after night. During the day they hide in the dark parts of the house. For the most part they bite at nights after lights are out and all is quiet. They attack during

* From the *Likoma Diocesan Quarterly Paper*. Universities' Mission to Central Africa.

[previous page](#)

[next page](#)