is, by the bite of the Stegomyia confers immunity against subsequent attacks of the disease.

II.—New Duties and Responsibilities Imposed upon Trained Nurses in the Treatment of Yellow Fever in Consequence of the Above Facts.

1. No nurse can be considered as trained in the management of yellow fever in the light of present accepted knowledge unless she realises fully, earnestly, and conscientiously that the disease is transmitted solely by mosquitoes, and that it is her duty to prevent the admission of these insects to the sickroom and to destroy them promptly if they should find their way therein.

2. That as the inseparable attendant at the bedside of the patient, she must co-operate with the physician in the discharge of his functions as guardian of the public health, the trained nurse in this capacity becoming directly the most efficient and important sanitary agent in preventing the spread of yellow fever in infected localities. Upon her intelligent appreciation of the mode of transmission of this disease her personal safety (if she is a non-immune) and the protection of the family and the entire household of the patient (especially if these are not immunes) largely, if not entirely, depends.

3. Every nurse must bear in mind that the most malignant yellow fever patient is innocuous and absolutely harmless to even the most susceptible non-immune if the proper precautions are taken to prevent the access of mosquitoes to the patient's person.

4. The greatest freedom of personal contact and intercourse may therefore be permitted between the yellow-fever sick and the well in the sick-room, provided the inoculation of mosquitoes by biting the patient during the first three days of the disease is absolutely prevented.

5. The mission of a trained nurse is not satisfactorily accomplished if a patient suffering from any kind of fever, in localities infected with yellow fever, who is confided to her care is allowed to be bitten by a mosquito, even if the fever is proven not to be yellow fever. Mosquito bites are annoying and harmful even if not infective to the patient, and it must be looked upon as an evidence of neglect if he shows evidences of mosquito stings.

6. No nurse can consider herself a trained yellow-fever nurse unless she has made herself thoroughly familiar with the weapons which science and experience have given her to effectively protect her non-infected patients and those persons who are dependent upon her knowledge and exertions for safety from the infected.

7. The weapons of offence and defence that the nurse must learn to handle in protecting her patients are :—

(A) *The Mosquito-Bar (bobbinet preferred), to isolate the patient in his bed.*

1. The netting of bars must have meshes fine enough to prevent the passage of mosquitoes.

2. Mosquitoes can bite through mosquito-nets when any part of the patient's body is in contact with the netting.

3. Frequent examinations should be made to see that there are no torn places in the netting and that no mosquitoes have found a lodging inside.

4. The netting should be well tucked in to keep the mosquitoes from entering.

5. If mosquitoes are found within the netting they should be killed inside, not merely driven or shaken out.

All cases of fever should be promptly reported to the physician; awaiting his arrival they should be covered with a mosquito-bar. This is particularly important in dealing with mild fevers, especially in infants and children in localities liable to infection with yellow fever. The disease manifests itself in such a mild form in infantile and early childhood that it is likely to escape recognition. On account of the very mildness of the symptoms the usual precautions are not taken and the mosquitoes are able to spread the disease without molestation. The mild or unrecognised cases are, for this reason, the most dangerous from a sanitary point of view.

(B) *Screens.*

All openings leading to the sick-chamber should be screened. Outside of hospitals wire screens are not usually available, and provisional screens can be made of bobbinet or cheese-cloth, which can be tacked or otherwise secured to the openings of the sick-room.

(C) *Sulphur and Pyrethrum for fumigation.*

Fumigate the room with sulphur or pyrethrum (insect powder) to destroy possibly infected mosquitoes as early as possible after the fourth day of fever. Sulphur burned in an iron pot is the surest way, and if used in proper quantity will not injure fabrics or colours. Three pounds in an average room is sufficient if the room be closed; more accurately, 2 lb. of sulphur to 1,000 cubic feet of space is estimated by sanitary authorities; and 1 lb. of insect powder to 1,000 cubic feet will suffice to stupefy the mosquitoes. The mosquitoes will fall to the floor and should be collected and burnt. Two hours' fumigation with sulphur is quite sufficient in ordinary cases. The fumes of sulphur will not remain long, and household ammonia sprinkled about the room will diminish their unpleasantness.

The fumigation should be done in the morning, so that the room will be free of odour by night, and it should be done preferably in dry weather. Whenever the condition of the patient will permit, a room adjoining the one occupied by the patient should be first purified of mosquitoes and prepared for the reception of the patient, who is to be carefully transferred to the disinfected room as early as possible after the fourth day.

The work of disinfection and mosquito destruction, as well as screening, is now conducted by the

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