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remains undecided, nurses may surely determine for themselves whether or no they shall undergo this treatment.

THE symptoms following M. Haffkine's prophylactic inoculation, are, according to the *Lancet*, usually as follows :--A sensation of chilliness, with headache, a rise of temperature and pulse, and a general feeling of malaise. There are no local symptoms at first, beyond, perhaps, a slight red blush at the site of inoculation. The general symptoms increase and continue generally for two or three days. Vomiting sometimes occurs, and occasionally diarrhœa. The temperature probably rises to 102 deg. or 103 deg. F.

WEAKNESS is sometimes very marked and the pulse is feeble. Headache is often very severe. Locally an inflammatory infiltration develops which becomes extremely tender. This extreme tenderness is as characteristic after inoculation as that of the enlarged glands in plague. Only very occasionally does suppuration ensue at the site of inoculation. The local and general symptoms are sometimes very slight, at other times they are not only very severe, but last perhaps eight days or more, and are followed by considerable weakness. Lastly we are told re-inoculation is almost certainly required the following year, but with a recurrence of the epidemic a shorter interval is imperative. It is unknown how long the protection lasts. As a second attack of plague has in several cases been known to occur within six months it would be probably safer for those who are more particularly exposed to the contagion to be inoculated every three months. We think that nurses may claim to be consulted before they are subjected to these effects of inoculation, the benefit of which appears to be still a moot point.

ENGLISH matrons owe so much inspiration and hope to their American colleagues, that it is pleasant to learn that they also look to us for instruction in nursing matters. At the late conference at Toronto, of American superintendents, Miss Mary Riddle, of the Boston City Hospital, read a paper, "How to attain Greater Uniformity in Ward Work." Miss Riddle gave a sketch of the methods already in use in some twenty-five training schools, whose systems had been examined into; and proceeded to lay down a standard of efficiency, to the effect that a probationer should be required to do her work well, or prove that she could be taught to do it, before she was allowed to join a training school. She then gave a sketch of the rules laid down, with a view to securing uniformity, at the first conference of the Matrons' Council, held in London, England, on November 1st, 1894, and she con-sidered that much could be done by adopting a uniform system of examination.

## Reflections

FROM A BOARD ROOM MIRROR.

The War Office has decided to form a consolidated army medical corps, in which medical officers will have rank and titles the same as officers in other corps. This decision will confer on medical officers equality of army status, and make the medical service an unmistakably integral part of the army. This is a wise and progressive step, upon which the medical profession generally is to be sincerely con-

generally is to be sincerely congratulated, although it will always remain a mystery why such a just reform should have been so long delayed.

The London Hospital has received, in response to the special appeal now being made in aid of the Maintenance Fund, donations of £250 from Messrs. J. F. Morgan and Co., and £105 from Messrs. Barclay and Co., Limited, and a subscription of £52 IOS. from Messrs. Dennistoun, Cross, and Co.

Owing to pressure upon our space, we were unable to comment, last week, upon the Annual Report of the Association of Asylum Workers. It is satisfactory to notice that the association closes the year with a balance in hand of  $\pounds$ 82 55. 4d. This is a welcome contrast to the position of the Royal British Nurses' Association, which, in consequence of its extravagance for some years past, is reduced to the undignified position of receiving gifts and loans from the treasurer, and even to evolving a scheme for placing upon the Register of Trained Nurses, asylum attendants, who need not have received any training as nurses. The benefit of the guineas which would be received from the asylum attendants, as registration fees, to an impecunious association is, of course, obvious. What equivalent the asylum workers would obtain for their money is not quite so clear. We do not wonder that asylum workers, according to the reports that reach us, are not enamoured of the scheme. We hope they will form their own register, to which they are undoubtedly entitled, and that they will continue to make their association self-supporting and selfrespecting.

It is interesting to learn that, with a view of helping to raise the character of asylum service an Employment Bureau has been organized under the auspices of the Association, the antecedents of candidates being carefully scrutinized before their names are placed on the approved list. The offices are at 10, Thayer Street, Manchester Square. This should be of great service to the public.

Lord Rothschild, the President of the Royal Hospital for Diseases of the Chest, City Road, has given two hundred guineas to the Festival Dinner Fund, and Messrs. N. M. de Rothschild have also contributed one hundred guineas.

Mr. Hope Morley, the treasurer of the same institution, has contributed  $\pounds$ 500 to the festival dinner fund.



