

Jiggers.

WHY are they all wearing shoes? enquired an astonished nurse, concerning her Hindi friends, when she arrived in Zanzibar after some months absence in England. And the answer was, "Because of the Jiggers." Those who are unacquainted with the tropics probably have no knowledge of this pest, but his arrival in the East of Africa has been much dreaded, and is much to be deplored.

The Jigger is a small insect about the size of a flea—sandfloh (sandflea), otherwise *sarcoptysylla*, or *pulex penetrans*, being its accurate name. It burrows under the skin, frequently into the toes, and its appearance is that of small shots under the skin. The irritation it causes usually first draws attention to its presence. If it is immediately extracted little harm is done, the mischief being caused by the development of the eggs deposited by the pest. These are at first enclosed in a sac, and it is when the sac bursts that the disease extends. The presence of the Jiggers, probably owing to some poisonous product which they disseminate, causes terrible ulcers, and sometimes before a patient comes for treatment whole toes are ulcerated away. It is naturally principally the feet which are attacked, but the hands and other parts of the body are not safe from its ravages. Both Europeans and natives are attacked by Jiggers, but owing to the habit of wearing no shoes the natives have so far been the greatest sufferers. No wonder they have taken to shoes, but, even so, safety is not ensured, for the Jigger, if he can, will creep inside the shoes, which have to be hung up, when not in use, for safety.

When once the eggs have been deposited, the treatment which is found most satisfactory is to inject a strong solution of carbolic under the skin, and by this means to destroy them; but the Jigger, for the very reason of his minute size is very difficult to cope with adequately, and his appearance has added yet another discomfort to the many of life in the tropics.

The Jigger is said to have been brought from Brazil to West Africa in sand ballast in 1872, and in 1885 Dr. Peterman relates that he came across it in the Lower Congo and at Stanley Pool. In 1892 it had spread itself over the whole of the western shore of Lake Victoria, and whole villages were depopulated. It is supposed that it reached this region with the Stanley expedition. In 1897 it reached the East Coast towns of Bagamoyo and Pangani, and now numerous hordes are in evidence in Zanzibar. Dr. Peterman considers it probable that the Jigger will continue its journey to India and the Southern Seas, and so will conquer the whole tropical world.

Nursing Echoes.

*** All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.*



WE have pleasure in acknowledging a subscription of £1 1s. from Mrs. G. F. McCorquodale, and a donation of 10s. from Miss C. Tassell, for Sir Julian Goldsmid's Home of Rest for Nurses.

ON Feb. 1st the Annual Business Meeting of the Nurses' National Total Abstinence League was held at the W.T.A.U. offices, 4, Ludgate Hill, Mrs. Finlay, Vice President, in the chair. The report and balance sheet showed that the year had been one of progress. The officers and Committee were elected. The Hon. Mrs. Eliot Yorke being unanimously re-elected as President, and Miss Whittaker as Treasurer.

THE arrangements of the Queen's Jubilee Hospital were a matter for enquiry before the West London, coroner, Mr. C. L. Drew, at an inquest into the death of a man who was received by the hospital. The deceased was pitched from his van on his head in the Fulham Road, and taken by the police to this hospital, where the Matron said he was dead. The doctor came about twenty minutes later. The Matron gave evidence that the man was dead on admission. The Coroner elicited from Mr Joseph Carbery, honorary surgeon to the Jubilee Hospital, that there was no resident house surgeon, that no doctor was called to slight cases, they were dressed by the Matron and sent away, the Matron deciding whether the case were an urgent one or not.

WE have referred to a similar case in another column of this journal. There can be no doubt that in all hospitals which take in accidents and urgent cases there should be a resident medical officer, and if the institution in question cannot afford to maintain one then the sooner it is closed, and the patients are taken to a hospital where they can receive immediate medical attendance the better. As a matter of principle it is absolutely wrong that the responsibility of diagnosis should be left in the hands of a nurse, however experienced, as she possesses no qualifications to enable her to perform this duty, and it should never be imposed upon her.

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