

concerning West Africa. Such a memorial is eminently suitable, because it was in the interests of research that Miss Kingsley visited West Africa, with which her name will be always so closely associated. Her subsequent interest in hospital matters was to some extent incidental, the natural result of the sympathy with, and revolt from, needless suffering, of an eminently practical mind.

It is well therefore that it has been decided that the memorial to Miss Kingsley shall include both schemes, and that the money publicly subscribed shall be applied to whichever object the donor desires to support.

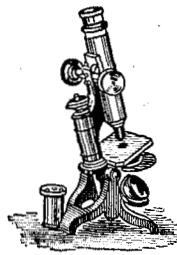
Contributions for the Mary Kingsley Memorial Hospital should be sent to Mr. A. H. Milne, B 10, Exchange Buildings, Liverpool; and for the Mary Kingsley Society of West Africa to Mr. George Macmillan; St. Martin Street, Leicester Square, London.

HONOURABLE RETICENCE.

Nurses cannot be too rigorous in refraining from mentioning either the names of the patients whom they have nursed, or the complaints from which such patients have suffered. This is recognized by the best class of nurses, who hold that as in the course of their professional work they are admitted into closest intimacy with their patients, and become acquainted with their private affairs to a greater degree even than the medical attendant, it would be in the highest degree dishonourable to divulge the knowledge so obtained. No doubt when a code of nursing ethics is agreed upon this point will be one of those to be most insistently emphasised. Meanwhile individual nurses must maintain an honourable attitude, and we quite agree with *Truth*, that if reticence is not observed a new terror is added to sickness. The case quoted by our contemporary, however, in which "a gentlemanly, skilled attendant of twelve years' experience appends to his offer of his services the names or addresses of several gentlemen whom he has recently nursed, and a page and a half of testimonials from other patients" must not be advanced against the nursing profession. We must point out that, as there are no general training schools in this country which accept male probationers, it follows that there are no fully-trained male nurses. The nursing profession cannot be held responsible for the code of honour of miscellaneous attendants on the sick.

Medical Matters.

THE TREATMENT OF PNEUMONIA.



IN the second of his clinical lectures on pneumonia, delivered at the Liverpool Royal Infirmary, Dr. James Barr (*British Medical Journal*, June 16th, 1900, p. 1,461) expresses the opinion that the bronchitis kettle is, to a great extent, responsible for much of the excessive mortality from pneumonia, and especially from broncho-pneumonia. He believes in the danger of continued high temperature, and therefore endeavours to reduce the fever. Antipyretics are often dangerous, and the desired effect may be produced by evaporation from the surface of the body. A current of moderately warm, dry air will abstract much more heat than a cold atmosphere saturated with moisture, and is much more agreeable to the patient. A large, moist poultice, when evaporation is allowed to take place, will remove a great amount of latent heat. He recommends an abdominal ice-bag to lower the temperature as being better than an ice-bag to the chest. He has a favourable opinion of antimony for moderating the violence of the inflammation, but seldom gives more than 10 minims of antimonial wine every four hours to an adult. Free ventilation of the sick room is essential. He deprecates the use of alcoholic stimulants, unless it be during convalescence.

INEBRIETY: ITS CAUSE AND CURE.

Although Dr. Wynn Westcott and the gentlemen who discussed his paper on the above subject at the Medico-Psychological Association, said nothing that has not been said before, their remarks were so well chosen and to the point, that we venture to epitomise them here. In the first place, inebriety is often an hereditary failing. Drunkards are very frequently the descendants of drunkards, and still more frequently of neuropathic ancestors; but it is still a moot point whether an acquired habit of excessive drinking is transmitted to the offspring. Race is an important factor, because it involves the question of how long a people has been accustomed to alcohol. Nearly all races which have had no experience of strong drink are excessively drunken when

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