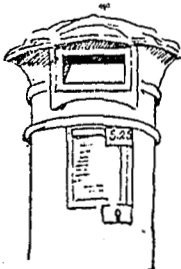


## Letters to the Editor.

NOTES, QUERIES. &amp;c.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE LIMITS OF SCIENTIFIC RESEARCH.

*To the Editor of the "Nursing Record."*

DEAR MADAM,—A few words apropos of your excellent editorial "The Limits of Scientific Research." You use the word "torture" in connection with experimental research. The scientists deny the torture. What is the meaning then of the number of special licences granted to members of certain London Hospitals to perform experiments without the use of anaesthetics?

But in regard to licences for performing experiments under the influence of anaesthetics, does the public imagine that the conditions of these licences are always fulfilled?

Such is not my experience, derived from the University of Edinburgh. There, I have seen experiments (so-called) performed, for the purpose of illustrating simple and accepted physiological facts, upon perfectly conscious animals. If you will read *The Scottish Leader*, of Jan., 1890, you will find the account of a dog being unsuccessfully experimented upon, being then allowed to live, and being "kept for another purpose."

If such breaches of the law are committed in the presence of hundreds of students, how can one trust the scientists in their more private researches? When Dr. Klein, in his evidence before the Royal Commission, confessed that he never administered an anaesthetic to animals "except for his own convenience," is it not probable that he expressed the mental attitude of the majority of the vivisection fraternity?

Yours truly,

STEPHEN TOWNSEND, F.R.C.S.

48, Charles Street,  
Berkeley Square, W.  
January 15th.

## THE DISINFECTION OF PRIVATE NURSES.

*To the Editor of the "Nursing Record."*

Dear Madam,—I observe that the very important question to the community—raised some time ago in the RECORD—with reference to the disinfection of private nurses, is being ably discussed in the American nursing papers—and that some stress is laid on the special danger resulting from attendance on diphtheria cases. Dr. Francis P. Denny has a paper in a recent issue of the *Boston Medical and Surgical Journal*, in which he discusses the question of the prevalence of diphtheria bacilli in healthy throats and noses. Dr. Denny says:—"Nurses who have been taking care of diphtheria patients not infrequently have bacilli in their throats, although not developing the disease themselves. Ritter, in cultures from 18 nurses, who had been caring for diphtheria patients, found Klebes

Loeffler bacilli in two. Washbourne and Hopwood found two nurses with bacilli from whom they made cultures. The danger from a careful trained nurse is not so much that the bacilli from the case she has been nursing are clinging to her person or clothing, but that the bacilli may be multiplying in her throat, where they may persist for weeks." It is stated that by treating cultures from healthy individuals medical men are often better able to locate the source of infection in many epidemics of diphtheria.

Dr. Denny thus summarizes the whole question:

1. Diphtheria bacilli are seldom found in the throats of those not exposed to diphtheria.

2. The bacilli are more frequently found in those who have been exposed, especially in persons living under poor hygienic conditions or in institutions.

3. The conditions of institution life which favor the growth of the bacilli in healthy throats are the living together of a large number of persons in a limited air space.

4. Healthy individuals with virulent bacilli in their throats can spread the disease. They are just as dangerous as mild or convalescent cases of diphtheria, and ought, therefore, to be detected and isolated.

5. Cultures ought to be made among those who have been exposed to diphtheria (a) by physicians among the members of a family who have been exposed; (b) by inspectors in the schools; (c) by health officers under any circumstances when they think the disease is being or may be spread by such individuals.

I have been making enquiries at various nursing homes and societies (from the majority it is impossible to get any information on the subject) but by side winds I learn that one week is the usual term for a private nurse to disinfect after attendance on a diphtheria case, that she is admitted to most homes for the purpose, and that she is subjected to no medical examination before being sent out to nurse another private case. Surely there must be great risk run by those with whom she comes in contact. If we had public spirited matrons on the County and Borough Councils, these are the sort of dangers to life which surely would be brought forward and prevented.

Yours truly,

"AN AMERICAN NURSE IN ENGLAND."

## THE LETTERS OF A LOVE SICK LADY.

*To the Editor of the "Nursing Record."*

MADAM,—I do so heartily agree with your delightful reviewer in her sensible views about those "love letters." Life is much too earnest to be frittered away scribbling fulsome flatteries to common place young men, and real love, surely, is a thing too sacred to put down on paper. All the same, I deeply deplore the death of the writer, if she is dead, and apart from the folly of the letters, they are full of literature, and we can badly spare the writer in these days—when ninety-nine books out of a hundred issued by competing publishing firms are only fit for fire paper. I shall never forget the shock to my feelings when—hobnobbing with the member of one of our leading London novel publishing firms, on board ship—I ventured to remark that certain books were unworthy of their reputation, and the great man naïvely replied, "I never read novels; the public is an ass, and will have trash." I fear this is too true. The "Letters" may be obsolete, but they are good.

G. B.

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