

classified into that of Nurses, Nursing Associations, Boards of Guardians, Workhouse Masters and Matrons. The procedure which those persons who desire to give evidence should adopt is to write to the Secretary, Local Government Board, Whitehall, S.W., intimating this desire, stating further their special qualifications for giving evidence, and the points upon which they desire to be heard. Notes of the four points included in the scope of the enquiry may be obtained from the Secretary.

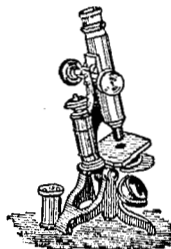
PITFALLS FOR PRIVATE NURSES.

It is a well known fact amongst private nurses that patients are very apt, in an irresponsible way to criticize the medical attendant, and to discuss confidentially his qualifications and capacity. It is unnecessary to point out to well disciplined nurses that any participation on their part in such conversation is highly improper, and that they should never allow themselves to be drawn into it. Furthermore, if direct questions are put to them they cannot be too guarded in their replies. No well disciplined nurse would permit herself to criticize the medical attendant, whose treatment she is bound loyally to carry out, and one who does so at once stamps herself, even in the estimation of the patient, as ill-educated and indiscreet. Many nurses would be surprised to hear the patient's subsequent version of a conversation in which they have reluctantly borne part, and somewhat unwillingly assented to the patient's assertions. When the conversation is retailed the central figure is not the patient, but the nurse. "Nurse says that Dr. — has not a very large practice," or "Nurse thinks cascara is just as effective as that horrid oil which Dr. — will insist upon my taking. She says Dr. — always prescribes it for his patients. She doesn't see why anyone should be obliged to take such a nasty medicine as castor oil." Whereas, what nurse did say probably, in answer to the direct question as to whether castor oil was always prescribed under similar conditions to her own was "not always." Pressed as to whether other medical men she has worked for prescribe other aperients, she says, "Sometimes." Asked "What," she mentioned cascara, as an ordinary and safe drug.

Thus she is beguiled into an indiscretion which may seriously prejudice her in the estimation of the medical attendant.

Medical Matters.

ARSENIC IN THE HAIR OF BERI-BERI PATIENTS FROM PENANG.



MAJOR RONALD ROSS, F.R.C.S., F.R.S., writes, in the *British Medical Journal*, "since Newall and Prytherch pointed out the similarity to beri-beri of the Chester cases of peripheral neuritis, and Reynolds demonstrated that the Manchester outbreak was due to chronic arsenical poisoning, the question whether many cases ascribed in the tropics to beri-beri may not be caused by arsenic has been much discussed. A little while ago Reynolds and myself published a case of so-called beri-beri from Sierra Leone, in the hair of which arsenic had been found by Dr. Dixon Mann.

Recently I received twenty samples of hair from beri-beri patients, mostly Chinese, sent to me for analysis by Dr. Herbert Fry, of the Government General Hospital, Penang, a known beri-beri locality, and one sample from Dr. Dalgetty, of Adampur, South Sylhet, India. The samples were analysed by Professor Dixon Mann, and he has now reported that six out of the twenty samples from Penang contained arsenic, two yielded "more than a trace," two yielded a "minute trace," and the rest yielded none at all. The case from Adampur was negative.

Dr. Dixon Mann adds, "In relation to arsenic the results are indefinite as regards its being a causal agent; only 6 cases out of 21 gave positive evidence. In all the cases the quantity of hair sent was quite sufficient to have yielded evidence of arsenic had it been present. The fact that arsenic was present in some cases is not without significance, however, and I suppose the question must for the present remain open." Certainly the result shows that some of the cases had been in contact with arsenic.

But after receiving the report, I detected a curious apparent relation between the presence of arsenic and the duration of the cases from Penang: Nearly all the positive cases were recent, and nearly all the negative cases were older. The following list gives the cases arranged in order of duration, according to some brief notes sent by Dr. Fry:

	Duration of Case.	Arsenic.
1	... 5 days ...	Minute trace
2	... 15 days ...	Trace
3	... " ...	Trace

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