

swing, and if the Queen and all the loveliest women in London cannot coax £30,000 out of an impressionable public it cannot be done at all.

How all hospital secretaries must be envying lucky St. Thomas's! It is authoritatively stated that this beautiful hospital will benefit to a far larger extent than has been announced as residuary legatee under the will of Mr. Charles Cassiot. The amount of the bequest was said to be a quarter of a million sterling, but it will be more than twice that sum. The gross personalty was £830,000, and the estate duty will exceed £62,000. Quite recently immense improvements have been made in the operating theatres, children's ward, and in the Medical School; so the windfall may be looked upon as the just reward of efficiency.

His Highness the Maharaja of Jaipur has intimated his intention of giving to King Edward's Hospital Fund for London the munificent donation of £5,000.

We should imagine that the tug-of-war between the two parties over the rebuilding of the Manchester Royal Infirmary is now at an end, and that those who wish to see a stately new hospital arise on the present site, in the very centre of the city, instead of an annexe to Owens College, are to be congratulated on victory. Anyway the question of the rebuilding of the Infirmary upon the present site has been the subject of a report which the Board of Management have adopted for presentation to the trustees of the institution. Plans have been submitted on the pavilion principle for a new infirmary to contain 452 beds, as compared with 292 beds now available, and for 230 officers, nurses, and servants, an increase of 101 on the present staff. The architects estimate that the cost will be approximately £200,000. The sooner the work is put in hand the better. The lack of proper accommodation, and of other modern hospital requirements in the present buildings, has greatly hampered the usefulness of the charity, and rendered it difficult for the medical staff to carry out the modern treatment of disease with thoroughness.

The Finsen lamp purchased by the Board of Management of the Leeds General Infirmary some months ago for the "light" treatment of lupus and other skin diseases has been so greatly in request that it has been decided to obtain a second instrument. At present over forty patients are under treatment, and though the doctors say it is too early as yet to express any definite opinion as to the efficacy of the new system, distinct improvement has already been manifested in a number of cases.

The Health Officer of Melbourne, in his annual report on the health and sanitary condition of the city in 1901, says it is plain that the sanitary condition of Melbourne is better than that of any of the cities and towns of England in respect not only of general and infant mortality rates, but as regards the deaths from typhoid and diphtheria. The typhoid mortality has been reduced to about the London level, and the diphtheria mortality has for several years been much less than that of the cities and towns of England. The Health Officer attributes the decrease of typhoid mainly to the extension of deep drainage.

## Our Foreign Letter.

### NURSING IN EGYPT.

One of the many difficulties that a European doctor who has a native practice in Egypt has to contend against, is to get suitable people to nurse his patients in their own homes. Many Egyptians, especially those of the wealthier class, object to being taken to a Nursing Home. Now English nurses, as a rule (and not without reason), refuse to nurse in a native house. Although the greater part of educated Egyptian men speak French, if not English, most of their womenkind are content with their own language—Arabic. To deal successfully with a native patient in his own home, it is necessary to be able to speak to him in his own tongue. One is powerless to order a household if all the conversation be carried on by means of signs. It is possible for a trained nurse to nurse an operation case, for instance, to a successful issue without being able to speak a word with her patient, but think of the irritation to both parties during the process—not to mention the relations! These last-named, even to the second and third generation, crowd into the room if prompt measures are not taken. It is also possible to get along with a very small amount of Arabic, but, on the other hand, one has known a whole household embroiled because of a word wrongly used with the best intentions. Native nurses (fully-trained girls who have done their three, or even four, years at the Government Hospital, and are registered by the State) have too little power in a native household. In a hospital, backed by its authority, they do excellent work and are kept up to the mark by the supervision of its officers. As midwives they have a recognised position, but there is not much demand for them otherwise. It is the general opinion that women have no power in an Eastern country, and one does not hear of Women's Rights there. The idea even, in its present acceptation of the term, is incompatible with Mohammedanism and its marriage laws. Nevertheless, the battle is not always to the strong. A man who was (and had been for some years) employed as an orderly in a Government hospital had a little daughter of six or eight years of age who was suffering from a tubercular knee-joint. Against the wishes of her mother he brought the child into hospital to be treated. It is a fact that this down-trodden woman told her husband when he took the girl away that he should not re-enter his own house so long as the child remained away, and she kept him on the wrong side of the door for a week or ten days, when he gave in, and took the little patient home. The old women who have grown up children are a great power in a household, and are looked up to with respect by sons and daughters-in-law, although, at least among the lower classes, they are often the slaves of their grandchildren.

In the native hospital it used to be the rule that all children under seven years of age were put into the harem or female wards. If the case was a bad one, one of the child's female relations was admitted also, by special permission from the medical officer, on the recommendation of the Sister of the Section. It was nearly always the grandmother who came, and who was usually kindness itself to the little sufferer. I remember one case of a child who had been knocked

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