

Church, contributed some valuable pioneer workers.

The success and prestige which attended the movement was unquestionably due to the type of women who took part in it. Hospital life in those days had no attractions for women who were not inspired by either strong religious or philanthropic motives. The work included not only the care of the sick, but much heavy manual labour; the conditions of life were those of personal discomfort, the hours on duty were long, and leave was rare. The result was that the task of restoring nursing to its place as a vocation for educated women, and, more, of placing it on the basis of a scientific profession, was carried out by women of the highest type, carried out at the cost of the lives of several whose physical strength was unequal to the task imposed upon them by their indomitable spirits, but carried to a triumphant success. The result is to-day apparent in the well-organised nursing services, and the liberal provision made for the comfort of nurses, in connection with most of our leading hospitals.

But these very facts constitute an element of danger to the well-being of our profession. The old philanthropic spirit which animated its pioneers has been largely replaced by the desire to succeed in a congenial calling—a perfectly legitimate and admirable aspiration; but personal ambition alone can never produce so high a standard of work and life as unselfish devotion to duty. We must once more seek for a motive which shall act as an inspiration and bind all nurses together, imbuing them with a sense of public responsibility. The necessary bond is to be found in professional status, and in the high ideals of work and conduct which may legitimately be expected to be inculcated and fostered by the *esprit de corps* and feeling of corporate responsibility, which would be the inevitable result of the attainment of such status.

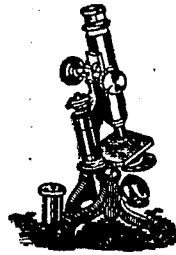
#### IN THE INTERESTS OF HUMANITY AND EFFICIENCY.

We entirely agree with the position taken up by Mr. Andrew Clark, Chairman of Council of the British Medical Association, in a letter addressed to the press on the reconstitution of the Army Council. He points out that "among the most welcomed Army reforms carried out under Mr. Brodrick's administration, was the appointment of the Director-General of the Army Medical Service to a seat on the Army Board. The constitution of the new Army

Council without any medical representative is a retrograde step. . . . In the various duties assigned to the Army Council no mention is made of sanitation, the prevention of disease, nor the care of the sick and wounded." The British Medical Association rightly "views with grave anxiety the injurious effect on military medical efficiency that must result," and considers that "direct representation of the medical service of the Army on the Army Council is of vital importance to the Army and to the nation." So do we. The proper method of dealing with the medical service of the Army is, as Mr. Clark points out, to give it responsibility and power. Under other conditions its powers of usefulness must be inevitably curtailed.

### Medical Matters.

#### THE SLEEPING SICKNESS.



A new interest for Europeans has been added to the investigation of sleeping sickness from the fact that a well-authenticated case of the death of a European lady from this dread disease has now been recorded. The victim was the wife of a missionary on the Congo, and was bitten by the sleeping-sickness tsetse fly two years and three months before her death. Until two months before her death the patient, who was under the care of Sir Patrick Manson, suffered from recurring attacks of fever, with the skin eruption characteristic of the presence of trypanosomes in the blood. About a month before her death the characteristic symptoms of sleeping sickness appeared, and she died comatose.

The case affords positive proof that Europeans are not, as has been somewhat assumed, immune to sleeping sickness. In this connection Dr. Nabarro says:—

"There is no known reason why a white person should or could not be afflicted with sleeping sickness. The tsetse fly harbours the parasite of sleeping sickness, and when it bites a person it injects the parasite into him. By no means every fly harbours the parasite. Now it appears that the parasite may live in the blood of a patient for a long time, giving rise to fever and other symptoms before it finds its way into the brain. When once it gets into the brain, then sleeping sickness ensues. Lastly, which is most important, white people

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