

Appointments.

MATRONS.

Miss Haines, who was one of the King's nurses during his illness in 1902, and who was trained at the London Hospital, has been appointed Matron of Osborne House, Isle of Wight, His Majesty's Convalescent Home for officers of the Army and Navy.

Miss A. E. Knox has been appointed Matron of the Isolation Hospital, Ealing. She was trained at Willesden, Sittingbourne, and Ealing Isolation Hospitals.

MIDWIFERY SISTER.

Miss Florence A. Pitman has been appointed Midwifery Sister at the Royal Infirmary, Bristol. She was trained at Guy's Hospital, London, and has had experience in private nursing in connection with Guy's Nursing Institution. She holds the certificate of the London Obstetrical Society.

SISTERS.

Miss Sybil Hughes Hallett has been appointed Sister of fever wards at the General Hospital, Wolverhampton. She was trained at Addenbrooke's Hospital, Cambridge, and has done service as Staff Nurse in Queen Alexandra's Imperial Military Nursing Service. She holds the certificate of the London Obstetrical Society.

Miss M. Bewsher has been appointed Sister at the Royal Infirmary, Bristol. She was trained at the Cumberland Infirmary, Carlisle, and has held the position of Theatre Sister in the same institution.

NIGHT SISTER.

Miss Ellen Gertrude Woodward has been appointed Night Sister at the General Hospital, Wolverhampton. She was trained at Guy's Hospital, London, and has held the position of Sister at the Royal Hants County Hospital, Winchester, Sister at the Essex and Colchester Hospital, and Sister at the Royal Infirmary, Halifax.

CHARGE NURSES.

Miss F. A. Foulds has been appointed Charge Nurse at the Pontypridd Infirmary. She was trained at the Southwark Infirmary, East Dulwich, and has held the position of Charge Nurse at Toxteth Infirmary, Liverpool, and of Staff Nurse at the Mountain Ash Accident Hospital.

Miss Florence A. Harris has been appointed Charge Nurse at the Royal Victoria Hospital, Bournemouth. She was trained at the Newport and Monmouthshire Hospital, where she also held the position of Sister.

Miss Katherine Thorburn has been appointed Charge Nurse at the Royal Victoria Hospital, Bournemouth. She was trained at the Royal Infirmary, Derby.

The Spread and Control of Diphtheria Epidemics.

By J. SHOLTO C. DOUGLAS, B.A. (Oxon.).

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V.—INDIRECT CORPOREAL.

In this division I place such agencies as the throats of healthy people, flies and other insects, domestic animals, &c.; also articles, such as slates and pens, which have shortly before been in contact with a diphtheritic patient's mouth.

It is well known that diphtheria bacilli are frequently found in the throats of otherwise quite healthy individuals, and many cases are now on record where infection has been conveyed by people in the best of health. I dare say this is the true explanation of those instances of reported wind- and water-borne diphtheria epidemics of which, as I have already said, I have been unable to find any reliable instances. That the virulent Klebs-Löffler bacillus can be found in healthy throats has been shown time and again of recent years during epidemics, and even when the disease was not in evidence. In this hospital (St. George's) Dr. Slater has found his best examples in the throats of the nursing staff who had been in attendance on diphtheritic patients, although they themselves did not show any sign of ill-health. Kober examined 600 healthy children and found virulent bacilli in five. Of these, one had sat at school next a child who had had diphtheria eight weeks before, three were play-mates of neighbours' children who had had diphtheria lately, and the fifth had associated with a family in which a fatal case of the same disease had occurred ten weeks before. Here were the obvious rudiments for an outbreak of diphtheria as soon as these bacilli were conveyed to throats susceptible to the disease.

In another instance, Herman Biggs examined 330 healthy persons and found virulent diphtheria bacilli in eight of them. Here is a good practical illustration given by White:—A child in a tenement house suffered from diphtheria, and cultures revealed virulent diphtheria for three months. After one negative examination the child was released from isolation, but two days later the cultures from the throats of this child, and two others who had been in contact with him, showed diphtheria bacilli, although the latter children were not taken ill. Two other children coming to the house were in contact with the latter children for two days, and then returned home. In five days one of these developed diphtheria; other sources of infection were excluded.

Whether flies or other insects are capable of conveying diphtheria bacilli from one host to another I do not know. I am inclined to think they do not; at any rate, I know of no instances of this being the case.

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