

## Annotations.

## CHARGES BETWEEN NURSES AND PHYSICIANS.

A question which is discussed at length in an American medical contemporary is the ethical propriety of a physician charging a nurse for medical attendance. We have always found that medical practitioners are generous to nurses in the matter of fees. Some charge them half the usual fee, and others give advice gratuitously. At the same time, no nurse has a right to assume that she is entitled to gratuitous treatment. Some who are fairly well off prefer to pay for the advice which they receive, others who have many demands upon their slender incomes are grateful for the kindness which prompts the refusal of a fee. We agree, however, with our contemporary that "it may be freely stated there is no general obligation resting on medical men to give gratuitous professional attention to nurses."

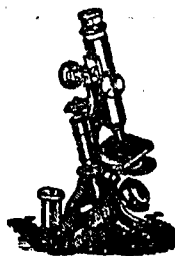
In regard to the fees charged by nurses to medical practitioners for their professional services, the case cannot be regarded as analogous, because, while a doctor gives a few minutes to seeing and prescribing for a nurse, and attends many other patients in the course of a day, a nurse's whole time is given to a single patient.

## THE ENGLISH POOR LAW SYSTEM.

Mr. A. Foster, Chairman of the Camberwell Board of Guardians, is of opinion that the Local Government Board should be rearranged and reformed by the setting up of three departments, with three heads, having seats in the Cabinet and directly responsible to Parliament. There should be, he thinks, (1) a Poor Department, with a Minister of the Poor; (2) a Health Department, with a Minister of Health; and (3) a Works Department, with a Minister of Industry. The Poor Department should control and administer (a) old age pensions; (b) eleemosynary charities; (c) the poor not eligible for pensions; and (d) State children. The Health Department should control public hospitals, infirmaries, medical charities of all kinds, and mental hospitals and asylums for the sick. The duties of the Works Department would be to look to all inmates of workhouses capable of work, to give attention to the unemployed, and to supervise, control, and maintain all municipal buildings, hospitals, homes, &c. Labour schools should be established, and workshops, factories, and labour colonies, where there should be detained those whose relatives were supported by the State.

## Medical Matters.

## THE RED LIGHT TREATMENT OF SMALL-POX.



The late Dr. Finsen, of Copenhagen, shortly before his death, wrote a reply to the conclusions as to the red light treatment of small-pox formed by Dr. Ricketts, Medical Superintendent of the Metropolitan Asylums Board Small-pox Hospitals at Long Reach and Joyce Green. Dr. Ricketts, after a trial of this method, regarded the experiment as a failure. Dr. Finsen, in an article now published in the *Lancet*, says:—"It is well known that the red light treatment of small-pox is based on the fact that the small-pox infection puts the skin in a state of great sensibility to light, which also, we know, in normal circumstances may act on the skin as an irritant. It is no unique phenomenon. The same thing is, for instance, known from the buckwheat disease in cattle. Furthermore, the recent researches on the phenomena of fluorescence and sensibilisation seem to supply important contributions to the explanation of this remarkable fact. In small-pox the infection, as is well known, produces a more or less strong exanthem all over the body. If now the patient, *during the period of the appearance and the growth of the exanthem* is protected against daylight—especially against the chemical rays—by means of a red light treatment, the exanthem will be less strong than otherwise and, as a rule, no suppuration will occur. If, on the contrary, the patient is allowed to remain lying in bright daylight suppuration will often occur, light acting as "a plus" which increases the already existing inflammation of the skin. It is impossible, of course, to give any absolute rule as there are many degrees of small-pox exanthemata. In many cases no suppuration occurs although light is not shut out.

It will thus be seen that the shutting out of light acts differently in different cases according to the extension and force of the exanthem. Now, experience shows that if a patient is placed in red light or in darkness *immediately after the first appearance of the exanthem* no suppuration will, as a rule, occur, even in unvaccinated cases or in cases with confluent exanthem. But if the patient is put under treatment later the result will be more doubtful. It will depend, of course, on the

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