

between the rows, and sometimes in compact blocks, back to back and side to side with no intervals at all. An extreme instance is the village of Jullundur in the Punjab, and this district was the first in the Punjab to be infected with plague, and in the last four years has lost 100,000 from this cause. Again, in the new regulation villages of Chenab and Jhelum plague was as prevalent as in the old Punjab villages, which was surprising in newly occupied sites. A visit proved that while in some respects it was a great improvement on the old type, the Public Works Department had left the colonists a free hand in the matter of building materials, and they had built their villages of sheer mud, "the whole village was a nasty pudding of crude mud walls, some of which were already cracked." The villages have nine-tenths of all the practical interest for plague, and Dr. Creighton asks:—(1) Is there any real need or excuse for all this mud building, and (2) are the large, compact, fort-like villages necessary and likely to continue? He is of opinion that the building of mud houses should be discouraged and the native building arts revived, and that small villages and hamlets are more sanitary and safer than the large buildings. Thus the Bheels of Western Khandesh have never had plague in their rude hamlets and movable camps, and the same fact was noted in regard to similar movable hamlets in the plague districts of Mesopotamia in 1874. "The trouble always and everywhere has been from crowded sites, too long inhabited without drainage; in brief, where the self-cleansing action of the soil breaks down. *"That the infection of plague resides in the ground is now accepted by every practical man in India who has been on plague duty, and is perceived intuitively by the people themselves."*

EVACUATION.

It is, therefore, not surprising to learn that the general belief in India is that there is only one thing to be done when plague appears in a place, or the rats to fall—that is, clear out, or, at least, to avoid spending the night there. The lesson of evacuation has been learned very thoroughly, and is undertaken on the people's own initiative and at an expense which many of them can ill afford. Plague may therefore be regarded as a soil infection, and the laws of soil infection should be applied to it.

Dr. Creighton concluded his most interesting lecture with the following words:—"For the villages it is not out of the question that some law might be made to prevent rebuilding on the same foundation when the mud walls crumble, as they do periodically; but of such a law the essential condition would be the helping hand of the State to provide new sites. At one time I held that a progressive change of the village site to a clean soil, along with the break-up of a larger village into several hamlets, would be an effectual if very slow means of getting rid of plague. But after seeing a good many of those dreadful mud villages, I have come to think that it is their miserable structure that is the real reason why the Indian plains are cursed with plague, and that there can be no real cure without a more civilised kind of dwelling, and a great revival of the native building arts as village industries."

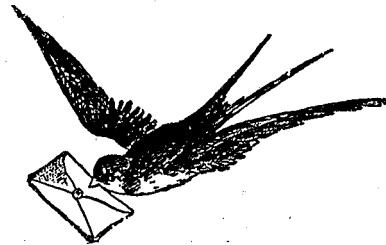
M. B.

A wreath was placed on the tomb of Queen Victoria by the members of the Royal Institute of Public Health, who visited the Royal Mausoleum at Windsor.

Our Foreign Letter.

NURSING IN SOUTH AFRICA.

DEAR EDITOR,—Just now the nursing school of the Somerset Hospital, Cape Town, has sustained a great



loss—Miss L. Paul, the much beloved Assistant Matron, has resigned a position she filled most happily—and the whole nursing staff regret her de-

parture. Miss Paul was trained at the "London," has held her position for eighteen months, and was a most practical worker, took the cooking classes, and kept the very best of discipline in the Home. She now intends travelling for some time. The new Assistant Matron is Miss M. A. Nutt, trained at Guy's.

In spite of many difficulties progress is being made in nursing matters in South Africa, and the new Nurses' Home of the new Somerset is making great progress. Miss Child, the Matron, is back again after her holiday at home, and hopes to see the Home finished in a year's time.

The appointment of Miss Jessie R. Mitchell as Matron of Grey's Hospital, Pietermaritzburg, in Natal, in succession to Mrs. Macdonald, who was greatly respected, is the reward for good work done in South Africa. Miss Mitchell is a Scotch lady trained in Dundee, who came to South Africa in 1901. She worked in the refugee camps in the Transvaal, where she discharged her duty with much acceptance, and at the conclusion of the war became a Sister in Grey's Hospital. As Miss Mitchell has a wide experience of nursing there is every indication that she will exercise the same ability as did her predecessor. Her record for disinterested devotion has gained her much goodwill and esteem.

I think you might repeat the sound advice you have often given to nurses about to come out to South Africa. Things have greatly changed here since the war, and in all the big cities, such as Cape Town, Johannesburg and Pretoria, there is much less sickness than formerly. In the old days enteric fever and sickness generally were rampant up country, but now that the sanitary affairs are under the authority of the Town Council, supervision is much more effective. The draining is good, the streets are kept clean, and cases of enteric fever and pneumonia, once so common, are now comparatively rare.

Then, everyone is hard up—no money, that is the cry—and no one keeps a trained nurse for a day longer than they are obliged. Maternity nurses are often engaged for a fortnight instead of a month. Mothers nurse their children to save expense, so that during the past year numbers of nurses have only earned £5 a month, in a place where they cannot live in comfort for less than double that sum.

In Johannesburg, it is reported that there are 800 nurses, when 200 are ample to cope with the work. It will thus be seen how precarious a nurse's chances are, and how necessary it is that nurses coming from England should either have private funds or the

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