

where the Local Authority pay the nurse, and at Liverpool, Birmingham, Wimbledon, and other places where Queen's Nurses are provided by voluntary effort, the nurse not only examines the children and visits the homes to give advice to the parents, but she also *treats* the children." Again, "more than one witness considered that the services of a nurse, to *treat* cases in which the parents fail to act would be of great value."

There is also another official, a lady styled "Inspectress of Physical Welfare," employed by the Education Committee of West Sussex in lieu of a School Medical Officer, at a salary of £150 per annum, her incidental expenses amounting to another £50. She is no doubt a very useful official, organising physical exercises, attending to the sanitary condition of the premises, and *reporting upon the health* of the children.

"The Inspectress examines the children, she does not herself *treat* any ailment or defect discovered," but information is sent to the parents.

It cannot be too strongly insisted that treatment is entirely the doctor's business. Nevertheless, even medical men seem to delegate their responsibility in this connection. One medical witness explained to the Committee his method of dealing with an outbreak of measles in a school. "To begin with, in the presence of the teacher of the class I examine each child, and get the teacher to watch and notice what I look for, and I explain each symptom as we go along. I then get her to do some of the examinations herself, and tell me what she thinks of the cases. In this way in an hour she is able to distinguish the children that I would send out of the school. The following day I would attend again. She would then make the examinations entirely, and I should check them. The third and fourth day I leave her to herself, and go again on the fifth day. In this way we find she can exclude the children as well as we can."

Nurses, inspectors, and teachers can all materially assist the medical officer in his work, but it appears to us dangerous to allow them to suppose that they can either diagnose or treat them.

## Medical Matters.

### TYPHOID BACILLI IN THE BLOOD.



Drs. Warren Coleman and B. H. Buxton have reported to the New York Pathological Society the results of bacteriological investigations of the blood in 604 cases of typhoid fever. Seventy-nine cases out of eighty-five examinations in the first week or 93 per cent. yielded positive results. In the second week results showed 76 per cent., and in the third week 56 per cent. They are thus led to believe that the earliest site of infection or dissemination is the blood, and that the process should be regarded as septicæmia. The investigators consider that the method may be of value in those cases of the disease in which the clinical manifestations are difficult of interpretation, and when in the early phases of the infection the serum reaction fails to give a decisive result.

### ETHYL CHLORIDE AS AN ANÆSTHETIC FOR INFANTS.

Dr. Flora Murray, Senior Resident Medical Officer to the Belgrave Hospital for Children, London, S.W., describes in the *Lancet* her experience of ethyl chloride as an anæsthetic for infants. Opinion, she says, seems agreed as to its merits where older children are concerned, but disinclined to advocate its use for very young infants. Having administered it to 150 infants under a year old, she has come to regard it as both safe and suitable for them. The youngest cases included in the above number were from five to fourteen days old, and a large proportion of them were from five to seven weeks old. Many of them had not undergone any preparation at all, and the only precaution taken with regard to the others was to withhold food for some hours that morning. When a narcosis of from twenty to forty minutes is required, it has no special advantage over chloroform and the A.C.E. mixture.

It is a successful anæsthetic in cases of respiratory embarrassment, and Dr. Murray prefers it to any other for emphysemata and

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