

that the public have a right to a guarantee of efficiency of those nurses admitted to the privacy of their homes.

The aims of this Journal are high, its policy in pursuing them has ever been fearless; its duty has compelled it to combat; in crossing swords with wrong doers, it can confidently claim that it has ever had the courage of its convictions, and that not once but many times it has proved to be more than justified.

This Journal has, in a few short years, seen the policy for which it has worked—the elevation of Nursing into a recognised profession, organised and controlled by the State—accepted in three quarters of the globe. How much it has contributed to the upward movement can never be known. It has done its part to the best of its ability. Let that serve.

Medical Matters.

THE TREATMENT OF RINGWORM.



Mr. Thomas Jackson writing in the *Lancet* points out a method of treatment for ringworm, which he has successfully employed for many years, and by which he finds that a case can be cured in a few weeks. The remedy used is ordinary blistering fluid (liquor epispasticus) selected on account of its penetrating quality and its special action on the hair papilla. One brush over is quite sufficient for a simple case, say of one or two small patches. In chronic cases, where there is exudation or scarring from the use of escharotics, two or sometimes three applications are required at intervals of about a week. The fluid is diluted with glycerine when a blister mark is to be avoided or where there is risk of too great absorption of the drug, as in cases where the patches are large and numerous. The remedy is equally efficacious on the scalp and depilation is quite unnecessary. The most important point is to attack the zone of invasion, encroaching slightly upon the healthy tissue beyond.

SUCCESSFUL TREATMENT OF INFECTIOUS DISEASES.

According to the report of the Metropolitan Asylums Board, which was issued on Saturday, 27,162 patients passed through the fever

hospitals of the Board during the year 1905, and 72 patients through the small-pox hospitals.

The number of scarlet fever cases treated was 19,362, a larger number than in any previous year. This increase, it is stated, was due not so much to the greater prevalence of the disease as to the increased percentage of persons attacked who now enter the hospitals. In 1890 only 42 per cent. of the cases notified came into hospital. Last year over 88 per cent. were admitted.

As to the rate of mortality among diphtheria cases, in 1893, the year before the disease was treated with anti-toxin serum, the death-rate was as high as 30.4 per cent. Since the introduction of the treatment the rate has rapidly declined. Record has been kept of the mortality rates according to the day of disease on which the anti-toxin serum treatment commenced. Of 219 cases treated during the years 1897 to 1905, on the first day of the disease, not a single case died, and among 1,364 treated on the second day of the disease, the mortality did not rise above 5.4 per cent.; whereas among cases not coming under treatment until the fifth day and after, the rate has been over 22 per cent.

The Children's Schools Committee state that it has been their annual task to comment upon the want of appreciation of many boards of guardians of the homes and schools provided by the board, and they draw attention to the apathy displayed by the metropolitan boards of guardians in making use of the homes provided for poor children requiring the benefit of seaside air and for children suffering from pulmonary tuberculosis in its early stages.

WOUNDS OF THE EYE.

Aseptic precautions are a necessity in every wound of the eye. All of the adjacent parts should be carefully cleaned. Unless they are infected, simple incised wounds and scratches of the cornea should not be interfered with except to smooth out misplaced flaps. In order to avoid infection not only must the outside of the lids and lashes be made clean, but they must be kept clean until the wound has healed. The eye should be closed with a dry or moist bichloride dressing. If the eye is very painful the dressing may be removed and iced cloths applied until pain ceases. Then the local cloths may be continued or the dressing may be replaced. The writer emphasises the importance of using iced cloths for the prevention of ocular infection. Oil is the one thing to use in a burned eye. The writer prefers castor oil. In serious penetrating

[previous page](#)

[next page](#)