

## Reflections.

### FROM A BOARD ROOM MIRROR.

The Queen, who has always shown a great interest in our hospitals, has, during the past week, forwarded a present of flowers to several Metropolitan hospitals.

Her Majesty Queen Alexandra has given permission for the new wing to be added to the British Home and Hospital for Incurables in connection with the Charity's Jubilee in 1911, to be named the Queen Alexandra wing.

We are glad to learn that the Hospital for Women, Soho Square, will receive the sum of £1,000 as the result of the recent bazaar.

The Trustees of Smith's (Kensington Estate) Charity have sent a donation of £536 to the Hospital for Women, Soho Square, for the Rebuilding Fund. The building is nearing completion and will, it is hoped, be ready for occupation by patients in July. There is still £2,500 needed to finish the work and open the hospital free from debt.

At the quarterly meeting of the Governors of St. Mary's Hospital, Paddington, at which Mr. W. Austen Leigh presided, reference was made in the annual report to the unsatisfactory financial position of the hospital. Despite the contribution of £1,000 from King Edward's Hospital Fund for London, specially for the reduction of the debt, the end of the year found it increased by £2,534. The amount of the debt is now £9,782, while the total investments available to cover deficiencies of income are valued at only £9,852. The average cost of an occupied bed in hospitals of similar standing is £81 10s. 9d.; at St. Mary's it is £77 3s. 5d.

At the Annual Court of Governors of the Hospital for Sick Children, Great Ormond Street, last week, at which Mr. Arthur Lucas presided, it was stated in the annual report that the Committee had been driven to take a step never forced upon them before, and to sell out £9,598 of the general fund to pay off the debt incurred to the bankers, and to meet current expenditure.

The Colonial Office has taken prompt action to deal with the outbreak of yellow fever at Sekondi, West Africa, where there have been eleven cases, all except one proving fatal, eight of the victims being Europeans. There have also been two fatal cases at Freetown. Immediately the outbreak was notified the Earl of Crewe, K.G., Secretary of State for the Colonies, summoned an emergency meeting of the Advisory Medical and Sanitary Committee for Tropical Africa, and acted through the Committee's advice. Sir Rubert Boyce, Dean of the Liverpool School of Tropical Medicine, immediately offered his services, and with a staff of six medical officers has left for Sekondi, and two other medical

officers for Freetown. We may hope, therefore, that this prompt action will result in the extinction of the yellow fever mosquito, and consequently of the disease.

Sir Alfred Keogh, late Medical Director of the Army Medical Service, will distribute the prizes to the students of the Medical School of St. Thomas's Hospital on Thursday, June 23rd, at 3 o'clock.

## Diphtheria "Carriers."

The persistence of the diphtheria bacillus in the throats of apparently quite healthy persons is one of the most difficult problems in connection with the control of that disease. This fact has for some time past been engaging the attention of Medical Officers of Health, School Medical Officers, Naval and Military Surgeons, and private practitioners alike, and the first step in dealing with an outbreak of the disease is now by general consent to find the "carrier."

Some useful notes in this connection may be found in a manual on "Disinfection and Sterilisation," by Dr. F. W. Andrewes, Pathologist of St. Bartholomew's Hospital. Dr. Andrewes utters a warning against relying on antitoxin alone in the treatment of diphtheria. He points out that the antitoxin acts as an antidote to the poison formed by the diphtheria bacillus, but it has little germicidal action upon the bacilli themselves, which may continue to flourish in the throat, though their evil effects are antagonised. It is therefore of essential importance to apply local disinfectants to the seat of the disease. Dr. Andrewes shows that whilst in most cases the diphtheria bacilli vanish from the throat within a week or a fortnight from the time the membrane has disappeared, there are other cases in which they persist much longer. It is generally known that they may be found after cultivation for months after the disease has gone, indeed cases are on record when they were still virulent in their effect upon animals six months after the attack of diphtheria. Dr. Andrewes suggests various measures for the local disinfection of the throat, and amongst suitable gargles and sprays he includes Izal (1 in 100, or even stronger if the patient can bear it).

Messrs. Newton, Chambers, and Co., Ltd., who have asked us to draw attention to Dr. Andrewes' remarks state that they do so because they have received a number of inquiries from medical men regarding the use of their Izal for diphtheria carriers, and they feel they may with propriety quote an accepted authority in the professional journals. Messrs. Newton, Chambers, and Co. also ask us to draw attention to a report on the value of Izal as a gargle by Dr. Kayvett Gordon, sometime Medical Superintendent of the Monsall Fever Hospital at Manchester, copies of which they will send to medical practitioners on receipt of a post-card addressed to their laboratories at Thorncliffe, near Sheffield.

[previous page](#)

[next page](#)