

and had no room for any more. Already I felt like the boneen (that is, a baby pig) of one of my neighbours, which had been fed until one entertained very serious doubts as to whether the skin had any stretching power left. The Board, in short, regretted. Bad cess to that Board! Here was the end of the idea once more. I have spared you the account of the six months' transaction which preceded my application to the Board, which had already once ended the idea in one direction. Oh, that I had been a dog, that I might lay my head against a wall, uplifted, and howl and howl until I was quit of my misery by sheer force of giving expression to it.

I am afraid it may not have been a very nice letter that I wrote to that Board. It is long off my conscience and out of my mind, and I can only judge from the answer before me. It does not somehow look to me as if my letter could have expressed any appreciation of the Board's grandfatherly care of me, for it was no other than that which had dictated theirs. I almost think, from the gently sarcastic tone, that I may have hinted that woman and fool were not in the same column of the dictionary, nor absolutely synonymous terms. I assure you its answer was quite reproachful. It hadn't, I think, meant all it said, and couldn't understand at all any connection between folly and the feminine mind—and—I must go my own way; they would adhere to their bargain. It is, as I mentioned before, a beautiful Board. When we say that in Kerry we mean something really good. At the same time it made me feel like a bull-dog; do you love bull-dogs? I don't; their expression is too essentially British. I had got a grip at last, and someone had been trying to choke me off, but had fortunately forgotten the pepper, and I was still holding on. Heaven send that it might be the right leg!

ERIN.

#### BERI-BERI IN THE UNITED STATES.

The Surgeon-General of the United States Public Health and Marine Hospital Service draws attention in a Memorandum in a recent issue of the Public Health Reports to the experiments described in the *Lancet* which led Drs. Fraser and Stanton to attribute the origin of beri-beri to a deficiency of phosphorus in the diet. The deficiency is caused by the removal, in the process of milling, of the superficial layers of the rice-grain in which is contained the highest proportion of phosphorus. It is quite possible that it may be found that, altogether apart from a preponderance of rice, a dietary might be constituted in a public institution so as to contain an insufficient amount of the phosphorus which is necessary for the nutrition of normal nerve tissue, and that in this way an outbreak of beri-beri might arise among the inmates of the establishment. The dietaries of asylums, prisons, and the like are often monotonous and lacking in variety, and their continued use for protracted periods may lead to deterioration of health. It is therefore probable that careful investigation of reported beri-beri cases by competent experts may add to the common stock of knowledge respecting this interesting disease.

## Disinfection Measures in Enteric Fever.

It is an accepted axiom among sanitarians that the health conditions of a district may be fairly gauged by the presence or absence of typhoid fever. Sporadic and imported cases will occur from time to time in the best regulated communities, but the average number of notifications over a period of years usually indicate whether the sanitary administration of the district is on sound lines. The bacillus typhosus is fortunately easily killed by chemical disinfectants, whether *in vitro* or outside the body, and the leading authorities are agreed as to the precautions to be adopted in its presence.

The most usual cause of typhoid epidemics is by polluted food or water, but direct infection is by no means rare, especially amongst nurses in attendance on cases.

The excreta of patients is, of course, highly infectious, and it is known that flies will carry infection on their legs and wings from excreta to articles of food. Urine and sputum also contain the bacillus, so it is obvious that all excretions and discharges from typhoid cases must be thoroughly disinfected. Dr. F. W. Andrewes, who has dealt with this subject at length in his book, "Lessons in Disinfection," suggests that when the discharges have to be poured away down a water closet they should be intimately mixed with Izal or other disinfectant of such strength that the disinfectant forms at least 1 part in 100 of the total mixture, all lumps being well broken up. They should stand for some hours in contact with this disinfectant before being poured away. In the absence of a water closet system, the excreta after sufficient soaking in the disinfectant should be deeply buried in the ground at some spot far removed from any source of water supply.

Such precautions as are outlined above will prevent any widespread infection, but those engaged in the actual work of nursing are always liable to transfer infection by their hands to their mouth. Dr. Andrewes writes on this point: "When one considers the frequency of diarrhoea in typhoid fever, and the commonness with which the bed-clothes and linen are soiled by the discharges, it is obvious that nothing can prevent infection of the nurse's hands, and sometimes of her attire." This being so it is of essential importance that the nurse should frequently and thoroughly scrub her hands with soap, hot water, and a nail brush, paying especial attention to the nails, and afterwards the hands should be rinsed in a dilute solution of Izal or other efficient disinfectant. Considerations of space prevent reference here to the internal use of antiseptics for the prevention of infection in enteric fever, but a paper by Dr. A. Kynvett Gordon, formerly Medical Superintendent of the Monsall Hospital at Manchester, on this subject, has been published by Messrs. Newton, Chambers, and Co., Ltd., of Thorncliffe, near Sheffield, and will be forwarded by them on receipt of a post-card.

[previous page](#)

[next page](#)