

When this is the case, the sooner it is done the better, both for comfort and the preservation of teeth near it. This may be replaced by an artificial tooth, which will never be quite so valuable to the owner, but at the same time will prevent, to a certain extent, any irregularity of surrounding teeth.

It is very important to remember, when a patient is unable to attend to his teeth and mouth, that this should be done for him, not only for the reasons previously mentioned, but because he will not wish for any food, if he can taste the poisonous gases in his mouth.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss F. Sheppard, Miss M. M. G. Bielby, Miss E. Forrest, Miss G. M. Evans, Miss D. Vine, Miss C. G. Cheatley, Miss M. Ellison, Miss F. Mackintosh, Miss M. Edmunds, Miss K. R. Köhler.

QUESTION FOR NEXT WEEK.

Describe the various digestive juices and their action.

CEREBRO-SPINAL FEVER.

DISINFECTION OF THE URINE.

Dr. Edward C. Hort, F.R.C.P., Dr. C. E. Lakin, and Mr. T. C. Benians, who contribute to the *British Medical Journal* a highly interesting and technical article on the place of the meningococcus in the etiology of epidemic cerebro-spinal fever, mention several points that nurses will do well to note.

1. The attendants on acute cases of the disease rarely contract it, although the percentage of such acute cases harbouring the organisms in the first few days is very high.

2. For every case of the disease there are ten to fifty carriers, but of detained carriers of the meningococcus in the naso-pharynx only few develop cerebro-spinal fever.

Further, they should remember that:—

“Owing to the fact that a highly pleomorphic organism appears to be present, bacteriological study of the urine in this disease is one of great complexity and difficulty; but it is, perhaps, not unreasonable to suggest that the theory that the meningococcus is only a phase in the life-history of the true infective agent in cerebro-spinal fever is one that is worth full investigation. And in the meanwhile it would appear to be wise to disinfect the urine of all known cases, and of all known carriers of Weichselbaum's meningococcus.

“It will, of course, be understood that the presence in the urine of the meningococcus, or

of organisms related to it, in no way removes the necessity for examination of the throats of contacts and of secondary carriers as at present carried out, since whatever the true cause of the disease, the meningococcus is certainly associated with it. And even if the meningococcus be eventually shown to be a harmless phase in the life-history of the true infective agent discharged into the urine, it will still be wise to disinfect the latter, as advised by other workers who consider the case for the meningococcus to have been fully proved.”

THE AMERICAN NURSES' ASSOCIATION.

The following Resolution has been received by the President of the National Council of Trained Nurses of Great Britain and Ireland from the United States of America, in support of the Statement sent to the Secretary of State for War on the standard of nursing in military auxiliary hospitals:—

TWENTY-FIVE THOUSAND AMERICAN NURSES EXPRESS SYMPATHY.

MADAM,—At a joint meeting of the Executive Boards of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, the following Resolution was adopted:—

Resolved that the above-named organizations, representing a membership of more than 25,000 nurses, express their sympathetic appreciation of the Council's attitude of protest toward the acceptance of amateur nurses and other unqualified women in the care of the sick and wounded of the present war, so long as there is no dearth of thoroughly trained graduate nurses qualified for such service.

KATHARINE DE WITT, R.N.,
Secretary, American Nurses' Association.

SARA E. PARSONS, R.N.,
Secretary, National League of Nursing Education.

ELLA PHILLIPS CRANDALL, R.N.,
Secretary, National Organization for Public Health Nursing.

45, South Union Street, Rochester, N.Y.
March 15th, 1915.

We greatly appreciate this expression of sympathy with the attitude of the N.C.T.N., the more so as the terrible lack of status of the nursing profession in this country makes it the sport of every irregularity. Protection for our skilled work there is none.

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