

room off the ward, one realised its charm afresh. The big window, with its deep seat, from which one looks out on the great Square where succeeding generations of those engaged in caring for the sick have passed to and fro since the hospital was founded by Rahere in 1123, the intimate home life, the atmosphere of which Bart's Sisters know so well to create, the proximity of the ward in which their work lies, the nearness of the Cathedral Church of the Empire, all have a charm, and inspire the feeling that the occupier is a "citizen of no mean city," and has "a goodly heritage."

In 1913 Miss MacCormac had three months' leave of absence to serve in a Greek Hospital during the Balkan War, and again, in August, 1914, was called up for War Service as a member of the Civil Hospital Reserve, returning to Matthew Ward in February, 1919. She is keenly looking forward to the Helsingfors Congress.

THE INTERNATIONAL COUNCIL OF NURSES.

We hear of quite a number of delegates, official and fraternal, who are hoping to attend the Meeting and Congress of the International Council of Nurses at Helsingfors in July.

Mrs. Zana M. Chesney is a Delegate of the Trained Nurses Association of India.

Miss Maclean, R.N., late Director of Nursing in the Department of Health, New Zealand, hopes to attend. Miss Jentie Paterson, S.R.N., is representing the Child Welfare Section for the Government of New Zealand, and Miss Moore is also representing that Government, both as fraternal Delegates.

Miss B. Alexander, Hon. Secretary and Delegate of the South African Trained Nurses Association, has paid a preliminary visit to this country, crossed the Atlantic to attend the meeting of the I.C.W. in Washington, and by the time this JOURNAL is published, will probably have returned here.

Miss Samsing, who is at present travelling in Europe, has been asked to represent the Royal Victorian Trained Nurses Association as a fraternal Delegate.

The American Nurses Association has nominated, in addition to its President, Miss Adda Eldridge, R.N., who acts ex-officio, Miss Clara D. Noyes, R.N., Director American Red Cross Nursing Service, Miss Laura R. Logan, R.N., President, National League of Nursing Education, Miss Elizabeth G. Fox, R.N., President, National Organisation for Public Health Nursing, and Mrs. L. R. Gretter, R.N.

Miss Dorothy Wyon, S.R.N., who has worked for five years in the London Missionary Society's Hospital at Shanghai, and is now in this country, is a delegate of the Nurses Association of China. We learn that China hopes to have its full complement of Delegates.

Members of Societies affiliated to the National Council of Trained Nurses of Great Britain are reminded that if they wish to wear the distinctive Badge of the N.C.T.N. they should make early application to the President, 431, Oxford Street, London, W.1.

It does not seem to be universally understood that travellers to Finland require, in addition to the ordinary passport, to obtain a special Visa. The necessary application forms can be obtained from Messrs. Bennett, 66, Haymarket, S.W.1. Three passport photographs are needed in connection with this Visa. Application should be made several weeks ahead.

We are sometimes asked what sort of weather we are likely to have in Finland, and are informed that it will

be fairly hot, but that it is sometimes cold when the sun goes down, and therefore warm wraps will be needed.

An anti-mosquito lotion or ointment is desirable, as mosquitoes may be troublesome.

We hope all delegates realise that all reservations for rooms in Finland must be made through the *Committee on Arrangements, Kirurgiska Sjukhuset, Helsingfors*. Please write a brief and clear application indicating:—

- 1.—Name, address, and position of applicant.
- 2.—Type of room desired in Helsingfors.
- 3.—Probable date of arrival and length of stay.

A registration fee for the Congress of \$1.25 (5s. 5d.) is payable on arrival at which time the detailed programme and badge will be available.

THE AIRPLANE AND THE AUTOMOBILE CARRIERS OF COMMUNICABLE DISEASE.

The following interesting article appears in the *Californian State Board of Health Bulletin*:—

Migration within the United States, with its relation to the spread of communicable diseases, is a story in itself. Cholera entered New Orleans in 1848, and was "dragged across the continent" to California in 1849. Malaria, too, was brought into California in the days of gold, where it has remained ever since in some of the interior valleys. Hookworm in the late '90's appeared in various parts of California, but chiefly in the deep gold mines, where ideal conditions as to moisture and temperature favoured the development and transmission of the disease. The original cases, undoubtedly, were in Austrian miners and workers from other European countries. . . . Typhus fever is endemic in Mexico, and it is safe to state that cases will appear from time to time among the Mexicans in California.

Last year it was found that large numbers of native children in the Imperial Valley were suffering from trachoma. Infected individuals from Kentucky and Tennessee are undoubtedly responsible for the appearance of trachoma in this valley. There is great danger from these chronic diseases, whose encroachment is always insidious.

The high tuberculosis death rate in California is largely a product of migration. . . .

The development of automobile transportation during the past twenty years has greatly facilitated the removal of individuals from locality to locality throughout the whole United States.

Mention must be made of the part that the airplane may play in the rapid transfer of infectious diseases. Rabies, by means of exclusion of dogs, had been completely eradicated from England until 1918 when a French aviator, landing in England, brought with him a dog which escaped shortly after landing. Rabies, in due season, made its appearance, and has only recently been brought under control in England. The airplane may involve many new problems in the transmission of migratory diseases. Its high speed enables it to bring severe diseases, having short periods of incubation into virgin territory, without any way of determining the importation of the infection. Long sea voyages are an advantage in the control of disease for the period of the voyage is often longer than the incubation period of the disease. Symptoms appear before the ship reaches port and the application of control measures is easily effected. With travel by airplane, it may be necessary to establish a period of detention for all immigrants arriving by airplane, in order that they may be placed under observation.

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