

Lewisham Hospital and also the Health Visitors' Certificate of the Royal Sanitary Institute, and is a certified midwife. She is at present sister-in-charge of a Treatment Centre in connection with the London County Council School Nursing Service. She attended the Congress convened by the I.C.N. in Helsingfors in 1925.

Miss Mary Davy holds the Certificate of St. Bartholomew's Hospital, London, is a Masseuse (C.S.M.M.G.) and Dispenser (Cert. Apothecaries Hall), and holds the Sister Tutor's certificate of King's College, London. She at present holds the position of Sister Tutor at the London Temperance Hospital, Hampstead Road, N.W.

Miss Agnes Henderson holds the certificate of the Royal Infirmary, Glasgow, and of the Glasgow Royal Maternity and Women's Hospital. She is a Certified Midwife under the Scottish Central Midwives Board. At present she is Superintendent of a Child Welfare Centre in Glasgow.

FIXTURES FOR FEBRUARY.

AT 39, PORTLAND PLACE, LONDON, W.1.

February 19th.—Lecture by Sir Robert Armstrong Jones, K.B.E., M.D., F.R.C.P., on "The Mind: how is it made, how should we work it for the best?" 8 p.m. Will Fellows and Members and others who desire to attend, kindly notify the Secretary of the College at 39, Portland Place, London, W.1.

February 23rd.—Council Meeting, 2 p.m.

February 25th.—Miss Isabel Macdonald, F.B.C.N., and Miss Dorothy K. Graham, F.B.C.N., Councillors "At Home" at the College, 4 to 6.30 p.m. All Fellows and Members cordially invited. Will those who desire to accept this invitation kindly notify the Secretary of the College at 39, Portland Place, London, W.1.

COACHING CLASSES.

Miss Dorothy K. Graham, F.B.C.N., Lecturer to the British College of Nurses, and formerly Sister Tutor to the Royal Northern Group of Hospitals, London, will hold coaching classes at the College on Thursday evening each week from 5.30 to 6.30 p.m. for the Preliminary and Final State Examinations, and at other times by arrangement.

The Classes will cover the Examination Syllabus of the General Nursing Council for England and Wales and are intended to assist:—

1. Nurses who failed to register during the period of grace and now find that they must produce evidence of the necessary training, and pass the State Examinations before they can be admitted to the State Register.

2. Nurses at present in training who feel in need of extra tuition.

3. Nurses who have failed either for their Preliminary or State Examination and desire further instruction. Miss Graham, who is a very successful teacher, will be pleased, if so desired, to make arrangements to meet individual requirements. The Fee for the Course is £1 1s.

For particulars apply to the Secretary, The British College of Nurses, 39, Portland Place, London, W.1.

THE PUBLIC HEALTH.

MEMORANDUM ON INFLUENZA.

The Ministry of Health has opportunely published a revised edition of the Memorandum on Influenza by Sir George Newman, M.D., first published in 1927.

It is startling to learn that the 1918-1919 epidemic, which was world-wide—and by far the most fatal of the influenzal epidemics—caused more deaths and disablements than the Great War. In India alone it is estimated that more than six million persons died from the disease. Since then the death rate from influenza has been comparatively low. Nevertheless, the epidemics of influenza in Canada and the United States of America remind us of the wisdom of taking both corporate and individual preventive precautions in the event of an outbreak of the disease in this country.

Sir George Newman tells us that "it should be understood that the deaths attributed to influenza are generally due to pulmonary or cardiac complications, and not to influenza itself; influenza if uncomplicated, produces a short, sharp illness from which recovery is usually rapid. In severe and fatal cases the intervention of some microbe not specifically associated with influenza has usually been demonstrated. This invasion has doubtless been facilitated by a lowering of resistance produced by the specific virus. The occurrence of pneumonia is one of the commonest effects of such an invasion, particularly in the autumn and in the spring."

GENERAL OBSERVATIONS ON INFLUENZA, AND THE INDIVIDUAL ACTION REQUIRED WHEN THE DISEASE IS PREVALENT.

The Memorandum states:—

"No sure means are yet available for distinguishing the 'common or influenzal cold' from true influenza, nor is it yet certain that they are distinct clinical entities. The autumn and winter outbreaks of 'influenzal catarrh' are, except in severity, clinically indistinguishable either in themselves or in their complications, including pneumonia, from the disease which wrought such world-wide havoc during the pandemics of 1918 and 1890. The disproportionate occurrence of a special symptom, a well-recognised phenomenon in the case of epidemics, does not invalidate this statement.

The Bacteriology of Influenza.

No conspicuous advance has been made recently in our knowledge of the bacteriology of influenza. Opinion is still divided between adherents of Pfeiffer's theory and those who believe that the true causal agent is some other organism—probably a filter-passer. Recent reports on the isolation of a filter-passer, while not lacking conviction on the part of their authors, recognise that the work has not yet advanced to the stage which would entitle this theory to general acceptance. And, on the other hand, the claims for Pfeiffer's bacillus are now put forward in a somewhat temperate fashion, with the admission that they are not fully substantiated. . . .

Means by which infection takes place.

In regard to the means of spread of the disease, experience has provided, however, more certain ground of fact. Infection is conveyed from the sick to the healthy by the secretions of the respiratory surfaces. In coughing, sneezing, and even in loud talking, these are transmitted through the air for considerable distances, in the form of a fine spray. There is a special danger of receiving a massive infection from a person talking loudly within 4 feet or coughing or sneezing, without interposing any screen, within 10 feet. A lesser danger is incurred when finer infective particles are carried longer distances by

[previous page](#)

[next page](#)