

I HAVE recently been asked by several correspondents for information about malaria, and in reply to them I may say that malarial fevers are not contagious, but after one attack patients are liable to recurrences. Two common forms are known—ague (or intermittent fever), and remittent fever, the latter being confined almost entirely to tropical climates. Ague has three distinct stages. It begins with a violent shivering and chill, the temperature rising rapidly, which lasts from half to two hours. This is followed by the hot stage, the patient being in a burning fever, which may last from one to five hours. Finally, profuse perspiration sets in, the temperature falls, and the patient drops into a refreshing sleep. When medical assistance cannot be promptly obtained, the best treatment, as first aid during the cold chills, is to apply warmth to the body by means of hot cloths and bottles. In the hot stage, a cool atmosphere is best, plenty of ventilation and light clothing, with cooling drinks if necessary. Quinine, in doses of from fifteen to twenty grains (as much as will cover half-a-crown), in water or glycerine, is usually given between the intervals. A fifteen-grain dose will often ward off an attack, if taken when the first symptoms are felt. Those staying in malarial districts should avoid going out of doors at night or early in the morning; they should not sleep on the ground floor, and should be careful not to drink the water of the district unless it is first boiled and filtered.

THE following is the report of the Select Committee of the House of Commons appointed to consider the question of the compulsory registration of Midwives: "Your Committee have sat six times, and have taken most valuable and important evidence from medical men and practitioners in various spheres of practice, both in favour and opposed to the registration of Midwives, and also from trained and experienced Midwives. This evidence has shown that there is at present serious and unnecessary loss of life and health and permanent injury to both mother and child in the treatment of childbirth, and that some legislative provision for improvement and regulation is desirable. They have also had evidence showing that there is a wide field for training in Midwifery now unused, connected with Parish Infirmaries and home practice in populous places. Their inquiries have been cut short by the approaching early dissolution of Parliament, and they therefore report the evidence, and recommend a continuation of the inquiry in the

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next session of Parliament." In the draft report, which was submitted by Mr. RATHBONE, there was a paragraph to the effect that "the evidence taken so far is strongly in favour of some sort of certificate, register, or licence." The Committee, however, decided to strike out this paragraph. Many things may happen before this Select Committee sits again. For one thing, some of its members may not be re-elected.

THE *Lancet* says, with reference to the much-regretted resignation of the treasurership of St. Bartholomew's Hospital by Sir SYDNEY WATERLOW, that it is an event of importance. His administration of the affairs of the Hospital has been characterised by great ability and efficiency, with much personal trouble and supervision. One proof of this is, that during the eighteen years he has held the office the income of the Hospital has increased from £45,551 to £71,833, in spite of a falling-off of nearly fifty per cent. in agricultural rentals. The Medical School has been enlarged, and the Medical and Surgical Staff of the Hospital has been increased from thirty (with nine residents) in 1874, to fifty-seven (with thirteen residents) in 1891. Special departments for the better teaching of ophthalmic and other groups of disease have been established. Isolation rooms have been provided. The Nursing Department has been entirely reorganised by the establishment of a Training School for Nurses. The female Nursing Staff of the Hospital has been increased from 120 in 1874 to 232 in 1891. Hydraulic lifts have been established in each of the four wings of the Hospital for the use of patients and of the staff. The entire system of main drainage has been reconstructed, and the sanitary arrangements of each Ward remodelled at a cost exceeding £25,000. The Hospital has secured a Convalescent Home, with seventy beds, at Swanley, in Kent. No doubt the changes thus epitomised were called for either in the course of the natural development of the Hospital, with its unequalled wealth, or more urgently on sanitary grounds; but it is to the credit of Sir SYDNEY WATERLOW that he perceived the necessity, and so husbanded the resources that they could be easily executed. It is gratifying to know that he does not retire on the ground of ill-health, but in deference to the advice of his friends and of his Physician, who advises him to winter in the Riviera. It is understood that Sir TREVOR LAWRENCE will be

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[previous page](#)

[next page](#)