

SUCCESS OF EMERGENCY BED SERVICE.

Observation over a month of the operation of the voluntary hospitals' emergency bed service, in which 100 hospitals within an 11 mile radius of St. Paul's are co-operating, has shown that the scheme can be smoothly and successfully worked.

The service, which began on June 21st, provides for some 8,000 doctors a central clearing house, by which they may obtain, with a minimum of delay, information as to available beds in voluntary hospitals for emergency and acute cases, and up to now the majority of the calls received have been about cases of pneumonia or appendicitis. There have also been cases of gastro-enteritis, stone, acute abdominal trouble, abscesses, and fractures sustained indoors.

A few applications have been made which hospitals could not regard as coming under the classification of "emergency and acute," and it is necessary that it should be realised that the clearing house is not intended for all hospital cases, but only for those where immediate admission is essential. The service is at present available between 8 a.m. and 10 p.m. on weekdays and 9 a.m. and 10 p.m. on Sundays and Bank Holidays. Eventually it is hoped that a 24-hour service will be provided.

NEW TREATMENT FOR SCIATICA.

A young American surgeon, Dr. Joseph S. Barr, of Boston, Mass., came to England recently specially to lecture to the British Medical Association on a new operation for sciatica, which has brought complete cure in most cases.

It has been found he said, that sciatica might be caused by the displacement of a "disc" at the point of maximum strain in the spine.

The damage was located by injecting poppyseed oil into the spine and watching its progress by means of X-ray. The gap was then bridged by grafting with bone chippings.

The operation had been performed 83 times in Massachusetts, said Dr. Barr, and only two of the subjects had died. In most cases it gave prompt and complete relief.

THE COMMERCIAL NURSING PRESS.

Papers for nurses as a commercial asset appear to be the vogue. From U.S.A. comes a copy of *A Journal for Nurses, R.N.*, which is openly commercial. It announces "R.N. is published by an independent publishing company. It is supported by its advertising, and because the revenue is sufficient to finance the magazine there is no subscription charge." This journal is crammed with "ads." and should therefore be a remunerative speculation. But why should the Nursing Profession be thus exploited? No country has finer professional organs than U.S.A.

At home we hear rumours of two new papers for nurses, as far as we can learn not owned by members of the profession. One, we believe, is being promoted by a medical man, the other by a business firm—both, therefore, may be classed as trade sheets. We wonder when it will occur to Registered Nurses to enquire how many hundreds of thousands of pounds have been made by the trade nursing press through advertisements during the past half century—every pound of which might have been available for the promotion of their own professional benefit under professional control. A discussion on this matter would appear apposite at a Nursing Conference!

LEGACIES FOR NURSES.

The late Sir Arthur George Dilley, of the Eversfield, St. Leonards, left a legacy of £400 to Nurse Dorothy Elizabeth Tanner, "in recognition of her great kindnesses to me in my serious illnesses."

Col. Sir John James Jones, of Fronheulog, Cefn Coed, left £150 to his nurse Ethel Mary Phillips.

THE GERM-CARRIER IS A PUBLIC DANGER.

The germ-carrier presents a very grave problem in the prophylaxis of certain contagious diseases. It frequently happens that persons having recovered from a disease can emit harmful germs for some time after. This is particularly true in the case of diphtheria. According to Professor Robert Debré, while 25 per cent. of convalescents may be considered to be free of germs a fortnight after the cure has been effected, the remaining 75 per cent. continue to carry diphtheria bacilla. Five weeks later, 95 per cent. are without germs, while 5 per cent. still show traces of them. Of the latter, a certain number are free of bacilla at the end of a month or two, others after three months, but many remain contagious for some time longer. Some people can carry the germs of diphtheria without ever having had the disease; for the most part they are persons living in an infected environment. In one school it was observed that 15 per cent. of the pupils who had not had diphtheria were carriers of germs after the epidemic period. In children's hospitals, 15 to 18 per cent. of non-diphtheric patients are germ-carriers. Of the personnel caring for diphtheric patients, 35 per cent. are carriers of the Löffler bacilla (Prof. Debré).

The importance will therefore be realised of making microscopical examinations of the nose and throat secretions of ex-diphtherics and of declaring them cured only when several such examinations have been made at eight-day intervals with negative results. It is no less important, when engaging hospital personnel, to ascertain beyond any possibility of doubt that they harbour no symptoms of latent or microscopic diphtheria, especially when they are likely to be called upon to care for child patients.

The Weichselbaum meningococcus, the agent of cerebro-spinal meningitis, may frequently be found in the upper respiratory tracts of persons in contact with patients, but not suffering from the disease themselves. They are none the less contagious, and, in their case, as in that of convalescents, every precaution should be taken to exterminate these dangerous microbes with the least possible delay. More often than not, germ-carriers cease to be contagious after a very short time. Nevertheless, it is as well not to allow them to enter into contact with children until several successive tests have proved negative.

In the case of tuberculosis, the question of germ-carriers who have never had the disease does not arise. There is, however, a danger of former patients and undiagnosed consumptives unwittingly spreading Koch bacilla through coughing and spitting, although they may experience no personal discomfort. In principle, a person who coughs should never be allowed to approach children without first having submitted to an analysis of his sputum. If the result of the analysis is positive, the best way to prevent the spread of the disease is for the patient to make use of a spittoon, which can afterwards be disinfected by being left immersed for 24 hours in Javel water, Küss liquid or a 10% solution of washing soda.

Leprosy, too, is communicated by nasal secretions. When bacteriological proof of the disease is obtained, the patient should be segregated from his family, for, although leprosy is not contagious in the ordinary way, it can be transmitted as a result of long, frequent and intimate contacts.

Germs carried by the digestive organs are hardly less dangerous than those which lurk in the respiratory tubes. The most common are the Eberth bacilla and the Para A and B, which are the vectors of typhoid and paratyphoid. Out of every hundred persons cured of these diseases, five remain germ-carriers, sometimes for many years; they can spread the disease through the germs excreted in their fæces. The simplest procedure in such cases is to make repeated examinations of the excrements of

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