former typhoid patients and to disinfect them when they present any danger for other persons. This can be done by sprinkling fæces with copper sulphate at 50 gr. per 1,000 gr.; the disinfecting process takes six hours if the matter is solid, or one hour if liquid. Chloride of lime at 20 gr. per 1,000, milk of lime of the same strength, Formol or Javel water may also be used. The same measures are appropriate in the case of dysentery.

Undulant fever is usually spread by goats through their milk and urine, but human beings can also carry the germs. It is therefore important to keep a watchful eye on the health of persons whose occupations bring them into contact with goats.

Many other animals, healthy or sick, are capable of communicating the virus of dangerous diseases, even though they are not considered as "germ-carriers" in the strict sense of the term. The rat, for example, spreads bubonic plague through the intermediary of fleas. This idea of the "intermediate host" is extremely important. The animal germ-carrier is not dangerous in itself; it only becomes so when it is infested with parasites which transmit the microbes from beast to man. Further examples are provided by the common fly, which transmits the germs of typhoid fever or cholera; the mosquito, which is the vector of malaria; the tsetse fly, by which sleepy sickness is spread; the louse, whose rôle as the carrier of exanthematic typhus has been amply demonstrated. Several other animals communicate diseases or parasites to man: the pig, for example, whose flesh contains *cysticercus tenuicollis*, or tapeworm larvæ.

From this brief survey, which deals with the microbes of only the most common diseases, it will be seen that the prevention of contagious diseases through the segregation or disinfection of germ-carriers is no easy matter, to say the least of it. In the case of convalescents and persons in contact with patients, the doctor is on the alert and takes the necessary precautions, but healthy germ-carriers—who are fortunately in the minority—usually escape detection and are allowed to continue to propagate harmful microbes with impunity. On the other hand, the prevention of diseases communicated by animals presents less difficulty, for it is simply a question of personal and community hygiene.

(Communicated by the Secretariat of the League of Red Cross Societies.)

PROFESSIONAL REVIEW.

"FEVERS FOR NURSES."*

"Fevers for Nurses," by Dr. Gerald E. Breen, Ch.B. (N.U.I. Dub.), D.P.H., D.O.M.S. (R.C.P. Lond., R.C.S. Eng.), Senior Assistant Medical Officer and Lecturer in Fevers, the North Eastern Hospital, London, etc., Examiner in Fevers to the General Nursing Council for England and Wales.

Dr. Breen tells us in his preface that this book is based on lectures delivered to nurses in the London County Council's Infectious Hospitals Service during the past few years. It has been written primarily to comply with the syllabus laid down by the General Nursing Council for the certificate in Fever Nursing, and follows that syllabus closely both in matter and in arrangement.

The author considers it only reasonable that the nurse should have an adequate working knowledge of the diseases she is called upon to deal with, together with the common complications likely to arise, and that an intelligent appreciation of the principles of treatment will enhance her enjoyment and the value of her work. But he takes exception to questions which he affirms are "not infrequently set" in the G.N.C. examinations "which would tax many a practitioner." We have some sympathy with this point of view, but we think the example he has selected in support of his contention unfortunate. He writes: "I have seen, as a criticism of Fever Nurses, that they were mostly ignorant as to the meaning of the 'minimum lethal dose' (a technicality of the research laboratory). This last might seem to many a criticism not of the candidate but of the examiner."

Dr. Johnson, in his dictionary, defines the word "lethal" as "deadly," "mortal," and surely if a nurse is responsible for the administration of a drug it behoves her to know what is a "deadly" dose. Certainly deaths have occurred where nurses from want of knowledge or want of care, have administered lethal doses.

The book, however, is admirably lucid, and should be of great use to nurses, both by explaining underlying principles in relation to infectious diseases and the nursing of patients suffering from them, and also in preparation for the examination of the General Nursing Council leading up to the registration of successful candidates.

The opening chapter on "General Features of the Infective Fevers" is admirable. "Broadly speaking," we are told, "organisms are classified by shape and size. Those which concern us may be divided into four classes: *viruses, cocci, bacilli* and *spirochætes*. All are spoken of in general as *bacteria*." The varieties are then described in detail, and excellent diagrams clearly supplement the verbal descriptions.

The methods by which infection is transmitted are then given: "No classification will include all varieties, but the following is sufficiently comprehensive. *By heredity, by direct contact, by indirect contact, by inhalation, by ingestion, by inoculation.*"

"*The febrile state* is marked primarily by disturbance of the function of the heat-regulating mechanism of the body, and, in addition, by derangements of the central nervous, circulatory, digestive and excretory systems."

"What to observe and report in Fever Cases" is then dealt with, and the "Principles of Prevention" afford subject matter for another chapter. The various infectious diseases, their causes, complications, treatment and nursing care are clearly described in detail.

The last section of the book deals with examinations and gives some useful advice to candidates for the State Examination on receiving the examination papers, followed by samples of examination questions.

We commend the book to nurses, and especially to those in training in infectious hospitals whom it should materially assist to obtain a clear insight into the diseases from which the patients under their care are suffering, and the necessary nursing care. The book is admirably arranged and clearly printed. M. B.

*Messrs. E. & S. Livingstone, 16 & 17, Teviot Place, Edinburgh. 5s. net, postage 4d.

THE PASSING BELL.

We regret to record the death, on July 24th, 1938, of Miss Annie McInnes, Sister, Queen Alexandra's Imperial Military Nursing Service.

Trained at the Western District Hospital, Glasgow, Miss McInnes served in the Q.A.I.M.N.S. Reserve from August 2nd, 1914, to April 20th, 1919.

On March 1st 1921 she was appointed Staff Nurse in Queen Alexandra's Military Families Nursing Service and promoted Sister on July 1st, 1926.

On January 1st, 1927, she was appointed Sister, Queen Alexandra's Imperial Military Nursing Service.

She was mentioned in dispatches on December 15th 1916.

Our sincerest sympathy is extended to her relatives in their sudden bereavement.

previous page next page