Remember that the stools are infectious, and must be carefully disinfected. Take great care of your hands, wear gloves if possible, and see that the hands are scrupulously clean if you have to prepare food or handle dishes for the patient. Where necessary, supervise the kitchen and the cooking. In the tropics all fluids should be boiled before being given to the patient.

Diet. Fluids in plenty are given at first, water, albumin water or weak tea, but not milk, except well diluted. Later nourishment may be regularly administered, such as glucose, beef tea, barley water, chicken tea, jellies, Brand's essence, arrowroot, cornflour and sago puddings, at two hourly intervals, in small quantities, 6—10 oz., *slightly* warmed at each feed. Too warm fluids may cause peristalsis. After the acute stage, the diet is gradually increased those articles being selected which leave little residue, such as eggs, fish, chicken, well-boiled rice puddings, etc.

Prevention. Similar methods are used as in typhoid fever. Attention to the water and food supplies, avoidance of flies and dust. Searching for carriers. Various vaccines may be used and also bacteriophage.

Chronic Bacillary Dysentery is a distressing and intractable condition, which may follow the initial attack. It may persist for years, the patient having perhaps two to four loose motions daily, with occasional periods when their number increases and mucus and blood may reappear. Anæmia, anorexia, loss of weight, headaches and absence of the feeling of well-being may be present.

The treatment should be aimed at healing the bowel, eliminating toxins and building up the patient.

Sera and vaccines are not much help as a rule. Iron and arsenic injections may be given for the anæmia. All defective teeth should be put right.

Rectal lavage is the usual treatment. Many preparations are used. Salines, sodabicarbonate solution, Eusol solution, Bismuth subgallate 5 per cent. in olive oil, Yatren solution, Protargol solution (1 in 500).

Before using the prescribed solutions, such as the protargol, yatren, etc., the bowel is first washed out with soda bicarbonate solution (gr. 30 or 60 to the pint). This washes out the mucus and the toxins and so affords the antiseptic or astringent solution closer contact with the inflamed mucous membrane.

For rectal irrigation a glass funnel, 10 oz. size, with 3 ft. of rubber tubing, of ½ in. diameter, to which, by means of a glass tube, is affixed a stout catheter, ⅜ in. diameter with rounded end, is the best. The apparatus is sterilised. The irrigation fluid should be at. about 100° to 110° F. The patient is placed in left lateral position with the hips raised on a pillow or the end of the bed raised. The nurse, wearing gloves, inserts the catheter about 3 inches and retains it in place with gloved hands. The funnel is held so that the fluid is about 1 ft. above the anus. By raising the funnel the rate of flow of the fluid is regulated to about 1 in. per minute, the usual rate.

In bad cases appendicostomy or even cæcostomy may be required.

Patients with chronic dysentery should be kept warm. If up, clothing should be woollen and warm. Cold bathing is dangerous. No alcoholic drinks should be permitted.

If in bed, the mouth and back need the usual attention. Attend to the finger-nails also. Avoid wet sheets under the patient.

Diet should be simple and such as is readily assimilated, and without irritating residue. Milk is given only in such quantity as is easily digested.

Beef, mutton, cheese, coarse fruit and vegetables, nuts and pickles are not advisable. Olive oil or cod-liver oil, ½ oz. daily, may help.

(To be concluded.)

(The lecture will conclude with Amœbic Dysentery.)

NURSING ECHOES.

Miss Eliza Penny, Britain's oldest trained nurse, recently attained her 100th birthday and received a message of congratulation from the King and Queen. Miss Penny, who lives at Cardiff, was trained as a nurse in London at University College Hospital in 1869, when the full course lasted only one year. To mark her association with University College the Nurses' League of the hospital have sent her a gift of 100 new shillings, and nurses in training have given her a silk bed-jacket.

At a recent meeting of the Council of the Queen's Institute, held at the offices, 57, Lower Belgrave Street, S.W., the appointment by Queen Mary of 119 members to form the Council of the Queen's Institute for the period of three years from March 1st was reported. The Earl of Athlone was reappointed chairman and Sir William Hale-White, vice-chairman of the Council. Lady Georgiana Mure, Lady Lucas-Tooth, Lady Richmond, Lord Aberdare, and Mr. D. F. Pennant were reappointed hon. secretaries, and Mr. A. J. Hugh Smith and Mr. A. E. D. Anderson, hon. treasurers. The committees for 1938 were also appointed.

The following members of the council were directly appointed by Queen Mary :—

Princess Louise Duchess of Argyll, Princess Beatrice, Princess Alice Countess of Athlone, Princess Helena Victoria, Lord Aberdare, Colonel Sir Henry Streatfeild, Sir William Hale-White, Mr. D. F. Pennant, the Duchess of Devonshire, Hilda Duchess of Richmond and Gordon, Lady Curzon of Kedleston, Lady Kenmare, Lady Lonsdale, Lady Selborne, Lady Susan Gilmour, Lady Richmond, Dame Rosalind Paget, and Miss Georgina Pennant.

A large number of members were appointed who were recommended by the Council—amongst them a nurse, Miss MacManus.

Representatives of a long list of organisations were also appointed by the Royal Colleges of Physicians and of Surgeons, the Royal Society of Medicine, the British College of Obstetricians and Gynæcologists, Society of Medical Officers of Health and the County Councils Associations, the Associations of Hospital Almoners and the G.I.D.N. Secretaries' Association. We looked in vain for the representation of the Royal Chartered and other Nurses' organisations. This persistent boycott of professional recognition on bodies of National importance, engaged in nursing the sick, is one of the most unpardonable slights to which registered nurses are subjected, and no doubt influences many self-respecting women in their choice of a profession.

We hold the District Nurse in sincerest appreciation and admiration, with her invaluable equipment, skill, and devotion to duty, and it is time the Nurses' organisations were included in the management of a branch of their service which is of the utmost value to the nation.

We feel sure that if this just demand were placed before Queen Mary, she would realise the importance of including representation of the workers in the government of the Institute.

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