

should be sent for examination at the same time as is the patient's vaginal swab.

Any attendants found to be harbouring hæmolytic streptococci must cease to attend labours or to nurse other puerperal women until three negative swabs taken at daily intervals from both nose and throat have been obtained and clinical signs, if any, have disappeared.

Vaginal Swab.

The finding of beta hæmolytic streptococci in a vaginal swab (or in the uterine discharges) of a case of puerperal pyrexia should always be taken as presumptive evidence of a streptococcal infection of the genital tract. In an acute infection cultures are invariably profuse and nearly pure, but if only sparse colonies are obtained there may be uncertainty as to their pathogenicity, and it will be necessary to do the Lancefield grouping test.

Swab from Upper Respiratory Tract.

A report on a throat or a nasal swab should give the approximate numbers of colonies of beta hæmolytic streptococci yielded by it on a blood agar plate incubated for 18–24 hours in proportion to colonies of other organisms. If the swab yields 50 per cent. or more of colonies of hæmolytic streptococci the existence of an active streptococcal infection of the upper air passages may be assumed with reasonable certainty. The existence of such an active infection, however, cannot be excluded even when much less profuse growths are obtained; after an acute infection of the throat the streptococci may occasionally diminish in numbers very rapidly; there is, moreover, the possibility that the swab was taken after the use of a local antiseptic, or with insufficient care to ensure proper contact with the tonsils or post-nasal space and the obtaining of a representative sample of the organisms therein.

Group-precipitin Test.

When there is any doubt as to the probable pathogenicity of a hæmolytic streptococcus obtained from a swab it will be necessary to test it by the Lancefield precipitin method. The group-precipitin test is a relatively simple procedure and the result may be obtained as a rule in 48 hours from the taking of the swab. A positive Group A reaction provides satisfactory evidence of the status of a streptococcus as a true beta hæmolytic streptococcus and as a potential pathogen.

Identification of Serological Type.

The hæmolytic streptococci of the human pathogenic Group A do not form a homogeneous group but are divisible into serological types, the number of which is as yet uncertain, but without doubt exceeds thirty. These numerous and well differentiated types among strains of *streptococcus pyogenes*, or Group A, make it possible in favourable circumstances to trace the probable source of infection in an outbreak of puerperal sepsis. When it is required to carry out such an investigation, it is essential first to obtain the puerperal strain in culture for comparison with any strains obtained from the throats, skin lesions, etc., of suspected contacts. The identification of streptococcal type is made by agglutination with specially prepared antisera, and is, unlike the Lancefield group-precipitin test, impracticable as a routine procedure on account of the technical difficulties of its performance. The agglutination test of the type of a hæmolytic streptococcus must therefore be limited at present to research laboratories.

Dame Laura Garrod, the widow of Sir Archibald Garrod, of Cambridge, left a diamond ring to Sister C. K. Hayes, of St. Bartholomew's Hospital. Lady Garrod was a daughter of the celebrated surgeon and wit, Sir Thomas Smith, of Bart.'s.

NURSING ECHOES.

The lovely portrait of our two Royal Princesses, by Marcus Adams, we place on record to commemorate the fourteenth birthday of Princess Elizabeth, which took place on April 21st. In a few years she will pass from girlhood to woman's estate, and let us hope this England will by then have returned to the normal ways of peace. At the moment "the Nation's Children" are taking a keen interest in the daily duties of their parents, with whom they spend week-ends. The Princesses are also encouraged to work actively to help supply comforts for the defenders of righteousness on many fronts, and for the victims of persecution.

The Department of Health for Scotland, which is about to appoint two Regional Nursing Officers in Scotland in the Civil Nursing Reserve, at a salary of £300 per annum, wisely advertised these desirable public appointments, so that a just selection might be made. The fact that the Ministry of Health, in Whitehall, recently appointed eleven Regional Nursing Officers—practically *in camera*—thus allocating in annual salaries £3,300 per annum of public money, without advertising these posts, has aroused a keen sense of resentment amongst Registered Nurses, who however, we note, have taken no action to make their sense of injury public. They do not even appear to realise that they are taxed to pay the cost of these Regional Officers—salaries, uniform, travelling expenses, etc.

We congratulate Scotland and wish success to the Regional Nursing Officers selected, no doubt from an ample supply of applicants.

One of the great difficulties in the organisation of civil and military nursing around the country has been the billeting of nurses, and in some instances the greatest discomfort has been suffered, especially when long distances have had to be tramped.

Alton Urban District Council have decided not to alter their decision regarding the choice of billets for 139 nurses in the town.

Officers of the Red Cross Society had objected to some of the billets and had asked for others, but the Council refused.

A letter of protest was sent by the Council to Dr. H. Cronk, county medical officer of health, against "interference by Red Cross Society officers."

The Health Committee of the Council reported that they had not received a reply, but Dr. Cronk had sent a circular letter setting out conditions by the Red Cross Society for billeting. The Council decided to ignore this.

There has been a great deal of high-handed action upon the part of public bodies in this connection, many of which are totally ignorant of nursing necessities.

Presumably now that the Ministry of Health has appointed Regional Nursing Officers to co-operate with Medical Officers of Health, such questions as billeting of nurses will come under their jurisdiction. Let us hope these officers will not hesitate to take action when necessary.

Mr. Rostron Duckworth, M.P., recently asked the Minister of Labour in the House of Commons what was the measure of unemployment among fully-trained nurses and where such unemployment mostly existed.

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