

DEFENCE OF NATIONAL HEALTH.

FUNDS FOR NURSING EDUCATION.

Public Health Nursing announced that an appropriation of \$1,200,000 for nursing education is provided for in the Labour-Federal Security Appropriation Act, which was passed by Congress and signed by the President on July 1. The funds provided in this Bill are to be used to increase the nurse power of the country, so that there will be an adequate supply of well-prepared nurses to meet the needs of the country, both military and civilian, during the present emergency. To this end the Bill provides for the allocation of funds for refresher courses to be used in the preparation of retired nurses in modern methods; for supplementary courses to prepare additional instructors and supervisors, and nurses equipped for work in special fields such as maternity and orthopedics; and for aid to schools of nursing which meet certain educational requirements, so that they can increase the number of students in their regular undergraduate classes. The Bill does not provide money for cash allowances to students, nor does it set up a special school of nursing.

This appropriation is to be administered under the United States Public Health Service, and consultants in nursing education have been appointed to draw up requirements for the allocation of the funds and assist in the administration of the Act. The three consultants are Margaret G. Arnstein, consultant nurse, educational supervision, New York State Department of Health, New York, New York; Lucile Petry, associate professor of nursing, School of Nursing, University of Minnesota, Minneapolis, Minnesota; and Mrs. Eugenia K. Spalding, assistant professor of nursing education, Catholic University, Washington, D.C. These consultants have been released from their present positions to serve full time under the U.S. Public Health Service.

The Sub-Committee on Nursing of the Health and Medical Committee of the Federal Security Agency, together with three additional consultants to the Sub-Committee, will serve as the Advisory Committee to the Public Health Service for this programme. The three consultants to the Sub-Committee are Isabel M. Stewart, director, Division of Nursing Education, Teachers College, Columbia University, New York; Anna D. Wolf, director of the School of Nursing and director of nursing service, Johns Hopkins Hospital, Baltimore, Maryland; and Mrs. Elizabeth S. Soule, director, School of Nursing Education, University of Washington, Seattle.

Letters are to be sent to all accredited schools of nursing and to universities which offer programmes of study in nursing education, giving the specifications under which funds can be allocated and the procedure to be followed in requesting such funds. Letters of information are also to be sent to state boards of nurse examiners, explaining the policies which have been adopted and asking for their assistance in interpreting the Bill in their states.

SUMMARY REPORT OF THE MINISTRY OF HEALTH, 1939-41.

We have received the Summary Report of the Ministry of Health for the period 1st April, 1939, to 31st March, 1941, presented by the Minister of Health to Parliament by command of His Majesty, February, 1942.

This is a very valuable Summary, which includes a note on the Supply of Nurses and Recruitment of Student Nurses, to which we hope to devote space in our next issue.

The care of women workers' children has now become a matter of very urgent importance; maternal and infant mortality, and supply of extra nourishment, nursery care in reception areas, should also be carefully studied.

5,000 YEARS OF THE HISTORY OF TRACHOMA.

CONTRIBUTED BY THE LEAGUE OF RED CROSS SOCIETIES.

A specific contagious and chronic inflammation of the conjunctiva, that is, of the transparent membrane which covers the visible part of the eye and the internal surface of the eyelid, trachoma is so widespread that V. Morax estimates the number of persons who are so affected at a hundred million—one human being out of every twenty.

No race is immune, although the negroes are in general less sensitive. No climate is a protection: Solares has observed trachoma sufferers in Bolivia at an altitude of 4,000 metres. In various regions of Asia and Africa, nine persons out of 10 suffer from trachoma and carry its scars.

Known to the Egyptians 5,000 years ago, this disease first spread throughout the basin of the Mediterranean, the Near-East and other parts of Asia.

Hippocrates, 400 years before our time, treated it with copper acetate and by scraping. Except that he employed the red-hot iron, this is almost exactly the same treatment employed to-day.

The name of this affection is derived from the granulations which may be noticed upon the inner surface of the eyelids when they are turned inside out. Hippocrates used to compare them with the seeds of an open fig. At first they resemble grains of cooked sago or frogs' eggs.

Celsus, who lived in the time of Jesus, called the disease *Aspritudo* or roughness. Dioscorides, in the year 40, was perhaps the first to employ the Greek word *trachoma*, derived from *trachos*, rough.

About the year 900, Ali Ibn el Aissa of Bagdad, whose treatise on diseases of the eye was the classic during the entire eleventh century, described the four stages of this "scab of the eyes," and distinguished it from superadded ophthalmias, which, he wisely counselled, must be treated first. Further studies have only confirmed the exactness of his observations.

The Crusades brought to Europe the germ of trachoma, of which the most famous victim was Saint Francis of Assisi, who was infected during his visit to Egypt and Palestine (1219-1220); he died almost blind several years later, worn out by his apostleship at the age of 45 years (1226).

In Russia and the neighbouring countries, the disease was introduced by the Mongols.

Bonaparte's expedition into Egypt resulted in the infection of the French army, then the English army, and finally of the whole of Europe during the first half of the nineteenth century. Within the last 60 years, immigrants introduced trachoma into the United States and Canada, where it has claimed numerous victims among the Indians, then into Cuba, Brazil, Uruguay, Argentina. A little later, the west coast of America was contaminated by immigrants of the yellow race.

Trachoma having originated in the tropical countries, people began by attributing it to the sun's glare, to dust or to flies. However, the rapid spread of the disease in Russia, Poland and Hungary hardly bore out this explanation. Military doctors made a strong case for

[previous page](#)

[next page](#)