

a vocational survey of one of the largest and most important fields of work for modern women, nursing history and especially the modern part, should be of interest to those who are looking for careers which combine a wide range of opportunities for human service with many different varieties of personal satisfactions and vitally interesting experiences."

The present volume is intended as an introduction to the social and professional aspects of nursing and not as a comprehensive presentation of all the varied contemporary problems which the student of nursing needs to study during her entire period of preparation. The authors state that they have had the first year student in mind throughout, and they have tried to paint the backgrounds and foregrounds of nursing with a broad sweep, omitting many details which would tend to divert attention from the larger general movements.

The vast amount of knowledge of nursing in all ages and in every country and community is amazing, and suffice it to say ample justice is done to the inspiration and the part taken by Great Britain in the evolution of nursing as an art and science.

We advise every student Nurse to possess herself of this most fascinating volume, and take it to heart; we shall then see a solid phalanx of young nurses eager to emulate the nursing pioneers in every country, whose devotion to duty was the mainspring of life.

At least, we may hope copies of this work will be available in every Nurses' library.

"A Short History of Nursing" is published by G. P. Putnam & Co., Ltd. New York and London. Price, 15s. 0d.

CLOSER AND CLOSER TOGETHER.

AMERICAN NURSES' ASSOCIATION,
NEW YORK, U.S.A.

MRS. BEDFORD FENWICK, February 1st, 1943.

The National Council of Nurses of Great Britain.

MY DEAR MRS. FENWICK,

It is nearly a month since your letter of November 18th came, and the charming book, "Our Princesses in 1942." We are delighted to have this book for the library of the American Nurses' Association, and thank you sincerely for it. As you say, these lovely pictures show an example of family life as it should be. There is no wonder that your Royal Family is so deeply beloved by every Briton and so greatly admired by all the civilised world!

Even though a twelfth of the year has gone, may I extend to you and the members of the National Council of Nurses of Great Britain our very best wishes for 1943, and hope with you that the progress toward ultimate peace that has been made in January be continued throughout the year. It is certainly true that each month of the joint efforts between your leaders and people and ours are drawing us ever closer and closer together. I have a very personal tie with England as my youngest sister, Major Barbara B. Stimson, a surgeon, is still in the Royal Army Medical Corps.

With warmest regards and best wishes for your continued health and vigour, I am, Sincerely yours,

JULIA S. STIMSON,

President American Nurses' Association,
Major, Army Nurse Corps, U.S.A.

[We offer thanks for this kind letter on behalf of the members of the National Council of Nurses of Great Britain who, we feel sure, sincerely appreciate association with their American colleagues—in peace and in war.—ED.]

ELEPHANTIASIS.

ITS CAUSE AND TREATMENT.

By L. GODDARD, S.R.N.

This disease is known under many names, such as Cochin or Barbadoes leg or Pachy-dermia, Elephantiasis Neuromatosa and Elephantiasis Arabum. The latter is seen frequently in tropical countries, especially in India and along its sea coasts.

The disease, which is usually chronic, obtains its name from the appearance of the skin, which very much resembles the hide of an elephant, and is associated with or caused by the continued attacks of inflammation, which are followed by an overgrowth of the skin and connective tissue. The skin hypertrophies and thickens, becoming indurated and discoloured, and fissuring finally occurs. Then gradually the subcutaneous structures become hypertrophied and this produces the progressive and enormous enlargement seen of the part affected, usually commencing in the legs below the knee, where it spreads until the whole leg is involved. In some cases the scrotum and external organs become involved also, and in some instances the scrotum has been known to reach a huge size, varying from 40 to 50 pounds to over 100 pounds in weight.

A common cause is the blocking of the lymph channels of the affected part, which may be due to a parasitic worm called "Filaria sanguinis hominis" or blood worm, whose larvæ is found in the blood and tissues of the affected person.

This parasitic worm which obstructs the lymphatics is transmitted from man to man by the Culex mosquito. The worm, in its adult state, is the Filaria Bancrofti. It is long and thin, between three and four inches in length, the male being half that size. Its thickness is of a horse's hair, and it is found in the dilated lymphatic spaces in different parts of the body, where it emits its young (usually a very large number) into the lymph stream to the blood.

These embryos, now called Filaria nocturna, are 1/75th of an inch long and become very active at night, probably due to the habit of their host, the female mosquito. This latter, having sucked infected blood, either digests or destroys the worm, but a good many develop in the stomach of the mosquito, where they lie immobile and continue to grow for about two weeks. Slowly, they find their way to the proboscis of the mosquito, who may lay her eggs on some water and the filaria pass out on to it, thus infecting the water which may be swallowed by man. Or the mosquito may free the filaria into the next person it bites, and once inside the human body the sexes unite in the lymphatic vessels and there remain until another mosquito sets some free again to continue growth and development.

This parasite also causes Chyluria, in which milky² coloured urine is passed; the urine coagulates on standing as it also contains albumin and fat granules due to the parasite invading the lymphatic vessels in the urinary tract.

Symptoms.—The onset is usually slow and may be painless, or it may be sudden, with a rise in temperature and a rapid swelling with inflammation of the part, resembling erysipelas, and spreading until the whole leg is enormously enlarged, sometimes covering almost

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