

## THE PASSING BELL.

It is with sincere regret that we record the death, on September 29th, of Miss Sophia Jane Munro, S.R.N., F.B.C.N., of 10, Ashburn Gardens, S.W.7, at one time Matron of Bedford County Hospital, so well known for her keen appreciation of high professional standards and her untiring promotion of the State Registration of Nurses. It was primarily due to Sophie Munro that the late Lord Ampthill, Chairman of the Bedford Hospital, consented to introduce the Nurses' Registration Bill into the House of Lords in 1908, which passed without a division at any stage. Quite recently we received Miss Munro at 19, Queen's Gate, charmingly dressed and looking wonderfully young and gracious as usual. She was the daughter of the late Charles Munro, Writer to the Signet, of Campbeltown, Argyllshire. The cremation, attended by colleagues and friends, took place at Golders Green on Thursday, October 4th. Rest after a life of devotion to duty, well beloved by all who knew her.

## APPOINTMENTS.

### MATRON.

**The Leicester Royal Infirmary.**—Miss C. F. S. Bell, S.R.N., S.C.M., has been appointed Matron. She was trained at Guy's Hospital, London, and has been Lady Superintendent at Guy's Hospital, U.S.A. Annexe, Deal, Kent; First Assistant Matron at Guy's Hospital; and Sister-in-Charge, Guy's Base Hospital at County Hospital, Farnborough.

**Royal Portsmouth Hospital, Portsmouth.**—Miss L. C. de la Court, S.R.N., R.S.C.N., S.C.M., has been appointed Matron. She was trained at Guy's Hospital, London, at the Queen's Hospital for Children, Hackney Road, E., and in Midwifery at the City of Leicester Municipal Maternity Home. Miss de la Court has been Staff Nurse and Holiday Ward Sister at the Queen's Hospital for Children; Staff Nurse and Assistant Sister Tutor at Guy's Hospital; Night Sister at the Dunedin Nursing Home, Reading; Home Sister and Sister Tutor at the Homœopathic Hospital, Bristol; Assistant Matron and Matron at the East Surrey Hospital, Redhill.

Miss de la Court holds the Cazenove Gold Medal of Guy's Hospital; London University Diploma in Nursing Part A and Part B; is an Examiner to the General Nursing Council for England and Wales; Lecturer and Examiner to the British Red Cross Society; and Honorary Life Member of the British Red Cross Society.

**Watford and District Peace Memorial Hospital, Watford.**—Miss E. Saunders, S.F.N., has been appointed Matron. She was trained at the Royal Free Hospital, London, and has been Matron of the Weymouth and District Hospital, Weymouth; and Matron at the Hampstead General Hospital, London.

### ASSISTANT MATRON.

**Cuddington Isolation Hospital, Banstead, Surrey.**—Miss H. O. Morrison, S.R.N., R.F.N., S.C.M., has been appointed Assistant Matron. She was trained at the Hope Hospital, Salford, and has been Ward Sister at the Borough Isolation Hospital, Bolton; Senior Night Sister at the Emergency Hospital, Seacroft, Leeds; Second Assistant Matron at the County Hospital, Farnborough; and Night Superintendent at the Woking War Hospital, Woking. Miss Morrison holds the Housekeeping Certificate of the Victoria Central Hospital, Wallasey.

## WELFARE OF THE BLIND.

Mr. Aneurin Bevan, Minister of Health, has appointed Lord Rushcliffe to be Chairman of the Advisory Committee on the Welfare of the Blind in succession to Lord Blanesburgh, who has resigned on account of ill-health.

Those of us who enjoy the gift from God, this beautiful world, and its vast range of interests, should deem it not only a duty but a pleasure to subscribe to funds for the alleviation of those who have lost power of vision.

## BONE TUBERCULOSIS.\*

By Dr. A. G. ARMITAGE, Public Hospital, Whangarei.

Tuberculosis is a peculiar disease in so far as the reactions of the body are concerned. The organism is not a true bacillus, but is more closely related to the fungus group of organisms, not only in its response to treatment, its isolation, growth, appearance, resistance to antiseptics, etc., but also in the reactions of the body when the organism has been introduced. No true immunity is ever developed, and the body combats infection by endeavouring to isolate the infected part, e.g., by the formation of a fibrous capsule, and to restore tissue as fast as the toxins of the organism damage or destroy it. In brief, it is a war of construction versus destruction.

Bone tuberculosis is a chronic inflammatory condition—osteomyelitis. It occurs chiefly in early life, choosing particularly the ends of the long bones, the short long bones and the short bones; an excess of bone destruction over bone formation is usually found, but under favourable conditions there is a decided tendency towards limitation of spread and spontaneous healing owing to the fibrous tissue formation so characteristic of tuberculous disease in the lungs and elsewhere. The bone or joint lesion is a metastatic one arising secondarily to some active tuberculous lesion elsewhere in the body. The commonest primary lesions are found in the lungs or glands, but as a rule these are not sufficiently active to produce any local or general symptoms. However, due to the presence of this focus, there is always the chance of organisms getting into the blood stream and thus being carried to any part of the body. If they become lodged in a well-protected spot, with a good blood supply, they set up a secondary tuberculous focus which presents the usual reactions of the body to infection by this organism—destruction versus repair and limitation of spread. If the secondary focus enlarges, a time comes when the affected part may be destroyed wholly or in part, so that pus formation and collapse may supervene.

At this stage the patient will present signs and symptoms of the disease, but it will be the metastatic focus which is the origin of these, and not the primary focus in the lungs or glands, which has not progressed to any appreciable extent, but is still there unwanted and unnoticed, only waiting for a suitable opportunity to make itself obvious—or produce a second metastatic focus. The secondary lesions, as I have said, arise from pulmonary or glandular infection, and as a rule these are caused by the human and the bovine types of tuberculosis respectively. The human lesion in the lung may permit the passage of the organism into the blood stream, but this is rarely the cause of the disease in bone or joint; tuberculous milk is responsible for the great majority of cases of bone and joint tuberculosis in young children. The bovine organism gains admission to the body in infected meat or milk, and passes through the wall of the bowel to the lymphatics. From there it proceeds to the abdominal lymph glands where it becomes arrested, and either dies or starts up the old process of destruction versus repair, mentioned before. If destruction wins, then eventually some organisms will get through the glandular filter, pass up the thoracic duct, and so enter the general circulation. In this way they may reach any part of the body, but we will consider a bone to be the site where the organism subsequently becomes arrested. Not all or any part of a bone is suitable—the soil has to be prepared, as you may say. This preparation consists of a slightly increased blood supply in the bone, and such as is found in the metaphysis of a long bone where the blood supply is large on account of the growing cells, or could be brought about by a very

\* Address to North Auckland Branch of the N.Z.R.N.A.

[previous page](#)

[next page](#)