

If more than one container is being used, the others will be placed in suitable positions near the growth. The vagina is then very carefully packed tightly with gauze to prevent the movement of the Radium containers (It has always to be remembered that harm will be done if they come into contact with healthy tissue). A pad and bandage is applied and the patient is taken carefully to the ward. The length of time for insertion varies from 12 to 48 hours, during which time the patient has to lie flat on her back. Many patients complain of the position and stillness required, more than of anything else. Catheterisation is usually necessary during such period, as the padding interferes with natural micturition.

Reaction.—The constitutional reaction may be slight or severe. It usually consists of a rise of temperature to about 100° , a slightly raised pulse rate, headache with a moderate amount of pain, for which we give injections of omnopon or morphia. The discharge is usually increased in a few days and then lessens. Occasionally, there is a very severe reaction; there may be rigors, hyperpyrexia and sometimes fairly severe haemorrhage may occur, dealt with by calcium lactate or chloride, morphia and haemoplastin injections. It is occasionally necessary to remove the radium when the reaction is unusually severe. Occasionally the rectum becomes irritated giving rise to diarrhoea with the passage of mucus. There are occasional cases, however, in which radium appears to have an ulterior effect and death results quickly afterwards—often the result of haemorrhage. Fortunately, however, these cases are few, but it is just as well to mention them.

For some time now, we have been taking specimens of the discharge from cancerous patients, incubating the germs and examining them in conjunction with the Guindy Institute, to find out whether there were any special organisms to be found in connection with cancer. The results have been of little use—it usually being the ordinary streptococcus or staphylococcus which is found. We have had vaccines prepared which are useful in those cases toxic from outside infection, and one or two injections of this anti-vaccine have cleared up the condition by septic absorption, but have not been of any value in any other way.

TULERAMIA

By A. C. MAC. MUNRO.

'In Feb. 1930, McNabb reported the first diagnosed case of Tuleramia in Canada.' (Public Health Reports, United States Treasury, Wash, D.C., Jan. 9th. 1931.) 'It occurred in a miner,

aged 34, living near Timmins, Ontario, and in May 1930 the bacterium *tularensis* was found by McCoy and Chapin in a snowshoe rabbit near Vavenby, British Columbia. These two localities are more than 1,500 miles apart'.

The writer, when a child of ten years, together with her parents, moved to New Ontario, where we settled on a farm near Fort William, North of Lake Superior. It was October of 1901. Soon the snow came and all the land was white and beautiful and cold, and to us everything was new and very interesting. Why, there were Indians there! How excited we were when we saw them mocassined, with loaded toboggans and dogs who understood Ojibway or Chippewyan but not English, gliding over the well-packed and gleaming road, back to the Reserves. Once, when by midnight the road had been filled by a mild but heavy snowfall, an Indian and squaw turned in and asked permission to stay in the barn overnight, 'Squaw too much tired.' Father and mother said 'No, but in the kitchen.' Dogs and toboggan loaded with moose meat, stayed out in the snow. In the morning there was a papoose. It took some persuasion to convince them that they should stay for three days, or at least till the road was broken, they were so shy.

He could talk a little English. 'Plenty rabbits going die, same like every seven year. Making hard for Indians not getting food then.' We asked the school boys,—big fellows of fifteen to twenty years went to school in the winter time there, and the school wood-house was sometimes a sight to behold with all the rabbits they had taken out of their snares on the one-to-three-mile route, somewhere leading through a bush short cut, to the log school house,—we asked them, 'Is it true that the rabbits die off every seven years?' 'Sure it is, every Indian knows, and white people too, after they have been here long enough to see it happen.'

The cycle came around by our third winter in the country,—there was much sickness, especially pneumonia of a serious and seemingly infectious type. The rabbits were very scarce, and the occasional one that was caught so often had a spotted liver, and watery blebs at the joints, that my father put a stop to my brothers catching or handling any. Much discussion took place on the way to and from school. 'The Indians eat them,—the flesh is perfectly safe when its boiled,' etc. were the arguments in favour. 'Maybe it's safe or may be it's not when boiled,—the Indians are not thinking of that,—they eat it because they have to or go hungry.' 'But anyway who wants to handle diseased rabbits,' were the answers, I have

wondered if the fact that the rabbits were usually frozen solid when taken out of the snares, at all minimized the virulence of the organism, and therefore lessened the danger in skinning and cleaning. Of course they had to be thawed out before this could be done.

Much, I think, might be ascertained, concerning the earliest appearance of this disease, and of the cyclic epidemic, by questioning among the old Indians, whose accuracy of observation can be relied upon,—not so, that of the modern, young Indian, whose 'book-larnin' is dulling that faculty. The inroads of civilisation deprive Primitives of certain priceless features of their former heritage.

Last year when in Kashmir, I noticed lovely white fur coats hanging together with those of leopard, golden pine marten etc. in the furriers' shops in Srinagar. Of course the dealers called them 'Ermine' but admitted they were made of rabbit skin. I wondered then if the rabbits of Asia too, might be infected with bacterium tularensis, and do they die off in cycles. It might be worth while making inquiry.

NURSING IN VARIOUS COUNTRIES

BY MRS. CHESNEY, R.R.C.

Matron of the Goculdas Hospital, Bombay.

On completion of my training in 1901 at the Seamen's Hospital, Greenwich (the London School of Tropical Medicine,) I proceeded to nurse in France, where it was proposed to change the nursing from the hands of the Religious Orders to the Secular Nurses.

The honour of the first effort to introduce the Nightingale system of nursing into France must be ascribed to Dr. Anna Hamilton of Bordeaux, and her Matron, Miss Catherine Elston of the London Hospital. So devoted were these ladies, and so firmly backed, that in three years' time they had brought up the nursing at the Protestant Hospital at Bordeaux to a high standard of efficiency, and consequently the Matron was asked for, and lent to, another hospital in Bordeaux, the St. André, to organize the nursing on the same lines there.

The students, and medical staff of this large hospital of 1,000 beds were very indignant at the proposition, and the former wrote to the authorities that 'All that is needed in this Hospital is clean, and obedient nurses, and the rest is the doctor's province.' So