hindrance to a whole-hearted employment of this feeling, as that most serious event—breaking of caste—must inevitably follow the proper discharge of a nurse’s whole duties. And caste of an artificial character has filtered into the life of the Anglo-Indian, and she thinks she loses caste by performing hospital duties, instead of seeing that she is immeasurably raised by being permitted to work for precious lives, no matter in how humble a way to begin with; responsibility, be she worthy of it, will come surely enough, and the joys and honour of the work.

HOME TREATMENT AND PREVENTION OF SCARLET FEVER.

BY R. MILNE, M.D.

THE book whose title is given above is written by the Medical Officer of Dr. Barnardo Hospital’s and Homes for thirty years. As the book reads just like a story, I cannot do better than quote his own words in bringing the matter before your notice. He says:—

“When I left Scotland thirty years ago, there was a hazy report throughout the country that, if cases of scarlet fever were rubbed with ointment or oil, the scales (in pilling) were thereby prevented from flying about, and thus the risk of spreading the infection was lessened. Further, that if carbolic oil or other disinfectant were used it still further lessened the risk. I began to use carbolic oil in scarlet fever cases from the commencement of the disease, and I soon found in families with many children that the trouble was limited to one member of the family, yet did not realise its importance.

My first connection with Dr. Barnardo’s Homes was due to an outbreak of scarlet fever at the Girls’ Village Home at Barkingside early in 1880. To-day 1,300 girls are there in residence. Then the number was under 500. Among these, 120 girls were attacked. Not since have we had an epidemic of this proportion; indeed, epidemics are with us of very rare occurrence, and when they do occur the cases are very few. A former President of the Local Government Board asked me some years ago: “Can you explain to us, Dr. Milne, how it is that you have so few epidemics among the children under your care in Dr. Barnardo’s Homes, and how, when you do have cases, they are so few in number, while in our schools we have so many epidemics, and these affecting sometimes one half or even three-fourths of the children in residence?”

This question drew my attention somewhat markedly to the undisputed fact which had prompted it, for it suggested very clearly the difference in the line of treatment I was in the habit of following in comparison with the usual treatment pursued by others in similar circumstances.