

which you should have ready, removing any poultice, &c., which may have been applied.

As in bronchitis, the Nurse must be very particular in the inspection and preservation of the sputa. The cough is generally dry at first, and the first expectoration often resembles what you see in bronchitis, but it soon assumes a characteristic appearance. It is transparent and rust-coloured, and forms a jelly-like mass, which is so tenacious that you may even turn the vessel which contains it upside down without shaking it out. This is when the inflammation is at its height; if it subsides, the sputa become once more similar to bronchial mucus, but if it advances, the expectoration consists in many instances of a fluid something like gum water, of a brownish red or plum colour. I must tell you that pneumonia is not *invariably* accompanied by this sort of expectoration; indeed, sometimes there is none at all. In some fatal cases of pneumonia the patient will be unable to cough up anything at all, and will be suffocated by the accumulation.

Pleurisy is inflammation of the pleura, or the membrane which invests the lungs, and is often present with pneumonia, and is accompanied in some cases by an effusion into the sac. Sometimes the operation of tapping, or paracentesis, is had recourse to in order to relieve this, or the painful side will be covered with leeches or cupped. A blister is not often applied.

Bleeding from the lungs, or *hæmoptysis*, you will see very frequently; it will require great vigilance on the part of the Nurse, for the patient is necessarily unable to speak when the rush of blood comes. Whilst waiting for medical aid, you should administer ice in small quantities, and an ice-bag may be applied to the chest. Pulmonary consumption, or *phthisis*, is a change in the substance of the lung. Many and sad, I doubt not, will be the cases of this kind you will have to nurse. They are so often hopeless, as regards recovery, that they are most painful and trying. I have not space to speak of the numerous symptoms of this and other kindred diseases, but will only add that there is so much for a Nurse to observe in all diseases connected with respiration, and so much that she can do to alleviate, if she cannot terminate, her patient's sufferings, that I am sure no time that she can spend in study of the subject can be wasted. I am also sure that no study, real and honest, and undertaken that you may know how to do your own modest, useful duties better, will make you conceited, so long as you never try to attract attention to what little you may have learned, or apply it for the purpose of making yourself of consequence to your fellow Nurses.

(To be continued.)

NURSING ECHOES.

*** Communications (duly authenticated with name and address, not for publication, but as evidence of good faith) are especially invited for these columns.

THE meeting of the General Council of the British Nurses' Association will be held on Friday next, the 12th inst., at five p.m., at 11, Chandos Street, Cavendish Square. The agenda for the meeting is (1) to receive Reports from the Executive Committee; (2) to decide upon the place and date for the Annual Meeting; (3) to consider details of the Charter. My readers may, perhaps, remember that any Member can now obtain, on previous application to the Secretary, a card of admission to hear the proceedings, but without the privilege, of course, of speaking or voting on any question. I am sorry to see, from the daily papers, that H.R.H. Princess Christian is still at Wiesbaden for the sake of her health. All Nurses will unite in the heart-felt hope that "our Princess" may speedily be restored to complete health and strength.

NURSING matters seem to be absorbing more and more of public attention. There was a strong article in the *Pall Mall* last week, which Mr. Editor tells me he means to reprint and comment upon at length. Very much on the same lines the *Queen* this week has the following letter. I fancy the writer's suggestion is never likely to be carried out in this country. The expense would be too great for non-endowed Hospitals to sustain; and as long as women pour into the profession at the present rate, probably Committees will think there can be no urgent reason for such a radical reform of existing arrangements of Nursing work.

"MIGHT I draw the attention of your readers to one consideration in connection with this subject which has not received sufficient notice—viz., the long hours during which Nurses are expected to be on duty, and the constant exhaustion which this entails? In confirmation, may I beg your insertion of the following suggestions from one who knows the working of the system? I cannot see why there should not be three sets of Nurses, each to work eight hours, especially in these large London Hospitals, where they are expected to have much theoretical knowledge. My idea is that there should be three sets of Nurses, as there are now two, to work, say, the first from seven a.m. till three p.m., the second from three p.m. to eleven p.m., and the third from eleven p.m. till seven a.m. Of course, it would mean more Nurses and more expense; but could that not be set

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