

regard a National Association ought to be entirely free from motives of self-interest. If we try too much, we shall make a success of nothing, and to attempt to manage a financial concern, would, I believe, be a great mistake.

Our Associated Alumnae all attend carefully to providing aid for needy members, and in their hands this work is done in a private and dignified way. Plans for mutual help act as a strong bond between them as between members of a family, and should be left to them.

Rather than undertake a similar line of work, I would suggest that if, in the future, we organise, prosper and find the key to any source of revenue, we do as the Collegiate Alumnae do, and as Alumni or Universities have long done: aid, by endowments and gifts, institutions or parts of Institutions in which we are deeply interested and whose prosperity we earnestly desire. For instance, Nurses' Homes are being founded by Alumnae Associations; Nurses' Club Buildings are being talked of; Nurses' beds in Hospitals are being endowed, and Nurses co-operative Registries are being formed. The Collegiate Alumnae rejoice in the fact that they have indirectly guided many gifts of money to deserving colleges, and we may rejoice in the future with like reason, if we turn any superfluous energy we may have as an association, into similar channels.

I have not spoken with any detail of the different lines of work which we all agree in thinking need developing and reforming, because such discussion hardly seems called for in this paper.

An organisation of Nurses, once thoroughly welded together and practised in self-government, will learn how to approach and deal with the confusion and trouble arising from dozens of different standards of teaching, hundreds of rudimentary training schools, laxity in moral and educational qualifications, the competition of the untrained or partially trained Nurse, as well as other difficulties now unforeseen which will doubtless arise as time goes on.

One thing is certain: if we do not learn to remedy these disadvantages, no one else will do it for us. The present is a good time to begin. We have been well started; as yet we have not crystallised into factions, nor become deeply rooted in bad habits. The great schools of the country are such that we can consider with pride and admiration their past work and present tendencies. The commercial and utilitarian system of sending pupils to private duty has very nearly disappeared, and with the spread of intelligent ideas must entirely disappear. We have not much to tear down, but unlimited scope for building up, and I hope and believe that among us are those gifted with the constructive genius necessary for shaping and perfecting the work of our honoured and cherished profession.

## Notes on a Case of Femoral Phlebitis following Pneumonia.

BY MISS AMANDA JONES, R.N.S.

ABOUT the end of July, 1895, an American gentleman (Mr. F., aged 32 years), when travelling in Switzerland, was taken ill at Zermatt. The local and only doctor being called in, ordered him to be kept in bed with plenty of blankets on, and a generous amount of brandy to be given. His breathing was rapid and difficult, and under the doctor's treatment he perspired profusely. Mr. F. was accompanied by his wife and sister, by whom he was nursed. A week thus passed, the patient growing weaker, when the doctor told Mrs. F. that her husband was suffering from typhoid fever, and must immediately be removed to one of the Hospitals in Lausanne—the next day being the last on which it would be possible for him to be moved. He was accordingly taken to Lausanne, Dr. de C. accompanying him half the distance. Arrived at Lausanne station he was too ill to go further, so he was taken into the Terminus Hotel, and the English doctor (Prof. Dr. G.) sent for. He found no symptoms of typhoid fever, but that he had pneumonia—that kind sometimes spoken of as "patchy"—and pleurisy of the right side.

A Swiss Nurse was procured, and for three weeks he was poulticed and blistered for these complaints the temperature rising to 102.2°, no record of pulse and respiration seems to have been kept; and by the third week of August was so much recovered as to be able to leave his bed for a short period.

On August 23rd he was sitting up while his bed was being made, when on attempting to return he was unable to use his left leg, in which he suddenly became conscious of acute pain running from the groin to the knee. Later the whole limb became painful, and began to swell. The doctor arriving diagnosed the case to be one of femoral phlebitis, and ordered hot spongipilene fomentations to be applied, and belladonna liniment to be lightly rubbed in when the pain was acute. Hypodermic injections of morphia gr. ¼ were also administered twice daily. At the outset an antipyrin medicine was given for two days, four-hourly, and guaiacol gr. v. in cachets bis die to the end of the case. The eminent European surgeon, Prof. C. R., was called in, in consultation with Dr. G., who entirely approved of the treatment, and said a complication likely to arise in this case was "periostitis." The sequel proved the truth of this supposition.

Illness in her family obliged the Swiss Nurse to leave; another Nurse was then telegraphed for to London, and I was sent out, arriving on the 26th of August.

I found my patient pale, very weary of bed (this being his first illness), and the leg exceedingly sensitive. The fomentations were changed two-hourly, and gave considerable relief. His diet consisted of "kephir" (a fermented preparation of milk similar to koumiss, but made from cow's milk), Oij. and consommé Oj. Temperature 100.2°, pulse 104, respiration 30.

August 28th.—Last night Mr. F. slept fairly well after his morphia hypodermic at 9 p.m. To-day he is much distressed by constipation; tamar indien, Carlsbad salts ʒi. taken without effect. Some relief obtained from an olive oil and glycerine enema.

29th.—Slept well, had much less pain in leg, but still has abdominal disturbance. Temperature 99°, pulse

[previous page](#)

[next page](#)