

were very few who could speak the language in question with any degree of fluency. Most of them had been highly educated, but they complained that since they had left school they had forgotten what colloquial French they ever knew. We would, therefore, take this opportunity of pointing the moral that nurses who possessed this additional qualification were thereby enabled to obtain most honourable and privileged work; and the lesson should not be unheeded or forgotten.

We hope that when, in the future, a preliminary examination is instituted for probationers, one foreign language at least will be made an obligatory subject. The progress of events tends to strengthen the belief which we have held for a long time, and which we frequently have expressed in these columns—that the sooner such an examination is rendered compulsory the better it will be both for hospitals and for the nursing profession. At the present moment, there is no educational test necessary or possible; and, consequently, many probationers are admitted into hospitals, and therefore into the nursing profession, whose general education, undoubtedly, leaves much to be desired. While the great majority are, at any rate, acquainted with the rudiments, it is indisputable that too many are quite unable to properly appreciate, and so are hampered in fully availing themselves of, a scientific training in the duties of their profession.

As soon as Registration becomes compulsory, this anomaly will probably be swept away; just as the institution of a preliminary examination was one of the first improvements made in medical education after the passage of the first Medical Act. Nothing would tend so greatly, as such an educational test, to simplify the work of matrons in selecting candidates for probationership, and in improving the work of the Nurse-Training Schools, and therefore the care and attention bestowed upon the sick poor. Just as systematic instruction is essential to the acquirement of knowledge, and as accurate knowledge is the preliminary step to efficiency, so it is certain that the more complete the preliminary education of the probationer is made, the more easily will she acquire the information and experience derivable from her work in the hospital ward; and therefore the more usefully will she be able to perform the duties with which she is then and thereafter entrusted.

## Diseases of the Kidneys.

SOME PRACTICAL POINTS REGARDING CAUSATION, SYMPTOMS, AND NURSING.

BY N. V. GOODSPEED, M.D.

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THIS disease occurring as a sequel of scarlet fever usually manifests itself during the third week of the eruptive disease. At this time the kidneys are doing all the work they can, ridding the system of the extra waste products produced by the disease, and also taking up a large portion of the work ordinarily done by the skin—because in scarlet fever the eliminative function of the skin is seriously impaired—and the young patient, restless from confinement, may, if unobserved, slip out of bed, go to an open window or door and be subjected to a current of air that chills the skin and acts on the kidneys like the proverbial straw on the camel's back. The over-worked organs succumb to the strain, and a true inflammation follows. The duty of the nurse in preventing this catastrophe is apparent.

The urinary symptoms show a diminished quantity of urine, bloody in character and of lower specific gravity than in parenchymatous degeneration of the kidneys. Blood casts, as well as hyaline and granular casts, are seen under the microscope.

*Chronic diffuse nephritis*, pursues a chronic course from the beginning. Being insidious, it is often unsuspected until far advanced. It is the most important because the most common form of renal disease, and the one which, above all others, is comprised in the term Bright's disease.

The disease may arise from a variety of causes, such as habitual chilling of the surface of the body, sitting with wet feet, mental overwork, repeated attacks of pneumonia and fevers in general, over-indulgence in food, food of improper quality, which cannot be thoroughly oxidised in the system, sedentary habits, &c.

The symptoms at first are vague, comprising headache, vertigo, full, hard pulse, sometimes epistaxis, frequent micturition, occasional diarrhoea, impaired vision, vomiting, shortness of breath and a gradual loss of strength. Later on, when dropsy appears and the urine has been examined, the diagnosis is readily made. The complications, treatment and nursing will be considered in next paper.

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