

Nitrate of amyl is usually put up in very thin glass capsules; the method of administration is to hold the capsule in a piece of absorbent wool (unless it is encased in lint when dispensed) in the finger and thumb under the patient's nose and give a slight squeeze to break the glass and liberate the vapour, which the patient inhales. The nurse should be careful not to bend too much over the patient whilst giving him the nitrate or she will run a risk of getting a share of the drug and herself experience the disagreeable cerebral symptoms to which it gives rise just when she most needs her wits about her.

Care and watchfulness must on no account be relaxed as the attack passes off, for a relapse may take place at any minute and with a lessened prospect of recovery.

The patient should be kept lying down and the foot of the bed still raised. Hot water bottles must be seen to and attention paid to keeping his extremities warm. Conversation should be forbidden, the room kept cool and airy, and the sick man's mind soothed. Stimulating drinks, such as tea, coffee, or beef-tea may be given and a watch maintained on the pulse, respiration and temperature so that any increased heart disturbance may be at once detected and restoratives employed.

Patients who have once had an attack of heart failure are as a rule very nervous about being left alone, and it is absolutely essential that they be humoured in this respect.

In conclusion, I cannot too strongly insist upon the necessity of keeping all syringes, etc., in good working order, and, together with such drugs as brandy, strychnine, ether, etc., in the same place, close at hand. When a patient's life is hanging in the balance, a few seconds lost or gained may turn the scale towards recovery or the reverse, and therefore great is the nurse's responsibility in this respect.

Military Nursing Service.

We notice a suggestion in the issue of the 12th inst. that it would be wise to extend the length of service of nurses admitted as members of the new Imperial Military Nursing Service beyond the period of three years suggested by the War Office Committee. We do not think such a suggestion practicable, and consider the term of three years' service the right one for home organization. Very few trained nurses, after fulfilling a three or four years' term of training in a hospital, would find it possible to sign for a longer period, and, moreover, the pay offered by the War Office to the "Nurse" class is not sufficient to induce them to do so.

The International Council of Nurses.*

SICK-NURSING IN HOLLAND.

The Editorial Staff of "Het Maanblad voor Ziekenverpleging," a Dutch monthly Nursing Magazine, has charged me with the most agreeable task of writing a short essay on the development of sick-nursing in Holland during the last fifty years. The warm sympathy and interest, of which we are assured on the part of our transatlantic sisters, give me courage to hope, that this paper may find a cordial welcome at the Congress of Nurses at Buffalo.

About fifty years ago sick-nursing was in our country chiefly the task of religious corporations, especially of Roman Catholic orders. The Brothers of *St. Johannes de Deo* have for more than four centuries devoted themselves to the care of their suffering fellow-creatures, and a great number of sisterhoods are also of a very ancient date.

Not until about the year 1830 there arose also in Protestant hearts the ardent desire to bring aid and comfort to their sick fellow-men, and the Protestant Deaconesses took up this work of charity. In 1843 the first House of Deaconesses in Holland, that at Utrecht, was opened, in the course of time followed by many other institutions of that kind throughout our whole country. Some of these Houses of Deaconesses are joined to the "Deutsche Diakonissen-Verein," the Bond of Kaiserswerth, such as the Arnhem Home, founded in 1884, and at present supervised by our well known Mother von Ness. In all these institutions patients are nursed, paying different fees according to their financial condition. Besides the care for those indoor-patients, the sisters devote themselves to district-nursing. Of recent years we have also several private societies for district-nursing, free from any religious bias, but founded on the broad principle of human solidarity. It would be an impossibility to mention them all with their names in this short paper, I only wish to direct your special attention first to the Society for District-Nursing at Rotterdam (Matron: Miss M. des Amorie van der Hoeven), originally issuing from the Dutch Bond of Protestants, but at present on a distinct basis, since the branch of social work has been eliminated from the programme of the above-named Bond, and secondly to the "Amsterdam Society for District-Nursing," and that at the Hague, both institutions sending out *visiting* nurses. The patients, who are divided in different classes according to their

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