

## Honours for Women who Helped the Sick and Wounded.

### THE ROYAL RED CROSS.

In the Coronation Honours lists appear the names of the following ladies who are to receive the decoration of the Royal Red Cross:—

Superintendent Miss E. M. Chadwick, Army Nursing Service, with Hospital Ship *Princess of Wales*.

Nursing Sister Miss M. C. S. Knox, Army Nursing Service.

Nursing Sister Miss Elizabeth Cochrane Shannon, Army Nursing Service Reserve, with Scottish National Hospital.

Miss H. Hogarth, Army Nursing Service Reserve, Hospital Ship *Princess of Wales*.

Mrs. George Cornwallis-West, Hospital Ship *Maine*.

Mrs. Theodosia Bagot, Portland Hospital.

Mrs. T. C. Wolley Dod, Mrs. Keith, and Miss Knight, care of prisoners of war, Pretoria.

Miss Frances Amelia Lowrie, Matron, Bourke Hospital, Pretoria.

Mrs. P. H. Johnston, President, Army Hospital Aid Society, Natal.

Miss Ada Whiteman, Maritzburg, and Leper Hospital, Pretoria.

Miss Lucy Alice Yeatman, Colonial Nurse, Ladysmith.

Mrs. Melina Rorke, Colonial Nurse, Bulawayo.

Mrs. Redpath, Colonial Nurse, Ladysmith, late Matron St. Bartholomew's Hospital.

Mrs. Jessie Burrill and Mrs. Emma Francis, Durban Women's Patriotic League.

Mrs. Jane Waterston and Mrs. Sclater, Good Hope Society, Natal.

Georgina, the Dowager Countess of Dudley.

Miss Ethel McCaul, with Sir Frederick Treves in Natal.

Mrs. Kilpin and Mrs. Ball, Good Hope Society.

### HOSPITAL OF ST. JOHN OF JERUSALEM.

The following ladies are to be enrolled as Honorary Associates of the Grand Priory of the Order of the Hospital of St. John of Jerusalem:

Miss Martha Thomas, Superintendent Army Nursing Service, R.R.C.

Miss Sarah Emily Webb, Superintendent Army Nursing Service, R.R.C.

Miss Sarah Elizabeth Oram, Superintendent Army Nursing Service, R.R.C.

Miss Louisa Watson Tulloh, Nursing Sister, Army Nursing Service, R.R.C.

Miss Mary Cecil Florence Kate Cole, Superintendent Army Nursing Service, R.R.C.

## The Nursing of Appendicitis.

By ETHEL GORDON FENWICK,

President International Council of Nurses.

A matter of deepest interest to nurses as well as to the medical profession at the present moment is the nursing of cases of appendicitis. As most trained nurses know, this is the term applied in recent years to inflammatory conditions of the vermiform appendix, *i.e.*, of the little wormlike prolongation downwards of the beginning of the ascending colon or large intestine, just below the point where the latter joins the small intestine at the ileo-cæcal valve. This small canal very often shrivels and contracts as age advances, but in children and young adults it is often sufficiently large for some of the bowel contents to enter it; and, as it is a small closed *cul-de-sac*, such contents may remain there and not pass onwards. This is especially probable if the contents in question are hard concretions, such as a small gall-stone; and still more so if they are such foreign bodies as grape-stones, cherry-stones, or a small fragment of nut-shell. There is much reason to believe that caraway seeds, which possess a sharp spike, may become embedded in the lining membrane of this little canal. Whatever the foreign body is, sooner or later it sets up irritation by the continual pressure it exercises; exactly as a thorn will irritate the skin in which it becomes embedded. Then a certain amount of ulceration follows; that is to say, the lining membrane of the canal is destroyed, and pus is formed, which softens the deeper tissues and so causes their destruction. In time, this irritation extending through the layers of the appendix sets up inflammation around it, or the ulceration perforates an opening through the walls, and then the contents of the appendix, and perhaps also the irritating contents of the bowel above it, burst through the opening into the abdominal cavity, and by their poisonous effects set up the most acute form of septic peritonitis. For the purposes of description we will call these—PERFORATIVE cases.

Next to these, come the cases in which before, or without, perforation the inflammatory change around the appendix which has just been alluded to, causes the gradual effusion of lymph from the blood-vessels and thus, so to speak, the formation of a barrier all round the dangerous area. This is Nature

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