

cessary before the Nurses could properly answer that question. The hospital in which they were trained must necessarily appear to them to be, above all and every other kind of hospital, the best, and therefore the only one to make the examination. So they might be led to say "yes" at once, but when they got back to their rooms, and reflected upon the matter, they might come to a different decision altogether. Let them consider, then, that this Association was universal, not local; that it had wide sympathies, and a universal suffrage; that it appealed to the feelings of the whole United Kingdom. Was it right, then, that the smallest cottage hospital, should be put on the same level as a large provincial hospital like their own, or the great hospitals of the metropolis? Should the examination be set by each little centre, or by some central body, who knew nothing of the Nurses, or the specific kind of training to which they had been subjected, and would, therefore, be a perfectly pure, independent, and, he might say, patriotic body. He must say that the latter seemed to him to be the right form of examination. It would be far better and more creditable to stand the test, and be able to say, "I have passed an examination by a great national independent body outside the hospital in which I was trained," than that these examinations should be conducted by every hospital, small or great, for itself and by itself.

Dr. CROOK said he must speak in favour of having the examination conducted by some central body. Mr. Barling had mentioned, in the course of his remarks, that anatomy and animal physiology ought to form the subjects of lectures to the Nurses. Now, he thought that questions on these subjects should be set, and the knowledge of the Nurses could be specially tested by examination. The papers for the examination could be set by some central body; but, at the same time, if any part of the examination were of a practical nature, it was possible that this examination could be conducted far better in the hospital where the Nurse had received the whole of her training. But if the thing had to be equalised, he felt certain that the one portal system was the only way to do it. Germany was far ahead of them in these things. Every man had to pass a State examination before he could practise at all in his profession. He might get his M.D. where he liked, but he must pass a State examination. In this way, if the Nurses had to pass an examination by some central body, it would put an end to all jealousies and bickerings, and everything of that kind.

(To be continued.)

FEVER NURSING.—III.

By MISS HARRIS,

Sister at the Borough Fever Hospital, Leeds.

TYPHUS FEVER.

THIS is a disease rarely met with amongst the upper classes, and amongst the poor only in the over-crowded parts of very large towns. It is most rife in people exposed to defective ventilation, dirt, and starvation, and is so exceedingly infectious that it is almost impossible for a nurse to be in the midst of it for any length of time without herself contracting the disease. There are, however, certain precautions to be taken which will, to some extent, lessen the risk she must, of necessity, incur.

This fever is so often confounded with typhoid that it is well for those nurses who are engaged in district work to be able to distinguish between the symptoms of the two, as in typhoid there is very little risk from infection, while, as I said before, in typhus the risk is very great.

In the first place, in typhus the access of the disease is usually well marked or even sudden, and is characterised by rigors, head-ache, and general pains resembling acute rheumatism: while the access of typhoid is gradual and insidious, the patient complaining only of malaise, and frequently keeping at his work for a week or more from the commencement of the attack.

In typhus, the eruption consists of a mulberry rash coming out between the fourth and seventh days, upon the hands and arms first, and extending to the body and legs, and occasionally to the face. At first the spots are not unlike the rose-spots of typhoid fever, and disappear on pressure, but later they become petechial and dark, the general hue of the skin being dusky and mottled. In typhoid, the rash appears in the second week, and is, as a rule, confined to the chest and abdomen; the spots are slightly raised, disappear on pressure, and come out in successive crops.

The face, in typhus, has a dusky appearance, the eyes are dull, the expression heavy, and prostration occurs early, and is considerable; while in typhoid, the prostration is not marked, the eyes are bright, and the cheeks are often flushed.

In typhoid, diarrhœa is very common, and hæmorrhage from the bowels frequently occurs; in typhus, diarrhœa is rather the exception—medical books, indeed, tell us that it never occurs, but, as a matter of fact, in severe cases it is sometimes met with—though hæmorrhage is exceedingly rare, and when it does occur, must be looked upon as a very bad sign.

In typhus, the temperature rises quickly until about the third day, when it reaches 105° or more, the morning remissions being very slight; it then

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