

BRITISH NURSES' ASSOCIATION.

PROVINCIAL MEETINGS.

A MEETING in connection with this Association was held at the St. George's Home for Nurses, Sheffield, on Saturday evening, July 28th. Nurses from the Infirmary, Public Hospital, West Street, Jessop Hospital for Women, Children's Hospital, and St. George's Home, were present. Also Miss Cadbury, Matron of the Public Hospital; Miss Corvan, Lady Superintendent of St. George's Home; and Miss Booth, Matron of the Jessop Hospital. Miss Spencer, of the Infirmary, and Miss Pountney, of the Children's Hospital, were out of town. Miss Armstrong, Lady Superintendent, Nurses' Home, Glossop, had written to say she was sorry that, owing to an engagement, she could not come, as she took a great interest in the Association.

Miss Cadbury, who presided, gave a most interesting account of the meeting in Birmingham, and read a great part of Miss Wood's address. The following resolutions were proposed, and carried unanimously:—“1st. That the time has come for Nurses' Registration, and that a Royal Charter is desirable. 2nd. That the examinations should be carried on by one central authority. 3rd. That there should be three examinations—one at the end of each year; that at the end of the first year to be on general subjects, and not very difficult.”

An animated discussion took place upon each resolution, in which the Nurses from the various Institutions took part. Many questions were asked, especially as to how many chances of passing the examinations would be allowed? Would there be certain Standard Books to study? Could a Nurse take up special subjects? There was also a question raised, as to what examinations Private Nurses should pass, as the difficulty of studying for them would be so great, after the first year, when they had left the Hospital. At the conclusion of the discussion it was proposed by Miss Corvan, and seconded by Miss Booth, and carried unanimously “that Miss Cadbury be appointed local secretary of the British Nurses' Association for Sheffield and the neighbourhood.”

PRIZE ESSAY AWARD.

THIRD COMPETITION.

We have much pleasure in announcing that the Prize has been awarded to MISS ALICE DANNATT, Holydyke, Barton-on-Humber, whose article appears in this issue; whilst honorable mention is gained by MISS ANNA FRENCH, Mullaghmore, Omagh, Co. Tyrone.

FEVER NURSING.—V.

BY MISS HARRIS,

Sister at the Borough Fever Hospital, Leeds.

SMALL-POX, OR VARIOLA.

THIS is a disease of which many Nurses have a great dread. There is, however, far less risk for those who are nursing it than in other fevers, inasmuch as vaccination ensures an almost certain immunity from an attack. Statistics show that the unvaccinated die at the rate of 50 per cent., the imperfectly vaccinated at the rate of 26 per cent., and the well-vaccinated at the rate of about 2 per cent. It will thus be seen that if a Nurse takes the precaution of being vaccinated before going amongst small-pox patients, she runs very little risk; indeed, experience proves that she may be in the midst of it for months, and even years, with perfect safety.

The most important forms of small-pox are those which are known respectively by the names of “discrete,” “confluent,” “hæmorrhagic,” and “malignant.” In discrete small-pox the pustules are comparatively few, and are widely separated from each other. The invasion phenomena of shivering, headache, vomiting, and lumbar pain are generally well-pronounced; but the febrile symptoms disappear on the first appearance of the rash, until the commencement of suppuration, and then the secondary fever is slight, and the patient, for the most part, recovers without any complication.

In confluent small-pox the pustules touch each other, and run together, and the symptoms at all stages are more severe. There is very little, if any, temporary remission of the fever. The swelling of the face is very great, and the patient is often unable to open his eyes. The pocks are not limited to the skin, but are also developed on the mucous surface of the nose, mouth, fauces, and pharynx, and even on that of the larynx and trachea, and sometimes upon the conjunctivæ, adding greatly to the distress of the patient, and increasing the danger of the disease—sometimes even producing suffocation. Death from confluent small-pox usually occurs between the tenth and the fifteenth days of the disease, and is due to a combination of coma and exhaustion, the signs of a fatal termination being low delirium, twitching of the muscles and limbs, and occasionally hæmorrhage into the skin. In favourable cases the eleventh day generally marks the turn of the disease, and by the fourteenth day convalescence will have begun.

Malignant small-pox is characterised by the early appearance of petechiæ, effusion of blood into the pocks and conjunctivæ, and rapid collapse. The symptoms of invasion are usually intense, and the patient often dies on the fourth or fifth day, or before the eruption has had time to become distinct.

When a case of small-pox is to be nursed in a

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