

case of Nurses. At the lowest computation there must be from 15,000 to 20,000 women now engaged in the work of Nursing, and their views should be ascertained upon matters closely concerning their interests before any irrevocable steps are, for example, taken in Parliament concerning their Registration. The Conference has not this year been able to consider the provisions of a Bill to provide for that measure, but should a similar Meeting take place next year, it is probable that it would be required to carefully consider and to pronounce judgment upon the various provisions included in the Bill which before that time may be before Parliament. The opinion of the profession on this matter is at present unvoiced except through the pages of this Journal, and it would be wise, therefore, on that ground alone, that some such means as that provided by a Conference should be taken in order to elicit a wide expression of opinion on this vitally important subject.

Our American sisters have not only followed the example of the Royal British Nurses' Association in this country by forming their "Superintendents' Association," but they have also wisely arranged, by means of annual Conferences, to ascertain the general views of their profession on Nursing matters. There is the more need for British Nurses to take such counsel together, because of the evident desire, on the part of some who have exhibited no friendly feelings towards them, to prevent them from expressing any opinion concerning their own affairs. We have felt called upon to protest against this foolish and perfectly futile attempt to suppress Nursing opinion, and shall continue to do so. The recent Nursing Conference may be regarded as the best possible public proof of the determination felt by Nurses not only to speak for themselves, but also to be consulted before they are legislated for. In 1898, we are expecting to see in London a large number of distinguished women from every country to attend the International Congress; and it has appeared to many that this would be a fitting opportunity for bringing about, also, an International Conference of Nurses. The necessary steps are, therefore, being taken to arrange for such a Meeting, and to give the necessary welcome and hospitality to our visitors. The final arrangements will not be made for some months to come, but we should be glad to know, as soon as possible, if any of our readers

are prepared to give us their assistance in organising this conference, and perhaps, also, in organising another Nursing Exhibition—to be held at the same time.

Lectures on Elementary Physiology in relation to Medical Nursing.

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LECTURE IV.—THE EXCRETORY ORGANS.

(Continued from page 451.)

ANOTHER cause of cloudiness in the urine is the presence of *Mucus* due to some irritation or congestion of the urinary tract; and this is discoverable by the same test as that employed for pus, with this difference, that the effect of the alkali upon the mucus is to dissolve the latter; and therefore, after the contents of the test tube have been well shaken up, they can be poured out as an ordinary looking fluid—totally unlike the viscid, stringy material which is formed, as we have seen, when pus is present and has been similarly tested for.

It is a practical point of some importance to remember that, when the urine contains any albumen; the precipitation of the oxide of copper, if sugar be present, will be prevented. If any albumen be found, therefore, it is necessary to coagulate this by boiling and nitric acid, and then to filter off the clear fluid, to which the test for sugar can then be applied.

When urine has to be examined microscopically—and in the majority of cases this is useful, if not necessary—the fluid should be placed in a conical glass, so that any deposit that it may contain can settle down to the narrow point at the bottom of the glass. The best way of removing such a sediment is to take a long, hollow glass tube, which is specially prepared for this purpose, and holding it between the thumb and second finger, place the forefinger over the open top so as to close it completely. By this means, the other end of the tube can be introduced to the bottom of the fluid without any of the urine entering it; and when the open point is against the sediment, the forefinger is lifted from the upper end, and the sediment is then

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