

Appointments.**MATRON.**

MISS MARY KELLY has been appointed Matron of the District Lunatic Asylum, Enniscorthy, Co. Wexford. She was trained at Dr. Steeven's Hospital, Dublin, was Staff Nurse at the Hospital, Galway, for eighteen months, and at St. Vincent's Hospital, Dublin, for one year. She was then for two years attached to the staff of St. Elizabeth's Home for District and Private Nursing, Glasgow, and for some months has worked in the Richmond Lunatic Asylum, Dublin.

MISS MARGARET E. MASON has been appointed Matron to the Margate Cottage Hospital. Miss Mason was trained at the St. Marylebone Infirmary, in which institution she has also held the position of Ward Sister.

ASSISTANT MATRON.

MISS ALICE M. BARTER has been appointed Assistant Matron at the General and Eye Hospital, Swansea. She was trained at St. Thomas' Hospital, where she has also held the position of Staff Nurse and Night Sister.

The Hospitals' Commission.

It is probable that the Report of the Royal Commission on the Hospitals in South Africa will be presented when Parliament meets. It is rumoured that the Report will be a practical vindication of the Royal Army Medical Corps. We hope that the rumour that because male orderlies are cheaper than efficiently trained female nurses, poor sick Tommie will still be at the mercy of their ministrations, is not true. We own, however, that we await the Report of the Commission with little hope that a liberal and effective scheme for the care of our sick and wounded soldiers will therein find support.

The Scourge of Enteric.

NINE nurses, and 100 men of the Royal Army Medical Corps, left Southampton for the Cape by the ss. *Nubia*, which sailed on Tuesday last. It is manifest, therefore, that the authorities contemplate a considerable amount of sickness amongst the troops in South Africa for some time to come. This, indeed, is painfully evident at present, from the long lists of the dangerously ill and of the dead which appear in the columns of the daily papers. It is not only from the sword and shell of the enemy, but from the pestilence which follows in the wake of war that many of the saddest deaths occur, and the scourge of enteric fever in South Africa has laid low many brave men who have passed unscathed through the perils of the battle field.

Practical Notes on Plague Nursing.

By MISS AMANDA JONES, R.N.S.

From the cases of bubonic plague that continue to crop up in the United Kingdom and on the Continent, fears may be justly entertained that we may not escape a visitation of this dread scourge; the more so, since the insanitary conditions and over-crowding that obtain in the poorer districts of our sea-ports would specially foster such a disease.

I am, therefore, glad to see, in the correspondence of the *NURSING RECORD* of the 10th inst., an enquiry from a Nurse-Matron for some practical information on the Nursing of Plague, and I trust the following notes from experience in India may be helpful in the recognition and nursing of any cases that may yet occur in this country.

Plague demands, and, as a rule, repays, assiduous care, unremitting attention, and the most intelligent nursing that can be given; for, at the outset, it should be asserted that Plague is not a monotonous disease, following just one course, but may show itself in so many forms, have so many complications, and leave such varied sequelæ, that to do one's best one must always be on the alert, ready to recognize and grapple with anything new and extraordinary that may occur.

There are many general symptoms that serve in its diagnosis, with which a nurse should be acquainted. They are:—The lethargic appearance, the injected eyes, furred tongue (often tremulous), high temperature, rapid breathing, quickened, often weak and irregular pulse (sometimes one beat being dropped in every 4 or 6), the complaint of pain or tenderness in any glandular region, and the characteristic bubo or enlarged gland. All these signs may be present, or only some of them. In the latter case, if there is no enlargement or tenderness of the glands, and the other symptoms not specially marked, great care should be taken, a history of the case obtained, if from contact, or an infected region or house, how long indisposed, and whether fear of Plague is a factor. It might be Plague in an early stage, but to give the benefit of the doubt, such patients should be isolated and watched, a good aperient given and fluid diet, and in a day or two they may be all right, and only require the regulation 10 days' quarantine to make doubly sure. But if in that condition they had been placed with true plague cases, they very probably would have developed it.

At the onset of an epidemic the mortality was always very high—some 80 per cent.—and the

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