

Appointments.

MATRONS.

Miss Margaret S. Gordon has been appointed Matron of the Farnham Private Asylum, Finglas, co. Dublin. She was trained at the Western Infirmary, Glasgow, and, after some years experience in district nursing, was appointed Assistant Matron of the Stirling District Asylum, Larbert, an asylum whose nursing staff have been more successful in obtaining Matrons' posts than any other, owing probably to the progressive policy of Dr. Robertson, the Medical Superintendent, in advocating the appointment of trained nurses to the superior posts. Their qualifications for the responsible position of Matrons in asylums are therefore exceptionally excellent.

Miss Rosalyn Wright has been appointed Matron of the Goole Urban District Council Fever Hospitals. She was trained at the Borough Hospital, St. Helen's, and has been Staff Nurse at the Isolation Hospital, Bryn, and Charge Nurse at the Goole Sanatorium.

HEAD NURSE.

Miss M. H. Marriott has been appointed Head Nurse at the Royal Bath Hospital, Harrogate. She was trained at St. Mary's Hospital, Paddington.

NIGHT SUPERINTENDENT.

Miss Emily Berry has been appointed Night Superintendent at the Union Infirmary, Sheffield. She was trained in this institution, in which she has held the position of Staff Nurse and Sister.

St. Bartholomew's Hospital.

REPORT OF THE LORD MAYOR'S COMMITTEE.

The Lord Mayor's Committee of Inquiry into the affairs of St. Bartholomew's Hospital met on Tuesday last at the Mansion House, the Lord Mayor presiding. The meeting was held for the purpose of receiving the report of the sub-committee on administration and finance, of which Sir Thomas Jackson was the chairman.

After a lengthened consideration of the report, the following resolution was unanimously agreed to:

"That this Committee, having carefully considered the report of the sub-committee on the financial and administrative management of the hospital, are of opinion that the Governors have completely vindicated the reputation, character and administration of the hospital, and are fully justified in appealing to the public for funds to enable them to utilise the land acquired from Christ's Hospital, and to provide the new buildings urgently necessary to bring the hospital up to modern requirements in all respects."

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

By Miss HELEN TODD,

Matron, National Sanatorium, Bournemouth.

XIV.—DIET IN ACUTE FEBRILE DISEASES.

Our subject this evening consists of "Diet in Acute Febrile Diseases." Under this heading I propose to consider:—

(a) Those diseases (such as pneumonia or scarlet fever) in which there is for a time continuous high fever and sufficient constitutional disturbance to interfere with or entirely prevent the digestion of ordinary food, although there be no specific injury of any part of the digestive tract.

(b) Enteric fever, where the intestine itself is the part attacked by the disease.

All acute febrile diseases have the following features in common:—

1. They powerfully affect the organs of digestion and assimilation.
2. They cause great wasting of the tissues.
3. They produce marked muscular weakness.
4. They enormously increase the secretion and excretion of urea.

At first sight it may seem odd that in an illness like pneumonia, where the lungs are the affected organs, the stomach should be thrown so completely out of gear, but inasmuch as "whether one member suffer all the members suffer with it," so the whole body, and especially its muscular system, speedily shows the effects of any disease associated with high temperature.

In an acute fever the stomach is not only unable to do the muscular part of its work, but its glandular secretions are altered, and it therefore "becomes often inoperative, and digestion becomes almost exclusively intestinal" (Roberts' "Dietetics and Dyspepsia"). You can therefore readily understand that in this class of disease we must only give fluid and easily-digested foods so long as the stomach remains enfeebled or functionally deranged. The quality and quantity of the nourishment must also be duly considered, our object being both to support the patient's strength and to prevent extreme emaciation.

The principal cause of the wasting seen in fevers lies in this, that a continuous high temperature brings about a very large increase in the metabolism of the albuminous tissues, and the patient is unable to take sufficient nourishment to balance his profit and loss account; the latter, being greatly in excess, brings about in its turn the marked muscular prostration of which we have already spoken, and an enormous secretion of urea, many times in excess of the normal quantity. Any degree of fever means

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