

Institute, with non-professional control, all either bitterly opposed to self-government for nurses, or oblivious to their best interests, by omitting to support their just professional aspirations, and two of these journals actually gave what little influence they possess to Sir Henry Burdett's scheme for the subjugation of the nursing profession on what he called the "Rothschild platform," but to which unscrupulous transaction the Editor of the *American Journal of Nursing* gives its right name of "a plot," in referring to his recent "attempt to create an arbitrary body of control for the nursing profession under the *ægis* of the Board of Trade"—a "strange proceeding, which was carried on absolutely without the knowledge of the organised nurses of Great Britain, in such secrecy that it might almost be said to have resembled a plot."

In America we see the same result. All the journals edited by nurses are staunch to the best interests of nurses, those which are in the hands of non-professional persons quite the reverse. Surely, common sense and a sense of self-preservation teaches us a sound lesson in these uncontrovertible facts. Why should we make money for Sir Henry Burdett and his emulators in quack nursing journalism? Personally it appears to me a most suicidal policy. The medical profession might as well spend its money and influence in helping publishers and newspaper proprietors to run papers for medical men in opposition to their professionally-staffed Press, and thus create a quack medical Press, to oppose their best interests upon every possible occasion. This matter of the quack nursing Press might very well receive some notice from the Matrons' Council. Why should it not be discussed at one of our Conference meetings; the discussion would be lively, especially if Sir Henry Burdett and Messrs. Macmillan were invited to reply.

Yours truly,

A MEMBER OF THE MATRONS' COUNCIL.

[We think this an excellent suggestion. A stirring discussion would certainly be ensured, to say nothing of "wigs on the Green."—Ed.]

RURAL NURSING.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I gather that the main argument advanced against the employment of fully-trained nurses in rural districts is that such districts cannot afford to maintain them, and they must, therefore, have a cheaper article. This argument might with equal justice be applied to our colonies, many of which are desirous of obtaining the services of a nurse, but are unable to pay the whole cost. The Colonial Nursing Association does not say, "Very well then, we will send you a makeshift with some training; half a loaf is better than no bread." In every case it supplies a fully-trained nurse, and, if necessary, guarantees assistance for a time, the result being that, as a rule, the colony eventually supports the nurse. Why should not the same principle be applied to Rural Nursing in our own country through a central organisation, preferably a part of, or working with, the Queen Victoria's Jubilee Institute? Surely many of the wealthy patrons of rural nursing associations would welcome and support such a scheme, if it could be arranged.

Yours faithfully,

ENQUIRER.

NURSING THE PATIENT.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I was very interested in the article you published last week on "Enteric Fever, and the Patient it Attacks." I think all who read it should be able to nurse enteric fever more intelligently, and to report symptoms more accurately than they have hitherto done. I am quite sure that when medical practitioners explain to nurses causes and effects in the diseases from which the patients under their care are suffering, that they incidentally reap the benefit in the more skilled co-operation of the nurse and in her alert, loyalty, not only in carrying out orders—that a nurse worth the name will always do—but in furthering the unexpressed wishes of her chief. For between a doctor and a nurse, battling for a life, there undoubtedly exists, under the best conditions, a sympathetic understanding, and the former will gain in the latter—when she is allowed a glimpse into his methods—a most valuable co-operator.

The nervous type of typhoid described interested me greatly. I think all of us are apt to consider diseases as running one typical course, and requiring the same treatment and nursing in each case. The warning to nurse the patient as well as the disease is very necessary.

Take malaria for instance, a disease in which I happen to be interested from having seen a good deal of it during residence abroad. Quinine, of course, is the sheet anchor, and quinine, quinine, quinine we pour into the patient, two or three time a day. If his temperature does not become normal under this treatment it ought. If it does not do so, then bigger doses of quinine. But the nurse who is with the patient all day has exceptional opportunity of observing symptoms which are often masked by the other more obvious ones of well-defined malaria. If she overlooks and fails to report these, her nursing is not of a very high order, nor is she doing the best by the patient, or her superior officer, the doctor.

In my judgment those cases in which malaria affects the nervous system are the most serious ones, if the victory is to be gained, and indeed defeat is common in spite of every effort, every effort must be put forward. Half the battle lies in recognising that after a certain stage the malaria is of secondary importance, the fight really centres round the delicate nervous organisation. What of quinine, then? Perhaps, I am exceeding the province of a nurse in discussing the question; only, be it remembered, that in isolated tropical stations the nearest doctor may be hundreds of miles away, and the nurse has simply to do the best she can. She may give quinine like an automaton, because it is the specific in malaria and the patient has malaria. Or she may remember that it enters the tissues quickly and is excreted slowly, and that full or over-doses may cause general prostration. Can this be good for a patient whose life hangs on a thread, and whether that thread is severed or remains intact depends upon the recovery of the nervous system? We all know that there are cases of typhoid in which the temperature never becomes normal until solid food is given, and I believe there are cases of malaria which never convalesce until quinine is stopped. And of another thing I am certain, in cases of nerve break-down after malaria—the ordinary rule of light diet so long as the temperature remains up must be ignored and the patient must be *struffed*. It is a disease which exhibits itself

[previous page](#)

[next page](#)