

can and a separate sterilised nozzle for each patient. It really seems almost absurd to call attention to this point, but I have seen quite recently in a modern fever hospital one Higginson's syringe and one nozzle in use for all the patients in a scarlet fever ward. There was no steriliser in existence! Then a large quantity of fluid should be used, at least two pints, and allowed to run into the mouth at as low a pressure as possible, the patient being in such a position—head downwards—that the fluid runs easily out of the mouth and not down the windpipe. Swabbing of the fauces may be necessary in addition to the douching.

Overwork of the kidney may be diminished by keeping the skin soft from the first. Even if the treatment of scarlatinal patients by baths is not adopted in the acute stage, every patient should subsequently be bathed at least three times a week, and the skin should then be well rubbed with olive oil, containing a small proportion of eucalyptus oil, or rather antiseptic. The bowels should be made to act every day.

When the attack of nephritis has set in, the main point is to leave the kidney absolutely alone. It is in a sense tired out, and stimulating it will only do harm. The skin must be made to act at once with hot packs or vapour, or electric (radiant heat) baths. I need not describe the giving of these, as it is a matter of practical nursing which can be better learnt in the wards. One point, however, is worth mentioning, namely, that patients sometimes feel faint, or even lose consciousness, while they are wrapped in the pack. Here, the nurse's first impulse might be to take the patient out of the pack at once, but this is usually not advisable, as there is a considerable risk of his catching cold thereby: it is better to lower the head well, and to give a hot drink.

The bowels should also be opened with a large dose of "white mixture" or some similar preparation. The diet consists of milk alone at first, and subsequently of bread and butter and puddings without eggs, the object being again to spare the kidney as much as possible by avoiding foods that contain much albumen. The patient should have as much water to drink as possible. When nephritis has set in the patient should be clad only in flannel, and should sleep between blankets until he leaves the hospital, or is pronounced free from all weakness of the kidneys. In convalescence, preparations of iron in some form are often necessary for the benefit of the anæmia.

The British Journal of Nursing and the British Nursing Press.*

BY MISS MARY BURR.

If there were any question of the vitality of the profession of nursing, or of the progress which it has made in the past quarter of a century, I would just state this one fact. Twenty years ago there was not one professional association of nurses in the world, and not a single journal in the press solely devoted to their interests, and now there are few civilised countries where trained nurses are not associated for professional purposes, and where they do not own and control a professional organ. The subject, therefore, of the History of the Professional Nursing Press is one of such enormous importance to nurses that its place in the programme of this great International Conference requires no excuse.

Order—Organisation—Unity—by them alone is it possible for a class of workers to succeed, to be strong, to have liberty of speech and conscience, to live decently, and withstand the almost overwhelming pressure of industrial conditions, which, in the furious competition for abnormal wealth, grinds the individual to powder.

Order, organisation, unity one must have. Yet none of these things are possible to the inarticulate. The vocal chords of the world are all too weak to give effective expression to human demands, to touch the world's tympanum, and reach the conscience of humanity.

But listen to the never ceasing clang of the modern printing press, and who can fail to realise that it will resound to the furthest ends of the earth. Those of you, therefore, who have a message to send will be wise to pick up the latest self-filling "stylo," put pen to paper, and with what force is in you boom it forth in black and white.

Organisation minus articulation is impossible. It is with a certain amount of modest pride, therefore, that English nurses can prove that they were the first to realise this law, and to obey it.

In the few minutes at my disposal in which to relate "The History of the BRITISH JOURNAL OF NURSING," I must compress one of the most striking stories in journalism into very modest dimensions.

It was in the year 1887 that the first awakening of the professional spirit in the English nursing world was apparent. It was

* Read at the International Conference on Nursing at Paris, June, 1907.

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