

window will not send him forthwith to his grave. It is well to remember that the prejudice is really due to the habit of the laity (especially grandmothers and mothers-in-law) of confusing freshness—*i.e.*, the amount of oxygen in the air—with temperature. They are apt to estimate the purity of the air by the height of the thermometer! The proper method is to see that the patient is warmly covered up in bed, and then to open the window. When cyanosis occurs, oxygen may be given from the cylinder until the lips become red again.

Lastly, we have the most difficult problem of all—namely, when to assist the heart, and we cannot do better than take the analogy of a foot race to explain the problem with which we have to deal. Let us imagine that two men have to run a race, let us say on a course half a mile in length; the first man, we will say, runs off as hard as he can go from the starting point and endeavours to keep the same pace up till the finish, while the second man does not start off so quickly, but keeps some strength in reserve until he sees he is being pressed, and then puts on a spurt. Obviously, the second man will win. If the race is two miles long, the spurt has to be put on still later in the race, and the pace at the start must be slower. Now, an attack of lobar pneumonia is our half-mile course and broncho-pneumonia our two-mile stretch, and in either case, if we stimulate our patient's heart too soon, he will run himself out before the tape is reached, and the race will be lost.

When, then, shall we make him put on the pace? At any time if he becomes cyanosed, or if his pulse rate runs up suddenly, and if either of these conditions occurs the physician should be summoned without delay. Sometimes we want to stimulate if the pulse rises gradually, and this is where the value of a well-kept pulse chart comes in. There are other signs of value to be obtained from the physician's examination of the heart, but in any case the problem is a difficult one, and requires both thought and experience for its solution, especially in the case of broncho-pneumonia, where the struggle is prolonged and the end can never be in sight. The drugs most frequently used are alcohol, strychnine, and digitalis, and the nurse should remember that alcohol is a powerful drug and not a harmless beverage, and she should never give brandy except in the prescribed doses and at the appointed times. If she should become alarmed at the condition of the patient, she can do no harm by applying temporarily a sponge wrung out of hot water to the region of the heart.

Very much can be done also by judicious feeding, and here one may say that the tendency is usually to overfeed—invariably on the part of the relatives, and often, it must be confessed, by the nurse also. The nourishment should be varied, fluid, easily absorbed, and nutritious. When, as so often happens, the patient refuses food, stimulant, and medicine altogether at the hands of the relatives, the presence of a trained nurse who knows how to overcome the prejudice by tactfulness combined with skilful preparation and attractive presentation of the food, is imperatively called for.

Progress of State Registration.

BILL BLOCKING IN THE HOUSE OF COMMONS

In spite of the strained conditions of politics in both Houses, the friends of nurses have been actively engaged in furthering their interests in the House of Commons since the opening of the present Session, and Mr Munro Ferguson, with his supporters in all the various Parties, are now convinced that should the Nurses' Registration Bill be accorded a second reading, it would pass with inconsiderable opposition. This we gather from members on all sides of the House.

Under our present obstructive method of proceeding with legislation in the House of Commons, a method which common sense demands should be effectively reorganised, any Government Department, as, indeed, any single member, can obstruct vexatiously the most needed reform, such as the State Registration of Nurses, session after session, and already this Session the Home Office, which has absolutely nothing to do with the matter, and Lord Winterton, who had been misinformed of the present position of the question, have blocked the Bill, and raised their blocks upon reliable information being laid before them.

Last week the Local Government Board, of which Mr. John Burns is President, entered the arena of obstruction, and blocked the Bill, and this is the more to be deplored because when the Bill was before the House of Lords, no objection was made to it from this Department, and amongst the Government amendments was one providing for the representation of the Local Government Board on the Registration Council, an amendment which was agreed to by Lord Amthill. Moreover, in the Bill promoted by the Central Registration Committee, the Scottish and Irish Local Government Boards have representa-

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