

words, five or six eggs on an ordinary glass slide would indicate a heavy infection.

"Considering the constant drain of blood, the catarrh arising from the irritation of the mucous membrane, the consequent impairment of nutrition, as those poor people live usually on coarse innutritious food, it can be plainly seen that they are in a state of chronic starvation.

"The disease, as stated before, is characterized by marked anaemia, associated with more or less dyspepsia." One of the earliest symptoms is pain and uneasiness in the epigastrium, unnatural cravings, constipation, lassitude, pallor and mental apathy and depression. This last symptom is very marked. In the advanced stages the face is puffy and the feet and ankles swollen. There is no apparent wasting on account of the oedema present. Children infected with the disease are undersized and under-developed.

In some instances the return to health under treatment has been so sudden as to be remarkable. A new interest in life through a desire to go to work showed mental and moral, as well as physical improvement.

Thymol is the drug most popularly used. The patient is put on liquid diet for one or two days and an aperient, preferably Epsom salts, is given to clear the intestinal tract, after which thymol in twenty-grain doses (adult dose) is given every hour until three doses or sixty grains have been taken. One hour after the last dose of thymol another dose of salts is given. One or two hours after this the patient is allowed a light diet. No oil, alcohol, whiskey, wine, glycerine, or turpentine, used either as food or medicine, are allowed for the rest of the day, as thymol is soluble in all of these and poisoning by absorption of the drug might ensue, and, therefore, collapse.

THE PREVENTION OF THE SEQUELÆ OF MIDDLE EAR SUPPURATION.

The *British Medical Journal*, discussing the proceedings in the Section of Otology at the recent Annual Meeting of the British Medical Association, says that Dr. Claude Rundle, who spoke from experience at a fever hospital, raised some interesting practical points. He avoids routine treatment of the throat and naso-pharynx in scarlet fever and measles, and to this attributes the relatively low incidence of otitis at the Fazakerley Hospital. Dr. Rundle also considers that the otitis occurring in the acute stage of an exanthem is as a general rule mild, rarely calling for any surgical interference.

THE INTERNATIONAL CONGRESS OF NURSES.

TUESDAY, AUGUST 6th.

AFTERNOON SESSION.

On the afternoon of August 6th the Cologne Congress re-assembled, under the presidency of Mrs. Bedford Fenwick, to consider—(1) The Duties of the Matron in the Training and Education of Nurses; and (2) The Duties of the Matron in the Administration of Hospitals. In opening the Session, Mrs. Fenwick said that the question to be discussed was one of the most important, if not the most important, before the Congress. It was, moreover, one on which a difference of opinion existed in European countries. In the United Kingdom the heads of the Secretarial, Medical, and Nursing Departments were usually held directly responsible to the Administrative Committee for the efficiency of their several departments; and this had proved to be the only system by which the best results could be hoped for. The claim that the Matron should have sufficient power and responsibility to enable her to fulfil the duties of her office had been advanced by Miss Nightingale; and harmony and efficiency could not be maintained without a just measure of power. She then called on Miss Mollett, for many years Matron of an important provincial hospital in England—the Royal South Hants and Southampton Hospital—to present the first paper.

THE DUTIES OF THE MATRON IN THE TRAINING AND EDUCATION OF NURSES.

Miss Mollett said in the course of her paper (read in German) that the conception of nursing as a profession, as something to be studied, and which required instruction and a certain degree of education, originated with Florence Nightingale, and with her attitude towards training. To a certain extent, public homage had placed a halo about her head. She was, however, as we all now knew, before all a great teacher; and firmly believed that willingness of spirit, piety and self-sacrifice alone could not make a good nurse. These qualities must indeed be present, but without training, without a certain well-regulated instruction in the art of nursing, they must fail of their full fruition. Miss Nightingale reiterated this point again and again—the nurse must be carefully and definitely trained.

At the beginning and in the middle of the last century English nurses were drawn almost entirely from the lower—even the lowest—classes. That they should be educated was unthought of, and it was even rare that one could read. Indeed, the calling of a nurse was hardly held to be respectable. The descriptions given by Dickens and other writers of that time were by no means overdrawn.

Miss Nightingale had, therefore, no traditions to follow in founding her school. She belonged to a cultured English family, her friends and relations were influential people, and she returned from the Crimea a heroine—to devote the fund

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