

Move the patient very carefully from side to side, using the same method also for changing the bed.

Great care, patience, and tact are required on the part of the nurse to keep a child who feels well quite quiet and recumbent.

Treatment of Cardiac Failure.—For this, the most dreaded and fatal complication, but little can be done. Still, every effort must be made to keep the failing heart going; keep the patient quite flat, remove all pillows, and, if necessary, raise the foot of the bed.

Apply hot bottles and blankets, and give stimulant (brandy), and if the doctor is not at hand an injection of ether may be administered in an emergency.

Hot fomentations may also be applied over the region of the heart, and do all in your power to restore animation, but keep your patient perfectly quiet.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss H. Scott, Miss S. Simpson, Miss I. D. Brand, Miss E. Marshall, Miss A. J. P. van Schermbeek, Miss J. G. Gilchrist, and Miss M. Spencer.

Miss H. Scott writes: Heart failure is the most fatal complication, and is one of the great disappointments in nursing a case of diphtheria; showing itself, for the most part, in those who have suffered from a severe form of the disease, with much membrane, profuse nasal discharge, and marked gland swellings, the first symptom is vomiting, which quickly becomes incessant. Combined with it, and sometimes preceding it, is either a marked slow, or excessive quickening of the pulse. Also the patient becomes restless, his breathing distressed, with some pallor of face, or cyanosis. He quickly becomes cold and collapsed, often dying within forty-eight hours, or sometimes lingering on for a week or longer. On the other hand, he may die suddenly.

Paralysis, when it occurs, as a rule comes on about the end of the second week, though it may appear much later, even in the last stage of convalescence. The disturbance of cardiac function and paralysis is due to septic infection of the blood, caused by the toxin produced by the bacteria circulating in the blood stream, which may set up degenerative changes in the heart muscle and poisoning of the nerve centre, from which arises the cardiac nerve, "the vagus," thus causing the inhibition of the latter. The nursing of diphtheria calls for special care and keen observation, as one can never be sure what is going to happen. The patient must be confined to bed, be constantly

kept in the recumbent position. . . . Sitting up suddenly, or too soon, might bring on a fatal symptom, especially when there is reason to fear heart complications.

Miss Emily Marshall points out that the complications and sequelæ of the disease may be very serious; one of those most to be feared is asphyxia. A patient may be suffocated at any moment, and if symptoms of asphyxia appear the operation of tracheotomy may be immediately necessary to save the patient's life.

QUESTION FOR NEXT WEEK.

What is the chief danger in measles?

THE DUBLIN NURSING CONFERENCE AND EXHIBITION.

All the invited speakers have now been arranged for the National Council of Nurses Conference, organized in part by the Irish Nurses' Association, to be held in Dublin from June 4th to 6th. The reception of members will be held in the Royal College of Surgeons of Ireland on the evening of the 3rd prox.

Much of the programme was published in our issue of April 19th last, but there were then a few invitations awaiting convenient replies.

We have much pleasure in announcing that Mrs. Strong, President of the Scottish Nurses' Association, and formerly for so many years the well-known Matron of the Royal Infirmary, Glasgow, will open the discussion on "The State Registration of Nurses," and it will be acknowledged that no one has a better right to express a well-considered opinion on this all-important question.

Miss S. Grace Tindall, President of the Trained Nurses' Association of India and Lady Superintendent of the Cama Hospital, Bombay, will open the discussion on the "Legal Status of Midwives." Miss Tindall, who is home on leave after five years' most arduous work in India, will be specially welcome at the Conference.

The Reception to be given by the Irish Nurses' Association at the Royal College of Surgeons, St. Stephen's Green, on the eve of the Conference, is expected to be very influentially attended, as both the Councils of the Royal Colleges of Surgeons and Physicians of Ireland have given most courteous support to the Irish Nurses' first Nursing Conference, in permitting the use of their historic halls for the purpose.

Whether in costume or not, we shall all feel impelled to make our bow to the beautiful

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