

ances available. He further said that if the hospital struck the members of the Council as being in order, that its order and cleanliness were not due to any special effort, but were its normal condition.

Mrs. Bedford Fenwick, in the name of the National Council of Trained Nurses, thanked Mr. Orpen for his speech and asked him to convey its thanks to the Governors, the Staff, and the Ladies' Committee for their kindness and hospitality. She could say for all the visitors that they had found the hospital extremely interesting, and regarded it as a great privilege to have had the opportunity of seeing it.

It was now recognised that in dealing with tuberculosis preventive and curative work played an important part, and in this work district nurses had great opportunities of usefulness. In regard to hospital work, she was sure that a model was set at Newcastle.

The same afternoon Mrs. William Taylor provided a sumptuous tea at Killiney for members of the Conference, and Dr. Taylor kindly motored out some of the guests from town.

And beyond the boundaries of the United Kingdom the stir of the Conference was felt, for from India Miss M. E. Macdonnell, formerly Secretary of the Irish Nurses' Association, wrote wishing it every success, and sending to three of her Dublin friends lovely pieces of delicate lace with the hope that they would use it during the Conference week.

THE PUBLIC AND PRIVATE NURSES.

Lady Helen Munro Ferguson, in a letter to the *Spectator*, pertinently replies to a statement made by the Matron of the London Hospital that "the best way for the public to make sure of obtaining good private nurses is to apply direct to the hospital which trains them. . . ." Lady Helen points out:—

"It no doubt would be excellent for hospitals with private staffs, if the public could be induced to believe that only by adopting Miss Lückes's suggestion could they obtain reliable nurses, for such hospitals make considerable profits—often running into several thousands—from their private nursing staffs; but it would be scarcely fair to the profession if they could only obtain employment through a middleman who retained the greater part of their profits; nor does it seem quite right that our large voluntary hospitals should be partially maintained by the earnings of one class of underpaid working women. The advantage to the public of such a system is also questionable. The private nursing staffs of hospitals are composed of women whose experience is limited to the wards of their own training school, and many of them have only just completed their training of three years, or, in the case of the London, of two years in the wards."

OUR PRIZE COMPETITION.

WHAT IS GASTRITIS? HOW IS IT USUALLY TREATED?

We have pleasure in awarding the prize this week to Miss H. Scott, Eastern Hospital, Homerton, N.E.

PRIZE PAPER.

Gastritis is an inflammation of the stomach, causing acute gastric catarrh, and is a most common complaint, occurring at all ages, and is usually traceable to error in diet. It may follow the ingestion of more food than the stomach can digest, or it may be the result of taking unsuitable materials, which either irritate the mucous membrane, or, remaining undigested, decompose, and so excite an acute dyspepsia. A frequent cause is the taking of food which has begun to decompose, particularly in hot weather. Another common cause is the abuse of alcohol, and the acute gastritis which follows is one of the most typical forms of the disease. The mucous membrane of the stomach becomes red and swollen, less gastric juice is secreted, and mucus covers the surface. Symptoms in mild cases are those of slight indigestion. The patient complains of an uncomfortable feeling in the abdomen, headache, depression, nausea, eructation, and vomiting, which usually relieve him. The tongue is coated and saliva increased. Children usually have intestinal symptoms, diarrhoea and colicky pains. There is usually no fever. The duration is about twenty-four hours.

In the severer forms the attack may commence with a chill, the temperature rising to 102°—103°, the tongue is furred, the breath heavy, and vomiting frequent. The ejected substance is at first mixed with food, subsequently contains much mucus and bile-stained fluids. There may be constipation, but very often diarrhoea. The urine presents the usual febrile characteristics, and there is a deposit of urates. The abdomen is sometimes distended and slightly tender in the epigastric region. Herpes may appear on the lips.

Treatment.—Mild cases usually require no special treatment. Careful attention to diet, and keeping the bowels open daily, are the two chief things, if not naturally by a mild aperient: mag. sulph. ʒi a.m. Ol Ricini in small doses is usually given to children.

In the severer forms absolute rest in bed for a time is most essential. If there is much distress in the region of the stomach, vomiting may be promoted by warm water, a simple emetic. A calomel powder is sometimes

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