

A LONG PULL AND A STRONG PULL.

The Editor begs to thank all those who have, during the past week, sent congratulations on the success of "Our" Bill in the ballot. She hopes they will also convey to Captain R. W. Barnett, M.P., at the House of Commons, their appreciation of his kindness in giving preference to the Nurses' Registration Bill, and for introducing it so early in the Session. The following members have also earned our gratitude by backing the Bill:—

Major Sir Samuel Scott, Mr. Adamson, Brigadier-General Page Croft, Sir George Younger, Sir Robert Woods, Mr. MacCallum Scott, Mr. James Gardiner, Major Kerr-Smiley, Captain Shaw, Mr. Hopkins, and Sir Watson Rutherford.

This is splendid support, and represents every Party in the House. This is as it should be, as Nursing is a National and not a Party question.

We thank them one and all, and feel sure they will do all in their power to push forward to a happy conclusion legislation on this urgently needed reform.

THE NATIONAL COUNCIL OF WOMEN SUPPORT STATE REGISTRATION.

At a meeting of the Parliamentary and Legislation Committee of the National Council of Women, held on Tuesday last, a Resolution was unanimously passed in support of State Registration of Nurses, and asking Members of Parliament to support the Second Reading of the Central Committee's Bill on March 28th.

Sir Arthur Stanley, who was present during part of the meeting to explain certain Clauses in the College Bill, stated that the College did not intend to oppose the Second Reading of the Bill before Parliament, and that amendment should be made in Committee. This statement was received with applause.

The College of Nursing, Ltd., has, however, issued a long and very misleading Statement against the Central Committee's Bill, which has been widely circulated amongst Members of Parliament. Let us hope they will read between the lines.

OUR PRIZE COMPETITION.

GIVE THE NURSING TREATMENT OF A CHILD AGED SIX YEARS WITH DIPHTHERIA. MENTION THE COMPLICATIONS WHICH MAY ARISE.

We have pleasure in awarding the prize this week to Miss Ellen Muddiman, General Hospital, North Ormesby, Middlesbrough.

PRIZE PAPER.

Diphtheria is an acute, specific, infectious disease, with formation of a false membrane upon the throat, which may extend to the larynx and other mucous surfaces.

It is caused by the Klebs Loeffler bacillus. The patient must be isolated, given separate utensils, which must be disinfected after use. The room must be well ventilated, windows always open, and a temperature of 65° maintained.

Antitoxin will probably be given before toxæmia becomes profound.

Symptoms can only be treated as they arise. Temperature, pulse, and respirations must be recorded four-hourly.

Always bear in mind the treacherous nature of the disease. Heart failure may occur at any time. Stimulants must always be at hand. There should be a stimulating line of treatment throughout. Rest and sleep are most essential.

The patient must be kept in a recumbent position for three weeks or longer if necessary, afterwards being gradually raised with pillows to a sitting posture. All pressure points must be frequently rubbed with methylated spirit, and dusted with starch powder.

A daily blanket bath must be given, and the mouth kept scrupulously clean, any discharge from nose or throat wiped away with rag and immediately burnt.

The patient must not be subjected to the least exertion until convalescence is established. Bowels must be regulated by enemata; glycerine, 2 to 3 drachms, for preference.

Aperients may not be given for fear of vomiting, which would disturb the heart.

Any tendency to vomiting may be of cardiac origin. Rectal feeds should be given, and ice to suck. Persistent vomiting is a grave symptom.

The rectum having no power of digestion, all rectal feeds must be pre-digested; 4 oz. every three hours is as much as a child will retain. If there is a difficulty in retaining feeds, time must be allowed after the usual wash-out for the bowel to settle down. Tincture of opium, 5 minims, normal saline, 1½ oz., given per rectum, will sometimes check the peristalsis, and the feed will be retained.

Should local treatment of throat be desired, a cotton wool swab impregnated with Loeffler's solution or some other antiseptic may be firmly pressed upon the false membrane. Often it is left to the curative results of antitoxin.

If there be a tendency to hæmorrhage from mucous surfaces, these may be sprayed with adrenalin.

[previous page](#)

[next page](#)