

PROFESSIONAL REVIEW.

TEXT-BOOK FOR FEVER NURSES.

We have pleasure in drawing the attention of our readers to the Text-Book for Fever Nurses, by Grace H. Giffen Dundas, F.R.C.S.I., D.P.H. (Camb.), in which the Fever Nurses' Association Syllabus of Lectures is closely followed.

The book is divided into two parts: Part I dealing with Anatomy and Physiology, and Part II with Fevers and Fever Nursing. In her preface Mrs. Dundas advises nurses to make full use of the teaching accessories belonging to their hospital, *viz.*, diagrams, skeletons, anatomical models, &c., when reading Anatomy and Physiology; and, in studying Part II, on Fevers and Fever Nursing, lays stress on the importance of corroborating in the wards the theoretical knowledge gained from reading. "Ward instruction can only be obtained in the wards. No amount of reading will teach a nurse how to test urine, or how to give a nasal feed."

The author writes in simple language, and the teaching of the book should be readily grasped. Thus we read:—

"Infectious diseases are caused by germs or micro-organisms or bacteria which invade the tissues of the human, and go through a definite life history. They live, they eat, they excrete, they multiply, they die. When first they invade the tissues no symptoms can occur until the micro-organisms multiply. Either they themselves, or what they excrete (toxins) act as a poison to the human, and cause symptoms and signs (high temperature, rash, &c.)."

The author describes what to observe, and what to report in fever cases, and, as observation is the essence of good nursing, nursing-students will be well advised to study this chapter attentively.

Thus:—"Even such a simple thing as vomiting is not to remain unreported, as it may indicate cardiac collapse. An attack of dyspnoea and blueness of the lips may be a matter of life and death, as is also a sudden pain in the abdomen in enteric fever. A rash may be of very short duration and may only be present between two visits made by a doctor. Sleeplessness, restlessness, delirium, may indicate the use of drugs. Such symptoms as difficulty in seeing to read or sew, disinclination to swallow solids, &c., may seem small things and yet are indicative of post-diphtheritic paralysis."

With regard to Fever Nursing in Private Houses we cannot subscribe to the "ideal room" including "a rug or two"; in our opinion they should be rigorously banished.

In regard to the preparation of swabs for an abdominal operation we think it should be impressed on nurses that they should be carefully prepared, with tape sewn on one corner, and that they should be counted out in dozens before, and most carefully after, an operation.

With these friendly criticisms, which we commend to consideration in connection with future editions, we cordially commend the book to our readers. It is published by William Bryce, 54, Lothian Street, Edinburgh, price 4s. 6d.

THE INDIAN NURSING WORLD.

The Nursing Journal of India (one of the International organs) reports in the January issue a stirring of professional responsibility upon the part of the Trained Nurses' Association of India—the nurses of which throughout almost the entire Empire have no system of State Registration—and now find themselves ineligible for reciprocal registration under the Nurses Acts, 1919. The apathy of British Nurses over this duty, not only to themselves but to the sick, is a sad sign of decadence; apparently anyone may "do for them" so long as they have a "good time."

THE TRAINED NURSES' ASSOCIATION OF INDIA.

At the Annual Conference, held last month, at Agra, Lady Edwards (the President of the T.N.A.I.) said it had been an uneventful year, and "no progress had been made towards the aim of State Registration," and said "only by a united effort on the part of the members could anything be accomplished. She hoped for the future every member would consider the Association a personal thing."

The following call to arms was sounded in her paper on "Union," by Miss Wilkinson, of St. Stephen's Hospital, Delhi:—

Union.

In looking round upon the Nursing World in India to-day it is apparent that the most vital factor to progress which is still lacking is Unity. Compared with other countries such as China, South Africa, Great Britain and America, India is at a standstill. Here one is up against a stone wall of apathy and indifference of the Nurses themselves, resulting largely from the indifference to the conditions of Nursing in general on the part of leaders of Nursing in the different provinces. The vision of these leaders must not be focussed only upon their own local needs, but must be enlarged to envisage Indian Nursing as a whole.

In whatever branch of Nursing one is engaged, one is responsible for the prestige and status of Nursing as a profession throughout the whole country.

As we know, most organisations in India are more or less official, and Matrons in this country recognise that the official point of view must have its due consideration, but this should not be at the expense of the efficiency of Nursing.

We suffer from a lack of unity because the Matrons are merely the instruments of the Committee or Board, and not co-operating members.

It is true that in many places the opinions of the Matron on important points is asked, but how often does that opinion receive its due consideration from the official side? More often than not she hears no more of the subject.

In several provinces where some form of registration has been formulated or a new Nursing scheme brought forward, the Matrons of the various training schools, either Government,

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