

from the latter. The symptoms are naturally of less urgency, but do not respond to treatment: there is persistent dropsy of varying extent, considerable albuminuria. The patient becomes pale and anæmic, and remains debilitated.

(c) *The chronic form.*—This often occurs as a deferred result of the acute and sub-acute forms, but may occur as a primary disease. The urine is usually increased in amount, and will contain albumen and tube casts. There is some dropsy, general ill-health, interference with digestion and hardening of the arteries, giving the "whip-cord" pulse. Any of the symptoms of acute nephritis may be present, but in a chronic form.

It is of the utmost importance that the first sign of complications should be noted and treated without delay. Careful, intelligent nursing will do much to bring about recovery and even to save life.

For the treatment of severe dropsy, aperients such as jalap are given to secure a watery action of the bowels, and diaphoretics and diuretics to further assist the excretory functions. When necessary, and especially where symptoms of uræmia are present, hot air or hot vapour baths, or hot packs are frequently employed, great care being taken to avoid chilling; for the same reason the patient should be clothed in flannels, and should be kept very warm. In suitable cases dropsy is treated by withdrawal of the fluid by puncturing, or by the use of Southey's tubes.

Where uræmic convulsions are present, chloroform will probably be given by the doctor; the teeth should be kept open by a spatula to guard the tongue, the patient must be kept quiet and must not be left. Any treatment ordered must be carried out and its effect noted. Venesection is still used in some cases with success.

Pain in the back may be relieved by fomentations, and the placing of small soft pillows in the lumbar regions: restlessness is often relieved by sponging, warm drinks, etc.

The diet will consist chiefly of milk and soda water. When dropsy persists, a "salt-free" diet is often prescribed. The state of the pulse should be noted frequently, and any adverse symptoms dealt with according to the physician's orders; all unnecessary exertion must be avoided.

Bedsore must be prevented, a water bed being employed where necessary.

PRIZE COMPETITION FOR AUGUST.

What lotions and in what strength would you use for—

- (a) Bathing the eyes;
- (b) Syringing the ears;
- (c) A nasal douche;
- (d) A vaginal douche;
- (e) Gastric lavage;
- (f) Washing out the lower bowel?

LEGACIES TO NURSES.

Admiral of the Fleet, the Right Hon. Sir Edward Hobart Seymour, G.C.B., O.M., late of Maidenhead, left Nursing Sister, Kate Hill, £420.

Miss Helen Arbuthnot, of Ashley Gardens, left Nurse Gower £50.

Mr. Richard Hedden, M.R.C.S., of Bideford, left £100 to Miss Winifred Mary Gaskell, nurse.

Mr. Henry Gray, of Walton-on-Thames, left £100 and furniture to Nurse Helen Roach Merrett.

NURSING ECHOES.

MESSAGE FROM HER ROYAL HIGHNESS THE PRINCESS ARTHUR OF CONNAUGHT TO THE INTERNATIONAL CONGRESS OF NURSES AT MONTREAL.

The following kind message to the Nurses' Congress at Montreal has been received by Mrs. Bedford Fenwick (President of the National Council of Nurses of Great Britain), from Her Royal Highness, Princess Arthur of Connaught, herself a Registered Nurse, and will, we feel sure, be received with warm appreciation when presented by the English Delegates. The great interest taken by members of our Royal Family in the Nursing Profession and care of the sick is very encouraging.

41, Belgrave Square, London, S.W.1.

June 8th, 1929.

To the President of the National Council of Nurses of Great Britain, 39, Portland Place, London, W.1.

MADAM,—I shall be glad if you will ask the English Delegates to the International Council of Nurses at Montreal to convey to the Congress my good wishes that the Meetings and Conferences which take place may be very successful, that the Congress may be productive of much educational progress for the Nursing Profession, and that, to the Nurses attending from so many different countries, it may prove a very enjoyable experience.

I am, yours sincerely,

(Signed) ALEXANDRA, S.R.N.

We have to thank quite a number of kind friends for letters expressing sympathy with us in our disappointment at inability to attend the meeting of the International Council of Nurses. One writes: "In spite of disappointment it must be immensely gratifying to you, as Founder of the International Council, that some 5,000 nurses from all over the world will attend at Montreal, and that such a representative delegation will be present from Great Britain." Yes, all this makes one very happy, as it is indispensable for progress, that the younger nurses should realise their professional responsibility. They inherit so many privileges won for them, that now it is their duty to prove their appreciation of the creative faculty and accomplishment of the explorers and pioneers, by taking hold and helping to elevate Nursing to still greater usefulness and honour.

The Matron-in-Chief and Principal Matrons of the London Territorial General Hospitals were "At Home" on Saturday, June 15th, at the Nurses' Home of University College, Hospital. The guests were received by Dame Anne Beadsmore Smith, R.R.C., Miss Ruth Darbyshire, R.R.C., and Miss Cochrane, R.R.C., and a very enjoyable afternoon was spent.

Round the dainty tea tables sat many of the Territorial Nurses and their friends, enjoying talk on old times and partaking of delicious cakes and ices in intervals between the meals.

This was the twenty-first anniversary of the Territorial Army Nursing Service, and it was a happy thought to have such a gathering. We all love to be remembered. It will never be forgotten how, in that fateful August, 1914, the call to active duty found thousands of members

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