

Preceding the speech of the King, there was transmitted by Transatlantic telephone a message from Mr. Mackenzie King (Prime Minister of Canada), whose courtesy and kindness to them in the Parliament House in Ottawa, in 1929, the Nurses of the World, during their Congress in Canada, so well remember.

#### A Sacred Trust.

Mr. Mackenzie King concluded his message with the words, "Canada asks that the nations of Europe strive to bring into being a world at peace. This is the trust which we, the living, received from those who suffered and died. It is a trust which we hold in common. 'A world at peace,' Canada believes, is the only Memorial worthy of the valour and the sacrifice of all who gave their lives in the Great War."

#### The King's Speech.

The King, speaking in French, expressed his gratitude to M. Lebrun for having come to join in the ceremony, saying that the presence of the President of the French Republic would deeply touch the people of Canada.

Speaking in English His Majesty also said:

"In the capital city of Canada, at the heart of the Dominion, there is a memorial chamber set apart as a perpetual reminder of the service and losses of Canada in the Great War.

"To-day, thousands of miles from the shores of Canada, we are assembled around the Monument. Yet we are not on alien soil! . . .

"For this glorious Monument, crowning the hill of Vimy, is now, and for all time, a part of Canada. Though the mortal remains of Canada's sons lie far from home, yet here where we now stand in ancient Artois their immortal memory is hallowed, upon soil that is as surely Canada's as any acre within her nine provinces.

"By a gesture which all can understand, the soldiers especially, the laws of France have decreed that here Canada shall stand for ever. We raise this Memorial to Canadian warriors. It is the inspired expression in stone, chiselled by a skilful Canadian hand, of Canada's salute to her fallen sons."

#### A Vigilant Sentinel.

The President of the French Republic, addressing the King, said, in part: "That this Memorial stands a vigilant sentinel in the middle of fields where the echo of human sufferings still resounds may teach us that there is a bond still stronger and deeper than the community of race and blood, which should guide the acts of men."

At the meeting of the International Council of Nurses, to be held in London in July of next year, the following Resolution, forwarded by the Canadian Nurses' Association, will be considered:

"That the Canadian Nurses' Association stress to the International Council of Nurses, and through them the women of the world, the urgent need of their united effort to sponsor and to support measures for the promotion of World Peace and control of Armaments."

Why should not we as nurses explore the directions in which the desire for peace may penetrate the human mind? The mind is a receptive principle, can we not therefore from our almost sacred relation to humanity insinuate therein an irresistible element of harmony in pacification of elemental passions?

## OUR PRIZE COMPETITION.

### DESCRIBE THE VARIETIES OF NEPHRITIS, THEIR TREATMENT AND NURSING CARE.

We have much pleasure in awarding the prize this month to Miss Amy Phipps, Longmarton, Ashford, Middlesex.

#### PRIZE PAPER.

Nephritis or inflammation of the kidneys is a lesion calling for intelligent and assiduous nursing and treatment. To appreciate the stages of the disease, it is necessary to acquire a clear and accurate knowledge of the structure of the kidney.

The disease is divided into two large classes and a third smaller class. These tend to merge one into another.

(1) Acute parenchymatous nephritis. This, again, is sub-divided into (a) catarrhal; (b) glomerulous; (c) toxic; and (d) embolic.

Actually the two latter are symptomatic of other diseases and not primary affections of the kidney.

(2) Chronic nephritis. This class is sub-divided into (a) chronic parenchymatous or tubal nephritis; and (b) chronic interstitial nephritis.

(3) Pyelitis.

*Acute parenchymatous nephritis* is a disease characterised by grave changes in the urine, dropsy, and a varying degree of fever. It occurs most frequently in early middle life, though confined to no particular age. The common causes are:—

(1) Exposure to damp and cold.

(2) Acute specific fevers, especially scarlet fever and ulcerative endocarditis, and other septic conditions.

(3) Septic absorption in connection with extensive burns.

(4) Certain irritating drugs, such as copaiba, cantharides, etc.

(5) Extension from the lower urinary tract (consecutive nephritis).

The disease also occurs as a toxemia of pregnancy.

(a) Catarrhal nephritis.

Here the kidneys are large and injected and the cortex is disproportionately enlarged. The tubules show marked changes, and the epithelium of the convoluted portions undergoes detachment of the cells, which form masses of granular or fatty debris, which tend to block the tubules. The interstitial portion also becomes involved. In the Malpighian bodies there are particles of extravasated blood, the bodies showing up as deep red points.

*Glomerulous nephritis*.—This form usually occurs in connection with specific fevers, etc. Here, after a preliminary engorgement of the blood vessels, extensive leucocyte emigration takes place, filling the capsule. The capillaries often burst and the blood flows into the tubules. The epithelium of Bowman's capsules becomes involved. The tubules and interstitial tissue are also involved to some extent.

*Symptoms* include: Headache, chilliness, pain in the back, vomiting, some rise of temperature, oedema (at first seen in the eyelids, cheeks and ankles, and later becoming general), and rapid and high tension pulse.

[previous page](#)

[next page](#)