

The associations, in peace and in war, between the British and Indian peoples have been long and honourable, and the example set by Queen Victoria, King Edward VII, and by King George lays on me, as their successor, a solemn trust to maintain and strengthen those associations.

Queen Mary, my family and myself have been greatly helped by the world-wide tributes of genuine sorrow which we have received from every side. . . .

It is wonderful for us to know how universally my father's great qualities have been appreciated and valued. It is no mere form of speech to say that he reigned in the hearts of his people.

And it was his happiness to know, before he died, that his long years of unstinted service were rewarded by a devotion and an affection so perfectly expressed in the Jubilee demonstrations of last year.

That Same Man.

It now falls upon me to succeed him and to carry on his work. I am better known to most of you as the Prince of Wales, as a man who, during the war and since, has had the opportunity of getting to know the people of nearly every country of the world under all conditions and circumstances.

And, although I now speak to you as The King, I am still that same man who has that experience and whose constant effort it will be to continue to promote the well-being of his fellow-men.

May the future bring peace and understanding throughout the world, prosperity and happiness to British people, and may we be worthy of the heritage which is ours."

"That same man." His Majesty's reminder could not have been more felicitous, for, as Prince of Wales, he made his place in our hearts secure by his sympathy with every effort to promote the well-being of his fellow-men, and his inimitable methods of demonstrating it. Other attributes of His Majesty are his Royal modesty, his simplicity, his sincerity, and his personal charm, that gift of the gods to a favoured few. "Long may he reign" is the Empire's prayer.

THE KING'S FIRST INVESTITURE.

The King held an Investiture on February 18th at Buckingham Palace.

His Majesty conferred many Decorations awarded as New Year's Honours by the late King, amongst them:—

THE ROYAL RED CROSS.

Members.—Miss Ethel Green, Queen Alexandra's Military Nursing Service for India, and Miss Winifred Molesworth, Princess Mary's Royal Air Force Nursing Service.

Nurses were decorated for their work in the Quetta earthquake disaster, including Miss Florence Allen, who received the Albert Medal.

Lieut. Arthur Huntingdon, Grenadier Guards, was made a member of the Fourth Class of the Royal Victorian Order for his action in picking up the diamond cross which fell from the Imperial Crown when the body of King George was being conveyed from King's Cross to Westminster Hall.

OUR PRIZE COMPETITION.

STATE THE NURSING PROCEDURE IN A CASE OF ADVANCED TUBERCULAR DISEASE OF THE LUNGS, MENTIONING PARTICULARLY ALL THE NECESSARY PRECAUTIONS YOU WOULD TAKE, AND THE COMPLICATIONS WHICH MIGHT ARISE.

We have pleasure in awarding the prize this month to Miss Winifred Moss, the County Hospital, Bedford.

PRIZE PAPER.

In any case of tubercular disease, the main aim of the nursing procedure is rest. In an advanced case the high temperature is due to entrance into the circulation of the toxins from the lesions in the lung. Therefore the main object is to reduce the rate of blood flow in the lungs as far as possible by absolute rest, and thus diminish the output of the toxins. The patient should do absolutely nothing for himself, should neither talk nor read, nor move about in bed. Coughing should be restrained as much as possible and no visitors allowed.

The patient should, if possible, sleep on a balcony, or in a room of ample size with a south or south-east aspect, the windows of which should always be kept widely open. They should not be closed for cold or rain, nor for fever, cough, or other symptoms. His clothing should be sufficiently warm during the colder months to prevent him feeling any discomfort from the free ventilation which is so essential a part of the treatment.

Fresh air is the best treatment for the night sweats which are often very marked in an advanced case. Ventilation should not be diminished on account of this symptom, but if possible increased. The patient may be sponged with tepid water containing a little eau-de-cologne or weak alcoholic solutions, while in cases where weakness and emaciation are extreme, the usual routine treatment for bed-sores must be carried out, and a careful watch kept to see that such sores do not arise.

Hot drinks are useful when the cough is dry and frequent, and the continuous wearing of an antiseptic inhaler sometimes helps, especially when the cough is troublesome. The drug ordered, usually creosote, is dropped on to the sponge inside the wire frame, and the inhaler kept in position until the drug has evaporated, when it is reapplied. The patient must be taught to restrain the cough, being warned that each cough leads to an advance in the disease.

In advanced cases laryngitis may cause difficulty in feeding owing to the pain on swallowing. All fluids must then be given from a feeder and it may be necessary to spray the larynx with cocaine before each feed.

Every endeavour must be made to get the patient to take adequate nourishment but care must be taken not to force the appetite or indigestion will result.

Treatment by artificial pneumothorax is generally reserved for patients with advancing disease, in whom the active lesions are on one side only. Sterile air or nitrogen is introduced into the pleural cavity, producing collapse of the affected lung, and keeping it at rest by repeated refills.

The patient should have his own towels and feeding utensils, and his own sputum flask and mug, which are

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