

peace and good will among mankind—these were the objects that I, and the Queen with me—set out to fulfil. It will be a source of thankfulness to us all our lives long if we have in some sort succeeded.”

“LE ROI LE VEULT.”

This speech, straight from the heart of our King, contains truths which we Registered Nurses must take to heart in this season of trial and distress.

“Humanity.” Are we not specially dedicated to its service?

“Faith in liberty and justice.” Have we not an inalienable right to these institutions which have developed under the ægis of the British Crown?

Is it not true that you cannot found a just polity in the denial of individual rights? How, then, is our King to learn of the proposed denial of human rights to the great body of Registered Nurses—upon whom his revered father bestowed professional privileges by Act of Parliament—privileges which the present Government propose to depreciate.

We Registered Nurses must claim our individual rights now, by every means in our power and in the words of our King we claim the rights of free citizens.

WHOOPEE!

We have long warned Registered Nurses what would be the result of the demolition of the One Portal to the Register, the policy of the *Lancet* Commission and also of the Ministry of Health—and now the floods are in full swoop.

1. The Untrained and Semi-trained Assistant Nurse.

The Inter-Departmental Committee on Nursing Services is demanding a Roll (register) of untrained and semi-trained women, to be compiled by the General Nursing Council for England and Wales.

This professional degradation of the Registered Nurse is supported by: The General Nursing Council for England and Wales, the British Medical Association, the College of Nursing; and is opposed by the Royal British Nurses' Association, the British College of Nurses, and the Scottish Nurses' Association.

2. A Separate Register for Mental Nurses.

A Register for Mental Nurses is demanded by the Sub-Committee for Mental Nursing of the Inter-Departmental Committee on Nursing Services: Supported by the Royal Medico-Psychological Association (composed of medical superintendents of mental hospitals and others), and is opposed by several mental nurses' associations and the Registered Male Nurses' Association.

3. A Register of Maternity Nurses.

Supported by the Joint Council of Midwifery. Supported in part by the British Medical Association.

This is merely the beginning of the ramp for semi-trained cheap nursing labour—where it will end we know not. But should it succeed it sounds the death-knell of the efficient, highly-skilled general nurse, and incidentally will, no doubt, prove highly remunerative to the lay and medical organisations and public bodies which control these Registers of semi-skilled persons—with the exception of the control of “Assistant Nurses” for whose organisation the Registered Nurse will presumably be compelled, in part, to pay!

OUR PRIZE COMPETITION.

WHAT STEPS WOULD YOU TAKE IN AN EMERGENCY TO CHECK BLEEDING IN THE FOLLOWING CIRCUMSTANCES: (a) AFTER OPERATION FOR HÆMORRHOIDS; (b) ALONG THE TRACK OF A DRAINING OPENING IN THE ABDOMEN; (c) RUPTURED VARICOSE VEINS?

We have pleasure in awarding the Prize this month to Miss Amy Phipps, S.R.N., F.B.C.N., Longmarton, Ashford, Middlesex.

PRIZE PAPER.

In all cases of hæmorrhage, skilled and intelligent nursing is essential.

The professional nurse knows the various symptoms of hæmorrhage before the visible sign of bleeding is present, and her trained knowledge of anatomy and physiology enables her to apply the methods for its arrest.

Nature's method of securing the latter is by the retraction and contraction of the vascular walls, and by the formation of a clot, so that the blood becomes semi-solid at the point of injury. Further, we must remember that in faintness the blood supply to the brain is diminished, and so the strength of the heart beat and the flow of the blood is less, and coagulation takes place more readily and more effectually. The general symptoms of shock which must be treated include: Pallor of the face and lips and mucous membranes, small rapid pulse, drop of temperature and coldness of limbs; great thirst, restlessness, sighing respiration, and a feeling of suffocation; blurred vision and dilated pupils; faintness and anxious expression.

In all post-operative cases, the nurse must note the first symptoms, and get medical aid immediately. This may save the patient's life.

She should ascertain the two exact wishes of the surgeon for treatment in case of emergency, and should keep a tray always ready for his use.

GENERAL TREATMENT.

Treatment aims at:—

- (1) The prevention of further loss of blood.
- (2) Keeping the circulation quiet.
- (3) Keeping up the blood supply of the vital nerve centres in the brain.
- (4) Any other measures necessary for the prevention and treatment of shock and collapse.

It is essential that in all cases, the nurse should be calm and collected, and should seek to reassure her patient and prevent panic. Promptitude is vital. Plenty of fresh air in a quiet warm room should be secured.

Shock is always present to a varying extent, and this should be treated with warm blankets, hot bottles to extremities, and if available, an electric cradle may be useful. The head should be lowered, and the foot of the bed raised and the limbs bandaged from below upwards, to drive the blood to the trunk. Rectal salines should be given, and preparations made for intravenous transfusion.

An operation to stop hæmorrhage may be necessary, and inhalation of oxygen to tide over a crisis. Morphia is usually given to quiet the patient and so assist the

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