

must inevitably depreciate, by competition, the earning capacity of the efficiently qualified woman in the open market.

Make no mistake about that. Learn from the experience and practice of all the professions of men. One after another they have had to define educational standards, organise for self-government and secure the protection of the State. In helping to draft the Nurses' Registration Bill, these principles were kept well to the fore, and in attempting to violate them the Royal College of Nursing proves its ignorance of professional stability.

Let the College Keep the Roll.

But if this professedly professional body is of opinion that semi-trained "Assistant Nurses" need a Roll, in which their insufficient qualifications are set forth "for the protection of the public," let the College have the courage to compile and keep the Roll, and make itself responsible for it.

To claim, as some of its members have done, that the Headquarters of the General Nursing Council, entirely financed by Registered Nurses, shall be available for the compilation and keeping of the "Assistant Nurses" Roll, is adding insult to injury, and must be opposed by every means in our power.

Should the Royal College of Nursing, through social influence, carry its disastrous policy into effect, no woman with any sense whatever will devote three years to train and qualify as a Registered Nurse, to be associated after all her strenuous work with a Roll of semi-qualified competitors.

The Duty of the Nurse Training Schools.

Let the Managers of the efficient Nurse Training Schools carefully consider this matter before it is too late.

They require thousands of intelligent women of the highest character to staff the hospitals to which the Nursing Schools are attached. A Roll of semi-trained Assistant Nurses guaranteed by Act of Parliament will sound the deathknell of the supply of conscientious student nurses.

THE LIBERTY OF THE SUBJECT.

We presume that in a Democracy the public have a right to employ such persons as they choose. Old and infirm people, those suffering chronic ailments, those without family ties, need and often employ persons as helps, companions and caretakers. We know many admirable women employed in such capacities, with a little knowledge of nursing and much unselfish good will; but these workers, some calling themselves "Assistant Nurses," have neither right nor wish to be classified, controlled, and registered as professional persons. And why should they be? Institute a Roll of semi-trained women, and to-morrow there will still be hundreds of respectable "helps."

Our domestic workers are not "registered," neither are clerks, typists, almoners, and other skilled workers.

This demand by the Royal College of Nursing to have so-called "Assistant Nurses" recognised as skilled professional women would be a snare and a delusion, a danger to the sick public and not a protection.

THE NURSING OF ACUTE RHEUMATISM.

By MISS L. GODDARD, S.R.N.

Acute rheumatism or rheumatic fever is a disease characterised by fever, joint pains and the liability to carditis. It is regarded as an acute specific infection, and shows a distinct tendency to epidemic prevalence during the autumn and spring. It is very liable to affect children from the age of two and young adults, and to pass unnoticed until the first observed symptom is one of actual heart disease.

Some of the causation factors may be summed up as follows:

Exposure to wet and cold, previous attacks of rheumatism or chorea, infective foci, and heredity—a family history of rheumatic infection is common in such cases.

The onset is usually acute and very often comes after an attack of tonsillitis; a high temperature and a general malaise, with sudden intense pain in one or more of the larger joints, which spreads to the medium-sized joints very rapidly; as one joint improves another becomes painful.

The joint at first is red, hot, swollen, and movement is severely restricted. After a while the redness fades and the joint assumes a dead white appearance.

There is usually profuse sweating, which may produce sweat rashes; it has a peculiar sourish smell.

The tongue is moist, flat and thickly-coated, and the urine acid, scanty and often loaded with urates.

Anæmia develops due to the rheumatic poison, but may also be increased by the salicylates which are given to reduce the temperature; the latter may be raised to 103° to 104° F. It may even rise to 107° F., which, though not common, forms an important sign of complications.

The complications which may arise are many, the most common being acute pericarditis, acute myocarditis and endocarditis, which occur in about half the cases.

Pleurisy, sometimes with effusion.

Rheumatic nodules; these occur over bony prominences, such as the knee and scalp.

Meningitis, which is very rare.

Pneumonia. Choreia.

Skin rashes, and Hyperpyrexia, which is also rare, and is often attended, when present, with delirium or coma.

The essentials of treatment are rest in bed to avoid heart damage and salicylates to reduce the temperature. Each dose should be combined with a dose of sodium bicarbonate to prevent the dangers of salicisism, which are delirium, buzzing in the ears, nausea, vomiting, depression and a slow pulse.

If the pain in the joint is severe it may be fomented and the limb put on a splint; lotion such as laudanum or a liniment of methyl salicylate may be used.

Opium or morphia is sometimes ordered for the pain at first.

The patient should lie between blankets, wear a flannel gown which is open down the back, and the affected limbs must be wrapped in cotton wool or a flannel bandage and protected by a cradle. A supply of small cushions will be useful to support the painful parts.

Frequent sponging will be necessary and must be very gently done, as the slightest movement causes agony, even jarring of the bed.

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