

## THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN.

The following letter has been received from Miss Fairley, President of the Canadian Nurses' Association for which the members of our National Council offer sincere thanks.

The people of the splendid Dominion of Canada are with the Mother Country heart and soul, and will have their share in the glory when the day of victory dawns for "God and the Right."

### CANADIAN NURSES' ASSOCIATION.

VANCOUVER GENERAL HOSPITAL,  
VANCOUVER, B.C.,

February 5, 1941.

Mrs. Bedford Fenwick,

President, National Council of Nurses of Great Britain,  
19, Queen's Gate, London, S.W.7., England.

DEAR MRS. BEDFORD FENWICK,

I do not need to tell you how much the members of the National Council of Nurses of Great Britain and all those who are assisting by their heroic work have been in our thoughts these last months. We follow with great pride the superb work of both graduates and students. One has but to read or listen to the reports and see the photographs of the devastation to know what working under such conditions must be. If there is any specific way that we can be of assistance, I hope you will let us know. Our desire to be of service to Britain is indeed sincere, and the delay in writing has not been lack of realising the specific needs of the profession, but our members individually have been assisting for some considerable time with the Lord Mayor's Fund, the evacuee children from Britain, and, through our alumnæ and local organisations, with our Red Cross.

When one realises the wonderful international friendships that were built up through the International Council of Nurses, one feels sad, indeed, at the enforced interruption in the development of that wonderful organisation.

I realise that you cannot be having regular meetings at present, but I hope you will convey to the Executive and members of the National Council of Nurses the affectionate thoughts and prayers of the Canadian Nurses' Association for their safety, and above all, for a lasting peace. We do know what they are enduring and what their courage and sacrifice will ultimately mean, and we send our loving sympathy.

With kindest personal remembrances,

Very sincerely yours,

GRACE M. FAIRLEY,  
*President, Canadian Nurses' Association.*

I vow to thee, my Country, all earthly things above,  
Entire and whole and perfect—the service of my love.  
The love that asks no questions, the love that stands  
the test;

That lays upon the altar the dearest and the best;  
The love that never falters, the love that pays the price,  
The love that makes undaunted the final sacrifice.

## PRECAUTIONS FOR DIABETIC PATIENTS IN WAR TIME.

### PREPARED BY THE DIABETIC ASSOCIATION IN CONSULTATION WITH THE MINISTRY OF HEALTH.

A diabetic patient, whose life depends on the use of insulin, is liable to some special risks during air raids which a normal person does not run. It is, therefore, important that, not only the patients concerned, but also the lay members of the First Aid and A.R.P. services, as well as the doctors, should know something about these dangers and how to avoid them.

Under normal conditions the diabetic patient looks so well that a stranger would not know that there was anything the matter with him, though he is unfortunately liable to sudden illnesses. It is, therefore, important that he should carry in his pocket or round his neck or wrist the information that he is a diabetic who is taking insulin. The Diabetic Association (124, Baker Street, W.1) has always advised this procedure in peace time, and it is especially necessary in war time. A suitable card will be sent by the Association on the receipt of a stamped addressed envelope. This card gives the usual dose of insulin, the treatment for an overdose of insulin and the usual doctor's name and address. It should be carried inside the National Identity Card. A further precaution should be taken as the patient's clothes may be burnt as the result of a bomb injury. The Diabetic Association is therefore preparing a special identity disc which bears the statement that the patient has diabetes. This should be worn round the neck or wrist. It will be supplied by the Association on receipt of a stamped addressed envelope.

The diabetic patient who wishes to keep well must eat a regular amount of starchy food, and have the injections of insulin at regular times. The purpose of the treatment is to maintain a balance between the amount of starchy food and the amount of insulin injected, and this balance may be upset in two ways, especially in war time. In the first place, if insulin is injected, and the proper meals are not eaten afterwards the insulin will decrease the amount of sugar in the blood too much. If this occurs the patient will feel weak, faint or mentally confused, and he may become unconscious. The patient usually recognises the symptoms himself, but sometimes he does not and may need treatment by a friend or air raid warden. If he is able to swallow the treatment is very simple, and he will recover completely in 5 to 15 minutes. He should be given some sugar, sweets, chocolate or a sweetened drink. If, however, he cannot swallow, a doctor must inject either adrenalin or pituitrin 1 cc. under the skin, or give an injection of glucose into a vein (50 cc. of a 50 per cent. solution) followed in both cases by some 3 to 5 lumps of sugar as soon as he is able to swallow. If a patient becomes unconscious suddenly, the condition is certainly due to the excessive action of insulin, and the appropriate measures should be taken as soon as possible. In the second place, the patient who needs much insulin may become ill, if the injection is omitted for some reason. The amount of sugar in the blood will increase, and the patient will gradually become unconscious after 24 to 48 hours. This state, called diabetic coma, is readily treated if it is recognised early. The card which gives the details of the diabetic condition and the identity disc will be of great value if the patient is injured in an air raid and admitted to a hospital in an unconscious condition. The information will ensure that the diabetic condition is recognised and treated at once by the busy doctors who might not otherwise realise that the patient had diabetes until it was too late. Two other points should be mentioned. The patient should always carry in his pocket or case some extra sugar, sweets or

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