

Nursing Echoes.

THE PRESENT MATRONS-IN-CHIEF of the three Services entertained past Matrons-in-Chief to Luncheon at the United Nursing Services Club on Tuesday, 23rd May, 1950.

Past Matrons-in-Chief who came were:—

- Navy* : Miss A. Ralph, C.B.E., R.R.C.
 Dame Doris Beale, D.B.E., R.R.C.
 Dame Matilda Goodrich, D.B.E., R.R.C.
- Air Force* : Dame Joanna M. Cruickshank, D.B.E.,
 R.R.C.
 Dame Emily Blair, D.B.E., R.R.C.
 Dame Katherine C. Watt, D.B.E., R.R.C.
- Army* : Miss F. M. Hodgins, C.B.E., R.R.C.
 Miss R. Osborne, C.B.E., R.R.C.
 Miss M. E. Medforth, C.B.E., R.R.C.
 Dame Katharine H. Jones, D.B.E., R.R.C.
 Dame Louisa J. Wilkinson, D.B.E., R.R.C.

Three past Matrons-in-Chief of both the Navy and the Army were unable to be present.

Brigadier Thomson in giving an account of the year's events spoke of the loss to the Nursing Services in the passing of Dame Gladys Taylor on January 11th, 1950.

The Matron-in-Chief of the P.M.R.A.F.N.S. welcomed those present and Matron-in-Chief of the Q.A.R.N.N.S. asked the Blessing.

THE SUMMER RE-UNION of the Nurses' League of the Royal Alexandra Infirmary, Paisley, will be held on Saturday, June 24th, at 3 p.m. Those members able to attend are asked to notify the Secretary of the League by June 20th.

A WEEK'S COURSE on the British child health and welfare services has been organised by the Ministry of Health for 70 doctors, nurses and social workers from the Children's International Centre in Paris. They arrived in London on May 20th.

The visitors came from 30 different countries, and the programme planned for them, which began on May 22nd, included lectures by eminent doctors, visits to hospitals, child welfare centres, nurseries, dental departments and schools—to see the school meals service. The party was also shown a series of official British films on child health and psychology.

The British Council arranged accommodation and travel facilities for the party, which left London on the afternoon of Saturday, May 27th.

SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H., on his retirement from his appointment as Chief Medical Officer of the Ministry of Health, is joining the Staff of King Edward's Hospital Fund on a part-time basis. He takes up his new appointment as from June 1st, 1950. The address of the Fund is 10, Old Jewry, E.C.2.

An Approach to Anæmia.

A. E. Hopkins.

THE SUFFERER FROM THIS distressing malady rarely realises the underlying causes of the condition, and consequently, it is often borne with resignation. Large doses of sympathy are handed out by well meaning friends, but usually the complaint is treated rather casually.

It is only when the symptoms reach an alarming stage that a visit to a medical man is decided upon. Then, and then only, does the case get its proper consideration with sound advice and treatment.

The symptoms of anæmia manifest themselves in many directions, but the principal ones, easily recognisable, are pallor of the skin, often accompanied by persistently cold and clammy hands; a feeble pulse with a high count; ringing in the ears and a condition of general weakness with fainting spells.

The inside of the eyelids are pale, likewise the lips. One often hears the expression bloodless lips when referring to this complaint.

Parallel with these signs there are the expected digestive disturbances with consequential constipation.

There is shortness of breath, very marked after only slight exertion; headaches, and neuralgic pains are often present.

The foregoing symptoms are obvious to even untrained eyes, but the medical adviser will go a stage further in order to support and confirm the diagnosis. He will take a sample of blood from the sufferer for analysis, and by a method known as a blood count he can arrive at a definite conclusion as to the condition of the blood itself. It will indicate that the red corpuscles, which are in the majority in healthy, normal people, are in the minority in his anæmic patient.

Chlorosis, a particular form of anæmia is found in girls at the age of puberty. In addition to the symptoms outlined above, it may be observed that the skin is of a rather greenish colour. The appetite may be abnormal and its perversions may cause a craving for most unusual things to eat. Often there is a dullness of the mental faculties with a history of hysteria, to a more or less degree.

From the foregoing general description, it will readily be appreciated that anæmia, in any of its various forms, is a serious complaint, and only an experienced and sympathetic doctor can hope to be successful. The indiscriminate swallowing of widely advertised tonics and remedies can do very little good, in fact, they may do a certain amount of harm. As anæmia is a defined blood condition, the consumption of unprescribed specifics will sometimes retard recovery.

There are two forms of anæmia, the acute and the chronic.

The acute form is nearly always occasioned by hæmorrhage, and as the cause can be quite definitely defined, the remedy presents itself to the doctor with equal definition. Hæmorrhage can occur from many causes such as excess bleeding after an accident, or surgical operation, perforation by ulcers, nose bleeding to excess, bleeding from the lungs as in phthisis, and from many other causes.

This type of anæmia is the result of the draining of the blood vessels of the essential life fluid. If not

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