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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

A NIGHTINGALE ORATION.

Wisdom is the breath of the power of God, and a pure influence flowing from the glory of the Almighty . . . and in all ages entering into holy souls, she maketh them friends of God, and prophets.—*WISDOM* vii., 25-27.

The establishment of an Annual Oration as a memorial to a great personality is a practice which has much to commend it, and now that through the Florence Nightingale International Foundation the thoughts of the Nursing Profession throughout the world are centred on Miss Nightingale's imperishable personality the time is opportune to establish such an Oration in her honour.

The desire to found an educational Memorial to Miss Nightingale was first voiced during the Congress of the International Council of Nurses at Cologne in 1912. Since the meeting of the International Council of Nurses in Montreal in 1929 it has been actively advanced, and the present movement to endow scholarships for Nurses, associated with the name of Miss Nightingale, to be held at Bedford College in London, and awarded by the National Nurses' Associations affiliated in the International Council of Nurses together with the League of Red Cross Societies has received wide-spread approval and support.

Dean A. W. Goodrich, Dean Emeritus of the School of Nursing, Yale University, New Haven, Conn., U.S.A., who has recently, as our readers know, paid a visit to Europe, in a lecture on "Some International Aspects of Nursing Education and Service," given at Teachers' College, Columbia University, early this year, said: "There can be no question as to the far-reaching social value of this project, its timeliness, or the selection of London as the logical educational centre of the Foundation. In order, however, to keep pace with the rapidly expanding field of professional service in many countries, a much more elastic and comprehensive programme of graduate work must be developed. Through the grant by the Rockefeller Foundation for the proposed study of English facilities, an important first step has been made possible. This, we trust, will lead to a Chair of Nursing in London University, a step that would enable the freedom demanded for the development of the programme of any young profession. We are of the opinion, however, that the full value of the International Florence Nightingale Foundation will not be realised until there is at least one undergraduate course established on a sound professional basis. That the logical school to take the lead in this advancement, is the school founded by Florence Nightingale, will be generally conceded."

No doubt the Nightingale Scholars, as they come into residence at 15, Manchester Square, London, will

wish to make intensive study of the work, character and personality of the great genius in whose honour the Scholarships they hold have been endowed, thus it would be a laudable custom if, as each new group of students comes annually into residence, a "Nightingale Oration" were delivered to them, before they begin their academic course at Bedford College, which would do justice to Miss Nightingale's marvellous personality and work. Such Orations should be spoken by those who have given years of sympathetic study to the many sides of Miss Nightingale's life, character, and activities, and particularly to her work for humanity. For this was by no means restricted to nurses and nursing and to the care of sick soldiers, but included an intense interest in any question political or otherwise, affecting the National health, the care of women in childbirth, sanitation, and a variety of subjects too numerous to mention. It should be a point of honour with every nurse holding a Nightingale Scholarship to acquaint herself with these many activities, in an endeavour to follow the example of her great leader in her love of humanity, her passion for work, her insistence on thoroughness in every task undertaken, her concentration upon it until finally accomplished; and nothing would be more effective in initiating her disciples into the proposed course, and in inspiring them to pursue it faithfully, than an Oration in her honour spoken by one qualified by sympathetic study over a period of years, of the qualities and character of this incomparable genius.

Already several persons could be mentioned able to pass these tests, to do justice to Miss Nightingale's greatness, and to inspire the Nightingale Students with the desire to attain the high standards of professional efficiency, which she placed before nurses in training, the complete devotion to duty of which she has left so shining an example, and also to acquire in some degree the spiritual and mystical qualities which were such marked characteristics of her outstanding personality.

If this proposal finds favour, an appropriate occasion for the inauguration of such an Oration would be during the International Congress of Nurses in London in July of next year in which it is probable that nurses from at least 39 countries will be assembled.

Let us never forget, as Florence Nightingale never forgot, that technical efficiency alone—all important as it is—does not make the ideal nurse. Nurses serve in the temple of pain, sentinels at the gates of life and death, and along the often stony road which divides them. On that *via dolorosa* tenderness and comprehending sympathy, may be beneficent influences in the relief of suffering both physical and mental. It is both the privilege and the duty of nurses to extend them.

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY CHOREA ?
WHAT COMPLICATIONS MAY OCCUR, AND,
WHAT POINTS REQUIRE SPECIAL ATTENTION IN
NURSING A PATIENT SUFFERING FROM THIS
COMPLAINT ?

We have pleasure in awarding the prize this month to Miss Amy Phipps, Longmarton, Ashford, Middlesex.

PRIZE PAPER

Chorea, popularly known as St. Vitus's dance, is a disease principally affecting children, though not entirely confined to any particular age.

There are two definite types of the disease, wholly unrelated in nature and incidence, but both characterised by irregular and spasmodic involuntary movements, rendering certain voluntary movements incoordinate, and also occurring during rest.

These types are :—

- (1) Huntingdon's Chorea (occurring in adults) ;
- (2) Sydenham's Chorea (occurring in children).

Huntingdon's Chorea.—This is a rare disease, usually occurring in or after middle life, in either sex.

It appears to be hereditary, and is thought to be due to degenerative changes in the brain, probably in the cerebral cortex or basal ganglia. The movements resemble those of Sydenham's chorea, but are usually more sweeping in character. The face and hands are usually involved first, and simultaneously the patient's mental condition undergoes progressive degeneration, usually ending in dementia. Facial involvement is often severe, and articulation often unintelligible. Under this heading may be mentioned "Apoplectic Chorea," which occurs as the result of hæmorrhage into the region of the substantia nigra and corpus subthalamicum. The chorea is of strictly unilateral distribution, and death frequently follows from exhaustion in a few weeks.

There is little treatment beyond sedatives to allay spasm. The nursing needs the patience and skill of all chronic cases. The patient must be kept as happy as possible, and every effort made to secure regularity of the excretory functions, the administration of nourishing digestible foods and all the various nursing points which go to make the life of the chronic invalid as comfortable as possible.

Sydenham's Chorea.—This is a disease occurring between the ages of five and twenty, in nearly all cases, and most frequently amongst girls.

It is essentially a manifestation of rheumatic infection of the cerebral hemispheres, usually associated with a history of sore throat, acute rheumatism, "growing pains," rheumatic nodules and erythema.

The essential lesion is a disseminated meningo-encephalitis affecting the cerebral cortex, corpus striatum and pia-arachnoid, the microscopic examination revealing changes closely resembling those of lethargic encephalitis; the organism responsible is probably that which causes rheumatic carditis and arthritis, etc. The simultaneous occurrence of chorea and other symptoms of rheumatic infection is uncommon: rheumatic endocarditis shows more frequently in second and subsequent attacks of chorea.

Predisposing factors include: a neuropathic inheritance, emotional instability, debility, unfavourable

hygienic conditions both mental, physical and domestic. Existing causes include fright, shock and emotion, intestinal irritation from worms, toxæmia due to putrefactive changes in the alimentary canal, and heart disease.

The disease is characterised by irregular purposeless involuntary movements, often more marked on one side of the body than the other. The disease, though always serious, is rarely fatal.

Symptoms.

The common mode of onset is sub-acute, the child probably being fretful, restless, easily tired, and sleeping badly, in the first stage. This is followed by a general motor restlessness: the child becomes fidgety and clumsy, drops things, knocks against chairs, etc. Obvious involuntary movements then appear: the patient grimaces, shrugs shoulders, twists jerkily, and makes sudden irregular movements of the head or limbs, often followed or accompanied by disordered articulation. There is a generalised muscular weakness and wasting, sensory disturbances, anæsthesia or hyperæsthesia, emotional instability, and in severe cases, definite mental excitement and derangement. Muscular contraction is intermittent in character and irregularly sustained, there is unsteady gait and general incoordination, causing irregularity of the functions of the heart and lungs. Systolic murmurs at the apex of the heart due to endocarditis or hæmic murmurs at the base, with slight dilation, are frequent.

Apart from complications, the temperature is usually normal. Definite rheumatic phenomena are usually discernible.

Complications.—Rheumatism, followed by organic heart disease, tonsillitis, erythema and delirium, are to be watched for, and treated at the onset.

Treatment.—Good nursing in quiet, calm surroundings, is of supreme importance.

The bedstead should be padded, if necessary, to prevent self injury, and should be placed in a light, airy position.

The diet should be full and nourishing, with an abundance of milk, cream, eggs, fresh fruits, with a limited amount of protein and carbohydrate. Every effort should be made to get the child to take a sufficiency of food of the right kind: in severe cases, nasal or œsophageal feeding may be necessary. The bowels must be kept regular. To procure rest and sleep, drugs most useful are "aspirin" (this is well tolerated by children) and luminal, and chloral or bromide.

Liquor arsenicalis is valuable, but is apt to result in peripheral neuritis after long use. In very severe cases, chlorotone is often necessary.

During convalescence, cod liver oil, malt, iron and hypophosphates and arsenic are often prescribed, with massage and gentle exercises.

Every effort must be made to encourage sleep, such as tepid sponging, hot drinks, etc. During the day, the child should be kept calm, but amused, unless too ill. While the child must never be scolded, it is well during a mild attack that she be encouraged to control herself, and engage in some simple occupation such as easy knitting, coarse sewing, etc.

Chorea sometimes develops during the first three months of pregnancy. Besides the motor restlessness