AN ADDRESS ON NURSING OF THE SICK.

Read at a Meeting of the Metropolitan and National Nursing Association, January 25th, 1876.

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I HOPE that I need offer you, my dear *confrères*, no apology for having, with the sanction of the Executive Committee of the Society under whose roof we meet, invited you this evening to discuss the aspects of a question that we must all have at heart, and to ask for your sympathy and advice for the institution which I desire expressly to bring to your notice. I do not propose to occupy your time long; for I would rather, and in that I believe I am also echoing the sentiments of the Executive Committee of the National Nursing Institution, hear you speak than myself. But it may be well, as I have been asked to open the discussion, to place a few of the points before you to which your attention is invited. And I do so with the more confidence, because I have ever found that, in all matters concerning the sanitary welfare of our fellow-countrymen, medical men have been most willing to render all the aid in their power, even, as we know but too well, to the prejudice of their own personal advantage and convenience. However, I may premise that, in the present instance, no sacrifice of any kind is asked or expected at your hands.

It is nearly thirty years ago since, in my visits among the sick poor of the dispensaries to which I was then attached, I learned the important fact that, in the treatment of disease, three factors are required to ensure success: the medical man, the remedy, and the nurse. There never was any material difficulty in securing the first two requisites. Doctors were everywhere, medicines abounded; but where was the doctor's aide-de-camp, the nurse, to see that his directions were carried out, and the remedies duly and conscientiously applied? You, gentlemen, know as well as I do that, in all serious cases of disease, high and low, rich and poor, the patient is unable to care for himself, and that the untrained assistance afforded by friends and relatives is often worse than useless, even where they are at hand to offer it. This applies very nearly with the same force to the educated as to the uneducated classes; but the lower we descend in the scale of society, the greater is the burden which sickness casts upon the sufferer; because he not only labours under the depression and pain of actual disease, but because sickness entails immediate loss of employment; because, more immediately, the very existence of the individual and of those dear to him is imperilled; and because sickness is, even among the provident and deserving, too often the first step to moral and social degradation. We doctors, who are not generally blessed with large balances at our bankers, have seen too much of this in our own ranks; and, if we have fortunately escaped that kind of wretchedness in our own immediate circles, we have all of us, through our connection with our medical charities, realised it in others. We, therefore, apart from our professional experience, are specially impelled to sympathise with mental and bodily distress, which so constantly induce protracted labour long after that labour should be desisted from, and so constantly, when labour ceases to be possible, retard recovery and render futile the physician's most zealous endeavours to restore health. It is more than a quarter of a century ago since the strong conviction that the nurse was an essential aid in the treatment of disease among the sick poor compelled me to raise my feeble cry for help. Among other aids that I invoked was the Epidemiological Society, and for years my friends Dr. Sibson, Dr. Ogle, Dr. Brewer, and others, who are well known to you, worked with me on a committee appointed by that society, for the purpose of rousing the attention of Englishmen and women to the fact that no system of sanitary work could be regarded as complete where the principle was not recognised that the nurse, as the doctor's aid, was an integral and essential part. Of late years, societies for the establishment of nursing sisterhoods have multiplied; and in many localities private individuals, among whom I may be permitted specially to mention one of the most active members of our Association, Mr. Wigram, have unostentatiously but effectually carried out among the lower classes the principle for which I am contending; but as yet the want has scarcely been recognised as a national want,

and one which it is, therefore, a national duty to supply. The Society, which is presided over and actively and energetically promoted by the noble Chairman who has so kindly come amongst us to-night, is formed for the purpose of giving public expression to this want, and at the same time to seek to supply the need. It is, however, quite clear that a necessity may exist, and there may be willing members of the community who are prepared to do their part in relieving it; but, unless there be a good mutual understanding and sympathy between the different elements of society which are to carry out any great work, success may be indefinitely delayed, and time, money, and patience may be wasted in fruitless endeavours to establish that harmonious action, without which the different parts of the machinery must speedily come to a standstill.

The Executive Committee of this Society feel very strongly that their labours would be thrown away, or their value seriously impaired, unless they have the countenance and support of the medical profession, and especially of those members of the profession whose work lies largely among small tradespeople, artisans, mechanics, and that extensive class of the population who, in sickness, are unable to command the services of an efficient nurse. It is our wish to place before you, gentlemen, the objects we have in view, the method which we contemplate pursuing, the means at our disposal, and to ask you to aid us with your advice and practical experience; so that nothing may be left undone which is likely to contribute to a general acceptance of our principles and their realisation.

I may state, *in limine*, that the Society wishes in no way to weaken, undermine, or supplant medical authority, but to work cordially and unreservedly with medical men, and in support of the sanitary principles which are accepted as a pillar of a nation's greatness, and of which physicians have for so long been the main propounders. Of course, I only speak of what I know; and, therefore, I do not hesitate to assure you of the desire of the Executive Committee of the Association generally, and of the present Superintendent-General in particular, to disallow on the part of the nurses any encroachment whatever on the prerogatives and duties of the medical attendant. I may further state that the functions of our nurses are to be purely medical and sanitary, and that they are not permitted to extend their sphere of operations beyond the limits thus defined.

Our nurses are required to undergo a twelve months' period of hospital training in the first instance; their education is continued after their admission to the house by three months' special preparation for this work under the supervision of the Superintendent-General, and they are expected to attend lectures delivered in the Home in the evening. The Executive Committee have been fortunate in securing the co-operation of three gentlemen in this department whose undoubted ability will ensure them the confidence of the public no less than the favour of their audience, to which for a small fee outsiders will be admitted, as we hope that our institution may prove of extensive use in popularising the great tenets of sanitary science. Dr. Cheadle has kindly undertaken to lecture on Physiology, Dr. Heywood Smith on Hygiene, and Mr. Croft on Anatomy. Each gentleman has engaged to deliver three courses of lectures on his special subject during each year; the course consisting of twelve lectures.

Any medical man who has pursued his profession in the various classes of society is fully aware of the lamentable ignorance prevailing in all the strata upon subjects connected with the preservation of health and prevention of disease; and, although we do not send out our nurses specially as teachers, it is manifest that they will be able to perform their own peculiar duties as nurses better if they understand the why and the wherefore, and that, in their intercourse with the uneducated and poor, they will incidentally have many opportunities of imparting correct views on fundamental questions of health, of eradicating false or foolish prejudices, and combating unfounded and silly superstitions.

But in this and in all other matters of practical execution, much tact is required. And this is the more necessary, as the nurse that we employ must, amongst the people she visits, perform many duties from which the nurse in the wealthier classes generally considers herself to be entirely exempt. You know better than I do how sickness in the house of the mechanic or labourer interferes not only with the work and the comfort of the individual affected, but how entirely it disturbs the scanty domestic economy. The children receive less than the usual attention, especially if the mother be the invalid; and the father may be called off his work; or, if disease have attacked one or more children, the mother can do nothing to eke out the scanty livelihood, and untidiness and dirt are the common sequelæ of the mother's attention being engaged in nursing the sick. The spread of disease and the pauperisation of the family are but too frequent unmerited consequences of such a state of things; and both

the spread of disease and its pauperising influences among the lower orders as necessarily react upon the health and the pocket of their wealthier neighbours.

It is here that our trained nurse, who is not above her work, steps in beneficially. She may liberate the healthy for their outdoor work by taking a portion of their indoor duties upon herself. She is not satisfied with binding up the sore leg, or ministering medicine and wine to the sufferer; but she tidies the room; she empties the dirty utensils; she makes the bed, and places the patient in the best possible hygienic conditions. This is clearly not the doctor's province; and, unless he have an intelligent aide-de-camp in the nurse, much of his time will be thrown away. But with how much more confidence in a successful issue will he order his appliances and remedies when he can rely upon their being properly carried out, and when he knows that, in addition, the great cause of hygienic management is equally attended to during the intervals of his visits? And then who that has learnt to appreciate, as I have had many opportunities of doing, the invaluable aid of a good nurse in noting prominent features of a case of illness, and recording the changes that take place, but will hail the advent of such a person who understands the importance of the secretions, who knows some of the characteristic features of dangerous diseases, such as typhus, enteric fever, rheumatic fever, inflammations of the viscera, and eruptive fevers, who can take thermometric observations, and who can distinguish the malingerer and the hysterical from the sufferer struck down by serious disease? True, there are inefficient, gossiping, and uneducated nurses still to be found; of these I do not speak; but I maintain without hesitation that the class of nurses that are being or to be sent out from this institution will not fall under such head, and that we may ask you confidently to trust us so far as to believe that there is no intention of doing anything but what will facilitate your ministrations, and confer the greatest benefit upon your patients. If you anywhere or at any time meet with any shortcomings on the part of the nurses we send out, I would ask you to point them out to our Lady Superintendent, who, I am well assured, will be grateful for any hints or suggestions with which you may be disposed to favour her. It is because the Executive Committee desire to receive them now, at the outset of our career, that you have been invited to attend here to-night; but, before expressing your own views on the subject before us, I would venture to call upon Captain Fortescue to give you a short *résumé* of the actual state of the institution at the present moment, and then upon Dr. Robinson and Dr. Steel, who have already seen something of the manner in which our nurses work, to state their impressions, and to favour us with their experience.

Gentlemen, this meeting, though unaccompanied by any ostentation or ceremony, is in reality the inauguration of the house and the extensive work associated with it. But, quietly and unostentatiously as the work has commenced, it is hoped that it will be carried on energetically, perseveringly, and, with your help and the help of many future generations of medical men, successfully. Large funds will necessarily have to be provided; but, if the work is to have that national scope which I believe to be necessary for the full realisation of a complete sanitary organisation, I trust that our local governments will not fail to assist us, and to redeem a private undertaking from the perils that necessarily surround it so long as it depends upon fortuitous charitable support. In the meantime, it is comforting to know that men and women of the highest social standing and wealth have recognised in the most practical manner possible their sympathy with the movement, and that for the present at least it is not threatened by an absence of the *nervus rerum*.

If the Society have your decided moral support, which you are able to afford it in so many directions, I believe that it may look forward to many years of usefulness, and that our children's children will derive untold benefits from this meeting, and the endeavours which will result from it to lighten the burden of sickness among our labouring population, and to spread the knowledge of sanitary laws among our least educated fellow-countrymen.

CALCULI IN THE PREPUCE OF A CHILD.—At a meeting of the medical Doctoren-Collegium in Vienna in November 22nd, Dr. Fridinger showed twenty-three uric acid calculi, which had been found in the prepuce of a child a year and a half old. The child had phimosi to such an extent, that it could void its urine only by drops and with great effort. The prepuce was always dilated into a swelling as large as a goose's egg. The operation of circumcision became necessary; the calculi were first removed, and then the hypertrophied prepuce. The calculi were examined by Dr. Ultzmann, and were found to consist of a nucleus of uric acid of the size of a hempseed, over which were layers of urates and earthy phosphates.—*Allgemeine Wiener Medizin. Zeitung*, November 30th.

CLINICAL LECTURES

ON

MOVABLE BODIES IN JOINTS.

BY RICHARD BARWELL, F.R.C.S.E.,

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LECTURE I.

GENTLEMEN,—You have, in the last few weeks, seen me remove three loose bodies from the joints of two patients; in the one, D. G., a single cartilaginous growth; in the other, A. D., two lipomatous tumours. To these cases, I will add the account of one recently occurring in my private practice of a very hard bony growth. All these were removed by direct incision, all of them successfully; not only as regards the life of the patient, but also with perfect preservation of all the joint-functions. Indeed, you saw those that were operated on in these walls get well without a bad symptom. Those of you who have at all studied this subject in the usual text-books of surgery, especially in those compiled fifteen or more years ago, may well consider such procedure as subversive of their teaching, or such operative boldness as unjustifiable, even though in the present instances successful. I propose, therefore, to carry you with me through a rapid survey of the results of former and of present operations by different methods—of their dangers, and how to avoid them. To make all these matters comprehensible, however, it will be necessary to preface the more practical part of the subject by a short study concerning the constitution and development of these bodies.

Two of the cases above named are examples of the most common constituents of loose bodies, viz., cartilage and bone*, the third of a very rare form in joints—the lipomatous; besides these, have been found fibrous or fibromatous substances; and occasionally the body is not a growth at all, but simply a portion of the natural joint which has become detached by injury. The bony and cartilaginous constituents are not unfrequently mixed in the same growth; the bone may then either form an external crust or shell to a cartilaginous kernel, or this position may be reversed; again, these two substances may, in rarer forms, occur in alternating layers.†

In size, these bodies vary from the minutest distinguishable point to the bigness of a horse-chestnut. They are often multiple—in the case of Alice D., I excised two, but many more have been found. In June 1861, I saw, among my out-patients at this hospital, a sailor, forty-three years old, who had in his left elbow, which was much distended with fluid, eleven loose bodies distinctly separable, and capable of being enumerated; besides, above the inner condyle, where the distended synovial membrane formed a distinct pouch, was a mass of the size of a bantam's egg, which consisted of various-sized particles more or less movable upon each other, and which were evidently a non-countable number of such bodies. The man had sustained a fracture through the condyles thirty-nine months previously, *i.e.*, in the early part of 1858, and was treated by me. He had quite recovered the use of his arm, but the joint gradually swelled with hard work aboard ship, and he returned from a whaling expedition with the elbow in the above state; the joint was freely movable, and only occasionally painful. I tried to detain this man; but, after seeing him two or three times, he went to fulfil an engagement, promising to place himself under my care on his return, but I never saw him again.‡ Mr. Berry of Kentucky is stated by Pirrie (*Principles and Practice of Surgery*, 3rd edition, p. 343) to have excised from the knee-joint of a negro thirty-eight such bodies. Cases, too, have occurred in which, after the removal of one such growth, another, in some instances two or three more, have slowly formed.

* The word "bone" is not intended to imply an osseous body, with its distinguishing anatomical elements. Certain of the growths are possessed of more or less well formed lacunæ with canaliculi; others, of lacunæ without canaliculi. In either case, Haversian systems are absent, although in rare instances their formation appears to have been vaguely attempted. For the most part, the so-called bony bodies are mere granular calcifications of a previous substance, and these are the hardest and stoniest of them all.

† I have reason to believe this to be only a stage towards entire calcification. The cartilage itself may be of the hyaline or of the fibrous variety; and the two forms are generally mingled if the tumour be of notable dimensions.

‡ I relate this case here as aiding in the sequel to throw light on the etiology of these formations.