that these simple remedies do not, as opium does, prolong and increase the diarrhoea by preventing the escape of morbid secretions.

We shall learn something of the real influence of remedies upon cholera in all its stages when we have a number of cases recorded with a strict regard to the natural history of the disease, the perturbative influence of drugs being kept at a minimum. I believe that the influence of treatment may be great and highly beneficial; but I am sure that this influence can never be truly estimated by those who, taking no account of the natural course of the disease and the natural process of cure, give a jumble of drugs, and endeavour by mere statistics to determine the effect of their treatment.

ON NURSING SISTERHOODS: AND ON HOSPITAL SCHOOLS FOR NURSES.*

By P. C. DE LA GARDE, Esq.,

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OF late years ladies have afforded their all persuasive countenance to the profession of medicine; and amiable, and, as I hear, very pretty women have achieved medical honours. We are grateful; and yet I think it disputable whether medical practice is woman's mission. The first we hear of woman's relation to man is, that she was a "help meet" for him. Her common duties are so absorbing—the quick-witted counsellor of her husband; his consoler under the wrongs and hardships of the outer world; the mistress of his house; the mother of his children, training them from earliest infancy in the way they should go through this world to the next. I know that a pretentious education renders their ambition feverish; but if our daughters would only condescend to learn to be their own housekeepers, we should hear less of celibacy, and of the inadequate "three hundred pounds a year".

It is more important that I should speak of *Nurses*, because rival schemes are, even now, claiming our decision on their respective merits. I deny, emphatically, as I always have denied, that the scarcity of trustworthy nurses is such as has been represented; and in this hospital I do not believe we shall ever get women better fitted for their duties than those we have at present. I admit that, in private practice, it would be satisfactory if we always knew where to find a nurse in whom we could confide: and it would be still more satisfactory if we could in any way overcome the meanness and want of consideration to which nurses have too often to submit.

There are two schemes: the first, *Nursing Sisterhoods*; and the second, *Hospital Schools for Nurses*.

The first are establishments (not necessarily Roman Catholic) formed on a monastic type, and observing an ascetic rule—I believe in all cases. There is no question of the courage and devotion of these ladies; for they are of gentle birth. They are enthusiastic as well as charitable; but austere discipline breaks down their crotchets and self-will. Alarm is excited lest these sisterhoods should proselytise, while they nurse. I have no doubt it will be so. Women are naturally more religious than men; their moral lives rendering them less afraid to look on holy things. No one can doubt the energy of their propagandist fervour—so earnest, so impulsive. They may call each other names (from Papist to Puritan inclusive); but they will all do alike, especially if they live together, and have little else than their own good deeds to talk about. I should be sorry if medical men were indifferent on such a subject, although scarcely involving any question of direct professional interest. Wholly apart from such apprehensions, I object, as a gentleman having due respect for women of my own degree. I shall come to this presently, when treating of hospital schools for nurses.

Let us proceed to ordinary nurses, whose laborious and responsible duties we know so well. A not unprevalent opinion of these useful women is, that they are brutes, thieves and drunkards. A more charitable opinion is, that a nurse is simply old, ignorant, and "past charing". She is, however, regarded with much of the superstition which formerly attached to a witch; and is supposed, during a long life of hardships, to have developed, by spontaneous growth, a cunning in her calling which exceeds the doctor's. She is not always treated with intentional harshness, but she is believed to have become so tough with age that no conceivable drudgery can damage her. This is the opinion of many, our own equals in social position.

A nurse is a confidential servant; but still only a servant. She should be middle-aged when she begins nursing; and, if somewhat tamed by marriage and the troubles of a family, so much the better. She should be a ready, intelligent, and observing person; kind, but firm in manner and in temper; discreet and faithful in carrying out her orders. She will improve until her strength and faculties decline.

But such is not the conventional notion of a nurse. If I send an elderly woman, who is clean in person and neat in dress, I create a panic. The mistress of the house fears she is a fine lady. The servants protest, and resolve that no one shall wait upon her. I explain, usually with success, that the nurse is an upper servant, hired for a special purpose, and that, if she waits on her patient, some one must wait on her.

Such prevailing errors discourage a good class of nurses, and institutions have been formed to meet the difficulty. But these institutions would have been uncalled for, if people had sought out proper women, paid them liberally, and treated them with common humanity. In this city such an institution has been founded on the principle that the nurses shall be, not amateurs gratifying an eccentric taste, but women who shall earn their bread by nursing. I hope and expect that this institution will secure them the considerate treatment which is their right. These nurses reside at their own establishment under a lady superintendent. They come to this hospital for instruction at appointed hours, and are then under the direction of our matron.

But I would warn the governors and medical officers of other hospitals to take the precautions which have been taken here. We do not initiate sentimental girls of one-and-twenty into the mysteries of our wards. The pupil nurses are not required to exercise a *surveillance* over the practice of myself and my colleagues, and to *report*. This printed paper will shew you what I mean. I *entreat* your attention; for herein excellent intentions are carried to the very verge of extravagance, and you are, more or less remotely, all personally concerned. I read *verbatim* extracts, but the drift of the whole is manifest. It is issued by authority for the use (primarily it would appear) of a great hospital in London. You would take it for an elaborate summary of the duties of the resident medical officers; but it is headed *GENERAL DIRECTIONS for the Training of the Probationer Nurses in taking Notes of the Medical and Surgical Cases in Hospitals*. A prefatory notice directs them to begin "as soon as possible, as many patients die within twenty-four hours of admission", warning them to use "great discretion" so as "not to exhaust the patient by numerous questions at a time when the vital powers may be at a low ebb". Pray observe; inexperienced women, beginning to learn the business of nursing, are told to exercise *their* discretion towards patients, "so low from accident or other circumstances" that it is presumed they may not survive the day. It is never once suggested that the resident medical officer should superintend. In fact, nothing is said about him. But the probationer is "carefully to avoid obtaining inaccurate statements, where the mental faculties have become blunted by acute or long suffering". If the patient be "in a state of insensibility", she is permitted, as an alternative, to get "the history of the case from the friends or persons conveying the poor creature to the institution".

The *preliminary account* follows. She is immediately to note the name and various circumstances of the patient, including his "constitutional character and habits". Meanwhile, the propriety of cautioning the probationer not to exhaust the dying patient becomes still more apparent as she proceeds with a "General and Concise Description of the Disease, history, how long since first noticed, how and with what symptoms it then appeared, what alteration or addition in symptoms, local or general, have taken place, and when, what the treatment has been, and what the results".

I need not go on. Here is exactly one half of the "preliminary inquiry"; but where is the resident medical officer the while?

The novice is also to "detail any additional observations made by the physicians and surgeons at their first visits, in reference to the character and diagnosis of the disease". It is rather sharp upon the doctors that their merest glimpse of the case should be put on record. No one reckons on an error; but it will sometimes happen notwithstanding.

Then there is a *Daily Report*, reciting all the symptoms, and all the treatment, the various medicines, and local applications, and everything else, and their effects, in accordance with the probationer's notion of such things. This is not a mere memorandum to refresh her own memory; it is her written diary of the proceedings of the medical staff, given in, day by day, certainly not to the physicians or surgeons in charge of such cases, but to a lady, as I am informed. Neither is the novice to be put off (as patients and their silly friends like to be) with pompous technicalities; for she is referred "to the text-books or medical dictionaries to ascertain the exact meaning of the terms used".

Then follow five-and-twenty "points for special observation in the following complaints, that the *nurse* may be prepared to answer correctly the inquiries of the *medical attendants*". Whether the resident medical officers, or whether clinical clerks and dressers are included, does not appear; no such persons are spoken of. Clinical pursuits rank lower than formerly; and, if the nurse does so much more than her duty, I know that the students will do so much less. Here is one of the "points", a specimen taken at random. "*Amputations: Describe*

* Part of a Presidential Address delivered at the annual meeting of the South Western Branch, June 1867.

whether from disease or after accident; nature of the operation; removal of limb, or in joint-diseases only of the heads of the bones, when the limb is removed; whether a circular incision is made through the integuments, and the edges of the wound brought together with strapping; or whether the flap-operation and the skin brought together by sutures, whether the operation heals by the 'first intention' or by granulation; number of arteries or veins taken up; when removed; stump or wound closed." This direction respecting "arteries or veins" is given twice over. In case of hæmorrhage or phlebitis, such a note might give rise to unfair and injurious comment. The whole is enough to turn the head of any nurse.

If pupil-nurses are to obey these instructions, they must have the foremost places at operations. They actually have, as I am told, at another hospital. Is the nurse qualifying herself to operate? Whenever public opinion demands that lithotomy and other great surgical operations shall be performed by women, instead of surgeons, it will be proper, and therefore decent; but not until then will I endure a group of girls peeping over my shoulders.

As educated women are clearly contemplated, how will the scheme work? Are they to be lady doctors, under another name? or will they criticise, and control, and counteract without responsibility? Will the medical man become a mere ceremony; a convenience, hired reluctantly, to take the blame, if any; just as the regular practitioner is sent for, when a case grows too perilous for the reputation of the quack? Rely upon it, nothing of the kind is thought of; but to that it will come.

Gentlemen, do not infer that I am repressive of improvement, but the painfully menial services, the direct personal assistance, which it is a nurse's bounden duty to render, without flinching, to the helpless and infirm, would be most unseemly if undertaken by a young gentlewoman, fresh from the tutelage of the schoolroom and the nursery, and reared in the most scrupulous abstraction from whatever is equivocal or indelicate.

My own idea of society is, a great collection of all sorts of people, each one contributing his own peculiar quality for the common weal. If the intelligent or the refined, the laborious or the humble, be absent, society is incomplete; and if any section affect the actual business of another, it will furnish but sorry substitutes. This does not forbid an earnest striving to excel in one's own proper duties—without which indeed all would stagnate; but whoever aims at a position other than his own, should be conscious and sure of powers which are irrepressible.

Now there is an old book, and in it a quaint passage which we all learnt when children, though some seem to think it becoming to have forgotten it; so I would suggest to the vain and restless of both sexes and all ranks, that they should be content "to do their duty in that state of life to which it has pleased God to call them".

CASE OF LOW FEVER: DELIRIUM: INCOMPLETE DEMENTIA: CONVULSIONS: DEATH: TUBERCULOSIS.

By C. HANDFIELD JONES, M.B., F.R.S.,
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M. G., female, aged 25, Irish, was admitted into St. Mary's Hospital on December 27th, 1865. She had been ill three weeks; was taken first with pain in the stomach and vomiting. Cough came on soon afterwards, and had become worse; and now it made her vomit whenever it came on. She had no thirst. The skin was hot. The next day it was markedly hot; temperature 104.5°. There were no distinct typhoid spots, or any other eruption. Jan. 3rd, 1866. Sickness had quite ceased. Tongue nearly clean. Pulse 108, weak. There was much restlessness. The countenance was expressive of stupor and uneasiness; the abdomen rather tender; bowels relaxed three times; eyes clear. She had much noisy delirium at night. Jan. 17th. During the last fourteen days, her condition had been quite that of a patient in low fever; she had had more or less stupor, alternating with delirium, mostly nocturnal; she was also very deaf, and did not hear when she was spoken to even with a loud voice. A large bed-sore was forming on the right trochanter. The temperature had kept at 101-102° about the middle of the day. The pulse had been 100 to 110. Jan. 20th. Temperature 99.8°. Pulse 104. She was quite conscious and rational at times, at others very noisy. Jan. 25th. A little blood appeared in the stools to-day. Jan. 30th. She continued extremely deaf; and seemed but half conscious. By March 1st, the bed-sore was healed, but she looked very thin and pallid and semidemented. Her deafness was extreme some times; at others she was able to hear better. March 7th. She looked very sallow and earthy complexioned, and quite as if demented; the intellect was evidently much impaired. There was harsh

but pretty full breathing in both fronts. March 16th. She was much better, getting hungry, much more rational, and less deaf. March 19th. She was doing well yesterday; but passed a very bad night, and was very noisy and delirious; she refused food to-day, unless it was forced upon her. Pulse very weak. Skin cool. March 23rd. She was improving. She took her food well, and enjoyed oatmeal porridge. The sister observed that she always heard better in mornings; after midday she became more deaf. March 26th. She had a fit to-day at noon, and was convulsed much for ten minutes. A few days after this, she became highly delirious at night and screamed violently; her cough was also very bad. Asthenia increased, and she sank in the night of April 3rd, having continued to be noisy almost to the last.

The treatment consisted of nitric acid during the fever period; subsequently she had cod-liver oil and sedatives and peppine wine. Brandy was administered in moderate quantity, and as much nourishment as she could be made to take. About a fortnight before death, her weight was only 66 lbs.

At the autopsy, there were several purpuric patches on the surface. The brain weighed forty-three ounces. It appeared healthy everywhere; was very pale, and rather wet. The heart weighed only six ounces. Both lungs were full of tubercle, which was undergoing softening in numerous foci. There was some effused blood on the surface of the left lung and in the pleural cavity. The liver and kidneys were normal. The small intestine was carefully examined; but no trace was found of ulceration, except a small nearly healed cavity or depression close to the ilio-cæcal valve. Peyer's patches were very little developed, less almost than normal; there was no trace of any morbid alteration in them. In the large intestine, several small ulcers were found not quite cicatrised; towards the lower end, numerous solitary follicles were seen with the central blackish spot, which gives to them, when aggregated in patches, the shaven-beard appearance.

CLINICAL REMARKS. The duration of disease in this case seems to have been about four months; the earlier half or two-thirds of this period presenting the phenomena of low fever, and the remainder those of an imperfect and unsuccessful attempt at convalescence. During the progress of the case, I entertained no doubt that it was one of typhoid fever; nor was it until I came to think over the results of the autopsy, that any doubt arose. The question is, Was the malady primarily and essentially acute tuberculosis of the lungs, masking itself, to a certain extent, under the guise of low fever; or was truly an attack of typhoid which precipitated a tuberculous diathesis into rapid evolution? The first view is favoured by the existence of pretty severe cough throughout, by the existence of bronchial rûle in both backs on admission, by the frequent vomiting, the absence of eruption, the advanced stage of the disease in the lungs, and the absence of any marked lesion of Peyer's patches. On the other hand, the general aspect of the patient, the course of the disease, the high temperature (104.5°) on the twenty-second day, and its fall to 99.8° by the forty-fifth day, the formation and healing of a bed-sore, the deafness, and the mental disorder, are phenomena much more accordant with the second. I have little doubt that the latter is the correct interpretation. But, if it be, I cannot avoid remarking that the case tends to increase the belief I have for some length of time entertained, that other forms of fever exist beside the familiar ones we are agreed to recognise. The specific lesion of typhoid did not exist in this instance, at least not in the lower part of the bowel; and, though I know it is said sometimes to occur only in the upper part, I cannot but think it highly improbable that such was the case here. The ulcers in the mucous membrane of the large intestine were much more like the results of fever than of tuberculosis. Their existence affords a pretty good proof that the freedom of Peyer's patches from morbid change, was not the result of their having had time to recover their normal state. With regard to the delirium and deafness, which were such prominent symptoms, the results of the *post mortem* examination go to show that they were more dependent on defective supply of blood than on atrophy of nerve-tissue. I had fully expected to find the brain very much atrophied; and I was not a little surprised to find it not more than one or two ounces below the normal figure. On the contrary, there can be little question that the heart was unduly small—in fact, atrophied; just as it was plain that the total amount of blood was. Such atrophy of the heart is well known to occur in various wasting disorders, as cancer and diabetes. While thus recognising defective supply of blood as one very important factor of the above disorders, I think it is also certain that it was not the only, and perhaps not the most, influential. I have certainly witnessed cases of complete, or almost complete, pulselessness, when the intravascular pressure must have been reduced to a minimum, where the functions of the nervous centres were less defective than they were in this fever-wasted sufferer. I cannot doubt that the action, the functional energy, of the nerve-cells was greatly impaired by the deleterious influence of the fever miasm. The connection