

going to the first sound, one to the second, and the remaining two to the interval of silence. This order of succession is called the *rhythm* of the valves of the heart, and when it is perverted it generally betokens the presence of some disease. There are a great many diseases of the heart, some arising from changes in its muscular texture, some from a change in its dimensions, others from changes to which the valves are subject.

I cannot go into these particularly; but I must tell you, that you will often, as Nurses, have to do with patients who think they have something the matter with their hearts, when perhaps the Physician declares that they are free from any disease of the kind. Palpitation of the heart, and irregularity of the pulse, are often dependent upon some disordered condition of the stomach, and will cease at once when that is rectified. Besides this many nervous persons are subject to palpitation, and this is a constant attendant on some uterine disorders.

There are numerous surgical complaints arising from diseased veins, and the arteries are subject to one which I have no doubt you will often meet with, both in the Medical and Surgical Wards. An aneurism is a tumour which consists of a preternatural dilatation of the artery. Sometimes an aneurism is occasioned by a wound, and is external; in other cases it is internal, and occurs in the great vessels of the chest, abdomen, &c., and also in the heart. Aneurisms which surgical aid can reach, are treated in various ways—by compression, by ligature, &c. After the latter operation a patient will require a Nurse's utmost watchfulness. He should be placed in bed with the limb in an easy position, wrapped up in cotton wool to preserve its temperature, and though it becomes rather swelled, which is not unlikely, cold must on no account be applied. The application of a hot bottle, or other artificial means of producing heat, is extremely dangerous in such a case. The diet should be light and unstimulating, but nutritious. Bodily or mental excitement should be rigidly prevented by the Nurse, who should do everything in her power to promote the perfect rest of her patient.

(To be continued in our next.)

SHOULD any readers of the *Nursing Record* be interested in any movement originated with the idea of making a "presentation," they might with advantage, before deciding upon the purchase of the article to be presented, pay a visit to Mr. Bassano's handsome studios, and inspect the almost life-size and certainly life-like specimens of portraiture which that gentleman has on exhibition.

NURSES AND DOCTORS.

An Address to the British Nurses' Association, by Octavius Sturges, M.D., Physician to the Westminster Hospital and the Hospital for Sick Children.

(Concluded from page 199.)

BUT apart from specific duties, larger questions emerge. It has been often asked, What is the proper limit of the Nurse's interest in the strictly Medical aspect of her work? It happens sometimes that there is room for doubt as to the nature of the patient's disease. In the event of death, such doubt is finally set at rest by *post-mortem* examination. In such cases, how far is it allowable and becoming in the Nurse to display the same sort of interest in the result that is felt by the purely professional observer? Concern about such matters depends upon temperament, and the precise answer will vary accordingly, and may safely be left to the individual sense of propriety. But speaking generally, it seems both natural and laudable to share in the interest that is felt by the Doctor, and with him to seek to have doubt removed and experience widened. At the same time the Nurse's interest should stop short of minute detail. The distinction between Nurse and Doctor is here sharply drawn. On that account I cannot but think that some of the lectures and demonstrations addressed to Nurses exceed their proper limit, in so dwelling upon pathology as to invite intimate inquiry of that sort. The point in question concerns Hospital Nursing mainly, where there is a rapid succession of patients, and each is made the subject of clinical discourse. Speaking now my personal opinion only, I cannot but think that with her higher training and education something more might be conceded to the modern Nurse than was proper or practicable of old. By virtue of her attainments she may fairly claim an intelligent interest in the common task, and to have such claim recognised.

Now, in our daily practice we stand by the bedside, addressing Medical Students variously informed, and some of them, of course, quite new to clinical study. Meanwhile Sister and Nurses stand by, who, by a fiction, are regarded as having no concern or interest in such talk. I shall be interested to learn the views of Nurses themselves upon this subject. For myself, I submit that that clinical teaching must be singularly narrow and incomplete which fails to dwell upon points that have interest for Students and Nurses alike; and if, in deference to the Nurse, that part of the discourse that deals with the general management of the patient were conveyed simply and without technicality, we should all be gainers, Doctors,

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