

daily round by 8 a.m., just passing through the wards and having a few words with the chief in authority. The Männerseite (the men's side) was entirely nursed by orderlies and male attendants, and very well done. I would commend this system to the English authorities, as I should consider the nursing of male cholera patients very unsuitable work for women. And I think some scheme should be drawn up for the provision of orderlies, or retired army pensioners, to do the detailed work of male cholera wards, while the superintendence and the skilled Nursing might be deputed to Ward Sisters.

The Eppendorffer Hospital is not a Training School in our English sense of the word. No lectures are given to the Nurses, and no examinations are held. During the year of probation the would-be Nurse performs the duties of a wardmaid, learning the mysteries of cleaning, scrubbing, and dusting; these being brought to a state of perfection in most of the German Hospitals. The "housewife" instinct is exceedingly strong, and results in a highly clean and polished state of the wards. But, until the Nurses are drawn from a higher and more educated class, and until the standard of three years' training and professional examinations obtains, the science of Nursing cannot reach maturity. The German woman is beginning to emerge and to recognise the dignity and honourableness of work, and no doubt the movement will soon produce good fruit in the Hospital system.

The cholera wards did not present so gruesome an aspect as one would imagine, although, often, the sad scenes one was surrounded by had a very depressing effect. But, fortunately, for some time there was so much to do, that one had very little leisure for realising the whole horror of the situation. When the epidemic was at its height, the rapidity with which new patients were brought into the ward was most bewildering. As an instance which I remember, one evening, at 9 p.m., there were 15 patients in a ward and by 8 o'clock next morning there were 44—two Nurses only having been on duty to attend to so large a number, and to receive the 29 men patients. Frequently, there was only just time to cover a blanket over the new arrival, without taking off the clothing worn, before it became necessary for the doctors to perform infusion; so often were the patients on the point of collapse before they could reach the Hospital.

In severe cases, the appearance is dreadful: the face being pinched, haggard and anxious; all the

normal lines are deepened and intensified, and the colour of the skin livid and blue. The face appears as if it had been well sprinkled over with finely powdered coal-dust. This peculiar duskiness is always present in severe and fatal cases; and it is very striking to see the sudden clearing up of dark lines, and the rapid return to the normal fairness of skin when convalescence sets in. Many of the patients who looked like negroes or Hindoos a few days before, would surprise us by the wonderful delicacy of their complexions when the acute stage was passed.

The hands and feet of the bad cases are hard, long, blue, and cold. In old and thin people the hands looked withered, but by no means necessarily present the "washerwoman" appearance so often described.

The eyes are sunken with hollow black rings around them, and are frequently widely open day and night—this condition being caused by paralysis of the eye muscles. Ophthalmia was naturally common, and the suffering from having the eyes continually open was very great. This was best relieved by keeping pads of wet lint across the eye-balls.

In the collapse stage the limbs are flaccid and limp, and the patient lies prostrated and quiet, complaining of little pain—unless the condition of complete exhaustion be accounted painful. The listlessness and apathy of the sufferers from cholera is very striking, especially during the collapse; but when one realises the weakness and lowness of the pulse, and the fact of a temperature of 93°, one would wonder if it were otherwise. The bad cases look like Asiatic Cholera and nothing else. There is no other condition which approximates it in appearance; but the mild cases frequently look as if they were in the second or third week of typhoid, only that this condition is reached in a day or two.

So far as our experience went, we would say that "cramps" are by no means an essential accompaniment of cholera. It was most often complained of during the early stages and in convalescence, being especially felt in the calves of the legs. Heat, massage, and kneading, with slight passive movements, quickly gave relief; abdominal tenderness and distension were the rule, and the distension lasted long into convalescence. Cotton-wool and a loose abdominal flannel binder would, no doubt, give great relief, and would be of great value, but could, perhaps, hardly be supplied in a Hospital full of cholera patients. Although each patient was wrapped in a blanket, the cold effect of a cotton nightdress in the depressed and shivering stages was much complained of.

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