

number of minute granulations like sago grains are formed along its edge. Then, as a general rule, one of two consequences will follow. Either the edges will unite together by the union of the minute granulations with each other, just as the granulations of an ordinary wound on the surface of the body close the wound by their apposition and union. In this case it can easily be understood that instead of the curtains which easily fall together and close the orifice they guard, there will be formed one curtain with a hole in its centre through which the blood is able to pass. But it is also evident that the blood can as easily pass back into the chamber from which it has just been expelled; because the edges of the curtains cannot as in health fall together and so close the orifice. For example, if the edges of the mitral valves have become thus glued together, there will be left a small opening—which is usually called a buttonhole orifice—through which the blood from the left auricle can flow with some difficulty and roughness into the left ventricle, forming thereby the *presystolic murmur* which has been already explained.

But when the ventricle contracts, some of the blood will be forced back through the patulous orifice, and thus there will be the systolic *bruit* produced. In cases, therefore, of mitral valve disease, there is an especial strain thrown upon the strength of the auricle, and more or less obstruction to the passage of its contents onward. From this there arises various symptoms which are known as those of "back pressure." For example, the blood from the lungs cannot get into the left auricle as easily as it should do, then the circulation through the lungs is impeded, and so the patient suffers from congestion of those organs or of the mucous membrane of the air tubes, and so he is affected with frequent attacks of bronchitis, or even of pneumonia. The lesson for the Nurse is that patients suffering from heart disease must not be exposed to draughts or any chance of chill during washing or bed making, or they may speedily develop some lung trouble. Then the circulation through the lungs being so embarrassed, there is difficulty in the propulsion of the blood from the right side of the heart, and so the ventricle and auricle tend to become dilated from over pressure and engorgement. Then the veins are unable to empty their contents easily into the right auricle, and so all over the body the venous system is engorged, and thus we find these patients have bluish lips and finger nails, suffused eyes, prominent blue veins on the cheeks, forehead, chest, and abdomen.

(To be continued.)

Home Hospitals.

SOME IDEALS.—THE HOUSE.

(Continued from page 187.)

Beyond that mentioned, the necessary furniture should consist of a washable chintz screen, couch, club chair, reading desk, night stool, chairs and towel rail, bed-table, tray, rest, and foot-stool, a candlestick with shade, and two linoleum mats, one before the wash stand, and one for bedside use. A model fire place is constructed of Doulton's ware, with tiled hearth—which can be washed entirely and thus kept clean without noise—brass fire irons, and coal box, the latter with iron inset, so that the brass portion need not be taken from the room when it requires filling, and thus run the gauntlet of page boy and coal shovel. This is all that is necessary in the way of furniture.

Very thick dark green linen blinds, dainty lace curtains and window blinds, chintz-covered cushions and Algerian *couvre-pied*, and the average patient will feel quite at home. The more cupboard room in the house the better, as these will be needed for operation appliances, surgical stores, linen, china, general stores, and constant care and stock-taking is necessary to keep them clean and in order and well replenished.

In a Home Hospital the stairs are best thickly carpeted, as the traffic of maids up and down with meals, Nurses, doctors, patients and *their friends*, causes an almost ceaseless trotting up and down, and if the steps were audible it would be very disturbing to the patients.

It is well, if possible, to have three rooms on the ground floor: sister's sitting-room, an office, and a room for the Nurses, one room being in constant use for the consultation of medical men, and for the reception of patients and their friends.

The basement should comprise a kitchen, servants' hall, parlourmaid's pantry, scullery, wine cellar and larder, and a front room where meals can be served, as it is an immense saving of labour.

Lavatories and bath-rooms are best built out at the back, and it is better that these should be situated on the half-floors, and of course well ventilated, one of each being reserved for the Nursing Staff, one of each for the domestic staff; one bath and two lavatories are needed for the use of the patients, and they should all be constantly disinfected, and kept scrupulously clean and tidy—no easy matter; no "droppings," such as soiled bandages, dressings, mackintoshes, towels and faded flowers, &c., should ever be permitted to remain in the lavatories. Articles which require cleaning should be cleansed and removed at once, and dressings, neatly covered, taken straight from the sick room and burnt.

THE LINEN.

A Home Hospital requires a large supply of linen and napery, and it should be of the best quality. Take a house for the reception of twelve (mostly surgical) patients, and the following supply will be needed.

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