

the governing body, and so far as appears from Miss Bradley's scheme, this cardinal principle has been overlooked. It is not, moreover, apparent why "the Universities" should be separately represented; nor is it clear whether those bodies would, or could in law, accept of such a measure of responsibility for a newly formed organisation. It would probably be more advantageous if the membership of the Board were at least equally divided between representatives of the employers and of the employed; that is to say, of Societies which employ Women Lecturers, and of Women Lecturers themselves.

Coming next to the proposed examinations and the certificate to be granted to those candidates who prove their proficiency and capability as teachers, we would deal chiefly with the question as it affects lecturers on Nursing subjects. And, with regard to these, it should, in our judgment, be made a cardinal regulation that no one should be even eligible for examination, unless she could produce proof that she had been thoroughly trained for three years in a recognised Hospital. The proposed Institute will never gain the Charter which it seeks, until it has proved its importance and its usefulness to the public. And in the case of Nurses, it will therefore need, at once, to adopt a higher standard of efficiency than is apparently regarded as essential at present. Too often now, as it has been recently shown, women go out as lecturers upon Nursing, who are densely ignorant of the subject they profess to teach; and it will therefore be necessary for the Institute to ordain that accurate knowledge and practical experience of the details of Nursing shall be the first essential to the acquisition of a certificate of fitness as a lecturer on that subject.

The other matters into which Miss Bradley proposes that examination should be held may be chiefly defined as involving the ability of the lecturer to make her subject interesting and to make herself understood. And the many complaints which we have received concerning the lecturers of the present day cause us to suggest that, in addition to the subjects mentioned for examination, some knowledge of English grammar might with advantage be added; and if the Institute desires to save itself from reproach or ridicule it is apparently essential that its examiners should regard an indiscriminate use of aspirates on the part of candidates as a disqualification for its certificate; for this appears to be an unfortunate failing with some of the present-day lecturers. Finally, the Institute would, in our opinion, be well advised if it, at first, charged a smaller examination fee than the proposed three guineas. There are many women who are well qualified

to deliver a course of Nursing Lectures who would find it a difficult matter to pay fees for efficient education and for subsequent examination. With these few emendations, the scheme of the Women Lecturers' Institute appears to us to be one fraught with much advantage to everyone concerned, and to which therefore we earnestly wish the greatest measure of success and prosperity.

## Lectures on Elementary Physiology in relation to Medical Nursing.

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### LECTURE II.—THE LUNGS AND THROAT.

*(Continued from page 347.)*

**I**F it does happen, the Nurse should immediately wash her face with the strong antiseptic solution. She should never have a meal in the room of a patient suffering from this disease, and should most carefully wash her hands and face before taking food, so as to prevent, as far as possible, any possibility of infection. If she has any scratch or wound upon her face, or hands, or neck, it should be carefully painted over with collodion or covered with sticking plaster, because any open surface is specially liable to infection by the diphtheritic poison. This is a fact which is not generally known amongst Nurses, and is one, therefore, which it will be well to impress upon your memory by an actual case. A private Nurse was sent to a diphtheria patient, and while in attendance noticed that a tiny scratch upon her finger became inflamed. The patient died, and she returned to her Institution, but her finger did not heal. It was poulticed, but it still remained hard, brawny and swollen. She was sent out to an ordinary medical case, but was found to be unfit for duty, and, in ten days after the original inflammation of the finger commenced, she returned to her Institution suffering from extreme inflammation of the throat, which speedily showed the ordinary characteristics of diphtheria, while the wound on her finger became covered with the white membrane characteristic of the disease. She died two days afterwards, of sudden heart failure.

The temperature of the patient's room must be carefully maintained at the same degree, for it must be remembered that the air entering through the tracheotomy tube does not become warmed, as it does in health, by its passage through the mouth or nose and upper air passages. Then, it is usual, whenever false membrane is present, to direct that the atmosphere of the room should be impregnated with steam or some other antiseptic vapour, so as to assist

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