

in 1894, a Special Committee was appointed to carry out the details, and a commencement was even made by asking for volunteers for such service. That the Association should have been deprived of the honour and prestige of carrying this national matter to a successful conclusion, and that it should have been entrusted to a Committee outside the Association will be probably regretted only by those who still believe in the ability of its officials to do any good work for the profession or the public. So far as we are concerned, it is a matter of complete indifference to us that our idea has been abstracted by others—now that we are assured that it will be carried into effect.

Briefly, then, the scheme is that the new organisation is to be known as the Army Nursing Reserve. In time of peace, it will be placed under the direction of a specially constituted Committee, while in time of war the nurses will be under the control of the War Department. The conditions of their service are analogous to those required from applicants for appointments on the regular Nursing Staff of the Army. Nursing Sisters are, while on duty, to receive £40 per annum, and Acting Superintendents £60 per annum; salaries which cannot be considered to err on the side of generosity, especially in view of the many dangers of the service, and the certainty that the majority of those who are called out on duty will at the time, almost certainly, be engaged in professional work of a less dangerous and much better remunerated character. Consequently, such nurses will be asked by the State to give their services not only at a distinct risk, but also at a definite pecuniary loss, to themselves. As the Reserve Nurses will apparently not be eligible for any pension or special gratuity at the termination of active service we certainly consider that the salary given should be on a higher scale than that accorded. Apparently, the Reserve Nurses will receive no pay or retaining fee unless they are actually called out on duty; and this fact we imagine will be found to militate against the successful working of the scheme. However, it is most satisfactory to us to find that the organisation which we have advocated for so many years has at last taken some definite shape; and doubtless any defects which may be found in the practical details will be remedied, as time goes on.

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

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### LECTURE V.—THE NERVOUS SYSTEM.

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**B**UT an equally important cause of the formation of bedsores in these cases is the disease of the nerves, which, by lessening the proper nutrition of the skin, undoubtedly predisposes to the more rapid softening and destruction of tissue. It is therefore a good general rule, which most doctors observe, to direct such patients to be placed at once on an air or water bed, and that extra precautions should be taken to prevent any undue pressure on the skin.

We come next to the consideration of some of the diseases which are characterised by *Delirium*. This, which has been described as temporary insanity, is due almost invariably to a disordered condition of the circulation through the brain; and, in brief, it may be said that it is rare to find delirium except in patients whose brains are more or less congested. As a general rule, therefore, in such cases, there is almost invariably some rise of temperature, and whenever the pyrexia is considerable, whatever the disease may be, there is commonly some delirium present. This may vary from slight incoherence of speech, or an unusual degree of talkativeness—displaying, probably, a disconnected confusion of thought—up to distinct ravings and violent bodily movements, during which the patient seems possessed of superhuman strength, and although apparently weakened by illness, may require one or two strong men to hold him down. Such patients are frequently impressed with the delusion that they are trying to escape from some danger, and, consequently, if a proper watch cannot be kept upon them, it is by no means infrequent to find them getting out of bed and, in their nightdress, walking from the ward or house—sometimes through the window, with fatal results. The nurse should therefore always remember that whenever there is much rise of temperature, to whatever cause this may be due, the patient may at any time become delirious, and cease to be responsible for his actions. He therefore requires, not only to be carefully nursed, but carefully watched; and it is a useful precaution, if the nurse is

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