

absence of self-consciousness will carry them over many difficulties, and also enable them to render necessary services in a natural and professional manner. It remains to be seen whether the Irish nuns will recognise this fact, as we believe that at present they decline to attend obstetric and gynaecological, as well as many male cases, but we hope they will be wise enough to recognise that there can be nothing unsuitable in their performing any duties which other women who are nurses undertake as a matter of course, and that, unless they are prepared to do this, nursing the sick is a calling which must inevitably be handed over to lay persons. This is a course which we should deplore, both because of the many qualifications which nuns possess, which should especially fit them to respond to training, and also because tending the sick is one of the corporal works of mercy enjoined upon the faithful, and therefore we venture to think in an especial degree upon those whose lives are professedly devoted to good works.

A TERRIBLE OBJECT LESSON.

WE have before us the account of a meeting of the Hull Board of Guardians, at which the death of one of the nursing staff was discussed, attributed to overwork, and dropped!

We quote in its entirety the extract to which we refer:—

"A general bi-monthly court of the Hull Board of Guardians was held at the Workhouse, Anlaby Road, yesterday afternoon, Governor R. S. Pickering presiding.

The Governor said that he was sure the members of the Board would have heard with regret of the death of Miss Longley, one of their nurses. He was very much afraid she had fallen a victim to zeal in the discharge of her duties. He was very much afraid, too, that it was partly on account of the Workhouse being understaffed in the matter of nurses that so much work had fallen on that poor girl. He desired to express his regret that one so promising should have been removed so early from what appeared to be peculiarly her sphere of work.

Mr. E. T. Sharp trusted it was not quite so bad as the Governor said, that Miss Longley had fallen a victim to overwork, but he did think she had given the whole of her time, and possibly had she had a little easier time her life might have been prolonged. It would have been better on their part had they rendered assistance in the Hospital earlier than they did. He trusted her death would have this effect—that those who were left behind would not have to suffer as she did. She was a good girl and nurse, and was beloved by all she served.

The matter then dropped."

It appears to us that there must be something radically wrong in the management of an institution, when the death of a member of its nursing staff is necessary to ensure to

those who remain immunity from the sufferings which she underwent. It is a well-known fact that conscientious nurses will go on working until they can work no longer, rather than that the patients under their care should remain untended; but it is, therefore, all the more incumbent upon those responsible for their welfare that adequate assistance and rest should be afforded to them. We hope that the terrible object lesson afforded to guardians by the death of Nurse Longley is a unique one, and one, moreover, which will not be repeated.

An Obscure Uterine Malignant Growth.

NOTES OF CASE

By Miss EDLA R. WORTABET.

THE patient was forty years of age, a Swede on her mother's side, Scotch on her father's; she was born and spent the early part of her life (up till eighteen) in the Shetland Islands.

On taking up the case I was asked to use great tact and judgment with her, and was told that she hated women in general and nurses in particular—in fact, I was succeeding another nurse to whom she had taken a great dislike.

My first impression on entering the room was that the patient was very ill indeed, the face and expression betokened great suffering and disease. The nurse—a tall dark, strong-minded looking woman—was trying to make her take some arrowroot.

"I cannot take it, I feel sick," she said.

"Are you sick instantly after you take your food or some time after?" I asked.

"I have not been sick at all yet, but I feel sick at the very sight of food, and I have touched nothing for twenty-four hours," she added peevishly.

On leaving the room I was asked what I thought of the patient. The tone implied, "Is she really ill, or is she only feigning?"

"The fact of the matter is this," went on the lady, "your patient is my brother's house-keeper. She has kept house for him for thirteen years, and now he is going to get married, and she does not like turning out of the house; but, of course, if she is really ill, we must look after her."

I now took charge of my patient. Temperature normal, pulse weak, but fairly regular. Urine normal in colour, quantity and sp. gr., but was strongly acid in reaction, and I soon found out she was a rheumatic subject.

A consultation took place. The physician's opinion was that he considered she was in pain; he ordered a hypodermic injection of morphia, but said that he would not make a decisive state-

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