

## HIGH-HANDED ACTION.

THE whole hospital world recognises the strenuous efforts for efficiency in every department, which have been made of late years at the London Hospital, under the devoted Chairmanship of the Hon. Sydney Holland; and the high-handed action on the part of Mr. Q. R. Roberts, the House Governor, for which he has been justly censured by a coroner's jury, is the more to be deplored.

The censure arose out of an inquest, recently held at the Whitechapel Infirmary on the death of a ship's steward, Edwin John M'Garth, who was admitted as a patient at the London Hospital on the 3rd inst., and who, having behaved indecently to a nurse, after due warning, was summarily dismissed two days later by the House Governor; two porters carrying him outside, and depositing him on the pavement. Here the unfortunate man was found by the police, and conveyed to the Whitechapel Infirmary, where he died two days later—the autopsy proving that he was suffering from softening of the brain, and was therefore not responsible for his actions. At the deferred inquiry, the evidence of Dr. E. R. Fraser, who admitted M'Garth to the London Hospital, was of a very unsatisfactory nature, as he had to qualify much he had said on a former occasion, and he withdrew the serious reflection upon the nursing department that "the nurses refused to attend the patient." We feel sure the public will agree with the juror who remarked, "we are very glad to hear that, for we think, however bad the man was, if his mind was affected, he should receive careful nursing;" and we are glad to learn from the evidence of the Sister and nurses, that although the deceased behaved very indecently, and his language was anything but becoming, they did not on that account refuse to attend to him. In fact every patient, no matter how badly behaved, received every attention. Evidence which received corroboration by both members of the nursing staff and the patients.

The jury returned a verdict of natural death, and added, "We express our deep sorrow that the man was turned out of the hospital in the manner he was, and we consider that the hospital governor acted in a high-handed manner in having expelled the deceased without making any arrangements for the man being attended to, outside."

An expression of opinion which all humane persons will heartily endorse.

## Lectures on the Nursing of Lung Diseases.

By BEDFORD FENWICK, M.D.,  
Late Senior Assistant Physician to the City of London  
Hospital for Diseases of the Chest.

## CHAPTER II.

(Continued from page 428).

THE most common complaint of the Lungs is that known as Bronchitis, or inflammation of the bronchi. It will be remembered that the latter term is applied to the air tubes after their division to the right and left sides from the trachea or windpipe and their entrance into the lungs. They are more or less circular in shape, and consist of elastic tissue containing blood vessels in their walls, and lined by a delicate mucous membrane. The bronchi divide and subdivide as they pass through the lung, becoming smaller and smaller in calibre until each ends in the microscopic cul-de-sac or bag to which the term of "air-cell" or "vesicle" is given. This anatomical arrangement must be remembered in order to comprehend the effects of the various diseases to which the lungs are subject. Round each air-cell runs a branch of the most minute division of the blood-vessels—the capillaries of the lung circulation—the blood in which is purified by the absorption through their thin walls of oxygen, from the air in the air cell, and the transpiration of carbonic acid. Around the air cells and the blood vessels, and binding the cells together to form segments of the lung or "lobules," is elastic tissue. This is so arranged that when the air enters the cell, the whole lobule is able easily to swell and expand; and when expiration takes place, and the air cells empty, the whole lobule can contract. The lobules in their turn are bound together by the same elastic tissue into three segments or lobes, making up the Right lung, and into two lobes to constitute the Left lung; the latter being the smaller of the two, partly because the right side of the chest is in most people rather larger than the left, and partly because so much of the space on the left side is occupied by the Heart and great bloodvessels.

From this explanation, it will be understood why the whole chest expands and contracts with the entrance to, or exit of air from, the lungs. From this also, two facts are plain. If this movement of the chest on either side is interfered with, the lung on that side cannot be properly performing its work—a fact of which we shall see the importance when we consider cases of

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