

Annotations.**PLAGUE NURSES.**

THE *Times of India*, commenting on the nurses who have been sent out from this country to India to nurse the plague, strongly objects to their number being determined by the India Office without reference to the local authorities, and also states that nurses trained in India who have done competent work in previous epidemics are unfairly and unnecessarily displaced by English nurses who know nothing of the special or local requirements. We ourselves took an active part in drawing attention to the necessity for augmenting the supply of nurses in India in order to cope with the epidemic of plague, but we should be the last to depreciate the value of the services of the sisters and nurses on the spot. It was the letters which were written by one of these devoted sisters which first impressed us with the necessity for augmenting their number. When we read of hundreds of plague patients attended by two or three of these brave women, and of the constant individual care needed by the sufferers, we felt convinced that they must be re-inforced if the greatest good was to be accomplished, and if the nurses on the spot were not to break down under the strain imposed upon them.

We are of opinion that the authorities would do well to put themselves into communication with the Superintendents of Nursing at the large Indian training schools and ascertain from them how many thoroughly trained nurses are available for plague duty. Such nurses should certainly have precedence of those trained in England. From our own observations, we believe that it will be found necessary to supplement this number from home, and we would suggest that the India Office in this country should similarly obtain the assistance of nursing experts in selecting candidates. Nurses have certainly been sent out on plague duty without any reference to their Matrons as to their personal qualifications, an omission which is, no doubt, responsible for the unsuitability of some of the candidates. Many of the nurses have done excellent work, but there are others whose conduct has not brought credit upon their profession. If the opinion of those best qualified to judge had been consulted, fewer mistakes would have been made. Many qualities besides technical knowledge are necessary to make a nurse suitable for work abroad, and it is wisdom to consult with those who are best able to give an opinion on these points.

The Nursing of Heart Diseases.

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CHAPTER I.*(Continued from page 388.)*

WE come now to consider the second condition of inflamed valves to which allusion has been made; namely, that in which larger or smaller outgrowths form upon the valve-edge. In this condition, the fringe of beads of lymph, already described, grow together and enlarge until they resemble warts; and, with the movement of the valves, these swing to and fro in the blood stream as it passes through the orifice which is guarded by the affected valves. In certain cases, pieces of these growths are washed off by the blood and carried along into the circulation; and it is most important to realize what will then occur.

If the growth comes from the tricuspid valves, it will be swept along the pulmonary artery till it comes to a branch which is too small for it to traverse, and, there, of course, it is stopped; plugged in by the pressure of the blood behind it, and preventing, therefore, any further passage of the circulation through the artery thus obstructed. In a few minutes, the blood behind the plug being unable to move forward stagnates, coagulates, and blocks the artery right back to the point of its next division, behind which the blood-stream flows as usual. If the growth is very small the calibre of the artery which stops it, will also be small; and it may, therefore, be quite close to the edge of the lung and the circulation may still be carried on through the part by the vessels behind it. But the larger the fragment—or, as it is called, the *embolus*—is, the larger will be the size of the artery which checks it, and the greater, therefore, will be the area of the lung which is deprived of blood. Whether large or small, however, the part of the lung thus affected is for all practical purposes rendered useless to the system generally. What is worse, in most cases it becomes an actual danger to the system, because the part which is deprived of blood, almost invariably becomes diseased. It may be that an attack of inflammation occurs, or even that same condition of death or gangrene which takes place in any part of the body which is deprived of the life-giving stream of blood. So most patients in whom an embolism in the lung has occurred, immediately show certain typical signs and

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