6. If the consignment is one for distribution to troops by the General Officer Commanding, it should be addressed as follows:—

Tobacco (or whatever the parcel consists of) for

the troops in South Africa.

The Embarking Staff Officer,
Empress Dock,

Southampton.

To be forwarded to the General Officer Commanding.

Lines of Communication, Cape Town (or Natal as may be desired).

For distribution.

HOME CHARITIES.

WE publish in another column a letter from Lord Monkswell, Mr. Henry Lucas and Mr. Walter Baily, respectively the Treasurer, the Chairman of the Committee and the Vice-Chairman at University College Hospital. Our readers will learn from this that the response to the Mansion House Funds for the sufferers from the war has seriously affected the contributions to the hospital, and we learn from Mr. Newton Nixon, the Secretary, that owing to the Transvaal Funds the hospital is now receiving no contributions from the public. This is a very serious condition of affairs. University College Hospital, although a well managed and most deserving institution, is always at a low ebb financially, and if the public are going to cut off their regular contributions to our home charities in order to contribute to the Special Funds the effect will be disastrous. There is no generosity in robbing Peter to pay Paul, and the present emergency is one which calls for special liberality, and, if need be selfdenial. It is a short sighted, and almost cruel policy to deprive our sick poor at home of necessary attention because our soldiers in the ·Transvaal need assistance. The sick and wounded should certainly receive every necessary attention, but as the country has voted an expenditure of £10,000,000 in connection with the war, the necessary expenditure to ensure their efficient care should be borne by the War Office. Military Hospitals are Governmental institutions, so that their maintenance is assured, whereas many of our civil hospitals are almost entirely dependent upon voluntary contributions, and will be compelled to close wards if these are withheld.

The Mursing of Ibeart Diseases.

BY BEDFORD FENWICK, M.D.

Late Senior Assistant Physician to the City of London Hospital for Diseases of the Chest.

(Continued from page 468.)

It is still the custom, far too frequently, to attempt to quench thirst by giving the patient pieces of ice to suck. It fails completely in its object, for a simple physiological reason. The cold contracts the blood-vessels of the mouth, and thus rapidly dries the mucous membrane, and the consequence is that the more ice the patient has, the more he wants, and the more thirsty he becomes. On the other hand, very hot water produces the same effect by the opposite means; it dilates the blood vessels of the mucous membrane; then reaction follows, as soon as the stimulus is removed, the vessels contract again, and the mouth becomes dry and parched.

Thirst, in extreme cases, when it is even necessary to prevent the patient swallowing any fluid at all, can often be alleviated also by moistening the lips with a little lemon juice. In the cases under consideration, however, the thirst is rarely excessive and generally endured without complaint, because the relief to the circulation is soon so evident to the patient that he will even, of his own initiative, restrict the amount of fluid which he takes. Still, in those cases in which the deprivation of fluid is badly borne, the practical points which have been mentioned may be usefully remembered by the nurse.

CHAPTER II. Pericarditis.

We come, now, to the consideration of the different diseases to which the Heart is subject, and may with advantage commence with those of its external surface. The heart is contained in a loose bag called the Pericardium in which it can move easily and freely when in a state of health; and the folds of which are so loose, as to enable the organ to enlarge to a considerable extent without unduly distending the bag.

The simplest method of explaining the formation of the Pericardium is to imagine an ordinary handkerchief folded in two, and the closed hand placed on the handkerchief, the double layer of which is then drawn closely over it and tightly tied round the wrist. If the layer of the handkerchief which touches the fist be imagined to be tightly adherent and glued to

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