

subscriber. Because it is the official organ of this and the other leading nursing organisations, it should be read by all nurses in order that they may be well informed about their own affairs and interests.

At the last annual meeting it was decided on motion to publish all announcements of meetings, and matters relating to them, in the *American Journal of Nursing*, instead of sending out printed announcements.

It would seem advisable to have our by-law referring to that clause coincide with that decision, if that decision is not reconsidered.

In conclusion I earnestly hope that our meeting may in every way be a decided success.

The Passing Bell.

At the inquiry into the circumstances of the death of Miss Emily Louisa Symonds, a trained nurse, whose body was found in a brickfield near Wormwood Scrubbs, Dr. R. A. Jackson said that the cause of death was syncope from double pneumonia. It appears that Miss Symonds had been in indifferent health for some time. She suffered with her heart, and lately had had a trying time nursing her father. The Superintendent of the Nurses' Home where she lived said that she left the home on Wednesday in last week. As she had not returned on Saturday inquiries were made about her absence. The deceased nurse was trained at the Royal Infirmary, Edinburgh, and was for some years a member of the Nurses' Co-operation.

It seems very pathetic that a life spent in the service of the sick, should have so solitary an end, with no one at hand to perform the last offices which may be rendered in the hour of extreme need. The incident seems doubly sad to us, as we had some personal acquaintance with this nurse, who at the time we knew her was exceptionally bright and cheery.

The increasing number of deaths which occur amongst nurses from their own act points to the necessity for care in selecting as probationers women who have no family history of mental weakness. The responsibilities of the trained nurse are so great that if she has any tendency to mental disease she may easily lose her balance under conditions of exceptional strain.

Recently an inquiry took place into the cause of the death of Sarah Dodd, formerly a nurse. Dr. Hawker, house physician at St. Mary's Hospital, where the deceased was taken and died without recovering consciousness, said that a post-mortem examination led him to believe that the cause of death was sulphonal poisoning, and on searching the clothing worn by the patient a tabloid was found. Evidence was given that the deceased woman, who had been a private patient in the

City of London Asylum, had suffered from melancholia, and, on a previous occasion, had taken chlorodyne "to sleep herself to death." A verdict of "Death from misadventure" was returned. It is evident that the nurse was not responsible for her action.

Some Practical Points on Sanatorium Treatment of Pulmonary Tuberculosis.*

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So much is at present being written regarding the prognosis and treatment of pulmonary tuberculosis, that a few clinical remarks on the advantage of sanatorium treatment in this disease may be of practical interest to the members of this Society. The consensus of opinion and the weight of clinical evidence are in favour of treating tuberculosis patients in an institution where all the régime and environment are conducive toward not only building up Nature's reserve forces but inculcating in the patients a knowledge of the rules of living.

Statistics compiled under most favourable circumstances, hygienic surroundings, regulation of diet and constant supervision over and education of the patient, obtainable in properly conducted sanatoria, show that the cured incipient cases are estimated at 59 per cent. In results quoted among patients outside of sanatoria, it must be remembered that a large percentage of those reported cured are really only greatly improved. It is almost impossible to subject private patients to rigorous tests of cure, and the general practitioner has not the means at his command for so doing. The highest rate of improvement is 86 per cent. These percentages are taken from favourable cases, while if we strike an average of all cases from different health resorts, it will be as follows:—Cured, 41 per cent.; improved, 60 per cent. An eminent authority has said: "Early phthisis is, therefore, a disease which should be treated and which yields, under intelligent management, a fair proportion of cures." This percentage will be usually lower under less favourable environment. Statistics from all sources, American and European, will bear out these figures. To the minds of many of the laity and even physicians, the name "sanatorium" conveys an idea of hospitalism. Nothing, however, is farther from the facts. We are all familiar with the daily life in a hospital, and cannot criticise the aversion of a patient toward spending there long, weary months of exile.

* Read before the New York Post-Graduate Clinical Society.

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