

the internal organs, and surround the other tissues, very slowly but surely it goes on to Fatty Infiltration, or the deposit of fat where it is not wanted, and where, therefore, it tends to do harm rather than good. Just as, by dieting, a person's weight can be greatly and rapidly reduced, so, in cases of long and exhausting illness, we find that patients, who were at first unusually stout, more or less quickly lose flesh, and the infiltration of the fat between the muscles may in these cases completely disappear. Indeed, in some people, if the organs are healthy, and only a normal deposit and a slight infiltration of fat is present, the reserve of power which they thus possess within themselves is often sufficient to tide them over a dangerous and critical period of their illness. And, therefore, it may be said with truth that this storage of fat cannot be regarded as entirely detrimental from Nature's standpoint. But if there be Degeneration of the muscles so that their substance is actually destroyed, it will be understood, from what has been already said, that the patient's danger of collapse is greatly increased, inasmuch as he has already an inherent weakness, and not a reserve source of strength, within him.

Much of this must be specially considered when we come to discuss diseases of the Heart, and blood-vessels. But, for the moment, interesting facts in connection with surgical cases are noteworthy. In former days, when patients suffering from fracture were kept for weeks, or even for months, recumbent in bed with the limbs fixed by splints or plaster of Paris, it was not infrequently found, when the latter were at last removed, that the fractured bones had satisfactorily healed, but that the limb had become more or less wasted, and, in some cases in which it was finally possible to examine these limbs, it was found that the muscle had shrunk from its long disuse, and the little tissue that was left had been converted into a marked example of fatty degeneration. Until this fact was realised, it was difficult to explain why patients who were apparently cured of their injuries remained for months or years with shrunken limbs, and always with more or less complete loss of power. It will, therefore, be easily understood that surgeons nowadays steer their treatment between the carelessness with which fractures were in the dark ages allowed to heal as they pleased, and with complete lack of proper rest and anatomical adjustment, and the opposite extreme of prolonging that rest to such an extent as to cause thickening or fixation of the joints, or shrinking and disease of the muscles, connected with

the broken bone. It will also be understood why, as soon as the splints are removed, and union is found to be fairly firm, the muscles are shampooed and massaged and engaged in passive movements so as to restore their functional activity.

In medical cases, again, in which paralysis of one or more limbs has taken place, either from accident or disease, we shall see in due course that the muscles have ceased to receive from the brain the orders which they require for their every movement; and, as a rule, in these cases, the degeneration of the muscle is more acute than when it is due to accidental circumstances, occurring, probably, in healthy people. Efforts, therefore, have to be made, as soon as possible, to stimulate the muscles so as to save this degeneration taking place; and those who have seen much hospital work are aware that this is usually accomplished by the application of the galvanic battery, by means of which the muscle is made to contract and relax, exactly as it does in response to the electrical orders of the brain. There are many other illustrations which will be observed by nurses in training in the wards of a general hospital, and perhaps to a still greater extent in the wards of a Poor Law infirmary; but these will suffice to emphasise the importance of this subject.

(To be continued.)

The Military Nursing Service.

It is officially announced that existing vacancies for staff nurses in Queen Alexandra's Imperial Military Nursing Service will be filled at once. The rates of pay range as follows: Matron-in-Chief, from £305 to £350; Principal Matron, £175 to £205; Matron, £75 to £150; Sister, £50 to £65; Staff Nurse, £40 to £45.

Furnished quarters and servants are provided, and allowances are given for board, for uniform, and for washing.

All members of Queen Alexandra's Imperial Military Nursing Service are required to take their turn of foreign service.

Applicants must be of good social position, and between the ages of twenty-five and thirty-five, and must possess a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital of not less than 100 beds recognised by the Army Medical Advisory Board. Full particulars as to the conditions of service and forms of application for admission can be obtained by applying to the Secretary of the War Office, Whitehall, S.W., or personally to the Matron-in-Chief, at the same address, who will see candidates on Tuesdays and Thursdays, between the hours of ten a.m. and one p.m.

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