decessors, again, had bled and cupped. In cases of aneurysm, the students were always called in to maintain the necessary digital pressure upon the artery; and in the surgical wards, they cut, made, and placed all the dressings, and even sometimes superintended the making of poultices and fomentations. It would never have been thought possible, in those days, either that the student would not take pride in the artistic application of strapping and bandages, or, coincidently, that he would devolve any such practical care of the sick upon the uneducated Probationer Nurse. Still, we must remember that, in those days, even in the best Hospitals, the necessity of surgical cleanliness had not been completely realised. Listerism was just beginning to teach the benefit of antiseptic treatment, while the moral of that treatment—absolute asepticism—had yet to be learned. Pyæmia and erysipelas strode hand in hand through every surgical ward, and the death rate after many operations was so great that, at the present day, it appears to be scarcely credible. In our judgment—and we have had, of course, ample opportunities of observation—the vast improvements which have taken place in the success of modern surgery have been coincident with the greater cleanliness of Hospital wards, and the latter, it is beyond dispute, has been due rather to the more careful and cleanly management introduced by educated gentlewomen, than to the carbolic acid spray or the abundant use of antiseptics.

But another inevitable consequence of the entrance of such women into Hospital wards was that first they undertook the taking and charting of temperatures, then, one clinical detail after another, all of which, in the aggregate, had been of untold value to the medical student, as a practical training for the duties of his profession, but all of which could, with greater comfort to the patients, be performed by a trained Nurse. In all Hospitals, this innovation has taken place, within the last fifteen years, in so slow and almost imperceptible a manner that few beyond the Matrons and older Sisters have observed its progress. Generation after generation of medical students came and went, House Surgeon followed House Surgeon, and only noticed that now this, and now that, was done for them by the Nurses; while the permanent visiting staff saw, as usual, little or nothing of the inner workings of the wards. And so, very few medical men have seen or understood the revolution which has been proceeding inside our Hospitals.

Now, general practitioners are finding that consultants rely to a great extent, from force of habit and experience, upon well-trained Nurses to carry out their instructions; and, at the same time, the former gentlemen find to their astonishment, that their younger brethren, who come to them as partners or as assistants, fresh from the Hospitals, are ignorant of the many practical details of attendance upon the sick, which they themselves learned by their daily work in the wards. And so, apparently all at once, it has occurred to a large number of doctors that there is strong reason for complaint that medical students are being ousted from their practical ward work by the trained Nurse of the present day.

Some years ago, we wrote a paper upon this very subject, and pointed out the inevitable result a Nursing School must have upon the training of medical students in the same Hospital. Our remarks attracted but little notice at the time, but now they are being amply justified. The public has learned the value of trained Nurses and demands their services. And yet, on the other hand, the public cannot do without practical knowledge on the part of their medical attendants. What, then, is to be done?

Lectures on Elementary Physiology in relation to Medical Nursing.

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Lecture II.—The Lungs and Throat.

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RETURNING now to the subject of Bronchitis—in an ordinary case, in a healthy adult, only the larger tubes will be affected, and then an old-fashioned but very useful plan of treatment will perhaps be confided to the Nurse. She will probably be directed to rub upon the front of the chest and between the shoulders, some powerful embrocation, and, perhaps, as she does so, she will notice that, as the skin becomes reddened by the stimulating friction, the patient will begin to breathe more deeply and more easily. The reason is interesting and simple. The irritation draws to the surface of the skin, from the deeper tissues of the chest, a considerable amount of blood, and, thereby, relieves the congestion of the vessels in the mucous membrane of the bronchi, thus reducing the swelling of the latter and so facilitating the passage of the air through the tubes.

For the same reason, especially in children, a deep foot bath of hot water, with a handful of mustard in it, is often very useful, at the commencement of an attack. The patient should

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