

Training Schools, so, on the other, there is the greatest difficulty experienced by both Special Hospitals and Workhouse Infirmaries in obtaining the necessary number of Probationers and Nurses for their needs. The other objection to which we drew attention—that medical men are now employing Nurses to do the work which they formerly required junior practitioners to perform—is one concerning which it is more difficult to speak. There is no doubt that the action of the General Medical Council, in condemning the employment of unqualified assistants except under the direct and immediate supervision of a registered medical man, has led to considerable hardships to a very deserving class of workers. Formerly, it was the habit of many aspirants to the medical profession to lessen the cost of their education by assisting a medical man whilst pursuing their studies at a hospital. To a large extent, the General Medical Council have prevented this, and the public undoubtedly are, thereby, benefited. But it has, on the one hand, rendered the attainment of a medical education more expensive and difficult to many, and, on the other, has made the work of the profession less remunerative than formerly, because higher salaries must necessarily be paid to assistants who are qualified, than were customary when these gentlemen were not fully licensed to practise.

The value, and even the necessity, of the assistance of Nurses is now generally recognised by the medical profession; and it appears to us that we are on the verge of a development of medical practice which may have the most far-reaching effects both upon the medical and Nursing professions, and also to the public. In brief, we believe that medical men will employ trained Nurses, in the future, to an even wider extent than they formerly employed unqualified assistants. There are so many things that a Trained Nurse can do which would be impossible to the best medical assistant. For example, such a woman, acting as assistant to a medical man, could visit his middle-class patients in the same manner as a District Nurse now visits the homes of the poor; she could see that the patient was being properly attended to; that the bed was properly made, the poultices or other applications efficiently prepared and employed; she could take and chart the temperature and pulse, night and morning; could give any prescribed injections, and instruct the relations in the necessary ventilation and cleanliness of the sick room. She could make the notes of the patient's progress and symptoms, and leaving these ready for the doctor at his visit, could pass on to perform similar duties at other houses. Then, if she were an Obstetric Nurse, she would be of incalculable assistance. Instead of, as now, the doctor being summoned directly the preliminary pains commenced, the Nurse would go

and ascertain not only the condition of the patient, and whether labour were, or were not, actually commencing, but also, in the former case, what the presentation was, and about when the assistance of the doctor would be required; while she would at the same time see that everything needed was in readiness. It needs no explanation to show how such a Nurse would save the valuable time of an over-worked medical man, and how beneficial her assistance would be in thousands of middle-class households in times of illness. And we believe, therefore, that Nurses will, in the future, to a large extent, take the place and work formerly allotted to unqualified medical assistants.

## Lectures on Elementary Physiology in relation to Medical Nursing.

BY BEDFORD FENWICK, M.D.

*Physician to The Hospital for Women, Soho Square.*

### LECTURE II.—THE LUNGS AND THROAT.

*(Continued from page 387.)*

A VERY serious disease is that which is known as Pneumonia, or inflammation of the lung tissue. This may arise either in consequence of blood-poisoning—that is to say, as a secondary result of disease in some other part of the body, through which the whole system has become infected; in consequence of the deposit of “tubercle” in the lung from which the disease popularly known as Acute Consumption results; or, thirdly, and perhaps most commonly, as the result of a severe chill in a person whose health has been enfeebled by previous illness, by privation, or by continued mental anxiety. To take the latter cases first—a patient in whom part of the lung has thus become inflamed will probably begin to shiver violently, and have, in fact, what we shall hereafter find described as a “*rigor*.” His temperature is taken and is found to be 102°, 103°, or even 104°. Then he is noticed to be breathing very quickly, and he complains of shortness of breath and pain in the affected side, and “tightness of the chest.” Next, a cough appears, and this is at first hard, dry, and racking, but is accompanied after a few hours by an expectoration of mucus or phlegm, which is tinged with venous blood, and thus has the appearance of rust, from which is derived the name of the “rusty-coloured phlegm,” which is characteristic of pneumonia. If we were able to look inside the chest of a patient suffering from this disease we should find that part of one, or perhaps of both lungs, probably the whole of one lobe, was swollen, deep red, and not enlarging and contracting with the respirations, as the rest of the organ

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