

go farther, and, quoting from facts now before us, tell of one of the largest nursing homes in the West End of London where ladies are admitted on payment of a certain sum as "probationers," being promised that after a certain term of training they shall be sent out as private nurses and receive a salary of £30 a year. In other words, this institution takes in ladies entirely ignorant of nursing matters, and promises in return for a money payment to teach them nursing—by permitting them to practise upon persons of the richer classes who pay a considerable weekly sum to that institution to receive first-class nursing care and attention.

We have no hesitation in describing such a system as fraudulent; deceitful to the probationer, who cannot possibly acquire a proper knowledge of her duties by such experiments; and deceitful if not actually dangerous to the sick. We have evidence to show that after these ladies have been for some twelve months, or considerably less, engaged in such ministrations, they are sent out as "thoroughly trained private nurses" to attend upon the richer classes who are required to pay for their services at the customary rate of two guineas per week; of which the worker receives £30 a year and her employer makes a profit at the rate of about 300 per cent.

On the other hand, there are numerous smaller institutions which are compelled by the competition around them to admit patients who pay only three or four guineas a week; and in order to make any profit out of such patients the institution employs as small as possible a staff of nurses, and these are very frequently women who will take small salaries because of the insufficient hospital training which they have received. In either case, the patients do not receive the special nursing and attention for which they entered the nursing home. Other institutions again, as we saw in the case of Ings House last week, economise in the matter of the dietary and give their patients insufficient food in order once more to make a profit out of their small payments. The first conclusions, therefore, which the consideration of the subject forces upon us is that it is impossible for any nursing home in London, or in any large provincial town, to exist, unless it can be made remunerative; and that it cannot be properly conducted and yet made profitable, unless, as we have shown, the public are content to pay fair and reasonable charges for the special care

and dietary which they should receive. But on the other hand, and this is the point to which attention must be drawn, measures are urgently needed to protect the public, so that when they pay adequately for such benefits they shall be sure of receiving them.

### Diseases of the Kidneys.

SOME PRACTICAL POINTS REGARDING CAUSATION, SYMPTOMS AND NURSING.

By N. V. GOODSPEED, M.D.

IN looking over recent literature relating to diseases of the kidneys, Dr. N. V. Goodspeed writes, in the *Nursing World*:—One is somewhat astounded at the variety of names used to designate these diseases, and the number of divisions and sub-divisions into which, in many cases, these names are divided. Thus we have acute and chronic Bright's disease, acute and chronic parenchymatous metamorphosis, acute and chronic nephritis, interstitial and parenchymatous nephritis, acute and chronic diffuse nephritis, sclerosis of the kidneys, hyaline and waxy kidneys, and so on. This multiplicity of names, for the different forms or varieties of kidney diseases, proves that both the pathology and clinical manifestations of these diseases are by no means entirely clear, and that no satisfactory classification has yet been made.

It will be sufficient, for the purposes of this paper, to consider these diseases under the four heads:

- Acute parenchymatous degeneration.
- Chronic parenchymatous degeneration.
- Acute diffuse nephritis.
- Chronic diffuse nephritis.

The first form, acute *parenchymatous degeneration*, is often called acute parenchymatous nephritis, but latest researches in the pathology of renal diseases point conclusively to the fact that in these cases there is not an inflammation, but a metamorphosis—a change in the essential cells of the organ. It is well known that the office of the epithelial cells lining the delicate tubules of the kidneys is to eliminate from the blood certain waste products, and that when the amount of work they are required to do is not excessive, and the particles of matter to be excreted are not too irritating, all goes well; but if opposite conditions prevail, and these cells are overtaxed or unduly irritated, they undergo certain changes. They become swollen, cloudy, granular, and possibly converted into particles of fat. In this condition they are unable to do any excretory work.

These changes are frequently present in connection with diphtheria, scarlet fever, typhoid fever and many other serious diseases, and they

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