

little cul de sac, such, for example, as the pips and stones of various fruits. By their continued presence, such foreign bodies set up some amount of inflammation, first in the appendix itself, and then around it. And the latter may go on to the formation of an abscess which, if it bursts into the peritoneum, causes rapid and fatal peritonitis. Sometimes, again, the foreign body sets up ulceration in the appendix with perforation through its wall, and consequent peritoneal inflammation. During the last few years, the disease has been more actively treated than was formerly considered possible, because abdominal operations have been performed with very successful results. The operation consists in opening the abdomen and, if there be an abscess, opening and draining this; or, if there be only inflammation of the appendix this is ligatured and removed. The general conclusion of the article to which we refer, is that operative measures to be successful should be undertaken as soon as dangerous symptoms present themselves. It further shows the importance, which is well understood in this country, of operating in all cases in which ordinary medical treatment has failed to remove the symptoms of the disease, instead of waiting for acute inflammation to supervene upon the chronic disease.

OPENING THE PERICARDIUM.

It was formerly believed that all wounds of the Heart, or even of the bag which contains it, were necessarily fatal; but modern surgery has shown that many things can be done both to the pericardium and to the Heart with complete impunity. An excellent illustration of this has recently been placed on record by an Italian surgeon. A girl, aged nineteen, was admitted into a hospital almost dead from purulent pericarditis. It was determined to treat the disease just as any other abscess would be treated, especially as there was evidently no other chance for the patient. The chest was therefore opened and the pericardium freely incised, when about a pint of thick flocculent pus was let out. The cavity was then washed out with a warm antiseptic solution and a drainage tube inserted. The wound healed completely and quickly, and the patient left the hospital perfectly cured. There are other cases also on record in which equally good results followed similar treatment.

Nurses.

WHO ARE THEY? WHAT ARE THEY?

How frequently in daily intercourse complaints are heard of the conduct and bearing of the Trained Nurse, whom physicians or anxious relatives summon into private houses to attend a sick member of the family. These complaints are so numerous that the question of where does the fault lie? naturally occurs; and of course faults there are, perhaps on both sides. After carefully sifting the complaints made, and also having had not a little personal experience of the Trained Nurses usually met with, I venture to say that in the majority of instances, the fault lies in the first place, with the Nurse; and arises from the fact, that she is ignorant of her own position. In the first place, Who and What, is this Nurse? Let us select a good specimen. A young woman, aged about twenty-six, of fair appearance, modest manners, and neatly dressed, who left her home at the age of twenty or twenty-one, devoid of experience in the ways of men, or of society, or of the world generally. This young person plunges into hospital life, and into the position of a probationer therein—an experience that can only be understood by those who have passed through it. Possessed of sufficient stamina, aptitude, and perseverance, she has mastered some difficulties and survived others; passed creditably the examinations, and at the end of three years is pronounced to be a Trained Nurse.

This is Who the Trained Nurse is, when her work begins.

At this stage the Nurse is either sent out by her Training School, to nurse in private houses, or she joins the staff of a Nurses' Home, and is sent out thence to "cases."

So this young person, who for a considerable period has been subject to close supervision, suddenly finds herself responsible to the medical attendants of her patients only.

It will now be seen What our Trained Nurse is.

In most private houses there is a master and a mistress, to each of whom consideration and obedience are due; and it is regrettable to find that these are the persons who have, in general, most cause for complaint respecting the conduct and bearing of the Nurse, whose employers they are.

Illness in a house is very upsetting to the arrangements thereof, particularly if the mistress be the patient; but the master is present and not to be set aside.

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