

The question of the suitability of patients who apply for relief at hospitals having caused considerable discussion, it was resolved, on the motion of Sir William Broadbent:

"That this meeting of the supporters of the Hospital Saturday Fund is not averse to inquiries being made into the fitness of all patients applying for medical relief, provided that the medical condition of the patient is regarded as of primary importance, and that any further investigation is made with tact and due consideration for the feelings of the patients and their families."

We are glad that the provision with regard to the medical condition of the patient was inserted. There is a possibility of this being overlooked if too much red tapeism prevails.

#### CHARITY BEGINS AT HOME.

ON Saturday Professor Westlake (Professor of International Law at Cambridge) delivered an important address at Toynbee Hall on "South Africa." The learned Professor, among other things, said "the war in which we were now engaged was not a war of race between the English and the Dutch in the main. To some extent it was so, but he would rather say it was a war between two ideals. The English ideal was that of a fair field and no favour. It was an ideal which maintained the principle. Everyone could go into a country—whatever that country might be—and share in its benefits and responsibilities if they chose, provided they conducted themselves properly. The English, in effect, said: 'Let everyone have free play for the exercise of his faculties, and, above all, let us have nothing like slavery.' That fair field and claim for equal rights for all may—and no doubt did—tend to the advantage of the English race." How about Britain's disfranchised women? Have they a choice of sharing responsibilities? Have they full play for the exercise of their faculties? Is, or is not, their present position before the law the position of the slave? We fear the "fair field" and "equal rights for all" which our male politicians loudly proclaim as their beneficent ideal, in fighting the Boers, will hardly convince those astute old burghers of the generosity and liberality of a nation which unjustly excludes half its own people from the "fair field" and "equal rights." And, after all, does not charity begin at home? A pinch of practice is worth a pound of theory!

## The Nursing of Heart Diseases.

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### CHAPTER I.

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With regard to the diseases of the valves of the Heart it is sufficient, for all practical purposes, to say that these are dependent and consequent upon an inflammatory condition of the edges of the curtains. For reasons—concerning which there is, even now, much dispute, and into which it is not necessary to enter—in certain diseases, especially Acute Rheumatism, and after certain accidents, especially heavy strains, the free edges of the valvular curtains become reddened, swollen, and fringed with rows of tiny beads of lymph like grains of sand or rice. These beads coalesce with each other, and either dry up; or form small fringed outgrowths from the valve edge; or the inflamed edges of the separate curtains may become glued together by adhesive inflammation.

It will be better to discuss these three conditions separately. If the first condition occurs, the beads on each valve separately heal up, and, as they do so, cause a shrinking of the edge of the valve—just as a vaccination mark when healed causes a shrunken white scar. On the skin, of course, such a scar does no harm; but on the valves—which, in order to perform their functions properly, must, as we have already seen, fall most accurately together—edge to edge—so as to close completely the opening which they protect, and therefore prevent the return of any blood into the cavity from which it has just flowed—it can be easily understood that any thickening and contraction of their margins, however slight it may be, must prevent their accurate falling together, and must, therefore, leave chinks through which the blood will flow backwards. The process, unfortunately, once commenced, usually progresses; and as each valve will be separately affected, and each, therefore, will become more or less contracted along its free margin, the result is that a distinct aperture will be left, between the valves, which, therefore, fail more or less completely to fulfil their duty. To this condition, the term of *Valvular Incompetency* or *Insufficiency* is given; and the blood flowing back into the cavity from which it has just come is

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