

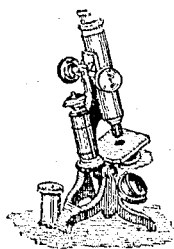
Annotations.

PRIVACY FOR THE DYING.

An interesting article in a contemporary draws attention to the "amazing scarcity of dead animals," which must strike everyone who goes for country walks. On the coldest days of the year a dead bird or two may be met with and at certain seasons a considerable sprinkling of dead shrews, but how rarely does one see other dead animals. The mystery of scarce death is accounted for either by the fact that beasts and birds are devoured by others as they fall, or that they instinctively die in hiding. The second suggestion, at any rate in a temperate climate, appears to be the more likely, and is borne out by the well-known fact that stags and chamois stricken to death isolate themselves from the herd and creep into the darkest corner of the thicket to die, while, according to our contemporary, llamas go a step further and have special burying grounds to which for generations they have resorted when dying. The subject is of special interest to nurses, because if this feeling is so pronounced in the case of the lower animals, it is reasonable to suppose that it is present also in the case of human beings. Do we not, indeed, all of us know instances of it? We call to mind a case in which many friends were present in a dying person's room, the death agony was prolonged, and the patient at last said, "I can't die while there are so many people here." The case of Sister Dora, who elected to die absolutely alone, is well-known. It is not, therefore, merely out of consideration for the feelings of other patients, or from a sense of decency and order, that we screen the beds of the dying in our hospital wards. Rather we are actuated primarily by the desire to afford the greatest privacy possible to those who are in the act of passing to "the great beyond." And if this is a mere act of humanity in the case of hospital patients who come mostly from a class who are accustomed to live more or less in public, the same principle applies with even greater force in the case of those who have been able to secure privacy during their lifetime. The approach of death must be treated with all reverence, and the nurse should secure to the patient the environment of peace, which is seemly at this supreme moment. Someday we ourselves shall need the care of others in this relation, while it is in our power let us shew all consideration to those in our charge.

Medical Matters.

TREATMENT OF BULLET WOUNDS.



The thirty-first congress of the German Chirurgical Association, which was held recently in Berlin, was attended by delegates from all the chief countries of Europe.

A most interesting discussion was mainly concerned with the first treatment of wounded on the field of battle.

On this subject Professor von Bruns, of Tubingen, spoke of the reform in chirurgical practice brought about by experiences gathered in Cuba and South Africa. The antiseptic treatment which was employed as late as the Russo-Turkish War had been succeeded by aseptic treatment.

The change had been greatly facilitated by the use of small calibre rifles, since the smaller the surface of the wound the less danger was there of infection. All unnecessary probing of the wound was now avoided.

Wounds healed most favourably in cases in which the surface was protected by the speedy formation of a dry scab, and in order to assist this formation antiseptic paste was often employed.

Professor von Bruns described the aseptic bandage as undoubtedly ideal for the battlefield. It was possible, however, that the dry climate of South Africa was partly responsible for the favourable results obtained in the present war.

In illustration of the eminent desirability of refraining from molesting a wound several patients were introduced to the congress by Professors von Bergmann and Trendelenburg.

The most remarkable of these was a young man who, in attempting suicide, had shot himself with a small calibre gun. The bullet penetrated the heart, but the wound healed quickly. Subsequently, by means of the Röntgen rays, the bullet was discovered in the right ventricle of the heart bouncing with each beat. With the lapse of time it became encased, and it now moves rhythmically with the heart without causing the slightest inconvenience to the patient.

FRACTURES OF THE SPINE.

Mr. B. E. Davis states in the *Western Medical Review* that the statistics of laminectomy since the advent of antiseptics show cure

[previous page](#)

[next page](#)