

dangerous case of typhoid fever as the most minor of ailments. Her training has been at the bedside and in the midnight watch. Thus, this class deserves your full confidence at once. They need no further years of probation. Their training has been severe. "There is no romance about the wards of a large hospital. The caps, kerchiefs, and gowns seem attractive to the romantic, and many is the sentimental yarn which magazine writers have woven out of a few yards of muslin, tulle, and gauze. The nurses, however, know better, and slyly laugh in their sleeves at the curious fictions which are written concerning them. There is nothing sentimental in getting up at six in the morning the year round, and while it is virtuous and highly commendable to wash the wounds of a blind beggar, it cannot be made an agreeable task by the most fervid enthusiasm. Nor is a working day of twelve hours, during which the nurse is on her feet constantly, a day of ease and sentimental musings.

"There is no occupation open to women which is so arduous both in its attainment and its realisation as that of the trained nurse. What duties, then, has the public to the women who have wrought so hard for three years in order that we may look upon the result and pronounce it good? First, you owe them the duty of promptly and cheerfully paying for their services. I have known not a few nurses to be defrauded out of large sums by people who could well afford to pay.

"Twenty-five dollars a week seems a large sum to the man on a moderate salary, but consider the following facts for a moment: It is impossible for the average woman to nurse for a period longer than forty weeks in the year; and her active nursing life, during which she can expect the maximum patronage, never exceeds fifteen years, and most training-school superintendents who are in a position to know put the limit at nearer ten years. The people welcome grey hairs in a doctor, condone them in a clergyman, but there must be no silver locks in the tresses of the nurse.

"How many of you employ nurses of forty-five and fifty? In the first place, except in easy cases, they are no longer as efficient as the younger women. Second, the patient, as a rule, prefers to see a youthful face bending over the pillow rather than one that is faded and wrinkled. Thus you see there are limitations to the earning capacity of the nurse which you have not dreamed of, and these matters need to be taken into consideration when the question of compensation is considered.

"Nurses are by no means overpaid. Their work is arduous, as you have learned. Be considerate of their hours of rest and relaxation.

"I have known people to inquire at the training-school for a twenty-four hour nurse, and when told that this was an impossible request they have replied, 'Why, I thought you trained them for twenty-four hour service.'"

Practical Points.

The Action of White Glass on Liquor Potassæ.

If liquor potassæ has been kept for some time in white glass bottles it absorbs lead from the glass. If this be the case, urine will darken when boiled with liquor potassæ, though no sugar be present, owing to the formation of sulphide of lead.

To Raise a Heavy, Helpless Patient.

A contributor to the *Queen's Nurses' Magazine* gives the following suggestion for raising a heavy patient:—"Cut three yards of cocoanut matting binding into three lengths, sew a firm loop at either end of each length. Pass one length of the matting under the patient about the small of the back, gently draw it higher; then pass the second under, drawing it down lower; the third one, passed under the body in the same way, should be drawn down as low as the thighs. When the straps are in place, pass a stick through the loops on either side (a broom-stick cut in half will answer the purpose), get an assistant to come on each side of the bed, and tell them to catch hold of the sticks and to pull steadily against each other with backs straight, not bent. A slight effort on their part will raise the patient quite easily off the bed. For heart cases a sling arranged from two high pieces of furniture in the room across the bed, so that the patient's forehead can rest in the sling when necessary, is a comfortable arrangement, and often allows of a refreshing doze."

The Treatment of Pneumonia.

Dr. R. S. Thornton declares, in a paper in *American Medicine*, that pneumonia is a disease which will not submit to cast-iron rules of treatment. It presents a great variety of types. But there are a few indications that are important to be observed in all cases. The chief one of these is rest—both general and local. This means a firm bed. It means the use of the bed-pan, the urine-jar, the feeding-cup. Every muscular movement that can be avoided must be avoided. The heart must suffer no unnecessary exertion. Rest means especially that there shall be no talking and no visitors. The temperature of the room must be as equable as possible, at 65 deg. to 75 deg. The atmosphere should be moistened, especially in winter. As to poultices, they give relief and are welcomed by the patient. But when consolidation has taken place the poultice should be discarded. A smart mustard plaster, the cotton jacket, and the hot-water bag all have their use. It is most important to keep the bowels and kidneys acting freely. Sufficient water must be given. An initial purge is indicated—a dose of calomel, or, better, a saline laxative. The writer then discusses the uses of drugs. Digitalin and strychnine are of special value near and after the time of crisis. He has abandoned the use of alcohol altogether. He emphasises the value of creosote. It is important that the creosote or creosote carbonate should be continued throughout convalescence. The probable explanation of its action is that of an internal antiseptic.

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