

in the body seems to slow the pulse. A slow pulse is also caused by certain diseases of the brain, *e.g.*; the skull being depressed. The pressure of bone on the brain retards the pulse. Too slow a pulse is as dangerous as too quick a one. In taking the pulse see that the patient is not under any excitement or emotion, as this gives it a fictitious speed. Wait till the patient is in his usual condition before recording the rate.

In the case of a woman after child-birth, if the pulse should be 100 the nurse or midwife would know there was danger of hæmorrhage, and would not leave the patient till the pulse was normal.

Having noticed the frequency of the patient's pulse, the next point we have to consider is its character. Is it hard or soft? Compressible or non-compressible? *i.e.*, can it still be felt when pressed firmly, or is it so weak it seems to vanish under pressure? Is it full, bounding, or like a thin wire thread? Is it regular, steady, equal time between each beat, or irregular—some beats quick and then slow? Is it intermittent? *i.e.*, every now and then a beat dropped. A pulse may be too quick and show the heart is failing from weakness, but that is not so dangerous as an irregular and intermittent pulse, which should be reported to the doctor as soon as possible.

A persistently irregular pulse nearly always shows heart disease. A pulse which, having been regular, becomes irregular has a different significance. Towards the end of life in any disease the pulse is likely to get irregular, and simply means general failure. In pneumonia, bronchitis, and typhoid an irregular pulse for a short time has great significance, and the doctor will probably increase the brandy and stimulants. There are some cases in which a patient has always had an irregular pulse, and it means nothing.

When the sands of life are low the pulse loses its distinct beats and becomes what is called a running pulse. It is impossible to count it, and when this occurs, it may be feared that the end is not far distant.

Let us notice, in conclusion, the difference between the pulse of a child and an adult. The rate of an infant's or child's pulse is much quicker than that of a grown person. A newborn baby has a pulse from 130 to 140. The respirations are equally increased, they follow the rule of being $\frac{1}{4}$ of the pulse rate. The pulse gradually drops from 130, and at four years old should be 100 and respiration 25, and it continues gradually decreasing till the age of fifteen or sixteen, when the normal rate of 72 beats per minute is reached.

Reminiscences.

A USEFUL LESSON.

I am sending this reminiscence of my training trusting it may convey, at any rate partially, to some casual reader, the life-lesson it was my good fortune to be taught. I was a very young probationer on night duty; the ward a large one, with two sick wards, in all some 30 beds, "men's surgical." I worked under a staff probationer. Sister was very strict, a splendid disciplinarian and nurse. She had emanated from "Barts"; need I say more. Somehow those old probation days come back as I write.

One evening during report Sister gave me minute directions about a dressing she wished me to undertake. It was a "Syme's amputation after gangrene." The possibility of hæmorrhage was pointed out, lotions specified, temperature, and the stump bandage made me anxiously wonder should I make it stay on. This was given to me to do because my senior had other dressings, for which she must be especially clean. Several days elapsed, and I had congratulated myself on my growing skill, which I knew was assured, as Sister had not grumbled, when one morning, just as I was going off duty, she called me to her room, and with an austere face said, "When I gave you So-and-so's dressing to do I knew, Nurse, my directions would be conscientiously carried out, but I would have thought much more of you if your ward kitchen had been properly dusted!" Alas! that dingy ward kitchen with its green paint and dark window, how well I remember it as I saw it with dimmed eyes on that cold March morning. It has long disappeared, "the old order giving place to new," and Sister ("the Grenadier" we used to call her) could scarcely have driven her lesson home surer had she used powder and shell. This modern everyday lesson, learnt in prosaic surroundings, has always been inseparably mingled in my mind with the old Hebrew lesson we learn from Naaman and his little captive maid from the land of Israel. "My father, if the prophet had bid thee do some great thing, would'st thou not have done it? How much rather, then, when he saith to thee, wash and be clean." How little did Sister guess the depth her few words had sunk into the mind of the poor snubbed probationer, and how still less does she guess that the lesson learnt in tears is passed on to the probationers of to-day.

"KELTIC."

Miss Hull, late Matron of the Great Northern Central Hospital, has been appointed an honorary life governor.

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