

So the arteries are overworked and become worn out before their time—older in fact than the man himself. Instead of remaining elastic and responding to every heart beat, they are tired, and in consequence they hinder rather than help the flow of blood through themselves, so the heart has to work harder, and a higher pressure of blood is maintained in the circulation than formerly.

The next stage is that the arteries become converted into fibrous tubes, and are in consequence rigid, and the obstruction in the small vessels is increased still further, so that if a finger be laid on the radial artery at the wrist, the vessel is felt to be full between the beats instead of relaxing as it should, and in advanced cases the artery feels like a hard cord. This is known as arterio-sclerosis.

In the kidney the arteries run between the secreting tubes, so we get this part converted into fibrous tissue, which contracts, and so pulls on and distorts the tubes themselves, though these are not inflamed as in the diseases we have previously discussed. Consequently there will be no blood and no great amount of albumen in the urine, and, inasmuch as there is more blood than usual (by reason of the increased pressure) circulating through the kidney, more, and not less urine will be passed; indeed, what usually makes the patient consult a doctor is the fact that he has to get up at night and pass water.

Now this high pressure—in a way—is a good thing for the patient, for it ensures an adequate—even if excessive—flow of blood to all parts of the body; but it means, of course, that the man will not last so long, nor will he have much reserve force in his circulation to enable him to meet an attack of any acute illness or a severe accident. Ultimately, either a small artery—usually in the brain—gives way, and the patient has an apoplexy, or the heart gives way, the tension is lowered, and the circulation becomes sluggish, and the patient succumbs either to valvular disease of the heart, or perhaps to inflammation of some internal organ, against which the weakened heart can offer but an inadequate resistance.

Meanwhile the subjects of high arterial tension are prone to suffer from giddiness and other vague disturbances of the circulation in the brain, digestive ailments such as gastritis and diarrhoea; failing sight from blocking of the small arteries in the eyeball is not uncommon.

In the kidneys the tubes after a time become so distorted that the work of filtration is interfered with, and we get some of the urea left in the circulation, and uræmia results, which ultimately proves fatal.

Inasmuch as the money making type of man is becoming more and more common, and as the competition for prosperity increases, diseases of the circulation are increasing in frequency, and I have dwelt thus on arterial hypertension, with its succeeding arterio-sclerosis, as it affords the explanation of many ailments which nurses—perhaps more in private than in hospital practice—have to deal with.

In the next paper we will discuss the treatment of diseases of the kidney and of this form of arterial degeneration.

The Care of the Insane.*

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(Concluded from page 64.)

Surely in no profession is such a union—call it a trade union, if you please—so necessary as in that of nursing. Has not the legal profession its trade union? Is not the barrister's brief marked with the specific fee for counsel, and is not his clerk also included in a fixed fee? Has not the lower rank of the law the fee of "six and eightpence," and has not the medical consultant his two guinea fee, or "two-thirds of a guinea per mile"? Have not the clergy also their "union rate" for marriage, baptism, or burial, even if not for the Sunday sermon? Surely the nurse is entitled to her proper remuneration and fees? In whatever profession or occupation we may be engaged, unless we organise ourselves and demand our rights there is no one else who will fight for us or guard our interests! I cannot sympathise with those who think that nurses and doctors should remain content with philanthropic personal services. Doctors and nurses, like other people, must live, and they are entitled as by right to wholesome living and to an adequate reward for honest service. There are those who with soft words and smooth phrases will elevate the nurse and doctor to an altitude superior to common mortals, and leave them there, content with the distinction that they are members of a noble and self-sacrificing profession, whose vows are to continue in good work and charity. In every profession, not excluding the Church, I find there exists the motive influence of a wholesome self-interest, and I do not see why the nurse, while she is gaining her livelihood and helping on the world's work, should be ex-

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