

stethoscope was required to determine if the patient was actually alive; I have seen such cases get well. Physicians hear of these instances and try to duplicate them. Naturally the majority of such cases die; but those that do get well require very painstaking, skilful nursing, which means that the nurse must have confidence in the treatment, and this she cannot have unless she knows something about it.

*Age.* Age alone does not contra-indicate the use of phylacogens; infants and the very old stand properly adjusted doses very well. Dr. N. N. Brown, of Bakersfield, has given a man, 92 years of age, with lobar pneumonia, the pneumonia phylacogen intravenously, with a rapid cure. The patient went through his reaction, chill, &c., without any alarming symptoms developing.

#### PERMANENCE OF CURE.

The question of permanence of cure comes up with regard to chronic infectious conditions, and experience warrants the statement that it depends on the precise diagnosis of the actual cause of the condition, the patient's power of resistance and sufficient treatment.

I have given you some practical points all based on the results of actual experience, which I trust have appealed to you as worthy of serious consideration and given you a measure of confidence in the present great value and the prospective greater value of the biologics and especially the phylacogens. In closing, I again urge you all to begin now acquiring definite, precise information on these remedies, that we may be prepared to adjust ourselves and our profession to the rapidly changing methods of therapeutics, and so keep abreast of the progress in a field in which the prospects for honour and gain to our profession are very alluring.

#### MEDICAL AID FOR INDIAN WOMEN.

*The Standard* reports that to commemorate the visit of the Queen to Kotah, the Maharaja of that State has given Lady Hardinge, wife of the Viceroy, a lakh of rupees for the benefit of the women of India. It has been determined to devote the sum to the provision of medical aid and to found a woman's medical college and hospital at Delhi, where Indian women of the higher classes may be trained for the medical profession. The women of these classes have hitherto been excluded from becoming doctors owing to the fact that the necessary instruction is available only in mixed classes of men and women. Her Majesty's consent will be sought for the naming of the institution the "Queen Mary Medical College and Hospital."

### OUR PRIZE COMPETITION.

WHAT RECORDS WOULD YOU KEEP, AND WHAT POINTS WOULD YOU OBSERVE AND REPORT UPON, AS A ROUTINE PRACTICE, WHEN NURSING A CASE, EITHER IN A HOSPITAL WARD OR IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Mrs. Dickson, The Grange, Buxton, Derbyshire, for her paper on the above subject.

#### PRIZE PAPER.

The records kept of a patient's illness would depend to a great extent upon the nature of the disease.

The chart would contain the daily, or, if necessary, the more frequent record of—

- (a) Temperature.
- (b) Pulse.
- (c) Respiration.
- (d) When bowels have acted.
- (e) Date of menstrual period in women.

(f) Should the case be one in which it is necessary to save and measure urine, the quantity of urine passed will also be entered on the chart.

Further points to observe would come under various headings, as follows:—

*Sleep.*—Amount and nature. Whether light, heavy, restless, easily aroused, talkative. Expression of patient during sleep, and if the patient is refreshed or lethargic afterwards.

*Breathing.*—Note if this be regular, rapid, shallow, painful, stertorous. In some illnesses the "Cheynes-Stokes" breathing will be observed. This must be reported.

*Food.*—The amount taken by the patient, and not merely the amount offered. Note if food causes pain, and, if so, how long after the food has been taken and the exact position of the pain. Note if nausea is felt or vomiting is caused. Note if the patient shows a generally poor appetite, or if he only be indifferent to certain invalid foods.

*Vomit.*—Should there be any doubt as to its nature, a specimen should be retained for the doctor's inspection. Note if the vomiting be merely rejected food, or if it contain blood or bile, or if it be fæcal vomit. Note if the quantity of vomit is more than the food which has been taken.

*Urine.*—It is a safe rule with a new patient to always put up a specimen. If the patient is not "S. and M. U." (in which case the doctor will make his own observations), note the (a) quantity, (b) colour, (c) deposit, (d) odour, (e) frequency with which it is passed, (f) if it is painful to pass.

*Stools.*—Note anything abnormal in quantity, colour, form, frequency, odour, or the

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