

## MEDICAL MATTERS.

## THE PASSING OF MORBID ANATOMY.

Sir James Goodhart, M.D., F.R.C.P., who last week delivered the Harveian Oration before the President and Fellows of the Royal College of Physicians, took for his subject "The Passing of Morbid Anatomy." He referred first to the monumental labours of Dr. Bashford and his fellow-workers of the Imperial Cancer Research Fund, a result of which was to demonstrate the fundamental necessity of the study of the life history of the individual cancer cell; not environment but that cell was master of the situation, and the problem for solution was, what was there in that cell, or influencing it, that gave to it such an inexhaustible power of propagation?

Pathology was no series of stationary phenomena, but, like all else in Nature, constantly on the move. In the last 40 years pyæmia had been practically wiped out, typhus was well nigh forgotten, typhoid fever had altered, diphtheria was much more amenable to attack, scarlatina was a much milder type, erysipelas more of a rarity, malaria and Malta fever had been run to earth. They had come to grips with malaria and, it was to be hoped, with tuberculosis. Good old age was not only more prevalent, but more enjoyable. It was true that the ills enumerated belonged to the great group of epiphytic diseases which had been abolished in direct response to the researches of Pasteur and Lister, but if they made away with even one large group of maladies a large part of the morbid anatomy of the organs must alter too.

Again, pathology not only changed, but it shifted its ground. Nowadays it was not so much morbid anatomy but the intricate problems behind it which occupied attention. We had not reached finality. Even bacteria were probably results, not causes.

How like was radium in all but death to what he would call the aureole of life. Always spending, yet never spent, it had power within it to re-gather its loss, and, by its action on the cell, might even be said to originate the function of vitality.

But did the spirit of life die? It might correlate with other forces of nature, or transfer itself to other forms of being. Had we begun to see it might transcend the firmament of space? Medicine was primarily concerned not with death, but with the tenacity of life, and of how long (if catastrophe were excluded) it took to bring the machine to a standstill.

## THE OVERSTRAIN OF NURSES.\*

By Miss MARGARET BREAY

(*Treasurer, International Council of Nurses*).

The question of the overstrain of nurses is a complicated one, for, under the most favourable conditions, we have elected to adopt a profession in which strain is the rule rather than the exception, and this, not from any want of consideration on the part of employers, but because the needs of the sick, day and night, Sunday and week-day, are unceasing. Having deliberately shouldered a heavy burden, we must expect to feel its weight, and those who regard nursing merely as an easy means of earning a livelihood, while their real interests—philanthropic, social, or frivolous—are elsewhere, had better remain outside the profession, for nursing is a stern and jealous mistress, demanding many sacrifices from those who owe her allegiance. But these very facts make it incumbent upon those responsible for organising the work of nurses to insure that the burden is eased as much as possible; that, though occasional overstrain is inevitable, it is not constant or necessitated by the conditions of work, and that good food and sufficient time for rest and recreation are ordinarily assured to them.

Let us consider in detail some of the directions in which overstrain is likely to occur.

To many probationers the regularity of routine is vexatious. To work by the clock; to get up and go to bed at a prescribed hour, to go on and off duty to the moment, to do the same thing at the same time each day—all this is irksome to most modern girls, who gird at the sense of compulsion, feel driven by the continual need of being up to time, and overstrained by the necessity of complying with the inexorable demands of a life of routine. But as time goes on they find that it is only by strict conformity to routine that their work can be accomplished, and that method and regularity are their greatest source of strength. In support of this we may compare the work of the nurse—at any rate, in institutions—its regular hours and definite time off duty, with that of the midwife, the strain of whose work is found, not in the actual duties performed, though they are onerous enough, but in its irregularity. The uncertainty of the calls, the constant tension, the strain of night as well as day work, and the frequent lack of sleep—for these reasons many nurses who can successfully

\* Presented to the International Congress of Nurses, Cologne, August, 1912.

*previous page*

*next page*