

known after results. Any tubercular condition that has quieted down may be again revived, and increased delicacy remains permanently after the attack, even if eyes and ears escape complications.

For feeble and unhealthy children, paralytic or rachitic, whooping cough is greatly to be feared—this also applies to caries of the bones. Severe nervous symptoms often supervene, and the effect will last for months, if eventually outgrown. For the acute condition, Cresoline as an inhalation has soothing results, and feeding after vomiting is necessary to maintain strength. Paralysed children should never be alone if suffering from severe whooping cough, for they may become asphyxiated, and require the same care as that given to an infant in like circumstances.

Dealing with a large number of medical as well as surgical cases, one is struck often with the fact, that a sudden rise in temperature is almost always due to an error in diet. Everyone, I suppose, has their pet remedies, and one feels like the old Scotch quack, sometimes in a preference for certain simple old-fashioned lines of treatment. For chronic nursing it is necessary for the Sister-in-Charge to be fully acquainted with the Medical Officer's favourite lines and drugs. One, however, is usually safe in the handling of Calomel, followed by Mag. Sulph., Gregory Powder, and the like, and if in doubt I own to a great leaning towards a simple enema, and an old-fashioned well-applied Linseed Poullice, a Boracic Fomentation being the surgical equivalent. In chronic nursing it should always be the aim never to go slack—for years this bogey haunted me—and again, never, if possible, to lose sympathy and patience. To keep the wards bright with sunshine and flowers and good temper should be the chief object. Ward cleanliness can never be overdone, and it is not necessary to make the surroundings of chronic cases bright with such articles as artificial flowers, fans, and photographs, that cannot be kept clean. Occupation must be found for all the patients, and such things as basket making, brush work, simple needlework, and the first lessons, must be brought into the patients' wards. When children of tender age are being cared for, the teaching of Scripture, hymns, little songs, &c., wiles away many an hour for the most helpless.

Patients must always be given fresh air out of doors on balconies, or in spinal carriages in the grounds. At the present moment there is a case of paralysis (partial) and mystagmus in my care, and this girl, though feeble in mind, has a wonderfully developed memory, and can

repeat faultlessly whatever she has learnt, though naturally she cannot be taught to read.

To make chronic patients feel that they have some definite responsibility, gives them a hope and interest in life. I remember making a totally paralysed boy of sixteen entirely happy by making him "Captain" of his ward, and responsible for the good conduct of the other patients. This boy's speech was affected, and he looked partially imbecile, so that when I first took charge of him I greatly offended him by treating him as a child. His last Christmas present was a clasp-knife, suitable for a labourer—he could not even grasp it—but it gave him supreme satisfaction. The lad's moral influence was sincerely good. I cannot finish this paper without a plea for spiritual food for chronic cases. It has always been our custom to impress upon our patients that their "spirits," *i.e.*, "characters," can be as straight and beautiful as that of the physically fit, for with Christ there is no Incurable.

"THE NURSE IN GREY."

It will be remembered that Captain Faber recently asked the Home Secretary in the House of Commons whether, seeing that cases have occurred where girls have been forcibly induced to enter motor cars with unknown women, even in the presence of policemen, he will issue an Order that any policeman having such a case brought to his notice should accompany the women to any address that is given, in order to satisfy himself that it is a genuine case?

To this Mr. McKenna replied: The Commissioner of Police informs me that no such incident as that described in the question has come to the knowledge of the Metropolitan police, and any constable witnessing it would certainly intervene. If, however, the hon. Member will furnish me with particulars of the cases to which he refers, I will have the closest inquiries made. Many tales of a similar character have been circulated in London, but in no case have the police found the least evidence of truth.

The *Daily Sketch* states that in spite of Home Office scepticism the elusive "nurse in grey" is still apparently in search of victims.

It relates that a young lady, whose name and address are in its possession, was making some purchases in Woking last week, when she was accosted by the "grey nurse," who asked her to come and have a cup of tea with her, as she felt so lonely being in Woking for the first time. The girl pleaded a home engagement, but not before a taxi cab rattled up. "Oh, do get in and come and cheer me up," the stranger pleaded, but being refused, finally drove off.

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