

on. She was its instrument, ruthless to those who obstructed it, gentleness itself to those on whose behalf it was exercised.

Her Work for Nursing. She came back to England in July 1856, world-famous. And she lived for another fifty years and more. But Victorian England had returned to its regular peace-time routine. There were no special posts for a woman. And so it was from her invalid sofa, often seeming at her last gasp, that she devoured bluebooks, compelled reluctant Governments to appoint commissions, instructed the commissions (of which, being a woman, it would have been highly improper for her to be herself a member) what to report, reorganised the Army Medical Service, and the hospitals not only in England but all over the world, and even persuaded, guided and bullied the Secretary of State for War into attempting to reform the Army itself. Long before her death she had become a legend. And a legend that is likely to live. Wherever now nursing women bring comfort to the sick and suffering, there walks the spirit of Florence Nightingale.

Three Florence Nightingales. But there are three Florence Nightingales. We can reckon the counterparts of all three, maybe, among our own friends and relations who are nursing today. But it is rare indeed to find all three combined in one person. There is the ruthless, the supremely efficient organiser who drove the elderly generals and colonels off the field. There is the Lady of the Lamp, moving down those appalling wards—womanly, gentle, compassionate. And there is the Florence Nightingale who was a fragile instrument devoured by an idea, possessed of a vocation. She was the Lady with the Lamp. But the real lamp was within her.

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REMINISCENCES

By REBECCA STRONG

It has often been suggested to me to give the story of my nursing life, but I hesitate to do so, as it seems to me almost impossible for anyone to write impartially of one's self. One's own little bit is very insignificant when compared with the multitude of women who have freely given their lives not merely to nursing, but to other branches of work concerning the welfare of the Empire. I am not thinking of the noble deeds and sacrifices called forth by war (extraordinary circumstances produce extraordinary action), but of those who are scattered over the world working steadily on from day to day in obscure corners under the most adverse conditions, and little heard of them. Nurses working in our slums and Highlands and similar places in distant lands can tell stirring tales of want of material and appliances, and sometimes without medical aid, travelling long distances, under trying conditions of rail, road, and boat. I have met with many such. Anyone acquainted with nurses, and encouraging fireside talks,

will hear many an heroic tale, told with simplicity and unconsciousness of having done anything unusual or worthy of comment. These are true missionaries in the best sense of the word.

Nursing as it stands to-day is the result of many years of arduous labour, common to progress and inventions of all kinds. The marvels of today are here through the law of evolution, not the work of one mind but of many.

Lord Shaftesbury and Dr. Barnardo, in different ways, gave a great impetus to the social reforms of the day, which are still in progress; so it is with nursing: it has not attained its present position by any sudden revolution, but has gone slowly on from step to step. Markedly so since Miss Nightingale revealed to the world in the Crimean War the power for good that nursing might become, embodying in herself the true spirit of the work. When she returned from that never-to-be-forgotten self-sacrifice and labour of hers, the country presented her with a sum of money as an acknowledgment of her great services to our suffering army, which she decided to make the nucleus of a training-school for nurses in London. By this time there were pioneers in our own country seeking the reform of Protestant nursing; Mrs. Ward Roper of St. Thomas's Hospital was one of them, she having succeeded in getting some educated women interested in the work, who had come to her help under the title of "sister", the word nurse being a degraded one—the first Protestant nurses, I believe, to bear that name. Each sister had charge of the wards which were allotted to an individual physician or surgeon, and was directly responsible to him for the patients under his care.

Women under the name of "scrubber" were engaged to do the rougher work of the wards, and others of a better class were induced to act as nurses, under the superintendence of the sisters. A greater intelligence was thus brought to bear upon the work, only women of good character being employed. This was a great advance which Miss Nightingale recognised, and she made arrangements with the authorities for a certain number of pupils to be received, each to have a cubicle for sleeping, and a common dining-room with a neatly appointed table was also provided; at least that was what I found on entering the Nightingale School in 1867. Very little was expected from us, as progress was slow in regard to organised teaching. Kindness, watchfulness, cleanliness, and guarding against bedsores were well ingrained. A few stray lectures were given; one I remember especially; I think it was on the chemistry of life, or some such title; it caused me to get a book on the subject, which I found most useful. There was a dummy on which to practise bandaging, and some lessons were given. There was also a skeleton, and some ancient medical books, one, fortunately, on Anatomy for those who attempted self-education. The more enterprising pupils provided themselves with something more modern, Hoblyn's Dictionary being a great favourite. I may say that, although Florence Nightingale had scrubbed floors and cleaned brasses at Kaiserwerth, she did not ask this

of her pupils; their whole time on duty was given to the patients. The directions on medicine bottles were given in Latin, therefore some Latin abbreviations had to be learned, which was not difficult. Mr. Whitfield, the principal resident Medical Officer, took a great interest in the pupils, and would occasionally ask for notes to be taken of some particular case, and from that would point out mistakes and omissions, which was most excellent teaching. Temperature taking and chart keeping were medical students' work. I was once asked by a surgeon to take a temperature and, on being found by the sister in the act, was severely reprimanded for doing students' work, but from that time it gradually became the work of the nurse. The thermometer was in the form of a shepherd's crook, and had to be read *in situ*.

There were a few customs which would surprise the pupil of today. On Saturday mornings two pupils were told off to make cakes for Sunday. Outdoor uniform was provided as well as in; the outdoor consisting of a shawl and bonnet worn over one's ordinary dress. A pupil was told off now and again to trim the bonnets; I had my turn. So you see we were supposed to be useful in various ways.

A pupil, or probationer as she was called in those days, on entering the Nightingale School signed on for six years, but it did not follow that she remained in St. Thomas's for that time. After one year's residence there she was supposed to have gained sufficient knowledge to become a pioneer in other hospitals, at home and abroad. In my year Sydney Hospital, Australia, was supplied with a Matron and, I think, four nurses. In the case of the new Winchester Hospital, the then Matron, Miss Freeman, was sent to the Nightingale School to see modern methods of working a hospital, and on her return to Winchester six of us went with her as pioneers.

There were five wards on three flats, and six nurses, one day nurse to each ward, leaving one only for night; as I liked novelty, I volunteered for that duty. I had a central room from which sounds could be easily heard, as ward doors were left open. I am glad to say all went well. After a few weeks a woman without any knowledge of nursing was engaged to assist, which quickly proved unsatisfactory, and two additional nurses were appointed, which gave one night nurse to each flat—a great relief.

A year later I was recalled from Winchester to be sent with five others to Netley Hospital with Mrs. Deeble, who had been appointed by Miss Nightingale as Superintendent. Miss Nightingale had been asked by the War Office to reorganise the nursing in that hospital and, although an invalid at the time, she very kindly gave a bedside interview to us individually, exhorting us to take with us high ideals, and encouraging us to work on in hope—a privilege we all valued. This was the beginning of Protestant "sisters" being employed in the British Army, and from this the present vast organisation has sprung. There was nominally an orderly attached to each ward, which contained about eight beds, to nurse the patients and clean the ward, but he was often

taken away for relief work, such as coal carrying, etc. Each sister had from six to eight of these wards under her charge, and speedily found that the nursing must be done by herself; the distressing part was leaving anyone really ill at night to very scanty care. A special orderly could be had in emergencies, but the nursing was *nil*. When patients were received, it was from troopships of invalid men. It was not an easy matter for the medical officers to decide hastily who should go to the wards for treatment and who were ready for the convalescent side, the sea voyage having been beneficial to some. It was a few days before they were quite settled and, after the acute cases were finished with, the work became rather monotonous. In the course of a year or two I broke my engagement and returned to Winchester in charge of a ward; finding its ever-changing interest much more to my mind.

In the year 1874, through the influence of some Dundee friends, I was appointed Matron of the Royal Infirmary of that city, and found there a Medical Superintendent of very advanced views in regard to nursing (Dr. Sinclair). He had succeeded in having an addition made to the hospital to give single bedrooms to the nursing staff, also a dining-room and a sitting-room. There was no definite teaching given to the nurses; I think we were both rather inclined to the idea that an ordinarily intelligent woman of good principle could, by attendance at the bedside under the instruction of the medical man, educate herself. As nursing stood at that time she could acquire by these means all that was required of her. With the rapid advance of medicine and surgery, discovery after discovery being made, it did not suffice, but this came much later.

In 1879 a Matron was wanted for the Royal Infirmary, Glasgow; the larger work attracted me and I applied and was appointed, but was not prepared for the backward condition of things, however, on the matter being placed before the Managers, they saw the necessity of moving on, and very quickly devised means for giving better arrangements all around for the nursing staff. I am afraid I was rather a troublesome woman, for as soon as one step was taken I proposed another; this went on for a few years until it came to my asking for a "Home" for the nurses, which was too much, and I was told quite plainly that I had gone too far, and, as I knew that the work could not advance without it, I resigned, not wishing to see the work of the last few years lost. This was in 1885, and I opened a Nursing Home for private patients in Glasgow. This kept me in touch with nursing. During that time I was more and more impressed with the necessity for a definite education for the nurse if she was to meet the great advance that was being made both in medicine and surgery, being often at a loss myself, after my long experience, to understand fully the instructions given; but I did not hesitate to ask for explanation when necessary, which was freely given.

During those years I had many opportunities of talking over a curriculum for a nurses' elementary course of instruction, little

thinking it would be my happy lot to have anything to do with the carrying out of it.

In 1892 the office of Matron of the Royal Infirmary of Glasgow was again vacant, and I had the honour of being asked to apply, which I did, and was appointed, and then began the happiest time of my life, everybody helpful and enthusiastic, and a home for the nurses was then in existence. The path of progress had been pointed out by the late Sir William MacEwen who, on the morning of 1st January 1891, in addressing the nursing staff, asked why should not nursing become a profession with its teachers, its examiners, and its diploma?

The record of that work was written in 1895, copies of which can still be had for the asking.

COMPLICATIONS AND NURSING IN ARTIFICIAL PNEUMOTHORAX TREATMENT IN CASES OF LUNG TUBERCULOSIS

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In Pulmonary Tuberculosis, Artificial Pneumothorax treatment is considered to be the most effective treatment showing a positive result in a majority of cases.

Generally, Artificial Pneumothorax treatment is given in cases of one-sided disease where it is more convenient and comfortable to the patient. But in bilateral cases also Artificial Pneumothorax is given in the side which shows comparatively more disease, and simultaneously gold preparations, such as Sanocrysin and Solgonol, may be given which will benefit both the sides. Artificial Pneumothorax is sometimes tried on both the diseased lungs with good results.

The object of Artificial Pneumothorax is to put the diseased lung or lungs at rest by collapsing the lung under gradual air pressure and thereby to squeeze out all the tuberculosis toxin.

What is Artificial Pneumothorax? Artificial Pneumothorax means putting (or injecting) ordinary air into the thorax between the chest wall and the pleura with the necessary apparatus.

The Procedure. Before Artificial Pneumothorax is given, the place which is selected by the doctor for giving the injection should be thoroughly cleansed with soap and other antiseptic lotions such as biniodide of mercury, and be painted with tincture of iodine. The patient is given a narcotic before the first injection to keep the respiratory system quiet. The patient should be asked to avoid coughing during the injection or to make any other movements as such actions may cause the needle, which is already in the thorax, to touch the lung and create serious troubles such as spontaneous pneumothorax or bleeding.

Position of the patient during injection. The patient should lie on the opposite side of the injection and should keep the position