

A
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EDITED BY
QUAIN, B.T.M.D.
—
NEW EDITION

VOL. II.

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DICTIONARY OF MEDICINE

VOL. II.

A

DICTIONARY OF MEDICINE

INCLUDING GENERAL PATHOLOGY, GENERAL THERAPEUTICS
HYGIENE AND THE DISEASES OF WOMEN AND CHILDREN

BY *VARIOUS WRITERS*

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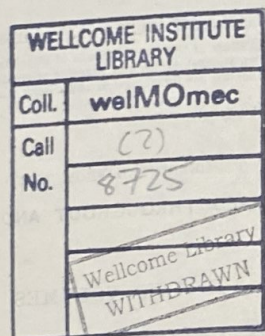


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in the anterior part of the nares cause only obstructive and catarrhal symptoms.

TREATMENT.—Cartilaginous outgrowths from the septum should either be removed with the galvano-cautery knife or a nasal saw, or they may be snared off when they are more distinctly pedunculated. Deep-seated destructive tumours call for more elaborate operation.

(e) *Exostoses.*—Osseous outgrowths, forming bony spurs or bridges obstructing the nares, have already been described.

(f) *Osteomata.*—These growths, of varying size and hardness, are more or less spherical, and covered by deep red mucous membrane. They are generally met with between the ages of twenty and twenty-five. They differ from exostoses in that they are not attached to the osseous walls of the nose.

The symptoms that they give rise to often resemble those produced by foreign bodies, or rhinoliths, including neuralgia, headache, soreness and intense itching of the nose, discharge—which may be fetid from ulceration and necrosis, anosmia, and epistaxis. The treatment involves operation.

(g) *Angiomas.*—These vascular growths, the so-called 'erectile tumours,' are very rare. They are accompanied by catarrh, and particularly by hemorrhage. They appear as bluish-red or deep purple elevations of the mucous membrane, with irregularly mammillated surface, at times distinctly pulsating. Obliteration of the growth with the galvano-cautery is the best treatment.

(h) *Malignant growths: Sarcoma—Carcinoma.*—Malignant disease of the nasal fossæ is rare—carcinoma more rare than sarcoma. The tumour is a single pedunculated growth, with a broad base, dark red or bluish, and less dense than nasal fibroma, but more widespread in the post-nasal region, presenting a rounded and lobulated surface. The ætiology is obscure. The growth has been ascribed to irritation of nasal polypi, but on insufficient evidence.

Sarcoma, as a complication of nasal fibroma, has already been referred to.

Cancer of this region may be a direct extension from the pharynx or antrum; or it may occur as a secondary manifestation, and then present the type of scirrhous or encephaloid.

Epithelioma is more common. Beginning as a wart-like excrescence on the septum or alæ, it grows rapidly, invades the surrounding tissues, and results in deep spreading infiltration and ulceration. The symptoms are those already described as produced by all invading growths of this region, associated with progressive impairment of health and cachexia.

TREATMENT.—Temporary benefit can be obtained by operation. Palliative measures, to relieve pain and to meet any urgent symptoms that may arise, are, as a rule, the

only treatment that can be adopted with advantage. In nasal sarcoma cure is sometimes effected by early removal of the growth.

15. **Post-nasal Adenoid Growth.**
ÆTIOLOGY.—The great majority of cases are met with in childhood. At times one is called upon to treat the disease in adults; this is exceptional; and when post-nasal growths are found in any marked degree of development between the ages of twenty and twenty-five, the clinical history will show that the characteristic symptoms of the affection had been evident from a much earlier age. The influence of heredity is often striking. These growths are said to occur especially in subjects of a lymphatic temperament or strumous diathesis. There is, however, no evidence that the vegetations are essentially related to any specific disease. They occur in all classes, under the most varied conditions of living. They may therefore be said to arise solely from the catarrhal process, the tendency to which is inherited, and which induces overgrowth of the adenoid tissue of the post-nasal space; and the naso-pharyngeal tract, which in later life may sometimes result in chronic hypertrophic rhinitis.

The tendency to active growth of lymphoid tissue in childhood appears to be the main predisposing factor in the production of the disease. The exciting causes are all the influences which promote naso-pharyngeal inflammation, including a cold and damps, miasmata, scarlet fever, measles, and whooping-cough. The condition is in a certain proportion of cases associated with distended palate. In many cases no special cause can be found.

ANATOMICAL CHARACTERS.—The growth occurs as an aggregated mass at the vault of the pharynx. With the rhinoscope it is then seen as a circumscribed outgrowth, with a lobulated and fissured surface, situated centrally at the uppermost portion of the naso-pharyngeal cavity. It is analogous in appearance to the faucial tonsils, and is known as the *pharyngeal* or *Luschka's tonsil*. The growths over the lower and lateral portions of the post-nasal surface are more disseminated. When they attain a large size, they project downwards and forwards from the pharyngeal roof, invading and blocking the posterior nares. Extending also laterally, the vegetations encroach upon the Eustachian orifices and obstruct them more or less.

SYMPTOMS.—These vary according to the localisation and extent of the overgrowth in individual cases. The characteristic symptoms are obstinate nasal catarrh, the discharge being watery, mucous, or at times bloody; heavy stertorous breathing; inability to keep the mouth closed; muffled, nasal speech, associated with a peculiar 'deadened

of voice; deafness, which, when occurring in early childhood, may at times even result in deaf-mutism; and a vacant facial expression, coupled in aggravated cases with dulness of intellect. Relapsing bronchitis is a not uncommon associate of post-nasal growths, and some cases of asthma in children are either directly due to these or aggravated by their presence. The interference with respiration may prevent development of the thorax, and lead to serious retraction or even deformity of the chest. Post-nasal adenoid growths are a very important source of reflex irritation in certain cases of periodically recurrent and spasmodic coryza, identical in every way with so-called 'hay fever.' In very young infants the obstruction to breathing may be so great as to interfere very seriously with nutrition.

COURSE.—The active stage of development commences sometimes in very early infancy, and it continues to the age of puberty. After this period the progress of the growths is often arrested; they diminish gradually in size; and in their withered condition they cease to encroach upon the now more roomy post-nasal space.

DIAGNOSIS.—The features of this disease are, as a rule, sufficiently diagnostic. The existence of the growths can be determined by examination with the rhinoscopic mirror or exploration of the post-nasal cavity with the finger. In very young subjects the latter is the readier and more feasible method. The growths are more or less soft. When large, they feel like a mass of earth-worms; when smaller and more diffuse, their surface is granular and velvety. They are very vascular, and they bleed readily, at times very freely, even on introduction of the finger for the purpose of examination.

TREATMENT.—A cure can only be obtained by extirpation of the growths. The operation must be performed without delay. Evulsion of the growths is best effected by cutting forceps; in other instances they may be scraped away with specially devised ring-shaped knives. The general health requires attention.

WILLIAM MAC NEILL WHISTLER.

NOSOPHYTA (νόσος, a disease; and φυτόν, a plant).—A term employed by Gruby to designate a group of cutaneous affections, in which a fungus-formation constitutes an essential part of the disease. See *TINEA OUSURANS*; *TINEA VERSICOLOR*; and *FAVUS*.

NOSTALGIA (νόστος, return; and γος, sadness).—*SYNON.*: Fr. *Nostalgie*; Gr. *Heimweh*.—A form of melancholia, sometimes occurring in persons who have left their homes. The symptom from which derives its name is an intense desire to return home; and this is accompanied by mental and physical depression, which may end fatally. See *MELANCHOLIA*.

NUCLEUS.—See *CELL*.

NUMMULATED SPUTUM (nummus, a coin).—A form of sputum which, when spreading out on a surface or floating in water, resembles a coin in shape. See *EXPECTORATION*; and *SCRUM*, Examination of.

NURSES, Training of.—Training is to teach not only what is to be done, but how to do it. The physician or surgeon orders what is to be done. Training has to teach the nurse how to do it to his order; and to teach, not only how to do it, but why such and such a thing is done, and not such and such another; as also to teach symptoms, and what symptoms indicate what of disease or change, and the 'reason why' of such symptoms.

Nearly all physicians' orders are conditional. Telling the nurse what to do is not enough and cannot be enough to perfect her—whatever her surroundings. The trained power of attending to one's own impressions made by one's own senses, so that these should tell the nurse how the patient is, is the *sine qua non* of being a nurse at all. The nurse's eye and ear must be trained—smell and touch are her two right hands—and her taste is sometimes as necessary to the nurse as her head. Observation may always be improved by training; will indeed seldom be found without training; for otherwise the nurse does not know what to look for. Merely looking at the sick is not observing. To look is not always to see. It needs a high degree of training to look, so that looking shall tell the nurse aright, so that she may tell the medical officer aright what has happened in his absence—a higher degree in medical than in surgical cases, because the wound may tell its own tale in some respects; but highest of all, of course, in children's cases, because the child cannot tell its own tale; it cannot always answer questions. A conscientious nurse is not necessarily an observing nurse; and life or death may lie with the good observer. Without a trained power of observation, no nurse can be of any use in reporting to the medical attendant. The best one can hope for is that he will be clever enough not to mind her, as is so often the case. Without a trained power of observation, neither can the nurse obey intelligently his directions. It is most important to observe the symptoms of illness; it is, if possible, more important still to observe the symptoms of nursing; of what is the fault not of the illness, but of the nursing. Observation tells how the patient is; reflection tells what is to be done; training tells how it is to be done. Training and experience are, of course, necessary to teach us, too, how to observe, what to observe; how to think, what to think. Observation tells us the fact; reflection the meaning of the fact. Reflection needs training as much

pupils makes them too little of real assistants, and (for all their future) of real nurses. The training-nurse must interest the pupil-nurse in her cases. The pupil cannot have a nurse's interest in them without knowing *what they are*—she must feel for their suffering. Cases she is interested in she nurses with twice the efficiency.

The key to the whole situation is the ward-sister, through whom the trained matron influences nurses, probationers, ward-maids, and patients throughout the hospital.

When probationers are put on night duty, the night-superintendent is responsible for their training. Night duty is better taken after the first year's course.

(4) *Medical Instructor*.—The medical instructor, one of the hospital staff who will undertake the duties, gives a course of lectures on medical and surgical topics specially connected with nursing duties; demonstrations with anatomical and other illustrations, specially adapted to nurses; lessons on the elementary knowledge of physiology, anatomy, the situation of the principal arteries, &c.; lessons on bandaging; lessons in hygiene, both of wards and patients, and in diet; lessons on the causation of disease; on what is to be done in emergencies; on how to make beds for various operations and diseases, &c. &c. He is to lay down a systematic course of reading for the probationers who are to train others; to examine them by written questions at least four times in the year; to give them subjects for essays, and to examine these; to award marks. He is to examine all the probationers orally; to examine their notes of lectures, to award marks; to examine their case-papers. He is to give clinical lectures at his own 'beds' (it would be desirable if each probationer could end her course of wards in the medical instructor's wards), and to examine 'case-papers' taken of his own cases; to teach symptoms, and what symptoms indicate, and *why* such or such a treatment; and what shows a case to be 'doing well' and what 'ill'; and to teach the probationers so that they can teach other probationers in their turn. He will encourage in every way the professional interest of the nurse in the cases she is nursing; he will point out these cases in medical and surgical books. At appointed times he will examine each probationer separately with a view to ascertain the duties she is defective in; and each ward-sister separately upon her recorded experience of each probationer. He will fill up the register at the end of each probationer's year of training, with his verdict on her capacities, and on the professional results of her training. The medical instructor should be one of mature age and experience; should be really a father to the pupil-nurses, and one whom the matron can freely consult with. If the hospital have a permanent resident medical

officer fit for the purpose, he should be the instructor.

(5) *Esprit de corps* should be encouraged. It is a great help to think, 'If I do this I shall be a disgrace to my training-school (or hospital). If I do that I shall be an honour to it.' Let nurses be proud of their *alma mater*. Let them think their own training-school and their own doctors the first in the world. Let there be a friendly rivalry with other hospitals, and never try to fuse all nurses into one mass—one indistinguishable mass—of all training-schools or hospitals.

If, however, there has been little or no discipline in the training-school, then the *esprit de corps* will tend to harm and not to good.

Training, General Consideration. A year's training is simply teaching the nurse her A B C—teaching her how to go on learning for herself, learning to understand her doctor's orders and to read her own experience, for mere experience may only teach the *post hoc, ergo propter hoc*. A nurse without training is like a man who has never learnt his alphabet, who has learnt experience only from his own blunders. Blindness in executing physician's or surgeon's orders upon the living body are hazardous things, and may kill the patient. Training is to enable the nurse to see what she sees—facts, and to do what she is told; to obey orders, not only by rule of thumb, but by having a rule of thought or observation to guide her. Otherwise she finds out her own mistakes by experience acquired out of death, rather than life, or does not find them out at all.

Medicine, surgery, pathology, and, above all, hygiene, have made immense strides, partly in consequence of improved tools, improved instruments of observation. Nursing, their agent, has to be trained up to them. A good nurse of twenty years ago had not to do the twentieth part of what she is required by her physician or surgeon to do now; and so after the year's training she must be still training under instruction in her first and even second year's hospital service. Indeed, every five or ten years a nurse after leaving the hospital really requires a second training nowadays. Nursing needs its instruments nearly as much as surgery, and yet more than medicine. The physician prescribes for supplying the vital force—but the nurse supplies it. Training is to teach the nurse how God makes health and how He makes disease. Training is to teach a nurse to know her business, that is, to observe exactly, to understand, to know exactly, to do, to tell exactly, in such stupendous issues as life and death, health and disease. Training is to enable the nurse to act for the best in carrying out her orders, not as a machine but as a nurse, not like Cornelius Agrippa's broomstick which went on carrying water, but like an

intelligent and responsible being. Training has to make her, not servile, but loyal to medical orders and authorities. True loyalty to orders cannot be without the independent sense or energy of responsibility, which alone secures real trustworthiness. Training makes the difference in a nurse that is made in a student by making him prepare specimens for himself instead of merely looking at prepared specimens. Training is to teach the nurse how to handle the agencies within our control which restore health and life, in strict obedience to the physician's or surgeon's power and knowledge—how to keep the health-mechanism prescribed to her in gear. Training must show her how the effects on life of nursing may be calculated with nice precision—such care or carelessness, such a sick-rate, such a duration of case, such a death-rate.

And discipline is the essence of training. People connect discipline with the idea of drill, standing at attention—some with flagellating themselves, some with flagellating boys. A lady who has, perhaps, more experience in training than anyone else, says: 'It is education, instruction, training—all that in fact goes to the full development of our faculties, moral, physical, and spiritual, not only for this life, but looking on this life as the training-ground for the future and higher life. Then discipline embraces order, method, and, as we gain some knowledge of the laws of nature ("God's laws"), we not only see order, method, a place for everything, each its own work, but we find no waste of material or force or space; we find, too, no hurry; and we learn to have patience with our circumstances and ourselves; and so, as we go on learning, we become more disciplined, more content to work where we are placed, more anxious to fill our appointed work than to see the result thereof; and so God, no doubt, gives us the required patience and steadfastness to continue in our "blessed drudgery," which is the discipline He sees best for most of us.'

FLORENCE NIGHTINGALE.

NURSING THE SICK.—Nursing proper, that is, nursing the sick and injured, will be here treated of, and not Preventive or Sanitary Nursing, or nursing healthy children.

Nursing is performed usually by women, under scientific heads—physicians and surgeons. Nursing is putting us in the best possible conditions for Nature to restore or to preserve health—to prevent or to cure disease or injury. The physician or surgeon prescribes these conditions—the nurse carries them out. Health is not only to be well, but to be able to use well every power we have to use. Sickness or disease is Nature's way of getting rid of the effects of conditions which have interfered with health. It is

Nature's attempt to cure—we have to help her. Partly, perhaps mainly, upon nursing must depend whether Nature succeeds or fails in her attempt to cure by sickness. Nursing is therefore to help the patient to live. *Training* is to teach the nurse to help the patient to live. Nursing is an art, and an art requiring an organised practical and scientific training. For nursing is the skilled servant of medicine, surgery, and hygiene.

Nursing may be divided under four heads: (a) *Hospital nursing*. (b) *Private nursing*: that is, nursing one sick or injured person at a time, at home; giving the whole time to that one patient, generally of the richer classes. (c) *District nursing*: that is, nursing the sick or injured poor at home, taking as many cases as can be well attended to by one nurse. District nursing, or nursing the sick poor at home, is a branch of nursing of the highest importance, and requires the highest qualifications, because the district nurse has not, like the hospital nurse, a medical and surgical staff always at her call, and never hospital appliances to her hand. (d) *Midwifery nursing*, including the nursing of the healthy mother and infant after natural childbirth, the feeding, washing, and clothing of infants, and the teaching the mother the management of her own infant and herself, will not be treated of here. It differs from other nursing in this—that the lying-in woman, the patient, is not, or ought not to be, sick, and that the nursing consists in a surgical operation and in hygienic precautions. It is one of the branches of nursing most important for national health. And there is no organised system of monthly nurse-training available for nurses for the poor. Midwives do not appear to learn it, at least as a part of midwifery. Their training is said to be sufficient for it, because it is *not*. [Midwifery and general cases should not be attended by the same nurse. No ordinary precautions will secure the lying-in case from danger arising out of this practice.]

Nursing proper means, besides giving the medicines and stimulants prescribed, or applying the surgical dressings and other remedies ordered—(1) The providing, and the proper use of, fresh air, especially at night—that is, ventilation, and of warmth or coolness. (2) The securing the health of the sick-room or ward, which includes light, cleanliness of floors and walls, of bed, bedding, and utensils. (3) Personal cleanliness of patient and of nurse, quiet, variety, sympathy, and cheerfulness. (4) The administering and sometimes preparation of diet (food and drink). (5) The application of remedies. In other words, all that is wanted to enable Nature to set up her restorative processes, to expel the intruder disturbing her rules of health and life. For it is Nature that cures: not the physician or nurse. (6) Observation

Dietic diseases, which arise when the blood is supplied with improper or bad food. Scurvy and ergotism are the types of this class.

4. The *Parasitic* diseases, which attack especially dirty populations, and infest the skin, the intestinal canal, and all the structures of the body.

This classification, which does not now hold good, is quoted here because it continues to be spoken of. Modern pathology has necessitated its revision.

Recently, indeed, the word 'zymotic' has been restricted to the acute specific diseases, included under the first group (miasmatic) in the above classification; and at the present time it is in this limited sense that it is most commonly used.

Corresponding with the adjective *zymotic* is the substantive *zyme*. This is a useful

name, by which we refer to the poisonous cause of zymotic diseases. It is simpler than the word *zymine*, originally proposed by Dr. Farr; and (what is much more important) to speak of the contagious poison as 'a zyme' does not imply the acceptance of any particular theory of disease; while, on the other hand, the use of the word 'germ' distinctly conveys the idea of some organised structure, itself the cause of the disease by subsequent growth and multiplication. See CONTAGION; GERMS OF DISEASE; and MICRO-ORGANISMS.

The necessity for employing the word *zymosis* does not seem to be felt as yet; but the same reasons that lead us to speak of the agent as a zyme should also guide us to use *zymosis* in place of the more usual periphrases.

VICTOR HORSLEY.

THE END



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