

color; blood more copious, oftener and more easily detected because of the further decreased or absent motor power; sour stomach, sour eructations and gas become distressing; obstinate constipation, mental depression, extreme languor, cachexia, prolapse, dilatation, tumor, lactic acid fermentation, absence of hydrochloric. When these are present, the condition scarcely remains in doubt.

The picture of cancer where no obtainable precancerous symptoms are elicited, or where a long period has elapsed since symptoms are recalled, is practically that of the late stages of those with long preceding history. One must be ready to diagnose cancer of the stomach with one or few symptoms, the general condition and pathological picture of the patient bearing out the meager findings.

In our series of cases the males and females ran in proportion of 4 to 1 and ranged in age from twenty-nine to seventy-six years, the average being a little over fifty. About three fourths of the whole number presented themselves for amelioration of symptoms that had been pressing, for one year or less — that is, previous symptoms had not been so alarming that medical aid had been anxiously sought, or to put it fairly, malignant manifestations had been present for only one year or less, the average being a little less than five months. Twenty-three (23) of the number that presented long histories complained of malignant symptoms only a year or less, the average in this number being a trifle more than five months. This seems to have a significant bearing — the same soil in each instance.

In this series of 1905 pain was rather constant. In 8 the histories did not state either way, one said no pain, the remainder (73) openly declared for pain, most of them complaining rather bitterly.

Vomiting was not recorded in 11 histories, 3 stated no vomiting, while the great number (68) complained more or less severely. In 42 the lesion was situated at the pylorus or lesser curvature, 3 at the cardia. The location was not recorded in many of the inoperable cases, but the symptoms, for which the operation was undertaken, most often spoke for pyloric end or lesser curvature location.

Of the whole number operated upon 67 had test meals and other routine stomach examinations, chemical and physical. Tumor was present 27 times and doubtful in 3 more. Dilatation present 54 and obstruction 36 times. In 32, free hydrochloric acid was present ranging from 1–50 acidity; combined in 32; lactic, 42; fatty, 19; both hydrochloric and lactic, found 13 times. Blood was found often. During the last eight or nine months there were but 10 patients in which it was not found at test meal. The preceding three or four months it was not so often found, doubtless because of less careful technique.

There were 39 cases in which a portion of the stomach was removed and submitted to the pathologist, Dr. Louis B. Wilson, for macroscopical and microscopical examination, a full

report of which he has in preparation. I here give in brief the results: in over half (54%) (21 in number) the pathological evidence was good that cancer had developed on an old ulcer base, in one fourth (25.60%) (10 cases) the evidence was fair that the same was true, while 8 gave no evidence of preceding ulcer irritation. Then in over three fourths (79.5%) the pathological evidence was good or fair that ulcer was first as a cause. Twenty-one (21) of the thirty-nine (39) had long histories, fourteen (14) of which gave good pathological evidence, six in which the histories were long, gave evidence considered only fair, 7 cases whose histories ranged from two months to two years gave good pathological evidence, and 4, the histories of which covered from one and one-half months to two years, offered fair proof. Histories and pathological findings ran together both positive in over half (54%) the cases.

The above figures seem to emphasize two points: (1) That short histories and ulcer as the old lesion on which cancer is engrafted are not incompatible, as some argue. (2) That ulcer is the great and fertile soil of cancer.

#### THE ADVANTAGES OF SEPARATE ORGANIZATIONS FOR TRAINING SCHOOLS AND HOSPITALS.

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IN Fliedner's school on the Rhine, where seventy years ago modern nursing is generally considered to have begun, the hospital is only one of several departments of the mother institution. This, essentially, is the status of all hospitals and training schools belonging to religious orders, both Protestant and Catholic. There are many advantages as well as disadvantages in such a relationship. But before particularly considering the advantages and disadvantages of any one of the different arrangements now existing, we should first give at least a hasty glance over the whole field.

The greatest advance in the evolution of the new profession of nursing was the establishment, in 1860, of the Nightingale Training School for Nurses in connection with St. Thomas's Hospital. Although both this school and hospital have been from the first more or less identified with the established church, as indeed is the case with most of the English schools and hospitals, still in the main the school is non-sectarian and at any rate it was the first to emphasize the separation of the nurse's profession from the religious orders. Among English speaking people the Nightingale Training School for Nurses may, therefore, rightly be said to have inaugurated a new profession. In all its details the school was planned by the foremost nurse who has ever lived. It was and it is distinctly an educational institution, in affiliation with the hospital, but under the management of a separate board and supported by separate endowment. The superintendent of the school holds double office, for she is also the matron of the hospital.

In the establishment of training schools on this side of the ocean Miss Nightingale's advice was besought and at first was faithfully followed. The first training schools were thus organized separately from the hospitals but in affiliation with them. Had these schools been as properly endowed as was the Nightingale School, it is not unlikely that this relationship would have continued.

The wonderful increase in the number of training schools during the last quarter century has been primarily due not to a widespread educational movement for the benefit of young women, in order to fit them in the best possible manner for the subsequent practice of nursing, but rather to the recognition on the part of hospitals that student nurse service is better and cheaper than any other nursing service available. Owing largely to this economical discovery the number of hospitals in the country has increased tenfold within the past twenty years, and nearly every one of them now owns a training school. Hospital nursing meanwhile has been revolutionized. Too much cannot be said in praise of its present efficiency.

In Great Britain there has been the same departure from Florence Nightingale's ideals. But in Germany, with very few exceptions, the public hospitals still prefer to depend for their nursing service upon independently organized training schools.

There are thus three principal kinds of relationship between training schools and hospitals to consider. First, where the educational institution owns and manages the hospital; second, where the hospital owns and manages the school; and, third, where the two institutions are under separate management but more or less closely affiliated.

(1) To the first class, as we have already seen, belong the hospitals and schools of the Protestant deaconesses and the Roman Catholic sisterhoods. Some of them are very old and famous. But in this scientific age it is generally believed that such connection between the hospital and church has been outgrown. No doubt the Deaconesses and Sisters have been slow in adopting scientific methods; nor have they fully grasped the fact of the separation that has come about between the nurse's vocation and the outward practice of religion. But many of these institutions are now rapidly improving their training schools and also making them non-sectarian. They have a tremendous economical advantage over other hospitals. And it is not at all unlikely that we shall yet see a great revival of the church hospital and training school, as we have lately seen in this country a great development of church day schools.

(2) In America the hospital ownership of its training school is nearly universal. Although many of the hindrances to nursing advance are due to this subservience of the educational to the eleemosynary institution, nevertheless, so firmly is this custom entrenched that even those who recognize its great disadvantages still accept the arrangement as inevitable. But the tide is turn-

ing, and there are many signs that the emancipation of nursing schools is at hand.

It is surely well for those who are interested in the education of nurses to look squarely at all the obstacles thereto. We can then plan to surmount them. Almost all of our hospitals are governed by trustees, who are elected or appointed solely for the efficient and economical management of the hospitals. The nurse's training schools belonging to these hospitals are merely side shows. Whatever interest in them the hospital trustees may have is due only to their anxiety for most efficient and economical nursing service. The resident physician or medical superintendent of the hospital is merely the salaried agent of the trustees. It is his first business to suit them. And the matron of the hospital and superintendent of the training school is merely one of his assistants.

Of course, as we all know, some hospital trustees and some hospital superintendents are also interested in the higher education of their nurses beyond the hospital's immediate advantage, but in such men this is a secondary and not a primary interest. In point of fact it is seldom even that much; for there are very few hospital trustees in this country who make the management of their hospitals a matter of first interest. What, then, can be expected of them in advancing the profession of nursing! It would be just as sensible to expect hospitals to manage medical schools to the advantage of the profession of medicine as it is to expect any advantage to the nursing profession from the hospital's ownership and management of the training school. The hospital depends upon practically gratuitous nursing and medical service from students of nursing and of medicine who are glad of the opportunity for practice that such service affords. If it be said that the medical students who serve as internes must have had previous education in the medical schools, it can be as truly observed that student nurses ought also to have preliminary and preparatory education before being given practice in the wards. And why, it may well be asked, should it be expected that young women must learn their anatomy and physiology, for instance, while hard at work, when their brothers in the medical school are allowed all of their time for these studies? The unfairness of this discrimination against the nursing profession is not lessened by the fact that a shorter course of preparatory education is needed for the student nurse before she begins the actual practice of nursing than is needed by the medical student before he is given practice even in out-patient assistantships.

All medical schools offer opportunities for this preparatory education. Why do not all training schools do likewise? There is but one answer. The hospitals which own the training schools think they cannot afford the expense of preparatory courses. And yet many of these same hospitals pay to their student nurses in small monthly stipends as much as proper preparatory courses would cost.

The cause of this and also of other glaring anomalies in the present régime is easily found in examining its development. Before their training schools were started the hospitals depended for their nursing service upon hired servants often of the lowest class. When these toughened women were displaced by student nurses the same wages were paid and too many other of the same conditions remained in force. It is very true that many of these hardships have been ameliorated; but the fact remains that hospital student nurses do not yet have anything like a fair chance for acquiring such an education and training as will best fit them for future usefulness.

The defenders and advocates of the present system of hospital owned training schools maintain that the only education needed by nurses can be acquired in the actual nursing of a great many cases. We need not stop to discuss this proposition, further than to point out the fact that only a certain amount of nursing service can be given by any one nurse and therefore it matters not by how many hundred or thousand other cases she is meanwhile surrounded. For even if it be admitted that a nurse's proper education is provided for in the opportunity to see and to nurse a great number of patients, it surely cannot be gainsaid that the variety of cases thus available is, at least, of equal importance.

In a great general hospital there is, it is true, a large variety of cases. The medical internes have the chance of seeing many rare diseases and very many cases of the common diseases. To a less extent, the student nurses also have this advantage. But inasmuch as hospitals admit only certain forms of human helplessness it necessarily follows that the hospitals afford their nurses correspondingly restricted opportunities for their education. Thus, in one hospital there are no contagious cases, in another no obstetrical cases, and so on. Worse than this, the special hospitals that receive only women patients, or children, or only mental or nervous cases, all have their training schools.

Some few hospitals have lately tried to arrange for their student nurses exchanges of service, but this movement, which is of great educational promise, is beset with difficulties. The interests of the different hospitals clash, and even where they are virtually under the same management, this exchange of service, after having been proved most desirable from the educational point of view, has been discontinued. Such arrangements for the broader education of nurses, however, can very easily and naturally be made by the independent schools.

But, even with all the possible advantages of service in several different hospitals, there is still lacking in hospital training schools the opportunity of learning how to care for the common everyday ailments and invalidisms and helplessnesses, which are never admitted or, if by accident admitted, are never allowed to remain in hospitals. And yet in the actual practice of both physicians and nurses by far the larger service is to just such patients.

Not only are nurses whose training has been solely in hospital wards under the disadvantage of never having even seen many of the common forms of human helplessness; but they go out to private practice under the still more serious disadvantage of never having learned to take care of patients in their own homes surrounded by their families. This is the chief cause of the dissatisfaction, on the part of the medical profession and the laity, with modern nurses. When the patient is acutely sick, and especially when a serious surgical operation is necessary, then the modern nurse is recognized as a blessing. She is then in her own element, for success depends upon transforming the home into a hospital. But, when the successful treatment of the patient as well as the happiness of the patient's family, depends, as nine cases out of ten it does depend, upon keeping the home from being turned into a hospital, then the modern nurse is not so sure of being thought an angel. For it is one thing to be able to take excellent care of a dozen patients in a hospital ward, where all materials are at hand, and where no thought need be given to the domestic arrangements, and it is quite another thing to take good care of even a single patient in her own home, where no proper appliances are available and where the whole household machinery is upset.

Of course this very different kind of nursing can be afterwards learned by graduates of the hospital schools. As we all know many such become excellent private nurses. But such ability is gained not where it should be gained, during the nurse's studentship, but in her subsequent practice where the nurse is paid maximum fees.

This serious educational disadvantage in the hospital schools is fast being recognized by all teachers of nursing, and many hospital schools are arranging for the instruction of their student nurses in district visiting nursing. What, then, prevents the general adoption of this improvement? Again the same answer: The hospitals cannot afford it, they cannot spare their student nurses.

Here we have the underlying disadvantage in the hospital ownership of its training school. In such subordination of educational ideals to utilitarian ends no real professional advance can be expected. Even in the manual training schools, where pupils are fitted only for trades, the product of the pupil's endeavors is of only secondary consequence. The pupil's education and training is the sole purpose of these schools. But in the hospital nursing schools, on the contrary, the usefulness to the hospital of the student nurse's work is the only consideration. Even her health is of minor consequence.

(3) Before considering the advantages of affiliation between nursing schools and hospitals we may well bring into view the kind of training school required by our present ideals of nursing. General agreement here can hardly be expected. For some of the growlers and grumblers against modern nurses say that nurses are already taught

too much, while others say they are not taught enough. But probably most critics will agree that the prime object of the nursing schools ought to be the education and training of student nurses for their subsequent service. And as only a small and a constantly decreasing proportion of them after their graduation find employment in hospitals, and by far the larger number engage in other service, it surely will be agreed that hospital nursing should be considered as only one department of the nurse's education and training. Two other equally important departments are private family nursing, and public service as visiting nurses, in district work and in school and tenement inspection. The ideal nursing school, therefore, should fit nurses for these three different services.

As regards the department of hospital nursing, little need be said. In that respect the training schools of the present day are most proficient. That is because the schools exist for the primary benefit of the hospitals, and because they are so entirely controlled by hospital trustees. Were the training schools controlled, as are all other schools, by educational boards whose primary purpose is the education of their students for their highest future usefulness, there can be no doubt that at least equal opportunity would be afforded in the training schools for education and training in the other departments of nursing.

For instance, proper preparation for private family nursing includes thorough education and practice in all branches of housekeeping. In wealthy households the nurse, it is true, may not need such knowledge; but in the average family, and especially when the mother is the patient, a nurse who is not a proficient housekeeper is worse than useless.

And, again, in the departments of visiting nursing and school inspecting, where trained service is now in rapidly increasing demand, proper preparation requires special courses of instruction and full opportunity for practice under teachers who have mastered these specialties of nursing. Further instances need not be specified in support of our main contention that the ideal training school must prepare nurses for the kind of service the public demands. And is it not self-evident that such training schools can be inaugurated and maintained only under the management of educational boards?

Inasmuch as more than nine tenths of our nurses are women, it is certainly fitting that the majority of the educational boards in charge of training schools should be women. And so fast as possible these boards should include in their membership graduate nurses who have become permanent residents in the neighborhood.

In the case of many of the smaller hospitals their boards of managers fulfill these requirements and might naturally be thought perfectly competent to manage the training school as well as the hospital. If so, it still is important that there shall be two separate organizations, even of the same people, as managers of the two very different institutions — the hospital and the school.

But it is of far greater importance, than the composition of the board of trustees, that the direct management of the nursing school shall be vested in a faculty of teachers. This requirement is a *sine qua non*. No real school can possibly be otherwise managed. Without schools so managed no profession can advance.

If this ideal of the nursing school be accepted, that it shall be managed by a faculty of teachers responsible only to a board of trustees, a majority of whom shall be women, then the advantage of an organization separate from that of the hospital becomes very plain, at least so far as the interests of the school are concerned. And our inquiry now should be directed to the effect upon the hospital of such a separation.

Those who believe in continuing the customary subordination of the school to the hospital are always urging the necessity of having one responsible chief, who as the superintendent of the hospital shall have absolute control of every person on the premises. That is all very well. No one will dispute that. But why should such a chief have any more control of the school that furnishes the nurses than he has over the school that furnishes the medical and surgical internes? The student nurses who are sent to the hospital for their training must, of course, while in such service be absolutely obedient to the hospital organization. Failure in this respect should in their case, as in the case of the internes, involve their instant dismissal from the hospital's service.

Moreover, it may well be provided that the matron of the hospital and her permanent assistants should also be members of the faculty of the nursing school. This would inure to the benefit of both institutions.

One great advantage of having separate organizations for the school and the hospital comes in the relief that such separation gives to the hospital management. As a member of the faculty the hospital matron can well afford to give her advice and assistance to the school. In that faculty she is in charge of the department of hospital training. But she is relieved of the overwhelming responsibility, now resting upon most hospital matrons, of managing also the preparatory and all other departments of the training school. If it works well in the best private hospitals, instead of maintaining training schools of their own to employ only student nurses from other hospitals which have their schools, why should it not work equally well in all hospitals to employ only student nurses from independently organized schools? The answer is that wherever tried this kind of affiliation between school and hospital does work well for both organizations.

If the scheme be considered only from the financial view point, the arguments are wholly in its favor. There is no reason why hospitals, supported by charity whether public or private, should pay more for nursing service than for medical service. The permanent officers of the hospital, both nursing and medical, must of course, be paid salaries; but the constantly shift-

ing force, both of student nurses and of medical internes, if given good board and lodging, are sufficiently paid in the opportunity thus afforded for acquiring practice in their professions. Were this principle more generally recognized, the hospitals would feel more free to maintain an adequate nursing force, and the student nurses would be emancipated from many of their inherited servile hardships.

Against the separation of school and hospital may be urged the impossibility of the nurse's serving two masters. Such objection entirely misses the mark. For it is the nurse's business first, last and all the time to serve her patients in absolute obedience to medical direction. This is also the business of the whole hospital organization of which the nurse is a part. The whole purpose of the nursing school is to fit her for this service. And, therefore, in perfect loyalty both to her school and to her hospital there can be no conflict. Her duty to the one involves her duty to the other.

## Clinical Department.

### A CASE OF PRIMARY ERYSIPELAS OF THE PHARYNX.

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On April 3, 1906, there was admitted to the Massachusetts Charitable Eye and Ear Infirmary on the service of Dr. F. E. Cheney, a boy five years old. He had a moderately deep ulcer (left eye) with hypopyon.

Family history, not obtained.

Past history, apparently negative.

It is sufficient to say that the ulcer ran a very favorable course, clearing rapidly within a short time.

April 8, temperature, previously normal, has during the past twenty hours risen steadily to 103° F; pulse, 114; respirations, 32.

Physical examination, well developed and nourished. Moderate prostration. Pharynx deeply injected, no edema. Considerable swelling of right tonsil and superiorly in the peritonsillar region. Exudate in crypts of right tonsil. Mucous membrane much reddened. Left tonsil not enlarged, slightly reddened, no exudate. Uvula a little edematous. Moderate number of very tender glands in right neck. Skin, lungs, abdomen and ears negative.

It was supposed to be an ordinary attack of acute tonsillitis and possibly a beginning peritonsillar abscess. A culture was taken by Dr. E. J. Hussey, the ophthalmic house surgeon, and the case isolated.

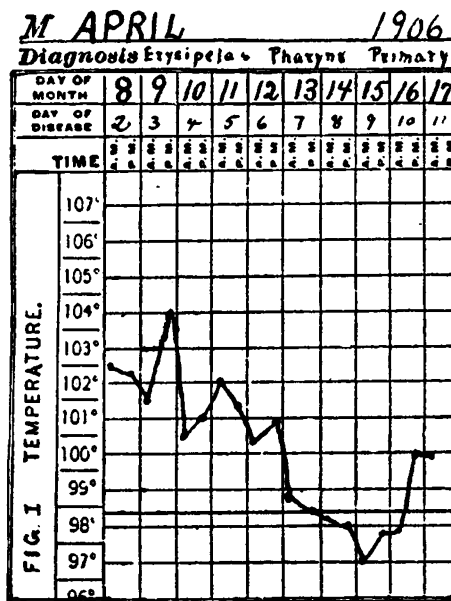
April 9, culture taken yesterday showed chiefly streptococci, negative for Klebs-Loeffler. The case has grown rapidly worse. There was marked swelling in the right peritonsillar region, white exudate covering the whole tonsil. Uvula edematous. Pharyngeal wall much reddened. Left tonsil slightly enlarged and reddened. Glands in right neck greatly swollen, hard and brawny. Temperature 104° F. Marked prostration.

Incisions were made in the left peritonsillar region by Dr. C. Fisher, ophthalmic house surgeon, and myself. No definite pus located but some serum and blood evacuated.

April 10. The relief following the incision was considerable, temperature dropped to 100° F. Prostration, however, still continued very marked, patient restless and beginning to experience difficulty in swallowing. Voice not affected. Pharyngeal wall a vivid red.

April 11. Less swelling in peritonsillar region and of glands in the neck. Mucous membrane of the pharynx, both tonsils and peritonsillar region intensely reddened, thickened, glistening and rather dry. A few reddened almost vesicular areas were noticed over the soft palate. The tongue was somewhat dark in color, but not blue or black. Anatomical outlines more or less obscured because of the general edema of the whole throat.

April 12. The case was now seen to be an exceedingly dangerous attack of primary erysipelas of the pharynx. Two small areas of spreading erysipelatous inflammation about the size of a dollar became apparent for the first time on each cheek. There was great difficulty in swallowing and food taken immediately rejected by the stomach. Rectal feeding and supportive treatment was ordered. Prostration extreme



and pulse weak and thready. Septicemia. Salt infusion given beneath the breasts.

Dr. Wilder Tileston who also saw the case concurred with me in the diagnosis.

A very grave prognosis was given.

The boy grew weaker, pulse more rapid and on April 16, death took place apparently from septic exhaustion. Cultures of the blood were not taken. The erysipelatous inflammation on the cheeks had spread sufficiently to leave no doubt of the accuracy of the diagnosis. No autopsy.

The principal point of interest in this case is the fact that a correct diagnosis was impossible until at least two or three days after the onset of the disease. A favorable prognosis given to the parents before that time would have been regretted. The diagnosis, although suspected, was not really confirmed until the characteristic secondary inflammation appeared on the face.