

count be departed from, unless unexpected intercurrent circumstances render it imperatively necessary. The relations between the nurse and the patient should be of the most friendly nature. She should move about the chamber, not on tiptoe, but as noiselessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick-room are sacred.

I would lay great stress upon what I regard as the æsthetics of the sick-room—a word which to me has a very high significance. The dictionary defines æsthetics as the science of the beautiful—the beautiful in nature and in art. The sick man's chamber has rarely about or in it anything of the æsthetic; on the contrary, it is generally disgracefully unæsthetic, in a state of confusion worse confounded—one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half a dozen vials and pill-boxes piled upon the table or bureau directly under the patient's eye; a plate, cup, knife, or spoon here or there; a soiled napkin on the bed, or on the wash-stand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and to the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odours and distasteful surroundings, is unbearable, and little short of a crime.

The educated nurse must have a competent knowledge, 1st, of the general principles of hygiene; 2ndly, of the effects, doses, and modes of administration of the medicines in most common use; 3rdly, of the nature of food and drink, and the proper

methods of preparing them for the sick; 4thly, of the different poisons and their antidotes; 5thly, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics, and ointments; and, 6thly, of the manner of handling the patient, of making up his bed, and of changing his body-clothes. If, superadded to this knowledge, a nurse can have some idea of the nature and treatment of the more common diseases, very well, but such knowledge is by no means indispensable. A little knowledge is here, as everywhere else, often a dangerous thing. Dr. Rush used to tell his students that no physician should be permitted to engage in practice unless he had served six months in the kitchen, so important did he consider a knowledge of the art of cooking.—*Med. News.*

DR. OLIVER WENDELL HOLMES ON THE TEACHING OF ANATOMY.—Extract from address at Centennial Celebration of Harvard Medical School: "Among the various apartments destined to special uses one will be sure to rivet your attention, namely, the anthropotomic laboratory, known to plainer speech as the dissecting room. The most difficult work of a medical school is the proper teaching of practical anatomy. The pursuit of that vitally essential branch of professional knowledge has always been in the face of numerous obstacles. Superstition has arrayed all her hobgoblins against it. Popular prejudice has made the study embarrassing and even dangerous to those engaged in it. The surgical student was prohibited from obtaining the knowledge required in his profession, and the surgeon was visited with crushing penalties for want of that necessary knowledge. Nothing is easier than to excite the odium of the ignorant against this branch of instruction and those who are engaged in it. It is the duty and interest of all intelligent members of the community to defend the anatomist and his place of labour against such appeals to ignorant passion as will interfere with this part of medical education; above all, against such inflammatory representations as may be expected to lead to midday mobs or midnight incendiarism.

The enlightened legislation of Massachusetts has long sanctioned the practice of dissection, and provided means for supplying the needs of anatomical instruction, which, managed with decent privacy and discretion,