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11

NURSING THE SICK.

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LADIES AND GENTLEMEN,—I am to suppose that you have got some one very ill, and that you are desirous to get him well again as soon as possible. You must not imagine that you have done all you can when you have brought a doctor to him and got a bottle of physic. Both of these are important, perhaps both are absolutely essential, and yet there is a great deal more you can do to help in bringing back health and strength to your patient. It may be that recovery is hindered by want of fresh air, light, warmth, cleanliness, quietness, rest, and proper food. All those things you have in your power to bestow, and all those go to further his recovery, and constitute proper nursing just as much as making a poultice or a bed. The three great factors of life are—air, heat, and nourishment, each and all are essential to life, and deprived of them, ill-health, tardy recovery, and death are the result.

Now I wish to point out to you that these three factors are almost entirely in the hands of the nurse who is constantly with the sick person. It will be apparent to you how much she can do, either to hasten the sick person's recovery or his death, by the right use she makes of these powerful remedies.

Now let me suppose that you have the charge of a sick person. Let me say a few words with regard to the choice of a room. If you have two or three to select from, choose a sunny, light one, looking to the south. See that it has a fire-place, and that its

window opens both at top and bottom. Be sure that you get plenty of sun and fresh air. If the window has curtains remove them. It may be, however, that you have only one room, and that the window will not open. Knock out a pane of glass and across the opening so made stretch a piece of thin muslin, or better still, of perforated zinc. Your next endeavour ought to be to make the room as clean as soap and water can make it. You must brush the walls down and scrub the floor thoroughly clean. To conduce to the freshness and convenience of the room, it will be necessary to remove all the furniture excepting only that which you absolutely require. The fewer things you have in a sick room the better. Even in midsummer a small fire is useful—it helps to ventilate the room, and keep the air fresh. If you do not have a fire, then be sure to leave the chimney of the room open. Do not close the damper, nor stuff the chimney with straw.

If your patient suffer from his head or his eyes, do not let him lie in a blaze of sun-shine or gas-light; but tack a piece of dark stuff across the window, dark blue or green being always better than white.

Air of Room.—The air of the sick room should be kept as nearly as possible at a uniform temperature, always about the same warmth. Nothing can be worse than to have it sometimes very hot, and at other times very cold. Try to avoid having at one moment a large fire and the patient almost suffocated, and at another time the doors and windows open, and the patient shivering with cold. To maintain an equable temperature is, I am well aware, by no means an easy matter, especially in a small room; but care and attention will do a great deal to render this attainable. In respect of this point there is one thing to which I should like to draw your attention, namely, that the early morning hours, between two and seven A.M., are the coldest, and the period at which the vital powers are at their lowest, and, therefore, the time at which serious changes, and frequently death take place. During these hours the patient must be carefully watched, and the heat maintained by extra clothing, hot bottles, and warm drinks, and you must be careful not to allow the fire to burn low. The

neglect of these simple precautions during the early morning hours, "the period of lowest vital intensity," has sacrificed many lives. With regard to air and ventilation, Miss Nightingale has made the following remarks:—That "the great object of ventilation is to keep the air which the patient breathes as pure as the external, without chilling him." It is no unusual thing to find persons in preparing a room for a sick person, careful to stop up every crevice through which air can enter, put bags of straw in the chimney, and shut the windows tight with no intention of opening them again until the patient is well. They labour under the impression that if a breath of fresh air were to get in it would kill him, and they expect, notwithstanding the exclusion of air, that the unfortunate sufferer will get well. Let me positively assure you that he is just being as certainly poisoned as if he were being administered a dose of arsenic daily. An excellent rule is *always* to keep the window open two inches at the top, and besides this, twice a day you should carefully cover your patient well up and open the window wide for five or ten minutes. There is no risk of chilling the patient if this be carefully done: with plenty of covering and hot bottles you can always keep a patient warm in bed. And pray do not suppose that you must shut the window at night. Night air is better and purer than day air, and people require fresh air just as much when they are asleep as when awake. Let me then ask you to make it a rule always to keep the window open a little from the top. One thing more, never try to air the room by opening a door on the stair or passage. By doing so you get worse air introduced into the room. To keep the air of the room always pure, you must have a fresh supply constantly coming in to take the place of that which your patient has used. Let me assure you that you cannot have too much of fresh air; it is certainly one of the best medicines as well as by far the cheapest, and like all other things so obtained is not sufficiently valued because of its cheapness. At the same time you must guard against draughts, and if the room is small, and the bed, as is often the case, between the door and the window, you can very easily make a screen to

keep off the draught by putting a sheet or coverlet over a clothes screen.

Cleanliness of the room. In respect of this you must observe great care. Keep everything in the sick-room scrupulously clean. You should wash, sweep and dust out the apartment daily, and remove at once if possible all soiled and dirty things from it. In performing these little duties, there is no need that you should make any noise or fuss. You can do them all without in any way disturbing your patient. Choose a proper time for their performance, not for instance just when he has dropped asleep after a restless night. So much then for the patient's room. Before, however, we quite leave the subject, let me summarise:—A sunny light room with an opening window, and a fire-place—scrubbed clean—not too much furniture and clothes about—a bed and a window with no curtains—a small fire always burning, windows always down two inches from the top, (not the bottom)—the room never to be aired by opening the door into the passage—the room to be swept and dusted daily—everything soiled to be removed at once out of the room.

Let me now offer a few suggestions with regard to the *personnel* of the nurse herself. A pleasant personal appearance will go far towards inspiring confidence, and can be secured by a little neatness in dress. Trailing skirts, loose hair, and all jewellery are out of place in a sick-room. One of the secrets of enduring the strain of long continued nursing consists in the use of a daily bath. This will be found extremely refreshing and can be accomplished with a basin and towel in the following manner. Wring out a rough cloth in soap and water, and rub yourself briskly from head to foot; five minutes each day will suffice to keep you healthy and fresh. You should endeavour to anticipate your patient's wants; never question in regard to them; and you will promote your patient's peace of mind very much by moving about quietly, avoiding all hurry, never asking your patient for a decision, and avoiding letting him be startled. Now there are various little things which are apt to disturb a patient. For example, whispering in the room, for it is impossible but that the

patient's attention should be strained to hear. Walking on tip-toe, and stealthily moving about the room are to be avoided. A low distinct tone and a light step will seldom annoy. If your patient is delirious, never contradict him, and humour his notions quietly.

Beyond what I have just said, no advice can be more important to you than the avoidance of all forms of alcoholic stimulants while you are engaged in nursing. There can be no question that long physical fatigue and anxious watching are better maintained on tea, coffee or cocoa than by the use of any form of alcohol or malt liquor whatever.

I am not here to advocate the claims of total abstinence generally, but I do most unhesitatingly affirm that she who would nurse the sick aright with a due regard to the patient's wants and her own comfort, and in order to perform her duty thoroughly, must, for the time being at least, become a total abstainer from alcoholic drinks.

Let me now draw your attention to the patient's bed. Some unfortunates from the beginning of their illness to the time when they are able to get up again, never have their bed made. There can be no greater mistake; the bed should be made at least once a day. If you have, for instance, a patient crippled with rheumatism or perfectly helpless from paralysis, it becomes a very difficult thing to make a bed and change the sheets, and yet if you allow him to go on lying in bed, day after day, and week after week, without changing and making the bed, you not only keep back his recovery and cause him much unnecessary suffering, but you run a great risk of giving him bedsores. As a rule, however ill the sick person may be, his bed should be made at least once a day, unless the doctor absolutely forbids it, as in some special cases he may do.

Remember this is a tiring operation to weak persons, therefore you must choose a time of day when your patient is freshest and strongest. The morning therefore is the best time, when he has had his sleep out, been washed, and had a cup of tea. You should give him a little nourishment before commencing. If possible, do

not have a feather bed, a hair or straw bed is far more comfortable for the patient. A most clean and comfortable bed is a canvas cover or bag, the size of the bedstead, not too full of fresh straw loosely put in; one side left open and tied together with strings. When you make the bed, untie the strings, get a neighbour to raise up the patient, by putting both arms under him and gently raising him off the mattress. Then plunge both your arms into the straw, and shake it up. Then tie it up again. When the bed gets soiled, the straw can be changed. This makes a clean, comfortable, and cheap bed.

I will now tell you how to make a bed. When you cannot take the patient out of it, get a neighbour to help you; do not attempt, if it can be avoided, to do it alone. You want to save the patient's strength, not to exhaust it by letting him try to help you. Now take off all the heavy top clothes, always excepting the top sheet, and remove the pillow, then while one nurse gently turns the patient on his side, the other rolls up the soiled foot-sheet against the patient's back. Now before putting on the clean sheet, untie the strings of the mattress, put in your arms and thoroughly shake up and pull about the straw, tie it up again, roll up the clean sheet, and place the clean roll against the soiled one; now turn the patient gently on to the clean side of the bed, then draw away the soiled sheet, and before spreading the clean one, untie the mattress tapes, and repeat the operation of shaking the straw on this side. Now retie the tapes, spread out the clean sheet and replace the pillow. Now take another sheet, and fold it so above a sheet of macintosh, roll it up, and while one nurse gently raises the patient the other passes this sheet and macintosh below him. This sheet may be easily and quickly changed when necessary without exhaustion to the patient. How to change the top sheet, spread your clean sheet *over* the soiled one, and with the right hand draw down the soiled one while holding the clean one in position with the left. Now replace the blankets and coverlid, and the bed is finished. If the patient is very weak give him a little beef-tea just before or during the process of bedmaking.

Any part that is subject to long pressure is apt to inflame, suppurate, and if not carefully attended to, form a sore—what is commonly known as a bedsore. The parts which are specially liable to bedsores are the prominent bone at the base of the back; also the hips, heels, elbows, and shoulder-blades—indeed, any part where the bone is prominent and thinly covered.

Old weakly people and those who are paralysed require the utmost care to prevent bedsores. If you attend carefully to the following rules, it is very unlikely that these will occur:—

1. Keep the sheet below the patient perfectly smooth—no creases or folds, and no crumbs—and let them be perfectly clean and dry.

2. Wash the parts daily with soap and warm water, dry them well, rub them over with a little spirits of wine or whisky to harden the skin.

3. Change the patient's position frequently.

4. Never let him lie on a blanket.

The first symptom of bedsore is noticed by the skin getting red and the patient complaining of a pricking feeling as if he were lying on crumbs. If the skin breaks, then paint the part over with a mixture of castor oil and collodion (do not use collodion alone). But remember prevention is best. Attend to keeping the undersheets smooth and dry, and if possible get a water pillow.

I show you two kinds, square and circular, they must be filled with warm water, and not be filled too full. Over the water pillow and under the sheet lay a folded blanket.

Do not be satisfied with only washing your patient's face and hands every day, but sponge him all over with warm water soap and a little vinegar. This will be found very refreshing, and can be easily done without the least risk of giving cold. There is no occasion for uncovering the patient. Put a blanket over him, and sponge underneath. A freshly made bed, a thorough sponge over with vinegar and water, will often, after a restless, sleepless night, have the good effect of making the patient fall into a sound sleep. In giving patients suffering from paralysis or

dropsy a hot bottle, be very careful to wrap it in flannel, and see that it is not too hot, as in dropsy the skin is very apt to blister, and in paralysis people have often no feeling in the paralysed parts, and so cannot tell when the bottle is too hot. I have seen severe and dangerous burns caused from ignorance of this. In such cases it is better to warm the feet and legs by wrapping them in a warm blanket, than by applying heat directly to the part. Among the many applications which, by the direction of the doctor, you will often be called on to apply to the sick person, are **POULTICES**; and once for all, let me say to you, that unless you do make these applications properly, you had much better not make them at all. One seldom sees a poultice properly applied except by a trained nurse. Either they are too large or too small, or they are improperly made, and applied often to the wrong place. For example, a cold, wet, dripping poultice, a pound or two in weight, laid on the chest of a poor unfortunate weak creature, panting and gasping for breath, is much more likely to do harm than good; and on the other hand, such a remedy made and applied properly is sure to give instant, and possibly lasting, relief. A good poultice is a very common and a most useful remedy, and every one of you should learn to make it in the very best possible way.

To make a linseed poultice, you require linseed meal, boiling water, and a piece of thick brown paper or calico, a piece of mackintosh, or cotton wool, a flannel bandage, a bowl and spatula, such as I now show you, or a knife. If you are only to poultice the chest, cut your paper or calico like this if a jacket poultice for inflammation of the lungs, then cut it in this way

Now, to make the poultice, First be sure the water is quite boiling, then scald the basin to make it perfectly hot; now pour in a sufficient quantity of water to make the poultice, then put in the linseed meal, stirring during the process with a spatula or knife until it is of a proper thickness. Now, turn it out on the cloth, and spread quickly, dipping the spatula now and then in hot water while doing so, to prevent the poultice sticking to the knife. Turn over the edges of the calico on the poultice, and apply

it. Then put the mackintosh or cotton wool on the top, to keep it hot, and fasten it on with the flannel bandage. If you have no linseed meal, you can use either oatmeal or bran ; if oatmeal, then boil it with the water like porridge. "A poultice should be larger than appears absolutely necessary. It is intended to allay pain and inflammation, and as the pain probably extends beyond the inflamed part, a large poultice should be made to cover the inflamed part."

The poultice should be applied as warm as can be borne, and it should never be allowed to slip or move about. Unquestionably, linseed meal is the best material for an ordinary poultice. Care should be taken to renew the poultice before it becomes cold.

A mustard poultice can be made in various ways. One way is to make a linseed poultice, and sprinkle a little mustard on the top. This is the best way, if the patient is a child. Over the surface of the poultice next the skin, put a piece of thin muslin. If a stronger poultice than this is required, it may be made by mixing two or three spoonfuls of mustard along with the linseed meal, or stronger still, mix a sufficient quantity of mustard with tepid or cold water to the consistence of a paste, according to the size of poultice you wish, and spread it on a piece of brown paper or rag, and over the surface. You may keep a mustard poultice on the patient fifteen, twenty, or thirty minutes ; some skins are more sensitive than others, and when the part is red it is time to take the poultice off. Then sponge the skin quickly with tepid water, and lay a piece of cotton wool over the part.

Fomentations. To lessen inflammation and relieve pain, hot fomentations are often required, and are an excellent remedy ; but remember what I have just said about the poultice applies equally to the fomentation. A cold dripping wet flannel will only add to the patient's misery and discomfort, while a thoroughly dry hot flannel is almost certain to give him great, immediate and lasting relief. Now let me explain to you then how a fomentation is to be made and applied. You want first of all boiling water, a piece of mackintosh or cotton wool, and a

large piece of coarse flannel, the coarser the better as it retains the heat longer, (a piece of old blanket or scouring flannel makes the best fomentation), a towel, and a basin. Now lay the towel over the basin in the way I show you, fold up the flannel and lay it on the towel. Now see that the water is boiling and pour it over the flannel. Then wring it in the towel as dry as you possibly can. Cover over with the mackintosh or cotton wool, and fasten it on with a flannel bandage. If you want to apply dry heat, heat salt, sand, or bran over the fire or in the oven, put it in a flannel bag and it will retain the heat for a long time. Hot bricks wrapped in flannel are very useful.

You are frequently enough required to apply cold to the head. To do so take one fold of cotton or linen rag, soak it in cold water, the colder the better, squeeze dry and apply it as rapidly as possible. Do not take a large piece of cloth folded several times, and keep squeezing it in your hand till it is quite hot and then put on. One fold of cloth, the thinner the better, dipped often in the cold water and rapidly applied gives great relief in headaches, for example.

If you can procure ice put a piece in the water. Ice is sometimes ordered to be kept constantly on the head; to keep it from melting, wrap it up in flannel, or put it in sawdust, and in a cool place. To break ice, do it in this way with a needle. Ice-bags can be bought for three or four shillings, or it may be put in a bladder and applied to the part, or a bag may be made of gutta percha and chloroform. By putting a little chloroform along the edges and folding them over, you can make a very useful bag for ice; the ice should be broken in small pieces before being put in the bag, and be removed as soon as it melts.

Nourishment is the third great factor of life, and food plays a most important part in the treatment of all illnesses, more especially fevers. The nurse must devote much of her attention to the subject of diet. You must observe carefully your patient's appetite, and attend carefully to the quantity of food and the effects of it. Give the nourishment regularly and at short intervals if the patient cannot take much at a time. Let me

beg you to be scrupulously clean with everything you prepare for the patient. If the doctor orders the patient a milk diet, your duty is to see that the patient gets that and nothing else. Be careful in this, as in all other instructions you get from the physician, to keep to it carefully. Milk is the most valuable article of diet in the sick-room. I may here remind you that about half-a-pint of milk is equal to about a quarter pound of beef in nutritive value. You must endeavour to get the milk good and to keep it sweet by keeping it in a cool place, and what is equally important, in a perfectly clean jug or basin. If you cannot manage to keep the milk sweet, then boil it at once when you get it and use it cold. Should the patient have sickness or diarrhoea, add one or two table-spoonfuls of lime water to each tumblerful of milk. For any one very ill, and not able to sit up, use always a feeding-cup, such as I now show you. In feeding the patient with this cup, put your hand under the pillow and raise the pillow and the patient's head together, and take care you do it straight, so that the milk goes into his mouth and not down his neck, as is too often the case with careless nurses. The drinking-cup must be carefully cleaned by pulling a feather down the mouthpiece, and, when the vessel is not in use, it ought to be kept in clean cold water. Beef tea is not of so much intrinsic value as milk, but is useful as a stimulant as well. To make very strong essence of beef, you should do as follows:—You require a quarter of a pound of lean beef, take off all the fat, mince the beef very small, put it into a jar or pig covered with a lid or paper, place this in a pan of *boiling* water, the water to come half way up the jar; boil for five or six hours, then pour off the beef tea, and give one teaspoonful or a half at a time. Ordinary good beef tea, such as you will now see made, is made by taking one pound of beef cut from the round, cut it into very small pieces, taking off all the fat, put it into a pan with a little salt and add a pint of cold water; put it on the fire, and when it comes to boil stir till it is well mixed—say five minutes; then draw the pan to the side, and let it simmer for ten or twenty minutes, and it will be ready for use.

Egg Flip.—An excellent, quickly made, and most nourishing drink for invalids is to beat up an egg with a little sugar and boiling milk or water, stirring all the time.

If it can be at all managed, don't cook your patient's food in the sick room. He will be much more likely to take and enjoy it if he is not fussed seeing the process of cooking.

Medicine.—In giving sick people medicine there are three points you ought carefully to remember. 1, *Regularity*; 2, *Punctuality*; 3, *Exactitude*.

1. Give the medicine ordered by the doctor regularly, not sometimes one dose in the day and sometimes three, but just as often as you are told, and no oftener, every three hours or every four as the case may be.

2. Then be punctual; give it at the same time every day, ten o'clock, twelve o'clock, just as ordered.

3. Exactitude is a most important point. Always give the right medicine and the right dose. It has happened that people have been poisoned by getting either the wrong medicine or an overdose of the right.

Never allow a bottle of lotion for external use to stand beside a bottle of medicine to be taken internally. Keep them entirely separate, and let me beg your attention to this piece of advice,—keep all medicines in a place where children cannot by any possibility reach them. One further piece of advice, which is unfortunately but seldom attended to, is deserving of your attention, namely, after an illness has terminated either in recovery or death, empty out all the medicine bottles, and on no account retain any of them for future use. Spoons differ very much in size, and it is not wise to trust to them in measuring medicines. It is best to get a medicine glass or spoon, either of which can be got at a chemist's for a few pence.

To those of you who are entrusted with the administration of medicine to sick persons, the following hint will, I am sure, prove invaluable, namely, always read the label on the bottle before administering the medicine. By doing so you may probably save yourself from a lifelong reproach.

I now desire to address to you a few words on the nursing of children.

To nurse a sick child is a more difficult task than to nurse a grown-up person, who can tell you exactly how he feels and where his pains and aches are. Young children are utterly dependent on the kindness or cruelty of those about them, and very many suffer all their lives from the effects of the carelessness and ignorance of mothers and relatives. Frequently the only indication of a child being ill is its fretfulness. If the child is usually happy and good-tempered, and suddenly becomes cross and fretful, then you may be quite sure he is ill, and instead of scolding him, as is unfortunately too frequently the case, you ought to set yourselves to try and find out what is the matter. Many children want nothing but fresh air, proper food, warmth, and cleanliness, to enable them to grow up strong and healthy; and the want of one or other of these, is often the sole cause of illness. Children suffer from the same causes as grown up people, but much more quickly and seriously; nothing does them more harm than bad air. This is specially so at night; nothing can be worse than putting them to sleep in a close shut up room. Take care that you give them plenty of fresh air, and at the same time plenty of warmth. The disease which you all know as "rickets," and which is unfortunately very common amongst the poorer classes of our large cities, is mainly brought about by a want of pure air and light, as well as, no doubt, by insufficient food. Now, the two first of these requisites cost nothing, perhaps only some trouble and thought; and because these are not attended to our hospitals and dispensaries are crowded with children stunted in growth, with deformed chests, crooked backs and legs, and altogether in a miserable condition.

It is worth while to draw your attention to the first signs of this disease known as "rickets." Amongst the earliest indications of it is that the child perspires at night chiefly about the head, then the whole body seems to be tender and sore. He cries when touched or put down to walk. When you notice this, do not on any account let the child walk, give him as much fresh

air as possible, as much sun and light as you can (if possible, it is as well to take him to the country), clothe him warmly, and give as much good nourishing food as you can; three pints of milk daily if possible, and take your child to a hospital for advice. Unless taken in time, remedies are no use at all, and if neglected, he is sure to grow up ill-nourished and deformed.

There are some diseases of children, which come on so quickly that remedies come too late, and much valuable time is lost, if you wait till a doctor can be got. Croup is one of these; and as it most frequently comes on at night, it is of the utmost importance that you should know what to do at once, while waiting for the doctor to come. The first symptoms of croup are, that the child seems hot, fretful, and cries hoarsely. Young children are not often hoarse, unless they are in danger of having croup. The next sign is a peculiar ringing cough—the breathing becomes more and more laboured. When such is the case you should at once send for a doctor; but without waiting for his arrival put the child in a hot bath. Try to do this without alarming him, or making him scream, which will do harm. Lay a blanket over the bath or tub, on this blanket place the child, and let him gently down into the water. Do not burn him with too hot water, but carefully test the heat, not with your hand, which can bear much more than the child's tender skin, but the back of your hand or elbow.

After the bath, wrap him in a blanket, and take care he does not get a chill. Then give the child an emetic—one tea-spoonful of ipecacuanha wine every ten minutes until he vomits. Wring a sponge or flannel out of very hot water and place it to his throat, renewing it as soon as it cools—this is, let me tell you, a simple but effective remedy. When the attack of croup is severe, you may be ordered to keep the child in an atmosphere of steam. You can do this by making a tent over the bed with clothes-screens and a sheet or coverlet stretched over it.

Put a basin on each side of the bed, under the tent, and keep them constantly full of boiling water, emptying and refilling them alternately every quarter of an hour. Another method is

to keep a kettle constantly boiling on the fire. Bring the bed and tent near it ; fix one end of a long india-rubber tube on the spout of the kettle, and bring the other end near the bed under the tent ; the room ought to be kept well ventilated and moderately warm ; you should feed the child on milk and beef-tea, and avoid giving him any solid food.

My time will not permit me to say more in regard to children at present, but before leaving the subject I should like to draw your attention to two things. First,—In a case where a child is seized with a fit, you should at once place him in a warm bath, as I have already described to you ; give him a dose of purgative medicine such as castor-oil, and apply cold to the head. And in the second place, let me warn you against the use of soothing medicines and teething powders, which are too commonly given to young children. Nothing but harm can result from the use of such remedies. No sleeping draughts, nor any form of soothing syrups should ever be administered to a child except by the *direct* advice of a doctor.

INFECTIOUS DISEASES.

Fevers are spoken of as “catching,” infectious diseases, and about those you ought to know ; not only how to nurse the person, but how to prevent others from catching it too. Scarlet fever, for instance, is highly infectious. The usual time for incubation is from twenty-four hours to three days ; the rash is seen first on face, arms, and chest, like little red dots at first, and then becoming a red blush all over. It remains for three days, and gradually fades away. As soon as it disappears desquamation commences, that is, the skin begins to peel off. This is sometimes over in five days, and sometimes not for four or five weeks. In some cases the throat is much affected, and the child may be delirious for two or three days, or it may be very slight, a little, sick, slight sore throat, a little red blush, scarcely visible over the skin at night ; the next morning, apparently, the child is all right ; you think nothing of it, and he runs about as usual. When this is the case, and desquamation begins, you may notice

the child's eyelids swollen, and his face look puffy, breathing quick, the child seems very ill indeed, and if you do not at once send for a doctor, and use the proper means, he will most likely die. Many children die from this cause, getting cold during the stage of desquamation ; while the peeling process is going on, the greatest care from cold requires to be taken to prevent the kidneys becoming affected on account of the deficient action of the skin, and dropsy following. If you should then notice the child's face puffy, and eyelids swollen, at once give him a hot bath, wrap him in blankets, put him in a warm bed with hot bottles, give him a hot drink, and try to get him to perspire freely ; but while doing all this, send for a doctor, and be very careful to guard against draughts, a chill would be most dangerous.

A quick way of getting the patient to perspire is to use a vapour bath, such as the one you see here. Wrap the patient in a blanket ; place an iron cage, stool or something that will keep up the bed-clothes and allow the hot steam to get to the patient over the foot of the bed ; place the bath at the foot of the bed, with the tube passing into it ; fill the boiler of the bath with boiling water ; light the lamp and place it underneath. In ten or fifteen minutes you will probably find the patient perspiring freely ; when this is the case remove the bath, and keep him very warm.

Infection in scarlet fever is conveyed by the flakes of skin shed when desquamating ; those may be carried long distances, and be conveyed from one person to another by means of letters, books, clothes, &c. To nurse the patient with as little risk of infection to others in the house as possible, put him in a room by himself, at the top of the house, if possible. Take all unnecessary furniture out of the room ; remove carpets, window curtains, and bed curtains. Hang a sheet steeped in carbolic acid, one to twenty parts water, over the door, and keep it always moist ; before taking clothes, bed linen, &c., from the room ; put them into a pail or tub full of *boiling* water, or water and carbolic acid one to twenty or forty, for half an hour. Sanitas or chloralum may be used instead of the carbolic. When desquamating, if you rub the

patient all over twice daily with camphorated oil, it will help greatly to prevent infection spreading. When the patient is convalescent give him warm baths with Condy's fluid, and wash with carbolic soap. When sweeping the room, burn the dust carefully, do not carry it out of the room. When nursing the patient, wear a washing dress, change it, and wash your hands in Condy's fluid and water, or some other disinfecting fluid before leaving the sick room. What has already been said about ventilation applies to fever patients, and rooms quite as much as any other sick room. Cleanliness and fresh air are the best disinfectants.

To disinfect your room after the patient has left it is a very simple matter. Close every window and door; put some red cinders on a shovel, place this over a pail or iron-stand in the centre of the room, and over the cinders sprinkle 1lb. or so of powdered sulphur; let the room be kept closely shut up for six hours, then open doors and windows to air thoroughly. You may disinfect letters, clothes, etc., in the same way, by hanging them up in the sulphur fumes. It is always the safest plan to burn books and papers used by a scarlet fever patient.

Measles usually begins like a common cold; the rash appears on the fourth day or later, little round red spots running into patches. Keep the patient in a warm room and in bed until quite convalescent, guarding against draughts, as in measles there is danger of the lungs becoming affected, and if this happens the case becomes very serious. The diet should be very light, plenty of good milk, beef-tea, etc., until quite convalescent, then a little fish is always a good thing to begin with.

Typhoid Fever has several names—Enteric, Gastric, etc. When you have this fever in your house, you must suspect something wrong either with the drainage, water, milk, or it may be from the dirty, badly-ventilated state of your whole house. You should not rest satisfied until you find out the cause. It is a fever that comes on very gradually, the patient can scarcely tell when he first began to feel ill. A chilly feeling, headache, pains in back and limbs, loss of appetite, sickness and diarrhoea are the usual symptoms. The patient does not

often take to bed until the second week. The fever usually lasts from three to four weeks and then he should begin to mend. The feverishness gradually disappears. At this time the very greatest care and attention are required or a relapse will follow. No fever requires such watchfulness and care on the part of the nurse as to diet. The doctor's orders as to this must be rigidly carried out; a very slight indiscretion, such as eating hard biscuit, grapes, etc., has been known to cause perforation of the bowels and death. The usual diet is milk, three to four pints, given a tea-cupful at a time. Until allowed by the doctor give nothing but milk and do not allow the patient to leave his bed.

Infection is conveyed by the effluvia and emanations from the intestinal discharges of the patient. Those should be at once covered and got rid of, using disinfectants freely, carbolic powder or chloride of lime is best. Strict cleanliness of all utensils used for the patient should be observed, and for her own safety, the nurse must be careful not to inhale the effluvia from the motions of the patient. If strict cleanliness, good ventilation and a free use of disinfectants is observed, there is little danger of infection from typhoid fever.

Typhus Fever is caused by overcrowding, bad ventilation, a dirty condition of houses, clothes and people. It is a preventible disease. It comes on more suddenly and is more quickly over than typhoid, usually lasting fourteen to seventeen days. Relapses are not usual. Commonly it sets in suddenly with a shivering fit, headache, a feeling of languor and drowsiness, the skin hot and dry; as the fever goes on the patient lies in a stupor, quite indifferent to what is going on. The nurse must not only think, but act for him; he does not ask for nourishment, and can scarcely be induced to take it; his life depends on the nourishment being given regularly. Towards the end of the first week a rash appears—small, dull, crimson, irregular spots, chiefly on the back and arms; the teeth and lips become covered with a brown crust called "Sordes." This must be cleaned with a piece of lemon, or rag dipped in lime-juice, rubbed over them. The lips and tongue often become cracked and very painful, and bleed occasionally; when this is the case rub a little vaseline ointment

over them after cleaning off the sordes. *Bed sores* in all fevers must be carefully looked for, and the precautions I have already told you of, used.

The bed linen of fever patients should be changed very frequently; always provide the bed with a mackintosh and draw-sheet. If the head is not ordered to be shaved, always cut the hair quite close; it is best to do this, as the hair will come out afterwards. Frequent sponging of the body with tepid water and vinegar is very refreshing, taking care there is no exposure to cold. I have already stated how this may be done. On the careful nursing of fever patients, and extreme regularity in administering nourishment, depends in great measure the patient's life.

In the early stage of convalescence there is always a danger of the patient sinking from weakness and exhaustion; notice particularly any tendency to chill, and this specially in the early morning. Cover the patient with a well-warmed blanket, put a hot bottle in the bed, and give him a warm drink. When very weak the patient must be roused to take nourishment. If you neglect to do this, or think it a pity to disturb him, he may pass into a state of fatal collapse.

In typhus fever there is a peculiar odour from the patient's breath and skin, and it is by this that the contagion is conveyed; plenty of fresh air, strict regard to cleanliness, and sponging the patient all over frequently with warm water and carbolic lotion, or Condly's fluid. Attention to these points is the best safety against infection spreading. No one should ever go near a fever patient fasting.

About the fourteenth day the crisis may come very suddenly. Perhaps at night the patient may be very delirious and feverish; towards morning he may fall asleep, and wake quite conscious, less feverish, skin moist, and a healthy expression returning to his face. During the early stage of convalescence he sleeps a great deal. The same precautions with regard to disinfecting room, clothes, patient, etc., that I have already told you of in speaking of scarlet fever, applies to *all* infectious or "catching" diseases.

154

The first stage of the disease is always a change of the patient's condition from weakness and exhaustion; notice particularly any tendency to chill, and this especially in the early morning. Above the patient is a well-washed blanket, and the patient in the bed, and give him a warm drink. When very weak the patient must be helped to take nourishment. If you notice a chill, or think it a pity to disturb him, he may have a state of local collapse.

The second stage is a peculiar odor from the patient's breath and skin, and it is by this that the contagion is conveyed; it is of the nature of the odor of the urine, and especially the odor of the urine, which is very strong and cathartic in its nature. Attention to these points is the best safety against infection spreading. No one should ever go near a patient during this stage.

About the fourth day the crisis may come very suddenly; perhaps at night the patient may be very delirious and feverish; towards morning he may fall asleep, and wake quite conscious and cheerful, this point, and a healthy expression returning to the face; during the early stage of convalescence he sleeps a great deal. The same precautions with regard to disinfecting, and other patient care, that I have already told you of in the case of scarlet fever, applies to all infections or "catching" diseases.

14

523
21 J



