

bad as the first; then in thirty-six hours another rigor, twenty-four hours another, and so on, occurring at gradually decreasing intervals. The breath has a peculiar odour like new-mown hay. The face has a saffron hue, and an anxious, drawn expression.

The only way to save the patient, is to keep his strength up. If he can be kept alive, the disease will, in time, wear itself out.

Septicæmia is another serious form of fever. The blood is poisoned, and the patient's condition one of great danger, marked by high temperature, weak pulse, delirium, coma, and finally death. After nursing a case of septicæmia, or pyæmia, the Nurse must remember the necessity of disinfecting all that has been used for her patient—bed, bedding, hot bottles, and utensils of every kind. On no account should she herself take part in nursing other cases, until all fear of infection, from her person or clothes, is removed.

You will often, not only in Surgical, but in Medical Wards, have to do with *abscesses*. These may be *acute* or *chronic*. The former has been rapid in its formation and the suppuration active; while the latter has been slow, and mild in its symptoms. You must always remember that the signs of matter having formed anywhere, are swelling, throbbing pain, tenderness, *fluctuation*, and rigor. The safest thing a Nurse can do, in the case of an abscess, is, immediately after a rigor takes place, to apply a hot poultice, as the application of heat, relaxing the tissues and blood-vessels, lessens the tension and greatly allays the pain.

The great majority of abscesses are better opened, especially where the matter is deep-seated or under *fascia* (the tense and strong membrane over the muscles). If it is underneath, and the matter cannot get out, it is apt to burrow and go up the limb. Abscesses in the head, neck, or groin, are almost always in the *lymphatic glands*, of which you will learn when I try to explain to you the circulation of the blood. These are not often opened, but are generally treated by blistering. Sometimes, however, they are incised.

After abscesses have been opened, it is a difficult and important question, how long to continue poulticing and fomenting them. As a rule, it may be done till the discharge loses its creamy consistency, becomes thin, and bleeds a little; if the edges become inverted, and granulations or proud flesh have begun to form, you have gone on too long.

An abscess, if not opened, will burst by the action of the pus scaling off the cuticle. An abscess which has not been opened, but has been neglected, usually ends in *fistula* or *sinus*, and this occurs sometimes from too long poulticing.

WOUNDS.

We now come to the very important question of the manner in which wounds heal.

There are several ways in which wounds heal. The first of these is when they are said to do so by *absolute primary union*. This takes place when the edges of a cut are instantly drawn perfectly together; then every blood-vessel and lymphatic will heal in an hour. This is a *possible* case, but it happens very rarely.

Union by first intention, though the great aim of all Surgeons in Britain, is, in France and other countries, thought so rare as not to be worth aiming at; but it is what may be expected to happen, if the edges of a cut are brought carefully together, and kept in perfect rest. The following occurs, in the successful healing of a wound by first intention. After the edges have been brought close together, a thin serous oozing takes place, all along the track of the wound; this oozing is almost always stained with blood. In twenty-four hours, this effusion becomes glairy, like glue, and, if not interfered with, what is called *organisation* and *vascularisation* takes place—the vessels meet and prolongate into each other, passing from edge to edge and uniting. Contraction now takes place, and the wound becomes a thin line of fibrous tissue. This, however, is not true skin, and never will be, inasmuch as it contains neither sweat glands nor hair bulbs. It will be useful to you to know the mode of treatment likely to promote healing, by first intention. Absolute cleanliness of the wound, and of the edges, which are brought close together; at the same time a clean incised wound should be washed as little as possible. No blood clots or sawdust from the bone must be allowed to intervene, and separate the edges.

ONE'S age should be tranquil as one's childhood should be playful; hard work at either extremity of human existence seems out of place, the morning and the evening should be alike cool and peaceful; at mid-day the sun may burn, and men may labour under it.

A SUSPICIOUS DISPOSITION.—There are few things more productive of evil in society than a suspicious disposition. He who is always on the watch for wrong-doing actually fosters it. He may fancy that he is a foe to evil, but, in truth, by letting it dwell in his mind he becomes its promoter. The gross injustice he does to the innocent is but part of the injury. He stirs up resentful feelings, is the cause of quarrels, destroys friendship, embitters intercourse, sows seeds of distrust everywhere, poisons both his own happiness and that of many others.

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