

is, consequently, not the same continuous pressure on the more prominent parts of the body. They should be bags made of stout ticking, and filled by means of a slit, which should be left open, which will enable the Nurse, by putting in her hand, to reduce all lumps and unevennesses with very little disturbance to her patient. A bed of this kind has also the advantage, that the stuffing can be burned as soon as the patient is removed. I have seen the worst cases both of enteric and typhus fever recover on beds of this kind without there being even any redness of the skin. In all these cases whisky was diligently rubbed on to the back with the palm of the hand, and no unnecessary washing took place. I should tell you that pneumonia is a very common accompaniment to enteric fever, and that there is occasionally deafness.

*Typhus* fever is more sudden in its commencement than enteric fever. It generally sets in with a shivering fit, headache, sense of oppression, dulness, indisposition to move. It is mostly accompanied by constipation of the bowels; and the tongue, at the end of the first week, may be expected to be dry, rough, brown in the centre, and, in bad cases, it contracts into a ball, and is covered with dry, brown thick crust.

Some spots, more numerous than those in enteric fever, appear between the fifth and eighth days. These spots are in patches, irregular in shape, and of a dirty pink colour, not raised above the skin, or disappearing on pressure, except just at first. They do not come in successive crops like those in enteric fever, but last till the end of the fever, after the end of the third day no new spots appearing. When spots contain blood, they are called *petechiæ*. The skin during the first week is hot, dry, pungent, and has a most peculiar smell, which no one, who has once remarked it, can forget. The urine is scanty, high-coloured, and has a fetid odour. The temperature may be expected to rise suddenly to about one hundred and four degrees, and to ascend till the fourth day, when it may probably be one hundred and five degrees; and then a gradual decrease may be hoped for. The general character of the temperature is to rise, and then slowly descend.

In typhus fever the more serious symptoms abate and diminish almost suddenly. Sometimes a patient seems worse just before he begins to get better, and sometimes a violent sweating attends the critical period. When once convalescence has commenced, it goes on without the same fear of a relapse that accompanies enteric fever. The duration of typhus fever is about fourteen days—never exceeding twenty-one, and the second week has been usually observed to be most fatal. Delirium is nearly invariable, and the pupils of

the eyes may be observed to be contracted. Typhus fever is often complicated by bronchitis, and there is nearly always deafness.

Much the same nourishment is required in typhus as in enteric fever, but there is not the same extreme caution necessary as regards diet during the convalescent stages of typhus.

### OBSTETRIC NURSING.\*

*Training of Monthly Nurses—Desirability of general preceding special training—Aim of training not merely to gain a certificate—Antiseptic Midwifery: its object and methods—Prevention of blindness in the newly-born—Concluding remarks on the character and work of a Nurse.*

IN complying with the request of the Council of this Association to give a short address on Obstetric Nursing, I cannot, of course, hope to deal with more than one or two of the many topics which such a wide subject embraces. In making a selection, I have endeavoured to choose those points on which a few remarks seem likely to prove of most practical use.

In the first place, I should like to say a word or two as to the training of Obstetric Nurses. I believe it to be altogether a wrong system for women to be trained as Monthly Nurses, before they have undergone a training in general Nursing. It is reversing the natural order of things. Nature invariably proceeds from the simple to the complex—from the general to the special; and no education can be sound or successful that does not, in this respect, adopt Nature's methods. A Monthly Nurse, properly speaking, is a woman skilled in general Nursing, and something more—that is to say, besides having obtained the knowledge and skill that all Trained Nurses are supposed to possess, she has qualified herself, by special training and experience, for a distinct branch of Nursing. In the exercise of her special calling she will find herself continually called upon to perform the duties of an ordinary Nurse. She will have to wash and dress her patient, make her bed, administer food, medicine, and enemata, keep records of pulse and temperature, and so on. And besides all these, she will have duties to perform special to the lying-in chamber—duties for which it has been the object of her special training to qualify her.

In what I am now saying, I am not Quixotically tilting at a windmill. The system of entering for training as a Monthly Nurse—without any previous knowledge of skilled Nursing—is one

\*An address to the British Nurses' Association, delivered May 17, 1889, by Charles J. Cullingworth, M.D., F.R.C.P., Obstetric Physician to St. Thomas's Hospital.

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