

is just reaching the normal. It most frequently first attacks the hands, wrists, elbows, or feet, and the signs are, a rise of temperature, pain, and tenderness, with some swelling of the affected parts, the pain being worse at night.

The otitis, if present, will probably require the application of fomentations, and when the discharge appears, if not before, the more or less frequent syringing out with a warm solution, such, for instance, as a lotion containing boracic acid or Condy's fluid. To effect this, the top of the ear should be firmly, though gently, held up with the left hand in order to steady it, and to straighten the cartilaginous end of the canal whilst the nozzle of the syringe is introduced with the right hand for about half an inch, keeping it along the upper wall, and the fluid injected, not too forcibly, but just forcibly enough to clear out the offensive discharge. Afterwards, the canal should be carefully dried, and a loose plug of *absorbent* wool inserted; and it is a good plan to smear the inside of the ear, around the opening, with vaseline to protect it from the irritant effect of the discharge, which is so liable to set up a condition of eczema if this precaution be omitted. No plug of wool should be left in for more than four hours without being changed, and if the discharge is very profuse or offensive, it should be changed more often. Above all things, don't box up an offensive discharge, or serious mischief to the bone in which the ear is placed may ensue.

The joints affected with rheumatism should be swathed in cotton wool, surrounded with a few turns of bandage, until the doctor decides what further is to be done.

During the second and third weeks of scarlet fever, although there is still a liability to ear mischief and a sudden swelling of one or more of the glands of the neck, the most serious complication to be on the look-out for is an inflammation of the kidneys, or acute nephritis. The advent is either sudden or by the gradual development of a previous albuminuria. The earliest signs are usually vomiting, headache, and drowsiness, frequently with a rise of temperature which is often high and always irregular. The urine is scanty in amount and smoky, or even bright red in colour from the presence of blood, and on examination will be found to contain albumen in considerable quantity. There may be pain in the loins and often a frequent desire to pass water, which is more or less unsuccessful. Puffiness of the face, hands, and feet is sometimes the first sign noticed, but the dropsy, in cases which come early under treatment, is rarely excessive. If neglected, how-

ever, it may be very different. The treatment adopted will, of course, depend on the doctor's orders. If the suppression of urine be very marked, or the dropsy increase, some form of steam or hot air bath will probably be ordered. If the steam bath be used, never forget to most carefully cover up the patient all over with the blanket which is next the skin. If the patient be a young child, it is always wise to tuck up the end of the blanket under the feet like a mummy, or even secure it with a safety pin, as I have seen a child severely scalded by having kicked free of the blanket while under the cradle, an accident which resulted in its death.

The temperature in the steam bath will often reach over 180 degrees.

The object of the steam or hot air bath is to get the skin to act very freely, and so relieve the kidneys. If you have reason to suspect the onset of nephritis, get the bowels also to act freely as soon as possible by means of a purgative, and give the patient nothing but milk and water to drink until you are relieved of responsibility by the doctor's arrival. It should be mentioned that in exceptional cases the first suspicion of nephritis may be aroused by the appearance of a convulsion or the advent of rapid dropsy of the lungs, either of which may rapidly prove fatal. In private Nursing where a doctor is not in attendance every day, it is desirable that the Nurse should make a daily examination of the scarlatinal urine for albumen, the presence of which she should at once report.

The nursing of a case of measles does not call for much special remark. In view of the fact that there is always more or less bronchitis present, it is well to maintain the temperature of the room as high as 60°, and to carefully protect the patient from draught. If there be much intolerance of light, owing to the presence of catarrhal conjunctivitis, the room should be kept somewhat dark, or the light so arranged that it does not fall directly upon the patient's face. The eyes should be carefully watched for opacities on the corneal surface, and it is well that they should be frequently bathed with a little pledget of absorbent wool, well soaked in boracic lotion, which should then be at once burnt. Any discharge from the nose or ears should be removed on pieces of rag, and likewise immediately destroyed. It should be remembered that laryngitis with croupy symptoms, or an extension of the bronchitis, is very liable to occur, which will demand the use of a steam tent, and, most probably, jacket poultices to the chest will also be ordered. Diarrhœa is a common appearance in severe attacks of measles, and may be very troublesome to check.

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