

slipping up, by tapes across the chest, and in which the fomentation can not only be kept at the required part, but also in which its heat can be maintained more easily and efficiently. Finally, it is essential to remember that if *hot* applications are to be made either to, or over, an inflamed surface, it is essential to their usefulness that they should be hot—not cold, nor even tepid. An application which is placed on while hot, and is then allowed to become cold, before being removed, as a rule does a great deal more harm than good.

A comparatively new treatment, introduced and used by Dr. S. Fenwick, at the London Hospital, for the high fever which occasionally occurs in Pneumonia, and which is then especially dangerous, is the following:—An ordinary wire cradle is placed over the patient, the bed-clothes over which are allowed to hang loosely over the sides of the bed. It is usually necessary to place a hot water bottle to his feet. Small pails, filled with ice, and covered with flannel, so as to prevent "sweating" from their outward surface, are hung on to the upper bars of the cradle. By this means, you will understand, the patient is practically placed, without the slightest exertion on his part, in an ice-box, the coldness of which rapidly reduces the temperature of his body; and the measure is, as a rule, most successful in reducing the temperature, however high it may be. The chief point to be remembered, and the great difficulty, consists of preventing the patient's clothes from becoming saturated with moisture from the ice-pails. When the temperature has fallen, the cradle can be removed, and as soon as the fever shows any signs of rising again, it can be replaced. This treatment has superseded, amongst all who have employed it, the use of the cold pack or of the still more old-fashioned remedy, the cold bath, and many lives have undoubtedly been saved by its use.

Then comes the often all-important question of stimulants. When ordinary Pneumonia attacks very young, or very old, people, its effects are much more serious than when it occurs in healthy adults. The consolidation of part of the lung preventing the flow of blood from the heart through that part of its circulation, throws, of course, a considerable strain backwards upon the heart, so that if this be enfeebled either by previous disease or by the natural weakness of first or second childhood, it is little able to withstand such an unusual tax on its powers. Consequently, in order to maintain the heart's action in such cases—that is to say, to maintain life—stimulants are the most important medicines, and they have therefore to be given, on the one hand, with the greatest discretion by the doctor, and, on the other, with the

greatest carefulness by the Nurse. The quantity is, as a rule, most strictly prescribed by the former, and in deciding whether to increase or to diminish the amount, he is usually guided by its apparent effects on the heart's action and on the patient's general condition. It is, therefore, of the utmost consequence that the Nurse should enter in writing, on her notes of the case, the times at which stimulants, and the quantities which, are administered, so that the doctor may be provided with the necessary facts upon which he can base a decision which is often most important for the patient. It is a striking fact, how much brandy or other stimulant a child or an old person can take without showing the slightest inebriating effects in consequence, whilst they are suffering from an exhausting illness.

It is also necessary to remember another practical fact. Patients who are seriously ill with Pneumonia are subject, in an unusual degree, to the formation of bed-sores, in consequence not only of their extreme helplessness, but because of the weakness of their hearts, from which they get congestion of the veins of the back. Consequently, special care has to be taken in the Nursing of these cases to prevent the formation of bed-sores.

It will not be out of place, therefore, to say a few words here as to the care of the back in bed-ridden patients, and it should be remembered that not only the promontories of the sacrum and the buttocks, but also the back of the elbows, of the shoulders, and of the heels, are equally subject to become sore from long-continued pressure in bed. A bed-sore, in short, is the result of the death of a part of the skin, in any part of the body, which has been subjected to too long-continued pressure. The consequence of such pressure is the prevention of the proper circulation of the blood through the part, and then this, not being properly supplied with blood, dies, and becomes what is termed a "slough" or "foreign body," which, being thrown off by the healthy tissues around it, leaves the surface underneath exposed and raw. The first sign of a bed-sore, then, is a faint blush, such, for example, as one sees upon the back of one's hand after it has rested for a short time on a table or other hard object. If the pressure be continued, the redness becomes in a few hours of a darker hue, and, in time, even purple, in colour, and then black. Such a patch will, in a day or two, show around its edge a faint red line, which will mark the margin between the dead and the living skin. Then this red line will seem to sink below the surface, and as it sinks the raw flesh underneath will become apparent, while the black slough contracts and slowly loosens itself from the healthy tissues underneath it.

(To be continued.)

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