

**Notes on Practical Nursing.****BEDS, BEDDING, AND BEDMAKING.***(Continued from page 148.)*

BEFORE we can make a bed, in ordinary civilised life, we must have a bedstead, and the comfort of the bed, and the ease with which it can be made, depend in no small degree upon the details of its construction. In choosing a bedstead for sick folk several points have to be taken into consideration—points which are, perhaps, self-evident to many, but which still require to be enumerated—for it is curious how this or that little matter is apt to be overlooked.

Firstly, the bedstead should certainly be made of metal of some description—iron or brass—because it is far easier to clean than wood, and does not harbour germs and bugs, as wooden bedsteads are liable to do. For ordinary Hospital use, iron bedsteads painted some dark colour are more serviceable, as well as less expensive than brass—which requires a great deal of time (a valuable commodity in a Hospital ward) to be expended upon it, if it is to look well. But iron can be carbolized and cleansed readily, and does not spoil. The height, length, and breadth are the next points in your bedstead to be considered. You do not want your bedstead to rival those grand old fourposters that you mount into up steps or off a chair—and in which your patient is unreachable, unless you scramble on to the top of the bed after her—nor do you want one of those low bedsteads in which bedstead manufacturers, by way of swinging back the pendulum far enough, delight nowadays to indulge us, bedsteads that break your back if you bend over them for long to wash a patient, and which make the doctor think in language unsainted when he has to stoop to examine a chest carefully. No, a Hospital bed should be higher than the ordinary guinea bedstead of commerce. If from the ground it is a clear two feet high, the mattress will raise it to a height at which no ordinary sized Nurse need grumble. The width and length of a bedstead are also important factors, a too wide bedstead renders the Nursing of a patient very awkward—besides taking up more room than can be conveniently spared in most wards—whilst a very narrow bedstead, that hardly allows of the patient's turning, is uncomfortable for him. A three foot bedstead for Hospital wards—it might be rather wider in a private home—and six foot six in length outside measurement, in a male ward—and six foot three in a female—are good sizes.

Next, the bedstead should, undoubtedly, be fitted with a wire mattress. I am personally

more in favour of the regular wire wove mattresses, *when good and strong*, than the so-called Lawson Tait mattresses, which are formed of a series of linked lengths of strong wire. It is claimed for them, I believe, that they are firmer, more easily repaired and cleaned than the wire wove—but I think the wire wove are quite as easily cleaned, if properly brushed with hard brushes, whilst they are extremely springy and comfortable. The box spring mattresses are very unsuitable, either for private or Hospital work, as they harbour dust and dirt. Whether the Lawson Tait or the ordinary wire wove mattress is used it should be good of its kind, and strong and durable; the cheap wire mattress is very unsatisfactory, as it soon sags, whereas a good treble woven kind will last a long time without giving. Of course it is the Nurses' business to see that the wire mattress is kept at a proper tension.

Next, it is important to see that the bars of which the head of the bedstead is formed run perpendicularly and not horizontally—otherwise the pillows are liable to slip between them. The foot is wanting in most bedsteads intended for Hospital use, as it is supposed to interfere, in surgical wards, with extensions, splints, &c.—as well as with the proper set of the quilts—but as a matter of fact, a bar low enough to be below the top of the mattress, which it keeps steadily in its place and prevents from slipping, is a great convenience, whilst it is not in the way either of extensions, &c., or of the neatness of the quilts. This foot piece can be hinged, so as to add an addition of six inches to the bedstead if required for a very tall patient.

Now we come to the question of fracture boards, which are used so largely in surgical work. Fracture boards should be made of well seasoned wood of about  $\frac{3}{4}$ -inch in thickness, and eight or nine inches wide, their length of course depending on the width of the bedstead; two or three holes about an inch wide should be drilled in the centre of each. They are used whenever it is desired to give the patient a perfectly even, steady surface to lie upon, and are placed beneath a mattress, resting on either side of the bedstead. Of course a wire mattress is then superseded, but where they are supplied to a ward it is necessary to devise some means by which the fracture boards can be used without displacing the mattress—for fracture boards resting directly on a wire mattress are apt to be unsteady and slip—besides spoiling the mattress. In this Infirmary we use a very simple arrangement to overcome the difficulty, by which any wire wove mattress bedstead can at once be fitted with fracture boards. A narrow thick plank of wood, the length of the bedstead, is clamped on either side to the iron frame—it reaches just

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