

common in tropical climates than in this country, but is seen with some frequency amongst those invalided home from India especially. In true Dysentery, the ulceration is probably caused, as in the case of typhoid fever, by distinct poisonous germs, usually conveyed into the body by the medium of milk or water. There is a spurious form of Dysentery which is set up by inflammation of the mucous membrane of the bowels, going on to the formation of ulcers. The chief symptom of the disease is diarrhoea of a watery character, with a greater or less amount of blood, mucus and pus. At the same time, there are severe gripping pains in the abdomen, and more or less violent straining with the diarrhoea. Sometimes the patient dies in the early stages of the disease from collapse, or from perforation of the ulcer through the bowel walls; more commonly, the affection becomes more or less chronic, and the patient either sinks from exhaustion, or slowly recovers. In the latter case, it is always possible that some accidental chill or bowel irritation may cause a relapse. It is important to remember the distinction between the true and the false form of Dysentery, because in the former there is a specific poison at work, and it is, therefore, essential that the excretions of the patient should be carefully disinfected. The treatment is based on the principles of that employed in Typhoid Fever; that is to say, it is of the first importance to keep the surface of the ulcers in the colon as clean, and as free from irritation, as possible. Therefore, the diet is generally restricted to milk for the reasons which were explained when discussing the advantages of this diet in the treatment of Typhoid Fever; and in foreign climates, considering the frequency with which the disease is conveyed by the medium of milk, the precaution of boiling this fluid, which has been already mentioned, becomes still more obvious and necessary.

Cases of TUBERCULAR Ulceration of the bowel come with considerably frequency under the care of Nurses. The patient almost always belongs to a consumptive family, and perhaps has even some lung disease himself, or tubercular disease of some other organ. This not only renders the case in some ways more difficult to nurse, but, of course, makes its result more hopeless.

*(To be continued.)*

### Our Hospitals.

At the Royal Ophthalmic Hospital we recently saw a bedstead, the special details of which were devised, we believe, by Mr. McHardy, and seemed to us admirable. We must preface our description of it by saying that in this Hospital there is no operation table; there is a small operation room on each floor, and the patients are wheeled into it on their beds. The bedsteads have, accordingly, india-rubber wheels, and further than this, the whole of the head of the bedstead lifts out, and the two sockets, into which it ordinarily fits, accommodate two little round tables on which are placed the trays of instruments to be used at the operation. This arrangement is designed primarily for ophthalmic cases, but it seems to us that such a bedstead would be admirable for the surgical wards of an ordinary Hospital where, when operations are performed in the wards and an anæsthetic given, the head of the bedstead is invariably in the way.

We have also lately visited the Evelina Hospital, where there was much that interested us. We saw there a locker made of enamel ware, with a drawer with a glass top, and below a cupboard, with a glass top also. Woe betide untidy Nurses at the Evelina! We were told that this locker is much cheaper than the ordinary wooden one, and of course it is much easier to keep clean. We hope that one will be on view at the coming Exhibition of Nursing Appliances.

### Queen Victoria's Jubilee Institute. Welsh Branch.

THE Sixth Annual Meeting of the Welsh branch of Queen Victoria's Jubilee Institute for Nurses was held recently at the Town Hall, Cardiff. Lord Windsor, who took the chair, said the amount of work in Cardiff could be seen by comparing the number of cases and visits paid during the past three years. There was one point that they should be very gratified about, and that was, although the Institute had not been in existence for a very great number of years, it had most undoubtedly supplied a most urgent and great want, and this was amply proved by the amount of work done immediately after it started. A vote of thanks was passed to Miss Yate, Lady Superintendent. Lady Victoria Lambton read a paper on "Rural District Nursing, and the advantages of affiliating to a centre."

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