

Professional Review.

PRACTICAL NOTES ON FEVER NURSING.*

WE have received from the author a copy of some excellent "Practical Notes on Fever Nursing," written from practical experience for the Nurses of the Leigh Joint Hospital by the Matron, Miss A. Taylor, formerly Matron of the Infectious Hospitals for the Corporations of Colchester and Cambridge. We are always glad when members of the nursing profession who have had special facilities for observing the nursing care of any special class of diseases record their experience, as it is of much value to their colleagues. The pamphlet under discussion is divided into short chapters, dealing with the nursing of Scarlet fever, Enteric Fever, Typhus Fever, Diphtheria, Measles, Chicken-pox, Small-pox, Vaccination, and lastly Disinfecting. In each case the characteristic signs of the disease are given and then the salient points to which the attention of nurses should be directed. For instance—in scarlet fever notice is drawn to the popular but erroneous belief that upon the nature and amount of the rash depends the amount of desquamation, the fact being that a patient may desquamate freely after a slight rash, and scantily after a copious one. The practical point to remember is that when the skin is shed very freely the patient is more susceptible to chill, and therefore such cases are kept in bed longer than when the desquamation is slight. This is a point which is specially incumbent upon nurses to remember.

Especial attention is directed to the necessity for carrying out minutely and exactly the directions with regard to swabbing or brushing ulcerated throats in this disease. If the discharge is allowed to accumulate, the poison it contains is readily absorbed and suppuration of the cervical glands is almost sure to occur. In the nursing of enteric fever, great stress is laid upon the necessity for absolute rest. The patient should not be allowed to take up his feeder or even to wipe his own lips. A nurse should always report to the medical attendant if an enteric patient lies with his knees drawn up, as, if this is done continuously, it is almost a sure sign that some abdominal complication, peritonitis, perforation, or hæmorrhage is at hand. In the case of typhus fever, which nurses in these days very seldom see, every effort must be made to overcome the patient's disinclination to food, as it is essential that his system should be well supported. During the second week the action of the heart is often enfeebled, while active delirium may be present, so care must be used in the amount of restraint exercised. The characteristic odour of typhus—and all zymotic diseases have a typical odour—is stated to resemble the smell of mice.

The rash of smallpox is described as consisting at first of small red spots which feel like hard shot under the skin. This passes through three stages, papular, vesicular, and pustular. A fatal form of the disease is where the vesicles remain flat and depressed in the centre instead of swelling and becoming pustular. The patient becomes greatly exhausted, and dies about the ninth day.

Many valuable practical hints are given throughout the pamphlet, which we should advise nurses to procure.

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Our Foreign Letter.

NURSING AT TORONTO.



THE occasion of the annual graduating exercises of the Nurses' Training School at the General Hospital, Toronto, was this year a red letter day as

it marked the inauguration of the new Nurses' Home. For years the nurses have been living in quarters too small to properly accommodate the number in attendance at the school.

A year ago work was begun on the Nurses' Home at the extreme west end of the main building. To-day the home is furnished, equipped and occupied by the grateful nurses in training, who appreciate thoroughly the splendid new quarters it is now their privilege to occupy.

Miss Snively, the Lady Superintendent of the hospital, takes a keen delight in showing visitors through the Home. For nearly sixteen years Miss Snively occupied a small suite of rooms in the centre of the main building. Now she has a splendid suite of rooms, well lighted and exquisitely furnished, at the eastern end of the Home.

ARTISTIC IDEAS.

The drawing-room occupies the centre of the suite. It is finished in a restful shade of green, and has a pretty recess for a writing-desk, over which hangs a red lamp in a Venetian iron frame. A tall screen at the back of a couch near the fireplace shuts in a cosy corner, while another pretty corner contains the five o'clock tea-table with dainty doileys and exquisite china. The walls are arranged each to carry out some artistic idea, for Miss Snively has some choice gems in pictures and bas-relief.

The dining-room is a very picture of a room. Small leaded windows in lozenge patterns are let into the wall near the ceiling on the south side, and at either end of this wall French windows open on a balcony. Below the leaded windows stands a sideboard in antique style. A wall cupboard in similar style is built into the west wall. The two doors have heavy old-fashioned jambs, and overhanging shelves upon which are placed some fine pieces of pottery. A bedroom, butler's pantry and bathroom complete the suite.

A GENEROUS ACT.

To the west of Miss Snively's apartments are the library and entrance hall of the Home. These two rooms are furnished in antique Flemish oak and are most artistic. Three years ago Mrs. Francis French, of Davenport, Iowa, placed in Miss Snively's hands the sum of five hundred dollars. This sum was to be expended in furnishings for a new Home whenever the new Home should be realized. It has been utilized in beautifying the entrance hall, and what is highly appreciated, the library.

The entrance has four panels of beaded glass, two of which form the doors, the panels being shaped in imitation of cathedral windows. Facing the door is a huge settle of black Flemish oak, with two intaglio carvings representative of home life among the Belgians. Two

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