

hear dreadful tales, generally from relatives of patients, of poor wretches suffering from almost absolute anorexia compelled to eat enormous quantities of food; of no notice being taken of continued vomiting; on the contrary, according to reports, emesis is usually the signal for another plateful. This is all very well in theory, but in practice it has been discovered long ago, that although you may take a horse to the water it does not follow that you can compel him to drink. Still, there is no doubt that moral persuasion can effect a great deal, and here the nurse's personality has much to do with the patient's chance of recovery. One finds a great difference in the power of persuasion possessed by different individuals. The patient must be made to understand the importance of taking more food than he is naturally inclined to consume, and the nurse must be quick to mark and report any falling off in his power to do so. It is not customary to weigh food before serving, no matter how expeditiously this be done hot food must cool during the process and the meat be, in consequence, less appetising. Until Professor Koch's views on the differentiation of bovine and human tuberculosis are proved correct, it is a wise precaution to thoroughly cook all meat and to sterilise all milk. The latter is done by raising the temperature of the milk to 190 deg. Fahr. and then cooling it quickly to the temperature of the external air. If it be allowed to cool slowly it becomes very unpalatable, as the cream separates from the milk, and rising floats in an oily condition on the surface.

The weekly weighing of the patient is often a great help towards urging on a flagging appetite. It serves to point many a moral. The only method of obtaining a reliable and accurate weight is to weigh the patient in nightgown or pyjamas, the weight of which has been previously ascertained, in order that it may be deducted from the sum total, and the actual body weight only of the patient recorded. It is also important to always weigh the patient at the same hour of the day in each week, many persons' weight varies in an astonishing manner at different hours of the same day.

The amount of rest and exercise to be undertaken by the patient will be ordered by the physician daily; as routine treatment an hour's rest in a recumbent position before meals is generally prescribed, some physicians order the same rest after meals. The rest must be absolute, no card games or chess allowed during the time set apart for it. Unless the patient runs a high temperature he is allowed to spend the greater part of the day in walking, playing croquet, etc. In German sanatoria, and in those English ones which carry out closely the German

methods of treatment, walking is a great feature, some patients going eighteen to twenty miles a day. These walks are taken in a leisurely manner, in damp weather the patients often carry small squares of mackintosh on which to rest by the road side on the grass.

The patient's temperature is always taken on return from the walk, with a view to ascertaining what influence, if any, exercise has upon it.

In addition temperatures are taken morning and night, (the old text-books lay down a rule that a phthisical person has a higher temperature in the morning than at night, whether this really ever was so I cannot tell, but it is certainly not the case under open air treatment).

In English private sanatoria, and abroad, it is customary to take temperatures per rectum, but I do not find this the case in our charitable institutions. Rectal temperatures are said to be much more accurate than those taken in the mouth, but there are practical difficulties in the way when patients are not confined to bed, and when they have not separate bedrooms to which they can retire.

Temperatures taken in the axilla are not worth recording.

Any person who has carefully watched the present campaign against consumption, can scarcely have failed to notice that the ultimate stamping out of the disease is believed to depend more upon prophylactic than curative measures.

The nurse's share in this work is a very large one. The physician gives his orders as to the disposal of sputa, etc., but it falls to the nurse's lot to see the directions faithfully carried out. She is with the patient constantly, while the medical man's visits are only paid at intervals.

It has been repeatedly demonstrated that the tubercle bacillus is the sole cause of tuberculosis, and that the chief vehicle for its dissemination is the dust of pulverised sputa. It is the nurse's duty to make her patient thoroughly understand this, in order that he may take necessary precautions to prevent himself from becoming a source of danger to all around him.

Any one who has worked much amongst the poor will appreciate the difficulty of preventing a man of the labouring classes from spitting about promiscuously, even when in health, how much more when suffering from such a disease as phthisis. A pocket spittoon of some sort must be provided, and the patient persuaded to use it, no easy matter, especially if he be a smoker and habitual spitter. There are many different flasks patented, and I have brought two with me; the one, a Dellwuter, is of practical utility, the other an example of what invention run riot may produce.

Dellwuter's flask is the only one obtainable in

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