

fish, and so on, during the acute stage, but those whom we can thus treat undoubtedly do better than those whom we cannot.

Another factor that determines whether a patient can digest his food or not is the state of the mouth. The dirty and dry tongue so often seen in this disease is very frequently due, not simply to prostration, but to the presence of carious teeth, and when these are removed, the mouth usually becomes moist and clean again. The care of the mouth is a most important part of the nursing; usually the fault is that sufficient force is not used. Merely wiping the gums will not do; every part inside the mouth must be cleaned, until all the mucus and *débris* has been removed, and then dried, before whatever application that may have been ordered is applied. The name of the antiseptics that can be used with advantage here is legion, but success lies, not so much in the powers of the antiseptic, as in the way in which it is applied—thoroughly and firmly.

The husbanding of the patient's strength, too, is almost entirely a matter of nursing. The main point is to remove not only anything which makes the patient's body uncomfortable, and which will cause him to twist and turn about, but it is as well also not to neglect to ease his mind if he gives you the chance. It often happens that your patient will want to see some friend or other, and will be too shy to ask you to send for him. I need hardly here say that in enteric fever the patient should have everything done for him, and should not, if you can help it, be allowed to move himself at all without assistance. This is especially important if he is being treated by cold baths, or even by sponging. The former in particular are a most valuable remedy, but the way to give them must be learnt by practice; it cannot be described. It is as well to mention, however, that the nurse must keep a constant watch on the colour of the patient's face or lips, and at the slightest sign of pallor or blueness the physician should be summoned, and the patient meantime removed from the bath and wrapped in hot blankets, &c.

About the treatment of hæmorrhage from the bowel I have not much to say, except to caution the nurse never to give stimulants to remedy the faintness that arises when hæmorrhage has occurred; as a matter of fact, this is Nature's way of stopping the bleeding. The treatment of this condition lies in the giving of large doses of opium or morphia, and the withholding of all food. Nothing should be given by mouth but a little cold (not iced) water.

For perforation of the intestine, there is only one remedy—namely, immediate laparotomy, and sewing up of the perforated ulcer, and the success of this procedure depends not so much on the methods of the operator as on the promptitude with which the nurse, by sending for the surgeon, enables an early diagnosis to be made.

One word in conclusion. Remember that enteric fever is not only a contagious but an infectious disease, and take every possible precaution to avoid catching it yourself. It is a disease from which nurses have not only suffered, but have died. Do not, therefore, let familiarity with the disease breed a contempt for it. At Monsall the nurses in the enteric wards wear rubber gloves when touching a patient or his linen or utensils, and I would that the practice were more common. When you are nursing a case of enteric fever, you should not only never partake of food anywhere near the patient or in his sick room, but, as long as you are engaged in the work, it is best never to touch any food with your hands. Absurd as it may appear, it is better to look ridiculous in the eyes of those who do not know, by eating bread and butter with a knife and fork for instance, than to contract enteric fever yourself. To treat a disease lightly is not only to be ignorant, but to show your ignorance, and this is always inadvisable, when it can serve no good purpose.

### Recognition of Good Service.

Miss E. Davies, who has so long been associated with the Essex and Colchester Hospital as Matron, has on the eve of her departure for Ventnor as Lady Superintendent of the Royal National Hospital for Consumption, been presented with a purse of thirty-four sovereigns in recognition of the record of good service she leaves behind her at Colchester. The following illuminated address containing the names of the subscribers accompanied the gift:—

“Presented with a purse of sovereigns to Miss E. Davies, Matron of the Essex and Colchester Hospital, on her leaving the Institution, October, 1905, as a token of esteem and regard, and as some small mark of appreciation of her invaluable services, of her indefatigable zeal, of her tact and courtesy, of her invariable kindness to the patients, of her ability in the operating theatre, and of her assistance to the Committee and the staff on all occasions. Subjoined is a list of subscribers to this testimonial, who unite in wishing Miss Davies many years of health and happiness at Ventnor, and in hoping that her success there may be as great as it has been at Colchester.”

### Irish Nurses' Association.

On Tuesday evening, October 24th, Dr. Jellett, Gynæcologist and Obstetrician to Dr. Steevens' Hospital, gave a most interesting address on “Emergencies” to the members of the Irish Nurses' Association at the Association rooms, 86, Lower Leeson Street, Dublin. There was a large attendance of the members, who thoroughly appreciated the many practical hints which he gave.

At the close of the lecture a hearty vote of thanks was proposed by Mrs. Manning, seconded by Miss Joy, and conveyed to Dr. Jellett by Miss Kelly, of Steevens' Hospital, who presided.

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