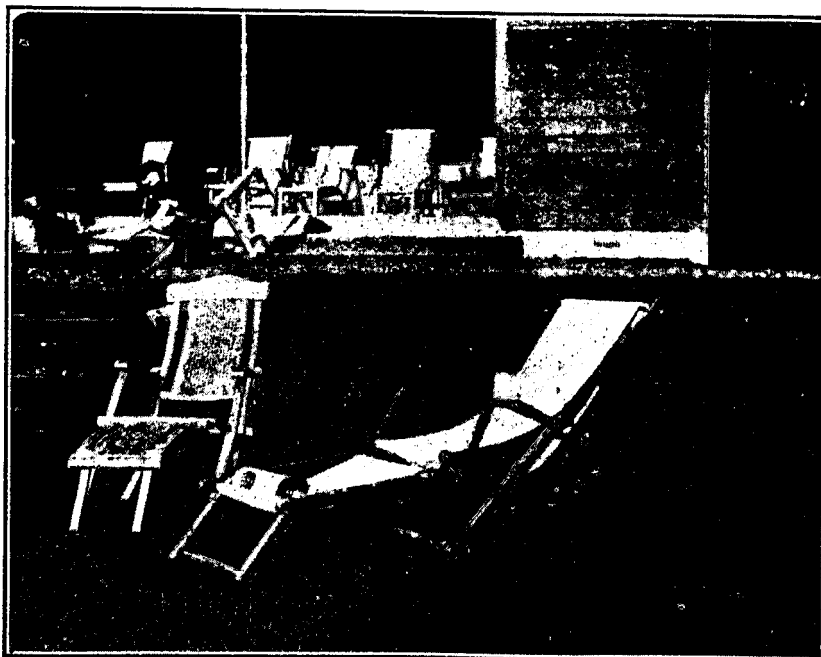


a cane seat and back, it was also made to our design; it is so constructed that it is all easily scrubbed, and women patients always appreciate the shape. The fairly upright back makes it convenient and comfortable for them when sewing; the footpiece, however, has the disadvantage of not providing a resting place for a hot water bottle. The cane, too, is not nearly so durable as the sailcloth, frequent scrubbing will soon rot and destroy it. We have also writing boards specially made so that they fit on to the arms of the chairs and do not slip about when in use.

There are just a few words of advice which I should like to give the inexperienced nurse on the subject of weighing her patient.

1. Be careful to do this at the *same hour* of



SAILCLOTH LOUNGE CHAIR AND CANE-SEATED CHAIR.

the same day in each week. You will be astonished to see how much a person's weight varies in the morning and evening of the same day. I have known there to be a difference of 2 lbs. to 3 lbs.

2. First weigh the patient's night garments and then the patient clad in them, deduct the first result, and enter on your chart the actual body weight only of your charge.

Unless these two simple regulations are observed your returns cannot be either reliable or accurate.

Just one last word as to the temperature of the patient's bedroom. I see your correspondent

suggests 60 to 65 deg. Fahr. I have seen almost every public sanatorium in this country, and many private ones, but never have I heard such a high temperature advocated. Rufenach Walters writes, "Over-heated rooms, or indeed rooms much raised above the outside temperature are bad for our patients. The idea that the discomfort of open air treatment in winter can be safely mitigated by warming the incoming air is entirely mistaken. At most a hot bottle may be required. By warming the incoming air you destroy some of its ozone, as is well known. To warm the patient, or the room itself in moderation, is permissible, but the *air cannot be too cold in this country for the good of the patient*. Probably the only exceptions to this rule are some patients with

bronchitic or cardiac complications, who would do better in a warm dry climate."

The physicians here have come to the conclusion that it is a mistake to heat a sleeping ward unless the patient is suffering from some complication which requires warmth.

It is far better to see that the sick person is well supplied with hot water bottles and good blankets than to heat the air he breathes; if he is suitably clothed, gets into a warm bed (be very particular about this latter point), and then has a glass of hot milk, he will very rarely complain of cold even if the thermometer be showing a room temperature of 30 to 40 deg. Fahr.

In a paper read at a meeting of the Colorado Trained Nurses' Association, Miss Edith P. Jones said:—The part that the trained nurse can play in the great crusade against tuberculosis is exceedingly important. She is a woman who bears a responsible position in her community by reason of her experience and education. Her word and advice are regarded with respect. My desire is to sound an appeal to the great army of nurses on private duty, amidst all classes of society, urging upon them the necessity of making a firm and constant effort towards the eradication of tuberculosis.

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