

part of the fourth day to 101.5 deg. and continuing to rise during the night. He became very restless and complained of intense pain in the back of the neck and head, sleeping but little.

"Early in the morning, by order of the physician, I gave a hot mustard foot-bath, and hot orange-leaf tea frequently, the skin responding most satisfactorily. As the physician thought there were malarial symptoms a hypodermic injection of quinine was given, and for twenty-four hours five grains of quinine were given at intervals of four hours, without, however, producing any effect. The patient's temperature was now 103.5 deg. The bowels were then thoroughly flushed with a normal saline solution, the fluid returned being highly coloured, almost black. The flushing was continued until the fluid was returned clear. The temperature and pulse responded at once and the former fell gradually through the night. The patient slept well.

"The intestinal flushing was repeated daily in the same manner, the returned fluid becoming clearer each day. On the fifth the bowels were normal.

"The nourishment given consisted of liquid peptoids, champagne, egg-nog, and grape juice, alternating, every two or three hours, with plenty of water. This was the diet for six days.

"The people in the little town thought that I endangered the patient's life by giving him a daily sponge bath followed by an alcohol rub. When the temperature rose to 103.5 deg., due to the absorption of the toxin, the general opinion was that he was being 'washed to death.'

"In a previous yellow fever epidemic in this little town, it had been thought imprudent to either bathe or change the patient's clothing or bedding from the beginning of the attack of fever until the end, and this belief still remained with the people. Nevertheless, a few of the patients who had undergone this treatment of the dark ages recovered. One of these told me how offensive his own clothing was to himself and how on getting up he had immediately taken off his long-worn apparel, put it into the fireplace and burnt it. When he visited my patient and saw the cleanliness of the yellow fever patient of to-day, a smile shone on his countenance, as if agreeably surprised and pleased with the modern treatment."

Before applying a blister the part should be first washed with soap and water, then dried and washed with ether and rubbed

How to Apply a Blister.

quickly for a few minutes. Absorption then takes place more quickly. It is important to remember that a blister should not be applied over a bony prominence, the reason being that the circulation over such protuberances is sluggish, and sloughing may follow. The time in which vesication takes place varies. On tender skins it is soon produced, on coarse skins more time is necessary. The blister, therefore, should be carefully watched after it has been applied. In children when the skin is reddened a blister should be removed and the process completed by the application of a poultice.

Appointments.

MATRON.

Western Infirmary, Glasgow.—Miss Helen Gregory Smith has been appointed Lady Superintendent of the Western Infirmary, Glasgow. She was trained at that institution, entering the school in 1896. In 1900 Miss Smith was appointed Home Sister and Assistant Matron, a position which she held for nearly four years until elected Matron of the Dumfries Royal Infirmary. Miss Smith has been at Dumfries for a year and a half, and will find herself quite at home upon her return to the "Western."

ASSISTANT MATRON.

General Hospital, Northampton.—Miss K. Hebdon has been appointed Assistant Matron and Housekeeper at the General Hospital, Northampton, in which institution she received her training, and where she has held the positions of Sister and of Night Superintendent.

SISTERS.

Bridgwater Hospital.—Miss Edith Murphy has been appointed Sister at the Bridgwater Hospital. She was trained at the Cardiff Infirmary, and after working there as a Staff Nurse for a short time had a year's experience of private nursing in connection with the Bristol Nursing Institute, after which she returned to her training school for holiday duty.

General Hospital, Northampton.—Miss F. M. Borton has been appointed Sister at the General Hospital, Northampton. She was trained at the Westminster Hospital, London, and has had experience of private nursing in connection with that institution.

Southern Hospital, Manchester.—Miss Kate Taylor has been appointed Sister at the Southern Hospital, Manchester. She received her training at the Queen's Hospital, Birmingham. She has held the position of Sister at the Tendray Hospital, Barnsley, and has had experience of private nursing in Leeds and Liverpool.

Union Infirmary, Sheffield.—Miss Annie Henry has been appointed Home Sister at the Union Infirmary, Sheffield. She was trained at the Infirmary, Belfast, where she was afterwards appointed Charge Nurse. She has held the appointment of Night Superintendent at the Mater Infirmorum Hospital, Belfast, of Superintendent Nurse at the Bailieborough Infirmary, and of Sister at the Union Infirmary, Sheffield.

Miss Emma Grace Brook has been appointed Sister at the Union Infirmary, Sheffield, in which institution she received her training.

Miss Hannah Mary Carling has been appointed Sister at the Union Infirmary, Sheffield. She was trained at the Middlesbrough Union Infirmary, in which institution she afterwards held the position of Charge Nurse.

NIGHT SUPERINTENDENT.

City Hospital, Liverpool.—Miss Edith Cutter has been appointed Night Superintendent at the City Hospital, Fazakerly, Liverpool. She received her training at the Bethnal Green Infirmary and at the Sanatorium, Huddersfield. She has held the position of Sister in the Isolation Hospital, Sheffield, at the Huddersfield Sanatorium, and the City Hospital, East Liverpool.

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