

on the cord, give rise to orchitis, but experience does not prove this. The wearing of a truss has no ill effect on the testis, even when the hernia is associated with a partial descent of that organ. An imperfectly descended testis is no bar to the wearing of a truss, and a good rule in such a case is to leave the testis to look after itself, to leave it to slip back into the abdomen or out under the pad as it will; in practice it comes to no harm, and often in the course of years it will gradually descend until it may even reach the bottom of the scrotum.

The surgeon will inevitably be asked when it will be safe to leave the truss off, and this is a difficult question to answer. One broad general rule is of use, namely, the older the patient is before the truss is applied, the longer the number of years the patient must wear it, and, in any case, the truss must be worn for a least two years after the last appearance of the hernia.

As to any disability on the part of a child wearing a truss from participating in any games as other children, the answer is emphatically that, with a properly fitting and adjusted truss, there is no reason to prevent the child enjoying any form of exercise.

### The Intelligent Observation of Temperatures.

The correct taking and recording of the temperature, pulse, and respiration is a most important part of a nurse's duty, as the doctor depends so much upon this record for the line of treatment he will pursue. The normal temperature of a healthy person is about 98.4°. In disease the temperature varies a great deal, and in some diseases it varies very rapidly. The temperature may be taken either in the mouth, the bulb placed under the tongue, and the patient instructed to keep his mouth closed; in the axilla, the bulb placed close against the skin, and the arm folded across the chest to keep it in position; in the groin, the leg crossed to keep it in position; or in the rectum, in which case the bulb must be lubricated before it is introduced. In hospitals it is the custom to take the temperature either in the mouth or in the axilla, and, in little babies, in the rectum; if this latter mode causes any redness or irritation of the anus it should be immediately given up, and the temperature taken in the groin. Children and delirious patients must never have the glass placed in their mouths, and it is cruel to take the temperature there when there is difficulty in breathing, as, to keep the mouth

closed for three or four minutes may cause much discomfort; also, one would naturally avoid taking it in the mouth with patients suffering from disease of the mouth or lips—especially with cancer patients.

The temperature taken in the mouth or rectum will average about half a degree higher than that taken outside the skin, viz., in the axilla or groin, for this reason the temperature must always be taken in the same place, and, as nearly as possible, at the same time.

The temperature of most patients will be found to be lowest in the early morning, and highest in the afternoon and evening; it is said that more people die between the hours of two and five in the morning than at any other time, and it is certainly well at those hours to see that your ward is comfortably warm, that your hot bottles are really hot, and that your feeble patients are stimulated by hot drinks, and stimulants given to those for whom they are ordered. It is the rule in hospital to take the temperature of every patient night and morning, and for anyone who is acutely ill it will be ordered to be taken every four hours, or (in some cases, where the treatment depends upon it) it may have to be taken very much more frequently—perhaps every half-hour. Very often a sudden rise or fall of temperature is the first danger signal that all is not going well with the patient, and for this reason it should be immediately reported. Children run up high temperatures with very little exciting cause, so that we do not get quite so anxious at a few degrees difference in a child's temperature, as we should in that of an adult. The temperature is spoken of as "subnormal" when it is below 97°; as "pyrexial" (or "febrile") when between 99° and 103°, and as "hyperpyrexial" when over 103°. As a rule, when the temperature goes up, the pulse and respiration also rise, and vice versa; but if the temperature suddenly falls and the pulse rises the condition of the patient is generally very serious indeed.

Be careful to shake down the mercury to 95° before taking a temperature, and if you find anything very unusual take it a second time (if possible, with another thermometer) before charting it. Never take a temperature in the mouth soon after the patient has been sucking ice or drinking anything hot, and, if possible, avoid taking it in the axilla when the patient has poultices close round the chest. The thermometer *must* be dipped in some disinfectant and carefully dried between taking each temperature.

We will now pass on to consider a few of the many cases in which a sudden rise or

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