

The largest quantity of fluid taken by any patient of mine during the first 24 hours was 16 pints; the largest quantity administered was 29 pints, extending over three days. These quantities were borne quite easily, without any distress whatever. The change in the appearance of a patient who is absorbing fluid so rapidly is very remarkable. If the case is one of acute general peritonitis the patient who looks livid, whose eyes are sunken, whose skin is moist and cold, whose mouth is so parched that his tongue can hardly move, begins in a few hours to look ruddy and "clean," his mouth is moist, his eyes are bright, and all his aspect is one of comfort and contentment.

The chief use and the most remarkable achievements of this method are certainly in the treatment of acute general peritonitis, but I have found great help from it in the preparation and after-treatment of certain cases of gastric disease.

We are, I think, entitled to say of this method that the continuous administration of fluids by the rectum is safe, that it is easily borne by the patients, that it effects a very remarkable change in their appearances and in their prospects of recovery after serious abdominal operations, and that the quantities which can be retained by the patient without discomfort do not throw a strain upon the kidneys which they find difficult to bear.

#### DISPOSAL OF WASTE AND DEJECTA.

The triumph of modern sanitary science is evident, says the *Dietetic and Hygienic Gazette*, from the fact that, notwithstanding the ever increasing segregation in all large cities and towns the rate of mortality if not diminished, at all events remains stationary. Under conditions coincident with surroundings lacking in cleanliness and comfort, a stationary death rate should be accepted as evidence of progress. If we bear in mind that the causes of many diseases may usually be traced to carelessness in the disposal of excreta and waste, and thus to the contamination of the water we drink and of the air we breathe, it must then be clear that the problem of drainage and the disposal of waste and dejecta must be all important sanitary measures.

To most scientific minds cremation or the destruction of all waste matters by means of the flame appears to be the solution of the problem, and that cremation should be employed not only for the mere disposal, but also for utilisation of the garbage of towns and cities as fuel to make steam for electric lighting and other purposes. Experiments in this direction are being made, and the opinion of sanitary experts indicates that this method appears to give promise of satisfactory results.

## The Visiting Nurse's Part in the Anti-Tuberculosis Work of America.\*

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In this great modern crusade against tuberculosis, there are two distinct sides to the work—1, the care of the individual patient by means of the recognised treatment of fresh air, rest, and food; 2, the care of the community by educational and preventative measures.

Thus far the care of the individual has been most successfully accomplished in the sanatoria, while the best work in educating the people and thus preventing the spread of the disease, has been done by the dispensaries.

As Dr. Osler has so well said, however, "the problem of tuberculosis is a home problem, and the vast majority of all tuberculous patients must be treated in their homes." This means that in order to accomplish successfully the twofold work of the anti-tuberculosis movement, the essential features of the sanatorium treatment and the essential features of the educational and preventative work of the dispensaries must be brought directly into the homes of the people. And in this work the visiting nurse is the great factor.

The essential features of the sanatorium treatment are careful regulation of the minutest detail of daily life, and an abundance of fresh air, rest, and food. These things can all be obtained in our own homes, but in the homes of the very poor in a crowded city it is necessary to have an intelligent and trained person direct the treatment, follow the patient from the dispensary, hospital, or clinic, and introduce into his own miserable domicile the methods which will make possible his own cure—and not only introduce the methods, but by continual visits and encouragement see that they are persisted in until good results follow.

The great work of the dispensary is preventative and educational, and here, again, the visiting nurse, by carrying the methods into the home and by showing the people how to apply them to the practical affairs of everyday life, give this work permanent value. It has been found that but few patients are cured by dispensary treatment alone. This arises from two causes. In the first place, the majority of cases which come to a dispensary are too far advanced for a perfect cure, though they may be greatly helped, and the day of reckoning postponed; but the chief reason why

\* Read at the International Conference on Nursing at Paris, June, 1907.

[previous page](#)

[next page](#)