

Practical Points.

An improved Bed Rest.

The Bed Rest illustrated on this page is one invented by Nurse G. M. Greaves, of Melbourne, which gained the first as well as special prizes at the recent Women's Work Exhibition, in Victoria. It will be seen that

the difficulty which usually occurs in the case of an ordinary bed rest of keeping the patient from slipping down in bed, which has always to be combatted and is very difficult to overcome, is minimised both by the foot piece, and the support under the knees in this ingenious appliance. We congratulate Miss Greaves on the ingenuity and practical skill exhibited in her invention, the picture of which we have reproduced from *Una*, the organ of the Victorian Trained Nurses' Association, and hope that it may be of benefit to many sick persons.

The "Justrite" Sanitary Waste Pail.

The *National Hospital Record* describes the "Justrite" Sanitary Waste Pail, of which the distinctive feature is the patented foot lever opening device (which acts also as a handle to carry the pail as an ordinary receptacle) and when down acts as a lever for raising the cover by foot pressure, obviating the necessity of stooping or bringing the hands in contact with soiled surfaces. As soon as the foot is removed, the cover closes automatically. These pails are made from heavy galvanised iron, double seamed and soldered, so as to make them both water-tight and rust proof, and are made in various finishes and sizes. These pails should meet a great want, as, at the present time, it is most difficult to obtain a pail of this kind, which is really hygienic. The "Justrite" certainly appears to justify its name.

Hot Sponging in Typhoid.

"An Old Graduate," in the *American Journal of Nursing* gives her experience of the benefit of hot sponging in typhoid. She writes:—In 1893 I had as a patient a large woman who had had a two weeks' run of typhoid fever when pneumonia ensued. During the two weeks her tem-

perature was always between 102 degs. and 104 degs.; when symptoms of pneumonia began it persistently remained at 104 degs. I had tried all means used at the time, when the doctor said one day: "Try a very hot bath. Sometimes thick tissue holds the fever, and if we can get it to the surface we can take care of



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it better." I don't know how hot the water was, but just as hot as I could bear my hands in. I put it in a tall, small top pitcher and sponged each part slowly. Even with the rapid respiration the patient seemed relieved, and slept five hours, and had less delirium. I sponged twice daily for one week, when temperature was reduced to 102 degs. Later in that year I had a case of "nerves" with pains in the lower extremities; the patient almost never slept at night. Had been told by the doctor "to use any means" I wished to, to "bring comfort," and thought of hot bathing. I used the hot water as in the first case, except on lower extremities, where a rubber sheet covered with a towel was placed under and sponge wet five and six times in order to soothe pain and induce sleep. Relief was slow in coming, but in the end I think it proved to be better than drugs. I kept the bathing up each evening at 9 o'clock for three weeks, and then watched for results.

One of the valuable functions of a professional journal is that through its medium nurses can communicate to one another practical details, the value of which they have proved by personal experience. We are always glad to receive notes on experiences of this kind.



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