

But I would appeal to Nurses to join the Association for higher reasons than mere self-interest, or even for the advancement of their calling. In my judgment, every Nurse who is eligible should at once become a member for the sake of others. For it is clear as daylight, that only by union can the strong one help the weak, the rich the poor, and the experienced guide those that are less wise—that we can all become sisters of one great family—with loving, tender, sisterly feelings for one another, instead of continuing to foster, as some would have us do, the contemptible narrowness, jealousy, and pride, created and kept alive by competition between this, that and the other Nursing School. I am convinced that the time is fast approaching when all Nurses, as a matter of course, will join the Association, and most of them, in order to help others, as well as to be helped themselves. But now at its commencement, when numbers mean the strength which is necessary to carry out our first endeavours, every separate Nurse is specially called upon to do her own separate duty, and come forward herself at once to strengthen the hands of those who are giving time, thought, and unstinted effort to build up an association from which she herself and all her sisterhood must inevitably derive incalculable benefits in the future.

FEVER NURSING.—1.

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AS the Nursing of infectious fevers does not always form part of the training of Probationers, a few hints on the management of such cases may be useful to those who are intending to become private Nurses, but who have had no opportunity of gaining practical experience in the wards of a fever hospital. It is certain that no form of illness requires experienced and intelligent Nursing more than do typhoid and other fevers.

We will begin with that which forms so large a proportion of a

PRIVATE NURSE'S WORK—SCARLET FEVER.

In order to nurse it properly it is necessary to be acquainted not only with the symptoms of the ordinary uncomplicated disease, but also, and more especially, with those symptoms which indicate a departure from the normal, and which are the earliest indications of the different complications to which Scarlet Fever patients are subject. These complications are generally more serious than the fever itself, and can often be prevented, or cut short, by appropriate treatment.

There are three principal classes of Scarlet Fever. The simple, with a bright red rash and sore throat ;

the malignant, with dusky or suppressed rash, intense prostration and sore throat or not; and the anginosa, the throat symptoms of which constitute the chief danger of the patient.

The malignant cases die from prostration in a few days; the other two classes may go on to recovery uninterruptedly, or a certain number of complications may set in which may be the cause of death of the patient within a few days or weeks, or even after a number of years. The most common of these complications is inflammation of the kidneys. This sets in generally, if at all, in the course of the third week. Its onset gives rise to well-marked symptoms. These are headache, listlessness, and vomiting, resembling the symptoms which ushered in the original attack. The urine on examination may contain blood or not. In the former case, it varies in colour from a smoky hue to a deep red. It is scanty in proportion to the intensity of the inflammation, and often altogether suppressed. Whether it contains blood or not, it always contains albumen, and the quantity may be so great as almost to solidify on boiling. If the patient is up and not sent to bed on the appearance of the vomiting, &c., or if he is allowed to get up while the inflammation lasts, dropsy sets in. This is first noticed in a puffiness of the eyelids, but if still neglected, it soon becomes general. The face, legs, abdomen, and other parts are greatly swollen, and the pleural and pericardial sacs may contain a quantity of fluid. This state of things is never seen in hospital, except in those cases that have been neglected at home for some weeks, and admitted in the condition described.

Or inflammation of the kidneys may lead to uræmia, from their deficient elimination of urea, the symptoms of this condition are again head-ache, impaired vision, and perhaps twitching of the limbs. If this state is not soon relieved, convulsions occur which resemble epileptic fits, and which are frequently fatal, either directly, or by producing extreme exhaustion.

Another very important complication is Otorrhœa. This is most commonly due to inflammation of the middle ear. It frequently causes permanent deafness on one or both sides. It is also the most frequent cause of abscess of the brain, which may occur during the illness, or years after. Both Nephritis and Otorrhœa may, however, be permanently and completely cured.

An affection of the joints resembling, and perhaps identical with, rheumatism, is common. Sometimes, however, the inflammation leads to suppuration within the joints, which is never the case in idiopathic rheumatism. The joints are red, swollen, and painful, and the affection occurs on the termination of the primary fever, that is during the first week, or beginning of the second.

Pericarditis and Pleurisy are also recognised

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