

complications and are often purulent. Pain in the chest should therefore be looked upon with suspicion if there be a very rapid pulse.

Conjunctivitis, and Meningitis, also occur in some cases; the latter is indicated by squint, twitchings, head-ache, &c.

It will thus be seen that there is much in Scarlet Fever to interest an intelligent Nurse, and she has it in her power largely to influence the course of the individual case.

In the first place, she must always bear in mind that she is dealing with a disease, the infection of which it is very easy to carry from the sick to the healthy. The chief source of infection is the epithelium, which comes off the whole of the skin after the subsidence of the rash. This process of desquamation lasts from three to six weeks, and while it lasts the patient must be regarded as infectious. In private Nursing, it is of great importance to confine the elements of infection to the sick room. Carpets and curtains should be removed with all unnecessary furniture; a sheet kept moist with some disinfectant must be hung over the door; crockery, &c., must be kept specially for the patient's use, and nothing must leave the room, that cannot be first disinfected. The patient's room should not be swept, but the floor and furniture should be wiped over every day with a cloth wrung out in a disinfectant. The discharges from the throat and nose should be removed with pieces of rag, which must be burnt as soon as used, and the patient himself must be rubbed from time to time with carbolised oil.

So much for the safety of other people. With regard to the patient, he should be kept in bed for at least three weeks from the commencement of the attack. For the same period, his diet should consist of milk and farinaceous food. The object of the first is to keep him from chills, and by giving him rest, to throw as little work upon the kidneys as possible. The restriction of the diet is also intended to lessen the work of the kidneys, which, in all cases of Scarlet Fever, are in a state unfit for their ordinary work. The bowels must be kept freely open, and for this purpose castor oil is the safest medicine.

If there is much complaint of the throat, especially if the glands be swollen, relief is obtained by wringing a piece of spongio-piline out of boiling water, and securing it in position by a flannel bandage. To be effectual, it must be brought up well behind the ears, and not merely round the throat. If the latter has to be painted internally, a curved brush and tongue-depressor will be needed. In no case should the Nurse attempt this if she cannot see what she is doing, or she may cause severe hæmorrhage. Some doctors prefer the use of the throat-spray. This is less objectionable to the patient, often quite as efficacious, and the same materials may be used as with the brush, except preparations containing a

large proportion of glycerine; to such, water must be added until they are sufficiently thin for the spray.

In most cases the patient is fit to get up at the end of three weeks. On fine days, he may be allowed to go out of doors, and, indeed, but for the desquamation, he would be allowed to mix freely with other people. But in other cases, complications arise without apparent cause. Thus the patient complains of pain in a joint. The Nurse should report this at once, as it is easily relieved by medicine, and is a source of danger if neglected. If it cannot be reported at once, the joints should be wrapped up in cotton-wool.

Similarly, headache should not be passed over without notice. It may mean little, or it may mean one of those serious complications, of which it has been mentioned already as a symptom. Again, vomiting may, or may not, be of importance, but should always be reported. Supposing nephritis to be the cause, it may be necessary to poultice or foment the loins. In the absence of the medical attendant, the Nurse could never do harm by this proceeding, and would, probably, do good. Or a hot pack, a hot bath, or hot-air bath might be required. The first of these is made by rolling the child in a blanket wrung out of the hot water, and covering it in with macintosh. The child is kept in this, or in the hot bath for twenty minutes or longer, according to the directions of the doctor. The object is to cause free perspiration. The hot-air bath is easily extemporised by putting a large cradle, or something similar, in the bed, so as to raise the bedclothes well off the patient's body, and away from the lamp. The cradle must be covered with blankets, and a spirit or oil lamp, carefully guarded, placed within. Pain in the ear must also be reported. A fomentation can be applied by the Nurse, in the event of the doctor being inaccessible.

Where there is much nasal discharge, there is a great tendency to stopping up the nostrils. The best way to prevent this, is by frequent syringing with a weak alkaline lotion.

The Nurse should see that specimens of the patient's urine are tested at least every third day. She must also be careful to report any diminution in the quantity, and any smokiness or appearance of blood.

When the patient's skin is perfectly smooth, he must be bathed in water containing some disinfectant, and must put on clothes that have been disinfected. Woollen garments and blankets must be stoved at a heat of 200° Fahrenheit.

The sick-room can be best disinfected by burning, on an iron tray, from a quarter to half-a-pound of sulphur. Before this is done, the fire-place and windows must be closed, the cracks in windows and elsewhere pasted up, and the drawers and cupboards must be emptied and thrown open. A live coal is

[previous page](#)

[next page](#)