

waterproof sponge-bag, or a piece of macintosh. A piece of lint or flannel should be placed between the bag and the patient's skin. Ice may be given him to suck, and he must be kept very still upon his back, and on no account allowed to make the slightest exertion. More than this, the Nurse cannot do, until the arrival of the doctor, unless he has previously given her, instructions. Epistaxis frequently occurs in this fever, especially at the commencement of the attack, but seldom to any serious extent.

Tympanites, from the accumulation of gas in the colon, may give rise to much distress; for this, a turpentine enema will probably be ordered, and rarely fails to give relief. As a rule there is diarrhœa, sometimes so excessive as to call for treatment.

Enemata of ten or fifteen minims of laudanum in two ounces of starch are most efficacious in arresting it, but this, I need not say, must not be given by the Nurse on her own responsibility. In some cases there is a tendency to constipation throughout the attack, and the patient almost invariably suffers from it during convalescence. On no account, however, must the Nurse give aperient medicines. The bowels can be kept open with enemata. In those sad cases where perforation of the intestine takes place—a catastrophe which should always be suspected when there is abdominal pain aggravated on pressure, altered expression of the features, rapid pulse, and vomiting—nothing can be done except to render the last hours of the sufferer as painless as may be. Full doses of opium will be ordered by the doctor, and the Nurse may apply fomentations, or light linseed poultices to the abdomen, and a body-cradle will also be of use, in keeping off the weight of the bedclothes.

At no time should a typhoid patient be allowed to get out of bed, nor even to sit up, until convalescence has fairly set in; he should be encouraged to lie on his sides rather than on his back, as the latter position increases the risk of hypostatic congestion of the lungs.

The cold bath, which is so much in use in Germany, in cases of hyper-pyrexia, is seldom ordered by English doctors. When it is, the bath must be placed alongside the patient's bed, and he must be lifted into it, by means of the sheet on which he is lying, a blanket being placed over him. The temperature of the bath should be at first about 90°, so as to avoid shock, cold water or ice being then gradually added, till it has fallen to 65° or thereabouts. An assistant must prepare the bed with a long macintosh and blankets, between which the patient must be placed and dried as soon as his temperature has fallen to 100°, or sooner, if shivering comes on.

Cold sponging, is frequently ordered to reduce the temperature, but should never be done by the Nurse on her own responsibility. The patient should be placed between blankets, and sponged for twenty

minutes with water, either tepid, cold, or iced, according to the directions of the doctor. The temperature should be taken before and after the sponging.

I need scarcely say how very important is strict attention to cleanliness in the Nursing of this fever. The patient should be sponged at least twice a day with warm water, to which a little vinegar may be added, and his linen frequently changed. Perfect cleanliness, too, is one of the best preventives of bed-sores, to which typhoid patients seem especially liable. Great care must be taken to prevent their formation; but if, in spite of all precautions, they do appear—and this, by the way, is a very unfavourable sign—the matter must be at once reported. The Nurse must be careful to keep her patient's teeth clean, and free from *sordes*, and the mouth will require wiping out frequently. For this purpose pieces of rag should be used, and then burnt. Boro-glyceride is a very useful preparation for moistening the tongue. It can be applied with a feather, or a small brush. During convalescence, great care is required in the matter of the patient's diet, and as his appetite is usually very keen, the Nurse will need much firmness in refusing him unsuitable food. Any irritation applied to the cicatrising ulcers in the intestine, may re-excite the morbid action, and end in perforation, even after convalescence has set in. It cannot be too strongly insisted upon, that *no* solid food is allowed until diarrhœa has ceased, the tongue become clean and moist, and the temperature and pulse normal. The return to ordinary diet must be very gradual, beginning with custard puddings, &c., and progressing to white fish, chicken, and mutton. The infection of typhoid fever lies in the excreta. Some disinfectant, such as carbolic acid, should, therefore, always be poured into the vessel, before it is given to the patient, and after it is emptied, a plentiful supply of water, and more disinfectant, should be used to flush and cleanse the drain. In this disease, there is far less necessity for the sick-room to be cut off from the rest of the house, than in scarlet fever, or for keeping the Nurse apart from the other members of the household.

### NURSING ECHOES.

\*\* Communications (duly authenticated with name and address, not for publication, but as evidence of good faith) are specially invited for these columns.

I MENTIONED last week how rapidly this Journal was succeeding, so far as its circulation was concerned. I am delighted to hear that Mr. Editor now receives so much good literary matter for publication that he finds it quite impossible to find space for it all, and that the enterprising Proprietors have therefore determined to enlarge the Journal

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