

## Fevers and Fever Nursing.\*

By FREDK. F. CAIGER, M.D.,

Medical Superintendent of the South-Western Fever Hospital.

### PART II.

(Continued from page 222.)

ON the last occasion on which I had the privilege of addressing you, I concluded my remarks with a brief description of three diseases which are associated together by some points of similarity, viz., scarlet fever, measles, and German measles. I had hoped to have been able to deal with the remaining diseases in the same way, but I find this is quite impossible if we are to devote any time to a consideration of their Nursing, and so am reluctantly compelled to give up the attempt.

Before leaving the subject, however, I should like to point out that the remaining diseases may also be classed together in groups, according to certain analogies which they present. Thus the second group, comprising typhus, small-pox, and chicken-pox have this point in common, viz., that the severity of the attack will bear an almost constant relation with the extent and development of the skin eruption. A severe attack of typhus will be characterised by a copious and dark eruption, and so with small-pox and chicken-pox, a copious eruption will indicate a severe attack. A sparse rash in typhus denotes a mild form of attack, and the same remark holds good in respect to the other two diseases, with the exception of certain malignant cases of small-pox in which the rash is either delayed or suppressed altogether; but is replaced by the appearance of various patches of haemorrhage into the substance of the skin, the internal organs and from various mucous membranes.

The third group, consisting of diphtheria, enteric fever, and cholera, have this feature in common, that in each disease there is a distinct morbid process localised in a particular part, which represents a local manufactory for the specific poison which is concerned in the production of the general constitutional signs of the affection, and in proportion as this local process is capable of arrestment or removal, so the case will hold out a corresponding hope in the direction of recovery.

Now, in diphtheria, as the throat is most frequently

\* Being a Lecture delivered at a Meeting of the Royal British Nurses' Association, on Thursday, April 27th, 1893.

the part affected, we should naturally expect some measure of success by the assiduous application of local remedies, whereas in enteric fever, a disease in which the diseased process is localised in the interior of the bowel, and, therefore, much less accessible, one could hardly expect to get the same benefit by means of direct remedies. But even in enteric fever, from an accurate knowledge of the nature and locality of the diseased process, one is able to adopt certain precautions by means of which the chances of a serious haemorrhage, or a fatal perforation of the bowel wall may to some extent be lessened.

In cholera also, the mucous lining of the bowels is primarily involved, and here the virulence of the disease is so great, and the manufacture of the poison so rapid, that but little benefit has been hitherto attained by means of direct treatment.

The remaining three diseases, whooping cough, mumps, and influenza, show but little evidence of resemblance, except in the fact that they are all three of them very infectious.

Now, in the Nursing of a case of any one of these specific fevers, there are two facts which should constantly be borne in mind. First, that *the disease is infectious*, and that it therefore behoves the Nurse to take every precaution in her power to protect both herself and other members of the community from the chance of taking the infection, in the light of what is known as to the means by which infection is transmitted. I have already alluded to the most frequent channels of infection in respect to the different diseases, and I take this opportunity of urging upon you the paramount importance of treating infection with respect, and that it is always better in this connection to be on the safe side by doing too much rather than too little. That "familiarity breeds contempt" is very true in relation to infection, and to those of us who are accustomed to live amongst infectious disease there is, I fear, a great tendency to forget the force of this maxim. From want of a due regard for the most obvious precautions there is no doubt that many valuable lives have been lost.

The second fact is, that in every patient suffering from a severe attack of fever *there is a great failure of nutrition*. The increased combustion going on in the blood and tissues results not only in rapid wasting of the body, but also in a great tendency for the development of some low form of inflammatory action such as an abscess, a cellulitis, or a bedsore, and as, unfortunately, the process of digestion is always greatly interfered with, if not entirely stopped, at the very time when its services are in the greatest requisition, you can well imagine

BORWICK'S BAKING POWDER. Best that money can buy.  
BORWICK'S BAKING POWDER. Five Gold Medals.  
BORWICK'S BAKING POWDER. Contains no alum.

The "NURSING RECORD" has a Larger Sale than any other Journal devoted solely to Nursing Work.

[previous page](#)

[next page](#)