

how important it is that the patient should be carefully and suitably fed.

The room or ward in which the case is to be treated should be light, airy, and, if possible, large. It should contain neither carpet, curtains, or stuffed furniture of any kind. The windows should be kept open at the top, and there should be a good open fire. If the weather be very cold, or damp and foggy, the windows may be almost closed, and use made of the door for purposes of ventilation, in which case it would be as well to hang up the time-honoured damp sheet over the doorway. Whether this sheet smell of carbolic acid or not, is a matter of little moment, beyond inspiring domestic confidence.

The real object of the damp sheet, a purpose which it doubtless serves, is to filter the dust-laden air as it emerges from the room. Protect the patient from draughts as much as possible, especially if there be any bronchitis or laryngeal affection, but above all things keep the room well ventilated and not too hot. It is quite unnecessary to treat a fever patient as if he were an immature chicken in an incubator, as is so often done. A temperature of from 56° to 60° is suitable for most cases, but for measles, laryngeal diphtheria, and cases complicated with much bronchitis, it may range between 60° and 65°, provided at the same time it can be kept airy and free from smell. It should be remembered that a warm temperature is more important during early convalescence, as patients are then much more susceptible to the effects of chill. Acute cases of scarlet fever and typhus will do well at a temperature of 50°, but during convalescence the room should be considerably warmer. I have purposely avoided any reference to disinfectants or methods of disinfection, as the subject has recently been dealt with in a paper read before this Association.

Undoubtedly, the best form of bed for all cases of fever, with the exception of small-pox, is a thin horse-hair mattress, supported on a chain or wire-wove bedstead. This is most adaptable to the movements of the patient, it does not sag, and it permits of a somewhat free percolation of air under the bed clothes. For this latter reason, and that it retains perspiration, I should prefer to do away altogether with a macintosh; but in the case of young children and helpless patients this is obviously impossible.

For severe small-pox, a disease in which the skin is extensively covered with painful suppurating sores, I should prefer to retain the old-fashioned feather mattress, as being more comfortable to the unfortunate victim.

The bed coverings should be light, and be modified according to the temperature of the patient and the heat of the room. Convalescent cases require greater warmth in the matter of bed covering than acute ones, and it is a wise plan to clothe all convalescents and very young children, at all stages, with flannel next the skin.

In most Hospitals, linen sheeting is deemed preferable to cotton; and in the treatment of small-pox it is certainly better, as by reason of its looser texture the removal of the purulent discharges with which it is often extensively contaminated, is more easily accomplished during the process of washing.

The feeding of a severe case of fever should be very carefully and conscientiously carried out, as it is a matter of the highest importance. Food should be given frequently and in small quantities, rather than seldom and in bulk, and the greatest care should be taken that the patient regularly receives his nourishment during the small hours of the night, as that is the time when vitality is at its lowest point, and the chance of collapse is at its greatest. The particular form of liquid nourishment will of course vary according to the orders of the medical attendant; but milk is with most doctors regarded as the staple article of diet, and it is a good plan to administer one feeder full, holding from 6 to 8 ounces, either diluted, peptonized or not, as may be ordered, every two hours through the day and night.

In this way, the patient gets between four and five pints in the twenty-four hours, in addition to which some beef-tea, and in severe cases a small quantity of meat essence or one of the various beef juices, may be added. Eggs beaten up in the milk or the administration of stimulants will of course vary according to directions. A very favourite form of nourishment with most fever patients is a clear soup, strengthened by the addition of some meat juice, and this they will often take readily when beef-tea is persistently refused. The Nurse can often do a great deal by noticing her patient's particular tastes, and so, by a judicious combination of his various forms of nourishment, she may become more successful in her efforts to feed him. She should take careful note of any particular food which seems to induce vomiting, and as soon as possible report it to the doctor. A patient may be allowed to indulge his thirst for cold, or preferably iced water, provided he will take his proper amount of nourishment in addition. No harm can come of this, and it supplies a natural want. All feeders and mugs should

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