

their employment seems to be attended with actual harm. Personally, I much prefer the mechanical action of a cold application in the form of sponging or the wet pack, as it not only causes a lowering of the temperature, but also has a great influence in diminishing the restlessness which usually is combined with the elevation of temperature. The good effect of a cold sponging or a wet pack, which may be started with cold water and afterwards cooled down with a few lumps of ice, is well seen in the quiet sleep which so often follows its application.

It is customary in the South-Western Hospital, for Nurses to use their own discretion in reference to the employment of tepid sponging, should the patient's temperature be above 103 deg., and he be at the same time restless; but cold sponging or the wet pack is only given on the doctor's order.

Delirium is another symptom in fever which calls for a brief notice. It must be remembered that delirium is simply the expression of a condition of profound nervous exhaustion, and its appearance is frequently an indication for the use of stimulants. In degree, it may vary from a condition of simple mental confusion with a tendency to wander on the part of the patient, when left to himself, to a condition of maniacal excitement attended with much violence. It usually first appears towards evening time, and is always most marked during the night. It is the complete antithesis of natural sleep. A delirious patient should always be kept under observation, as there is almost invariably a tendency to get out of bed. In drinkers and neurotic subjects, delirium makes an early and marked appearance, and in them it often takes the form of delirium tremens. It is but rarely necessary to employ physical force in the restraint of a delirious patient. The necessity most frequently arises in small-pox, rare cases of scarlet fever, and in typhus and enteric when complicated with pneumonia. All that is usually necessary is that the patient should be judiciously "sheeted." This is best effected by folding a sheet longitudinally, passing it across the patient under the blanket, so that it extends from the level of the armpits down to the knees, and passing the ends on each side through the bed irons. They may then be either fastened together under the bed, or turned up round the bed irons and secured with two or three safety pins on each side. If, as sometimes happens, the patient evinces a constant tendency to pull off his poultices or undress himself, the arms also should be kept under the cross sheet, the top border of which should then be secured to the lower edge of the pillow by a safety-pin or two over each shoulder. This gentle means of restraint which I have described acts rather by suggestion than by any effective force, and is rarely unsuccessful. Violent delirium will

require a special attendant; no other form of restraint is admissible. With very little children, who by the bye but rarely make definite attempts to get out of bed, although they may fall out if very restless, it is better to pass a broad flannel bandage round the chest under the arms, and having formed a clove-hitch in the centre of the back, pass the ends under the pillow and make them fast to the central iron at the top of the bedstead.

In febrile delirium much may be done by gentle persuasion and attention to the patient's comfort. It should be remembered that it is a distinct reproach to a Nurse, if her delirious patients are allowed to get out of bed. In enteric fever the result may be very serious, even fatal. Tact on the Nurse's part is essential in dealing with a febrile patient's delusions, which are mostly very transient, while his actions are often quite inconsistent, in which respects he presents a great contrast to the occasional victim of insanity, arising or remaining during convalescence from a severe attack of enteric fever.

Another most important point to attend to in fever nursing is cleanliness. Cleanliness is said to rank only second to Godliness, but I hope I may not be accused of unbecoming levity if I state my conviction that in the nursing of any form of fever it is second to no virtue under the sun. The patient should be carefully washed all over every morning, and if the fever be high he should also be sponged all over every evening before being settled down for the night. The addition of a little rose-water or spirits of lavender, and a few drops of acetic acid will prove most grateful and comforting to the patient and conduce to sleep. Absolute cleanliness of person is essential, and his linen and everything else, if at all soiled, should be at once changed, and at the same time any redness or discolouration of the skin should be carefully sought for and at once reported; especially in the region of the back, as cellulitis and bed sores are very liable to appear in protracted cases of fever. Hence in typhus and enteric fever particularly the Nurse should be on her guard for bed sores. The greatest care should be taken to thoroughly dry the skin after washing, for dampness predisposes to bed sores, and the draw sheet should be assiduously watched, and if necessary, shifted. It is a good plan to use spirit for the back, and afterwards dust the skin over with starch powder every day as a matter of routine in all cases of typhus and enteric fever. The evacuations should be carefully watched, any undue retention of urine noted, and any deviation from the normal in its quantity, its appearance or the frequency with which it is passed; and the same remark holds good in connection with the actions of the bowels.

(To be continued.)

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