

Fevers and Fever Nursing.*

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PART II.

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SO much, then, for the main points which are of importance in the Nursing of fevers generally. I now propose to call your attention to certain practical points connected with the Nursing of some of these diseases. With the different forms of medical treatment I shall not attempt to deal, as they are many and various, being dependent on the practice of the particular medical attendant. But I am forced to confess that up to the present the attempt to treat any of these diseases directly by means of drugs has not been attended with much success. What we can do, however, is not only to put the patient under the best conditions for recovery, but also to mitigate the effects of various symptoms, and by the exercise of judicious care, we are often able to anticipate and thus prevent them.

In scarlet fever, as we have seen, the symptom which makes the greatest claim on our attention is the inflamed and painful condition of the throat, and the ultimate progress of the case will, in a great measure, depend on the success with which we are able to remedy this condition and, at the same time, the tendency for it to proceed to serious ulceration. What is required, is to thoroughly and repeatedly clear the fauces and nasal passages from the offensive inflammatory secretions which tend to collect in them, and to thus keep the mucous membrane in as clear and aseptic a condition as possible. This is usually attempted by means of gargling, syringing, spraying or swabbing out the part with some antiseptic and astringent solution such as chlorine water, sulphurous acid, Condy's fluid, or boracic acid. By far the best method is to thoroughly syringe out the mouth and nose every two, three, or four hours, according to the severity of the affection, by means of a four-ounce india-rubber hand syringe, or so-called enema bottle, provided with a vulcanite nozzle. The solution, which I find best and have for some years constantly used, is a gargle of chlorate of potash containing a slight excess of hydrochloric acid, so prepared that the liquid contains a considerable

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quantity of free chlorine gas. This, if used in the manner I have indicated, is most effective, as the secretions are, to a great extent, coagulated, and are often swept away in solid lumps whilst the antiseptic and astringent nature of the solution exerts a cleansing and beneficial effect on the inflamed and often ulcerated mucous membrane. The patient should be sat up in bed with a basin resting on his lap to catch the escaping fluid. The nozzle of the syringe should then be introduced between or behind the back teeth on the right side, and passed over the surface of the tongue. The nozzle should then be directed slightly backwards, and the fluid forcibly expressed, taking care to give the patient time to breath between each squeeze of the syringe so that he may not be choked by the entrance of fluid into the larynx, the head being held at the same time well over the basin; afterwards each nostril should be treated in the same way. If the Nurse be single handed, and the patient a young and struggling child, it is a wise plan to previously wrap a folded blanket round the body, thus enclosing the arms, and make it fast by means of a safety pin at the back of the neck, or over the shoulder. No form of gargling, swabbing, or spraying, is to be compared with this method in point of efficiency, as they are quite unable to reach the nasal passages or upper part of the pharynx.

Now, as the glands beneath the angle of the jaw, and often those lying deeper in the tissues of the neck, become enlarged and tender in all cases in which the throat is obviously inflamed, it is always well, except in the mildest attacks, to apply either a poultice or a fomentation to the affected region, both as a matter of comfort to the patient and in order to assist in allaying the gland inflammation. If suppuration threaten, there is no doubt that the process is thereby accelerated. I must express my preference for a well-made linseed meal poultice, in all cases in which suppuration has not occurred, and the skin is as yet unbroken; if, however, an incision has been made and a drainage tube perhaps inserted, a hot boracic fomentation, frequently renewed, is certainly a cleaner and more desirable application. If a poultice be decided upon, however, a great deal depends upon how the poultice is made and how it is applied. I must confess to a perfect horror of the ordinary linseed meal poultice of domestic manufacture, as being about the most unwholesome looking meal that one can well be confronted with. It is usually much too thick, too small, and too sloppy; it is generally suspended round the neck or under the chin in a casual sort of way, rather

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