

be carefully noted. The delirium, which is commonly so marked a symptom of the second week, can usually be controlled by judicious "sheeting"; and the state of the mouth and tongue calls for the most assiduous attention on the Nurse's part. A copious and dark rash, coupled with lividity of the extremities, is a very unfavourable sign.

Congestion of the lungs, pneumonia, abscesses and boils, are the complications which are most likely to arise during an attack of typhus fever.

Small-pox is a disease which you are unlikely to be called upon to nurse outside the walls of a Small-pox Hospital. It is, therefore, with less regret that, owing to want of time, I am compelled to omit any reference to its nursing. There is no doubt that the disease is not a popular one amongst Nurses; but I am under the impression that this is more due to the prejudice which so generally exists on the part of the Nurses' relatives and friends, than to any fear on their own part of being brought into contact with a disease which is of a loathsome character. That this prejudice is very irrational, however, I venture to assert, as the disease is not more repulsive than various other diseases of which a Nurse will cheerfully undertake the management; and, moreover, if efficiently vaccinated, there is less chance of herself becoming a victim to small-pox when nursing, than there is of her being run over by some vehicle when doing a little shopping in the London streets.

In the case of Chicken-pox, the Nurse's energies should be chiefly directed towards preventing the child from scratching his vesicles and thereby rupturing them, as this is invariably followed by suppuration of the pock, and a permanent scar is frequently the result. When scabbing has commenced, which is usually by the end of the week, baths will probably be ordered to facilitate the separation of the scabs. These scabs are capable of conveying infection, and should therefore be treated with the greatest respect. This respect is best expressed by at once burning them, if discovered lying about in the bed.

Now, in Diphtheria, as we have seen, the severity which the case will assume will mainly depend on the degree of extension and the persistence which characterises the local membranous affection of the fauces and air passages. As this extension is to a great extent amenable to control, the "Nurses' margin" in diphtheria must necessarily be a wide one; that is to say, the number of cases which will be influenced for good by an assiduous and efficient application of the treatment will be proportionally

large; although it must be confessed that in a certain number of attacks the virulence of the process is so great, or the time at which they have come under treatment is so late, that all remedies will prove unavailing. What is required, is to make the conditions of life in the mucous membrane so unbearable to the microbes concerned in the diseased process, that they are unable to propagate, and die out before they have been able to manufacture an amount of poison sufficient to encompass the death of their victim. The microbes should be attacked through the constitution of the patient by strengthening it to resist their depredations, and at the same time they should be taken, as it were, in the rear, by means of some powerful antiseptic application to the diseased surface.

Many and various have been the remedies applied with this latter object, by means of gargles, sprays, paints, and irrigations. Most of them are of more or less value, but I have come to pin my faith upon the chlorine solution, mentioned in the treatment of scarlet fever: applied in exactly the same way by means of an india-rubber hand-syringe. In all cases in which extension of the membrane threatens, the syringing should be performed very frequently, from the very moment that the case comes under treatment. In adults and in children, who do not forcibly resist treatment, the fauces and nose should be washed out every hour during the day, and continued every two hours during the night. Moreover, immediately after syringing, on each alternate occasion, the throat may be brushed over with ordinary paraffin—that out of the nearest lamp will do admirably if no other is at hand. When extension is checked or the membrane loosens, and in very mild cases, from the first the syringing may be relaxed to every four hours. As soon as the patient begins to complain of its taste, the use of the paraffin may be omitted, as the necessity for its employment has then ceased.

The glands of the neck are usually enlarged and tender, and they may be much indurated and suppurate exactly in the same way as occurs in scarlet fever; beyond which, in severe cases, there is usually a large amount of tonsillitis often going on to the formation of an abscess. Therefore it will be necessary to apply a poultice or hot fomentation frequently changed. How this may be best applied I have already stated in connection with scarlet fever. Any discharge from the mouth or nose, often expelled by the act of coughing, should be carefully received on a piece of rag, and this immediately burned.

*(To be continued.)*

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