

it is quite impossible to credit, that the Sisterhood have a House at Lewisham, with some 27 beds, into which only 250 patients or so are admitted annually, and that young women are sent there for a few months experience (!) after which the Sisterhood considers them "trained!" As we have said, this must be regarded as quite incredible, and we only mention it to prove the absurd statements which the strange silence of the Institute has caused to be circulated.

THE METROPOLITAN HOSPITAL, KINGSLAND ROAD, N.

It is a distressing necessity that we should be compelled, from time to time, to jog the memory of the public in respect to the maintenance and welfare of the magnificent Hospitals in our midst, the wants of which are too frequently overlooked or ignored by those forgetful of the many blessings such Charities convey to the patients who may require their ever-ready assistance and help. It is to us—who are only too familiar with the great work, at comparatively little cost, undertaken willingly and at all times by the splendid Institutions of this huge city—hard, indeed, to prevent the escape of words of reproach from our pens, when we realise the stern fact that such a useful and admirably conducted Charity as the Metropolitan Hospital should be compelled to make forcible and urgent appeals, and, unfortunately, at much too frequent intervals, for, at least, a little of the teeming and profuse wealth of London, for the purpose of enabling the management even to carry on with the barest and strictest economy the great work of the Hospital in question. For over half-a-century (since 1836), the Metropolitan Hospital has accomplished most useful and beneficent work, and relieved countless thousands of indigent and disabled persons—nearly 900 in, and over 71,000 out-patients having received attendance and assistance last year. Seven shillings a head per annum from the above numbers—about three half-pence per week—or from an equal number of local residents, by whom such contributions would be unfelt, would give the energetic Committee the £10,000 a year not unreasonably asked for to carry on their important labours. The working and middle classes of this country do far too little towards the maintenance of Institutions, the bulk of which are erected for, and used by them, and are prone to leave their needs to chance philanthropy and casual contributions, and permit, with a *sansfroid* both degrading and ungrateful, such Institutions to suffer and languish for the want of proper and material support. It is the duty of everyone to do his utmost on behalf of our Hospitals, and we should heartily rejoice to see the Institution whose cause we are advocating receive a fuller measure of support. Mr. CHARLES H. BYERS, the Secretary, will always be pleased to furnish reports and any further particulars connected with the Hospital.

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## Fevers and Fever Nursing.\*

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

Medical Superintendent of the South-Western Fever Hospital.

### PART II.

(Continued from page 316.)

THE paramount importance of preventing an enteric patient from moving suddenly, or, when delirious, from getting out of bed, can hardly be too strongly insisted on when one remembers that the liability to either of these two serious complications is by such an act greatly increased; and the Enteric Nurse in this respect bears a great responsibility. Considerable firmness is required on the Nurse's part to resist the constant appeals for more solid food with which she is perpetually assailed by the hungry convalescent; especially when the practice of the doctor is to keep him on slop diet for ten days or a fortnight after the temperature has become normal.

Pain in the thigh, often followed by some swelling of the foot and leg, when it occurs during the first few weeks of convalescence, usually points to phlebitis, affecting the femoral vein on that side, in which case the limb should be covered with a thin layer of cotton wool, and a flannel bandage be firmly applied from the toes up to the groin; the limb at the same time being raised on a pillow. The doctor will afterwards determine what further measures shall be adopted.

Tenderness and pain in the front of the shin bone becoming worse at night time, suggests the presence of periostitis in that region. A hot lead fomentation should be applied and the leg elevated on a pillow as a preliminary measure.

Post-febrile Insanity will demand an exhibition of some tact on the Nurse's part. The patient should be fed up, and his surroundings made as bright and cheerful as possible.

Now, although Enteric fever is not a disease which spreads from one patient to another, yet the Nurse is by no means exempt from the chance of contracting the disease herself. By careful attention, however, to the following rules, the chance of such a contingency is greatly minimised—

1. Keep the patient absolutely clean.

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

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