

Medical Matters.

THE DISINFECTION OF BED LINEN.



A METHOD of disinfecting bed linen, which has been proved satisfactory after subjection to severe tests, must be of interest to nurses. The ordinary method of disinfecting by boiling is not suited to linen, as, in the case of any stains caused by blood, pus, or fæces, these become permanent upon being subjected to a high temperature. It has been found that by soaking infected garments and linen in lime water for four-and-twenty hours, they become sterilized. Lime water does not injure linen or cotton goods, but its use is impossible in the case of woollen articles, as they shrink when treated in this way. As lime water is, we believe, a far cheaper preparation than any other known disinfectant, it will probably be widely used as its disinfecting property becomes known. The methods of disinfection practised by nurses are, in our experience, even nowadays, exceedingly vague. Take a case of enteric fever, for instance. Nurse number one sends the clothes to the wash without any attempt at disinfection. Nurse number two sprinkles them with "pink powder." Nurse number three places them in a solution of carbolic, but of what strength she is quite unable to say, having taken up a bottle of one in twenty carbolic and dashed some of its contents into a pailful of water. Number four, perhaps, conscientiously brushes off any excretions on the linen with a brush which has been dipped in one in twenty carbolic, and, after disinfecting this matter with carbolic of the same strength, places the linen in a solution of one in forty carbolic for several hours. The laxity which prevails on the subject of disinfection, and the consequent danger, is, however, deplorable. For this, we do not so much blame nurses themselves, as those who are responsible for their education.

THE NASAL DOUCHE.

IT is stated that nasal irrigation is only called for when the nasal fossæ require clearing of pus and crusts, for instance in idiopathic ozæna. As this affection is limited for the most part to the nasal fossæ proper, this appears to be the rational method of treatment. For other nasal affections irrigation is inadequate, useless, and even may be

dangerous. It is stated that irrigation of the nasal cavities has frequently caused the sense of smell to be temporarily or permanently diminished or lost. The liquid injected may also pass into the sinuses and distressing headache and inflammation result. The liquid may also pass into the middle ear, and produce suppurating disease. Nasal douching should therefore only be performed upon explicit medical directions.

THE FACE AS AN INDEX OF DISEASE.

THE following symptoms will be familiar to many nurses who make a practice of acquiring the art of observation; an art which forming, as it does, a large part of the A B C of good nursing, should be diligently acquired. And it is noteworthy in this connection, that not the eyes only, but the ears, the nose, and the hands should be trained to observe. With regard to symptoms which may be observed in the face it may be noted that incomplete closure of the eyelids during sleep usually indicates disease of a severe type, either acute or chronic. The symptom may also be present in sleep which is disturbed by acute pain. Disease of the lungs, bronchi, and trachea, is indicated by an unusual degree of dilatation of the nostrils.

Roughly speaking, brain affections are indicated by a contraction of the upper third of the face, chest diseases of the middle third, and diseases of the abdomen of the lower third. A drawn upper lip indicates abdominal pain. Pallor of the face, together with pallor of the tongue, indicate blood defective in quality or quantity. Congestion of the vessels of the tip of the nose, or the cheeks, points to obstruction of the portal circulation, or a tendency to arterial degeneration.

The puffiness about the eyes occasioned by Bright's disease, and the bronzing of Addison's disease will at once suggest themselves as face symptoms. The prominence of the eyes in exophthalmic goitre is also an easily recognizable condition. A face symptom of locomotor ataxia is a small pupil which does not contract on exposure to light. The effect upon the pupils of drugs, such as opium, causing contraction, and belladonna, producing dilatation, should be familiar to all nurses. Dilatation of the pupils is also a marked symptom in cases of meningitis, while in cases of nervous prostration, dilatation of the pupils points to serious cerebral disturbance.

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