

INTESTINAL REST IN TYPHOID.

It is an axiomatic principle in both surgery and medicine that a congested or inflamed part needs rest.

The surgeon recognises this when he immobilizes the fractured bone and retains the fragments in apposition; the physician likewise appreciates the great importance of this principle in cases of gastric ulcer when he feeds his patient by the rectum in order to avoid irritating the inflamed part either directly, or by exciting gastric mobility. Although typhoid fever is essentially a systemic disease, its characteristic local lesion is the intestinal ulcer, which should, as far as possible, be kept at rest. Milk, which has heretofore been regarded as the only proper exclusive food, is, as a recent writer says, "not a liquid diet, but a deceptive solid"—capable of filling the small intestines with dense indigestible curds which scratch and irritate the ulcerated bowel, and in addition ferment and cause gaseous distention, tympanites, etc. Liquid peptonoids, on the other hand, is open to none of these objections. Its administration affords rest to the ulcerated intestinal tract, because:

1st.—It is predigested and therefore promptly absorbed from the stomach, leaving no residue for the bowel to dispose of.

2nd.—No curds are formed as from milk.

3rd.—It is absolutely aseptic and cannot cause fermentation, tympanites or increased peristalsis, resulting in diarrhoea.

4th.—It has the requisite nutritive power to maintain life for weeks and even months, especially in febrile conditions.

Other advantages of liquid peptonoids are its palatability, which renders it grateful to the patient, especially when given ice cold, and also, that while milk clogs the mouth, and in patients who are seriously ill has a tendency to ferment and to form a suitable nidus for the thrush bacillus, liquid peptonoids not only does not predispose to this condition but actually helps to cleanse the mouth where thrush exists.

From one to two tablespoonfuls every two, three or four hours should be given as necessary. When an efficient intestinal antiseptic is required, as it very frequently is in this disease, liquid peptonoids with creosote provide both food and remedy at one and the same time. The unpleasant taste of the creosote is almost entirely abolished in this combination. Each tablespoonful contains two minims of pure beechwood creosote and one minim of guaiacol, its active principle.

Appointments.**MATRON.**

Miss A. M. Browne has been appointed Matron of the Birmingham and Midland Hospital for Skin Diseases. She was trained at the Royal Infirmary, Edinburgh, and at the London Hospital, where she held the position of Sister. She has also held a similar appointment at the Seamen's Hospital, Greenwich, and for nearly three years she has been Lady Superintendent and Secretary of the Mothers' Seaside and Convalescent Home, Herne Bay. Miss Browne also holds the certificate of the London Obstetrical Society.

Miss Annie Alexander has been appointed Matron of the Spittlesea Infectious Hospital, Luton. She was trained at the General Infirmary, Salisbury, and at the London Fever Hospital, and has held the positions of Matron at the Infectious Hospital, Colchester, the District Cottage Hospital, Brentwood, and at Brighton College. She has also had experience in private nursing.

Miss Elizabeth Cuthbertson has been appointed Matron of the Sunderland, Durham and County Eye Infirmary. She received her training at the Monkwearmouth and Southwick Hospital where she has also held the position of Charge Nurse.

SISTER.

Miss Kate Parker has been appointed Sister at the Kingston on Thames Union Infirmary. She was trained for three years at the Birmingham Infirmary, and has had some experience of private nursing. She also holds the certificate of the London Obstetrical Society.

Miss W. Carpenter has been appointed Sister at the Burgh Fever Hospital, Paisley. She received her training at St. George's Infirmary, Fulham Road, and at the Southampton Fever Hospital. She has also been assistant nurse at the City Hospital, Liverpool.

Miss Louisa Harrison has been appointed Sister at the Bradford Eye and Ear Hospital. She was trained at the Royal Infirmary, Sheffield, where she did temporary Sister's duties, and has also held the position of Charge Nurse at the Fountain Fever Hospital, Tooting.

Miss E. G. Holmes has been appointed Ward Sister at the General Hospital, Swansea. She was trained at the Queen's Hospital, Birmingham, and has held the position of Sister at the Ear and Throat Hospital in the same city.

Miss Mary T. Webster has been appointed Sister at the Bridgwater Infirmary. She received her training at the North Devon Infirmary, Barnstaple, and has held the appointments of Assistant and District Nurse at Chorley Cottage Hospital, and Sister at the Macclesfield Infirmary, and at the North Devon Infirmary.

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