

compared the enterprise. The scheme, if properly carried out, would have undoubted advantages. Physicians in America always have a number of patients who come from a distance, and who, unless the particular man under whose care they place themselves possesses a hospital of his own, have no choice but to go to a general hospital, to a hotel, or to lodgings. All these plans have their drawbacks. There are many objections, on both sides—patient and doctor—to a general hospital; hotels are quite unsuitable on account of the continual noise and disturbances therein. The proposed combination of hotel and sanatorium would obviate the inconveniences, and should afford a solution of the problem of how to treat well-to-do patients, to the satisfaction of themselves and their medical attendants. The projected establishment at Chicago is to be officered with an ample staff of attending physicians, as well as with a corps of nurses.

ASEPSIS IN AMBULANCE SURGERY.

The importance of asepsis in surgery is fully recognised. Such a remark seems superfluous but it is really not altogether so. It is true that in hospitals and other surgical institutions asepsis reigns paramount as the great necessity of modern surgery. But there still remains a large number of persons whose ideas of asepsis are *nil*, and of anti-sepsis most limited and primitive. The paramount importance of surgical cleanliness is especially to be emphasised in the first treatment of wounds and other injuries, and this is by no means sufficiently insisted upon in teaching ambulance classes. It was our lot at a recent public function to observe the hands of a section of St. John's Ambulance men, and we could not but deplore the fate of any wounds that might be dressed by them. Too often the teaching of these classes is wanting in the direction of cleanliness; too much attention is paid to diagnosis and in giving details of treatments, and the broad underlying principles are lost sight of. No doubt there are many teachers of ambulance classes among our readers, so we offer them the suggestion that when they next assemble a class a preliminary inspection of their bearers' hands and nails might with no small advantage be made. An Army Nursing Sister at the front tells us that the orderlies, hands have given her more anxiety than any other detail of nursing. The quality of their cleanliness is a variable quantity, and many duties are allotted to them which renders them surgically unclean.

The Nursing of Children's Diseases.

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LECTURE VIII.

Acute Miliary Tuberculosis generally occurs in children who have for some time suffered from ill health and often have enlarged glands in the neck or elsewhere left after an attack of whooping cough or measles. One type called the "typhoid form" begins insidiously with malaise, anæmia and, perhaps, diarrhoea; there is a loss of appetite and coated tongue. The temperature in the evening is usually raised above normal, while that in the morning may be normal. Diarrhoea may continue, and there is often cough from slight bronchitis in the lungs, and sometimes marked shortness of breath. There may be delirium and other brain symptoms. The disease lasts one or two months, and the patient usually dies from a marked affection of the lungs or brain. The other type, called the "broncho-pneumonic form," is very like acute broncho-pneumonia already described, and is usually fatal in two or three weeks.

If the disease is really acute miliary tuberculosis there is little hope that the most careful treatment and nursing will prevent the fatal ending, and the treatment is generally directed to the relief of symptoms. If the evening temperature be high, cold or tepid sponging or a wet pack may be used. The cough may sometimes be relieved by a little currant jelly or a demulcent drink. The strength should be kept up by a liberal diet of milk, beef tea, soups, and if desired, a little port wine or burgundy; malt extract or cod liver oil should be given. The child's food should be specially selected to avoid any disorder of the stomach or bowels; if there be diarrhoea beef tea should be withheld.

Enlarged tubercular glands, or tubercular adenitis. Those most commonly affected are the glands of the neck and below the jaw, and the first enlargement is often due to a definite cause such as a carious tooth, skin eruptions, or nits on the head, or discharge from the ear, or sore throat, etc., but after the primary source of irritation has been removed the gland may continue swollen and become very hard. Sometimes they soften and become matted together,

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