"Little Things."

By Miss Mabel L. Darling.

In the cubicle of a Jewish nurse there once hung a scroll inscribed with these words: "A little thing is a little thing; but faithfulness in little things is a very great thing."

Never is this more true than as applied to fever nursing.

Dr. William Harding in his excellent little manual says: "The value of good nursing in these cases cannot be over-estimated; in some instances we might say with truth that the nurse holds the patient's life in her hands." We might go a step further and state that in all cases the nurse holds the patient's life in her hands, in the sense that upon the care bestowed even in the mildest case depends the patient's freedom in after life from the special ills that so often follow the various fevers.

In the present article I should like to draw attention to a few "little things" which are often overlooked in the nursing of children suffering from scarlet fever.

Cleanliness, though its importance cannot be over-rated, is too often achieved by most thoughtless and intemperate methods.

The first thought that enters the head of the average nurse, when the child is admitted to hospital, is, as to whether she can give it a "good bath." The temperature, pulse, and respiration are taken in a perfunctory sort of manner, of course, but always with the above end in view.

Now this should not be the first thought.

Whenever possible it is better to wait several hours until the patient has thoroughly recovered from the exhaustion necessarily resulting from his removal to the hospital, before exposing him to any further demands upon his strength.

This also affords an opportunity of judging his exact condition.

In many institutions it is the custom to place the newly-admitted child (unless in a serious condition), almost at once in a hot bath, before he is placed in his bed in the ward. The very real dangers attending this proceeding far outweigh any advantages it may have.

It should be remembered that a slight amount of exhaustion or exposure will often reduce a child's temperature several degrees, so that a temperature that is normal on admission may have been 104° or higher before the patient was taken from his bed. A normal temperature therefore at such a time may indicate that the little patient should be saved for a while from any further exertion.

The temperature, etc., should be taken when the patient is admitted, and again after an hour's rest. The latter temperature may usually be regarded as the true index to the real condition of the patient. The temperature of a child, up to the age of six years, at least, should be taken in the groin.

It should *never* be taken in the mouth, except by the doctor's orders, and is seldom correct if taken in the axilla.

There is another point in connection with *cleanliness* that is often overlooked. The majority of "dirty" children that are admitted to hospital have in all probability never seen a proper bath in their lives, and their only personal acquaintance with soap and water has been through the medium of the half dry family flannel that hangs over the sink, or possibly mother's scullery wash-bowl on a Saturday night. To place a child of this description straightway into a large bath is as terrifying to it as it would be to a person who cannot swim to be dropped into the open sea.

In the report of a large fever hospital which I was reading the other day I saw it stated in connection with scarlet fever that cases of endocarditis are common and are easily overlooked.

This being so, it is evident that the greatest possible precaution should be taken from the very first to avoid shock of any kind, and all undue exertion, more especially while the temperature is at its highest, as it is usually on admission.

Nephritis and other kidney complications are very rare, where the rule of the hospital is that the little patients shall be carefully washed all over while lying in bed wrapped warmly in the "bath blanket" with as little of the surface of the body as possible exposed at a time.

The daily "blanket bath" takes slightly longer than the ordinary "tubbing" would do, but is well worth the little extra trouble, as I can testify from long experience.

During the last couple of weeks of isolation, the ordinary bath may, as a rule, be resorted to.

In dealing with children it is also necessary to be "temperate" in one's ideas as to what constitutes a "tidy" ward and good discipline.

One must not maintain order at the expense of cheerfulness.

Directly a child feels the least bit better it wants something to play with and something to do.

I have known otherwise excellent nurses who made a perfect fetish of order and discipline, and sacrificed patients on the altar.

Nurses, who expected their baby charges to lie warmly covered up, with nothing to amuse them, merely because it was good for them.

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