

administration of baths; care of heads; admission of new patients.

Fourth week.—Cleaning in theatre; cleaning ward tables; washing children; changing bottom sheets; settling patients for the night; care of backs.

DEMONSTRATIONS AND PRACTICE.

First week.—Best methods of cleaning, with materials used; necessity for cleanliness, etc.

Second week.—On saving and measuring urine; on disinfection of stools, linen, sputum; making beds in nurses' wing; instruction on changing bed linen of helpless patients, and preparing beds for special cases.

Third week.—On making poultices of all kinds; on combing hair, treatment for pediculi; on causes, prevention, and treatment of bed sores.

Fourth week.—On cutting and preparing various dressings; filling dressing packets; preparing swabs and other appliances (extensions, etc.); on temperature taking and charting; use of ward, bath, and lotion thermometers.

Subjects Taught during Second Month.

WORK IN WARDS.

Taking temperatures; charting; filling water and air beds; hot water bottles; sponging; packs; vapour and air baths; administration of the various enemata; administration of douches; applying poultices, fomentations, blisters, mustard plasters, leeches, cupping, etc.; applying ice bags, ice poultices, evaporating lotions; simple dressings; preparing fracture beds; daily washing of patients in medical and surgical wards; attending to backs, etc.

DEMONSTRATIONS AND PRACTICE.

Simple and medicated fomentations; turpentine stupes; blisters; ice, various uses, applications of; various syringes used; enemata, purgative and nutritive; suppositories; various appliances; asepsis; antisepsis; lotions, measurements of, with strengths used for various purposes; simple sick-room cookery.

Examinations are held at the end of the course on the practical and theoretical work.

Legal Matters.

Miss A. J. Beatty, M.R.B.N.A., appeared in the Appeal Court on Wednesday in last week, before the Master of the Rolls, to appeal in person from a verdict of £50 awarded her in an action against the London United Tramways, Ltd., for personal injuries as a result of being jammed against a hoarding by one of the company's cars, on the ground that the amount of damages was wholly inadequate. The appeal was disallowed, and on Monday Miss Beatty applied to Mr. Marsham at Bow Street for summonses for perjury against three of the witnesses in the action called by the Company. She handed in a written statement which the magistrate promised to consider.

Practical Points.

GENERAL PRINCIPLES.

The Nursing of Diphtheria in Children.

I.—The room or ward temperature should be 62 to 65 degrees.

II.—The child must be kept

very warm.

III.—Careful attention must be given to the pulse.

IV.—On no account must he be allowed to sit up.

V.—The urine must be watched and accurately measured.

VI.—Feeding must be done slowly and cautiously.

VII.—If the child is being nasal fed the dangers and difficulties must be borne in mind.

VIII.—If Antitoxin is going to be injected, everything must be aseptic.

IX.—If tracheotomy is going to be performed, nothing must be missed in the preparing for it.

X.—If the child is going to be intubated, tracheotomy instruments must be there as well as the intubation ones.

POINTS TO BE REMEMBERED IN CONNECTION WITH EACH.

I.—Remember that if the temperature of the room or ward be allowed to fall, great danger is incurred by the child.

II.—Remember that heart failure is not uncommon in diphtheria, and allowing the child to become cold is encouraging it.

III.—Remember that the pulse is your guide in the nursing of the disease, and neglect to report changes in it is serious.

IV.—Remember that if you allow the child to sit up in the acute stage, that it causes a sudden strain on the heart, which is dangerous.

V.—Remember, that suppression of urine is not uncommon in diphtheria.

VI.—Remember that, if feeding is not done properly, vomiting will be the result, which is dangerous and difficult to stop.

VII.—Remember that the difficulties and dangers of nasal feeding are:

1. Blocking of the catheter by thick mucous in the œsophagus.
2. Curling up of catheter in the pharynx, and its entrance into the mouth.
3. Epistaxis.
4. Obstruction of the nose by inflammation.
5. Entrance of the catheter into the larynx.

VIII.—Remember the disgrace of an Antitoxin abscess.

IX.—Remember that one thing missed in the preparation for tracheotomy may be the cause of the child's death.

X.—Remember that in intubation the physician sometimes meets with difficulties, and may wish to tracheotomise at once, and that death will be the result if instruments are not at hand.

Remember, also, in conclusion, that diphtherial paralysis is not confined to severe cases. Some-

[previous page](#)

[next page](#)