Mrofessional Review.

THE SCIENCE AND ART OF NURSING. The Third Volume of "The Science and Art of Nursing" has now been published by Cassell and Co., Ltd., and opens with two chapters on Surgical and Accident Nursing, by Dr. Russell Howard, F.R.C.S., in which much useful information is given, as to hæmorrhage and the methods of checking it in various localities, inflammation, septic and aseptic wounds, fractures, cerebral cases, and miscellaneous accidents and emergencies, the preparation for operations, and the after care of operation cases. An interesting point mentioned by the writer in connection with cases of fractured spine is that "in cases where a pregnant woman has fractured her spine the confinement has been quite normal, but without the patient being conscious of it."

In connection with tracheotomy, the writer reminds nurses that "there are many different varieties of tracheotomy tubes, and the nurse should always make herself thoroughly conversant with the particular variety which is being used in the case she is nursing." The illustration given. is that of Morrant Baker's rubber tube, which, like many silver ones, is semi-circular in form. The disadvantage of the semi-circular tube is pointed out by Dr. R. W. Parker, Consulting Surgeon to the East London Hospital for Children, in a monograph on "Diphtheria: Its Nature and Treat-ment," who shows that "the ordinary quarter circle tubes do not correspond with the natural direction of the trachea, and hence their use is contra-indicated on anatomical grounds. The lower extremity of the tube tends to impinge on the anterior wall of the trachea, and this is attended with many inconveniences, and even with grave risks." Mr. Parker devised an "Angular Tube," the shape of which coresponds more nearly to the direction of the trachea, and reference to the work above mentioned and to the illustrations of a semi-circular, and of an angular tube, in situ will give a clear idea of the relative positions of

THE NURSING OF INFECTIOUS CASES.

A most interesting and valuable chapter is that on the Nursing of Infectious Diseases, by Miss E. C. Sandford, formerly Matron of the Edinburgh City Hospital, who writes:-

"I may point out that until a nurse has worked for some months in the wards of a hospital for infectious diseases, it is impossible for her to realise the great interest of this branch of nursing work, and the necessity that the nursing should be of the highest quality. It is all skilled labour, and is a field of work for the best and most intelligent women in the profession. A nurse who can cope, for example, with a bad case of enteric, with a full grasp of all its complications, and who can carry out any or all of the many courses of treatment prescribed by different doctors, may consider herself fit to undertake any medical case. Nor will the skill of a good surgical nurse be wasted. Operations often have to be performed in fever work. A knowledge of maternity work, too, is often needful.

"In no branch of nursing, again, is the general cleanliness of patients and their surroundings, or a knowledge of disinfectants and antiseptics, more necessary. It is well also that a nurse should have had experience in mental nursing.

"Fever nursing needs great self-denial, for the nurse is called upon to do many things for her patient in which, in general work, she would be helped by others. It is not too much to say that to no class does the community owe a greater debt o of gratitude than to the doctors and nurses who successfully combat infectious disease, and prevent it from spreading; who so treat the patient as to make his isolation as little irksome as possible, and at the same time with such skill as to guard him from complications and sequelæ, and ensure his complete recovery."

The fever nurse has to consider "four aspects of her duty: first, to her patient; second, to the doctor; third, to the community; fourth, to herself." These are all discussed in detail.

The coloured illustrations in connection with this chapter are most admirable, giving a clear idea of the eruptions typical of the various infectious diseases, such as scarlet fever, measles, typhoid fever, chicken-pox, and of small-pox on the first and fifth day of eruption. The nursing points in the care of the various fevers are clearly explained. An interesting point in connection with the rash of chicken-pox is that it "comes out early in little red spots, some becoming blisters filled with clear fluid, then with matter. They came out in crops, and are seen on the body in these three stages at once—this marks their difference from small-pox, and is often a help to the doctor in diagnosing a case. Typhus fever is a disease which is nowadays happily seldom seen by nurses. "The contagion is very powerful, and nurses and doctors often take the disease. Fresh air is the best antidote. Infection is spread by exhalations from the body. . . . The complications of typhus, which it is the business of good nursing to guard against as far as possible, are bronchitis and pneumonia. The latter is usually

tient quickly mends, he must not be exposed to chill or damp, and three or four weeks from the crisis should elapse before he is allowed to come into contact with other people. The brain being much affected in this disease, violent delirium, known as delirium ferox, is a frequent symptom. There is also a condition called coma vigil: the patient may lie for two or three days with his eyes wide open, quite sensible all the time. The urine is often passed involuntarily, bedsores come easily with careless nursing.'

THE NURSING OF TROPICAL DISEASES.

Miss Alice Mary Hall, Matron of the Seamen's Hospital for Tropical Diseases, understanding the term in the sense in which it is interpreted by Sir Patrick Manson, as indicating "diseases occurring only, or which from one circumstance or another are specially prevalent in warm climates." In these are included dysentery, cholera, plague, yellow fever, blackwater fever, sprue, beri-beri, leprosy, previous page next page