

Quarterly reports as to the efficiency, progress and discipline of probationers should be furnished to the Guardians of an Infirmary by the Matron or Superintendent Nurse who should herself receive regular written reports from Sisters.

No doubt the difficulty of obtaining probationers inclines Guardians to keep unsuitable ones, but it is a short-sighted policy. If a staff deteriorates the patients suffer and the difficulty of obtaining the right class of probationers increases.

MEDICAL MATTERS.

INFECTION FOLLOWING TONSILLOTOMY.

The removal of the tonsils is regarded as a simple operation, and it is not always realized what serious result may follow. Dr. H. Koplik, in the *American Journal of the Medical Sciences*, draws attention to this possibility, and quotes cases which have come under his own observation, and others which have been reported. The three forms of infection which may follow removal of the tonsils and adenoids to which he directs attention are:—

1. Following the operation the patient may appear to be doing well, but on the second or third day the temperature begins to rise and continues to run an obscure course for about two weeks. The patient eventually recovers without any ill effects on the heart and with no rheumatic manifestation.
2. In another set of cases, after removal of tonsils a moderate rise of temperature occurs and may continue for a number of weeks. Cardiac murmurs may occur, and the patient may even succumb to a malignant form of septic endocarditis.
3. In the third class of cases the infection causes destructive blood changes, and there is evidence of sepsis in the presence of ecchymotic and petechial areas on the skin, of patches of broncho-pneumonia, and the occurrence of profuse hæmorrhage from the bowel.

Such a case is reported by the author, and was one of profound sepsis in a boy of five after tonsillectomy and adenectomy performed in surroundings ideally hygienic. No less than seven hæmorrhages occurred into the skin and conjunctivæ and from the mucous membrane. The hæmorrhagic sepsis was accompanied by rise of temperature and endocarditis. As a last resort transfusion was performed, and the patient eventually recovered.

OUR PRIZE COMPETITION.

HOW SHOULD A NURSE CARE FOR HER HANDS SO THAT THEY ARE KEPT IN THE BEST CONDITION FOR USE IN THE SICK ROOM?

We have pleasure in awarding the prize this week to Miss Sarah Ann Cross, King's Lynn, Norfolk.

PRIZE PAPER.

Nurses are apt to give too little attention to their hands, and yet it is a very important matter to keep them smooth and the finger-nails in good order. There will often be circumstances in which a nurse's hands must suffer by contact with strong antiseptic lotions, and by frequent washing in hard water, or as a result of continually applying various forms of treatment which leave marks and stains upon the hands.

Five or ten minutes spent in a careful toilet of the hands before going to bed will, as a rule, keep them nice and presentable. First, a thorough scrubbing with soap and water and nailbrush—even pumice stone may be used if the fingers are stained; then dry in a soft towel, and apply gently a mixture of eau de Cologne and glycerine, or glycerine and cucumber, or glycerine and rose-water, whichever is found to suit the skin the best; and lastly a pair of old soft white or lavender kid gloves may be worn all night, taking the precaution of cutting out the covering of the palm, thus arranging for ventilation. This treatment, if persevered in, will work wonders. If the hands are chapped, a little camphor ice rubbed on the skin will prove effectual in healing cracks, but the wearing of an old kid glove softens the skin and goes far in removing traces of work, &c.

A small set of manicure instruments used daily will keep the nails smooth and shiny.

Should there be any inkstains on the fingers, Sanitas will be found to be a most useful remedy. Iodine stains can be removed with carbolic lotion of moderate strength.

Nurses should not neglect small scratches, cuts, abrasions, &c., on the fingers. Such minute wounds afford an easy entrance to more or less deadly microbes.

Forceps must always be used in removing soiled dressings. The hands and forearms must be thoroughly washed and disinfected after any contact with wounds, or after attending to infectious cases, and if the nails are kept short it will be to the advantage of both nurse and patient.

When a minute scratch is first perceived, it should be promptly painted with collodion or covered with an indiarubber finger-stall, and kept covered until perfectly healed. It is most

previous page

next page