

OUR PRIZE COMPETITION.

DESCRIBE THE DAILY AND GENERAL CARE YOU WOULD GIVE TO THE MOUTH AND HAIR OF A HELPLESS PATIENT.

We have pleasure in awarding the prize this week to Miss E. Valler, 4, Devonshire Square, London, E.C., for her paper on the above subject.

PRIZE PAPER.

All nurses should realize the importance of keeping the mouth clean, and as free from germs as possible.

Micro-organisms flourish in the warm moisture of the mouth, and if allowed to multiply to any extent, produce "toxins" which cause gastric and other troubles.

Assuming that the patient is sensible and able to hold fluid in his mouth, a mouth wash of peroxide of hydrogen, vols. 20, 1 ounce to 1 pint of water could be given on waking in the morning before giving nourishment.

This is easily managed by giving the patient a small quantity in the mouth at one time, protecting the neck and chest by a towel, and turning the patient's head to one side, and allowing the fluid to return into receiver (a small soap dish would do), this could be continued until the lotion is returned clear, and if the patient likes, could be followed with a little plain water or boracic (1 drachm to 1 pint). After breakfast the teeth should be cleaned with the tooth brush, using kolynos, as this helps to keep the germs in a more healthy condition. Later, preferably after the principal meal at mid-day, a strand of silk or a match slightly pointed, dipped into an antiseptic could be used to dislodge any particles of food that had collected round and between the teeth; then using small glass syringe and peroxide, the nurse should syringe through each tooth, between cheek and gums, and also into any cavities there may be, finally cleaning the tongue, roof of the mouth and gums with glycerine and borax, using small pieces of cotton wool wound firmly round the point of the forceps, then rinsing the mouth with a little plain water or boracic.

Last thing when the patient is being settled for the night, the teeth should again be cleaned with the tooth brush, using kolynos and plain water or boracic.

Once a week any tartar that has collected could be removed with a little damp pumice powder.

Some patients prefer glycerine and borax flavoured with a few drops of lemon juice.

It is necessary to keep the tooth brush scrupulously clean by washing it in an antiseptic, with an occasional boil, but it will need renewing frequently. If the mouth is in a bad condition it would need attention more frequently both night and day, the tongue also may have to be scraped. If the patient is on fluid diet false teeth could be left out altogether.

The hair of a woman patient should be divided in half and kept in two plaits, secured near the ends with ribbon.

Well brush night and morning one side at a time, making sure the bristles touch the scalp, comb the hair well up, and start plaiting rather high towards the back of the head to enable the plaits to hang over the pillow, and not cause pressure and discomfort by getting under the head.

Once a week a simple hair-wash such as jaborandi could be used, or a dry shampoo, then comb with a small-tooth comb to remove any dust or scurf.

Brushes must be kept very clean.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Beecher, Miss Gladys Tatham, Miss A. D. Fairbank, Miss J. Robinson, Miss Kate Phillips, Miss J. G. Gilchrist.

Miss A. D. Fairbank remarks that in the nursing of helpless patients the attention to their mouths is a very important point, any neglect of this being liable to give rise to disinclination for food, and if this occurs, and sufficient nourishment is not taken, the tissues break down and bed sores result.

Miss Robinson, in emphasizing the importance of oral hygiene from the point of view of health, calls attention to the injurious effects of a septic mouth and quotes the opinion of Dr. J. S. Marshall in his book on "Mouth Hygiene" that "the long continued ingestion of myriads of septic and fermentative bacteria during the preparation of the food by mastication and insalivation for the process of digestion, and during the intervals between the taking of food, cannot but prove detrimental and positively harmful to the process of digestion and to the integrity of the gastric and intestinal mucous membrane and their glandular structures. . . . Ordinarily the growth of the putrefactive and zymogenic—fermentative—organisms is inhibited in the gastric juice, but when this fluid is weak in hydrochloric acid, or when the number of the ingested germs is so great as to overwhelm the

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