

absent up to that time. Regular testing of the urine should therefore be charted, and the temperature registered at least twice a day. One of the most trying points about children suffering from general tuberculosis is the fact that the mouth is often found to be in a hopelessly septic condition, and even with the greatest care little can be done to remedy this, as the whole permanent set of teeth will be found to be decayed, and the general condition precludes the drastic measure of total removal, and an artificial set being substituted. An inexpensive mouth wash is made with Boracic Lotion and Salt, to which may be added Carbonate of Soda. Patients suffering from general tuberculosis are often able to take food well up to the last, and live for a very long time, six months or a year, in a state of great emaciation. Oftentimes old sinuses heal, and great improvement appears to have taken place, but shortly some internal organ will be discovered to be affected, generally the kidneys or liver, the latter by a failure first of ordinary digestion or by perceptible enlargement. It has been our custom to keep up the Jeyes' baths to within a short time before the end—they are gratefully taken by the patient if exertion is minimised. If, however, there is anasarca, we have found it best to blanket bath, and also in cases where there are cardiac symptoms. One point about the mental attitude of tubercular patients has to be taken into account—their hopefulness. In almost every case it is well to keep the fact of approaching death from a child or young adult rather than cause distress. If a patient in moments of temporary distress asks for the truth, I personally do not hide it—but my nurses are never allowed to discuss the question. "Ask Sister" generally suffices for a child, and the older patients do not usually give confidences save to those in charge, whom they naturally expect to have more knowledge.

In all incurable cases, great care must be exercised to prevent pressure sores, but with constant care they need not be expected. There are many varied opinions as to what best preserves the skin. The idea must be grasped to keep up the circulation in all parts and to remove pressure. From experience I like Methylated Spirit and Starch Powder, with friction, after washing well, leaving clean soap on the skin, and drying with a soft towel. China clay or Kaoline may be applied instead, if the superficial skin is red. Pressure sores need not be feared, but all heavy cases should be nursed on a water bed, or ring pillow, and the position changed as often as possible.

(To be continued.)

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A CASE OF ACUTE NEPHRITIS?

We have pleasure in awarding the prize this week to Miss Edith M. Shuter, the Royal Infirmary, Leicester.

PRIZE PAPER.

A patient suffering from acute nephritis should be kept absolutely at rest, in bed, in a warm well ventilated position, carefully protected from draughts.

If there is excessive renal congestion causing marked diminution or suppression of urine, it may be relieved by dry cupping, leeching, hot packs, linseed poultices or fomentations to the loins, hot air baths or vapour baths according to the instructions of the medical man.

In extreme cases venesection is sometimes resorted to. One of the most important points is to endeavour to get the skin to act freely, this is best effected by clothing the patient in flannel, placing him between blankets, and by administering hot packs, daily if necessary. It is most important to see that the patient is not chilled after these; he should be thoroughly rubbed down with hot towels, taking care to expose as little of the body as possible, and a warm flannel gown should be put on, together with the hot blankets. Three hot bottles should be kept in the bed, three-quarters filled with almost boiling water, a stone one for the feet and a rubber one for each side, all in strong covers (these should be outside the blanket covering the patient), and should be *exchanged*, not taken away and refilled, at least every four hours, so that the patient is never without them.

Internally full doses of acetate of potassium may be ordered freely diluted. Injections of pilocarpine gr. $\frac{1}{4}$ — $\frac{1}{2}$ sometimes produce excellent results.

Sometimes, though not always, diuretics may be employed, and the patient should always be encouraged to drink plenty of water for the purpose of eliminating and washing away the materials which accumulate in the renal tubules. All urine should be measured and a specimen put up for testing every day.

The bowels should be kept freely open by means of pulv. jalape co. ℥ss.-℥i, or pulv. elaterin co. iii gr.-iv gr. daily, or alternate days as the case may be, or by saline aperients. In very extreme cases of crotini m. i-m. ii may be necessary.

In cases of extensive dropsy the fluid may be drawn off by Southey's tubes or from internal

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