

third weeks. Baths are not advisable, as the patient must be moved as little as possible.

The contagious sources of typhoid lie in the urine and faecal discharges. Wear an overall and keep the sleeves rolled up when attending to the patient, and remember always to soak the hands in bich. mercury 1-1000 *before* touching anything else, and before washing with soap and hot water. Put all linen *directly* into disinfectant, 1-40 carbolic or $\frac{1}{2}$ per cent. formalin. All utensils used should have "Typhoid" printed on them. Keep all feeders, plates, &c., separate, and wash with carbolic, formalin, or Izal. Cover the bed-pan and urinal and keep in a cool place, always with a little disinfectant standing in them; before emptying after use, add more disinfectant twice the strength, and let it stand a few minutes.

As in all cases of fever plenty of fresh air and sunlight is desirable. Massage to the limbs during convalescence (which is long and tedious, the patient being only allowed to exert himself very gradually) may be beneficent, and a change of air and scenery as soon as permissible.

HONOURABLE MENTION.

Never before have we received so many admirable papers in any competition, and the following competitors receive honourable mention.

Miss M. Meadley (whose excellent and most comprehensive paper exceeded the 750 words allowed for competition), Miss M. D. Hunter, Miss C. McDonald, Miss E. G. Townley, Miss A. Phipps, Miss M. Watson, Miss A. Aiers, Miss G. E. Hinchcliffe, Miss M. E. Bielby, Miss A. L. Clarkson, Miss E. M. Streeter, Miss F. Sheppard, Miss D. Fairbank, Miss A. Wadsworth, and Miss K. Dodington.

Miss M. D. Hunter in referring to the care of the back writes:—A mixture of brandy and hazeline in equal parts with the white of an egg will be found excellent, or if there is incontinence, zinc ointment mixed to a paste with castor oil would be more suitable. . . . Sterilize the feeding cup by boiling twice in every four hours. . . . A nurse must use her judgment whether to rouse a patient from sleep at night for feeds. In a case of stupor for instance it would be most necessary. . . . Give a blanket wash night and morning, a little weak Lysol will help to prevent the excessive falling out of the hair if rubbed in scalp.

Miss C. McDonald warns us "That the draw sheet should be fairly long and should be drawn every two hours. This has a very cooling effect, and is much appreciated by the

patient. No sign of a wrinkle should be seen on draw sheet, bottom sheet or mackintosh. . . . A long flannel bedgown open at the back should be worn, and frequently changed. . . . The cleansing of the mouth is very important. It should be cleansed *before* and *after* a feed. The finger covered with a rubber stall is best. Forceps and pieces of wood, no matter how carefully used, are hard in contact with teeth and gums, and cause pain, and never clean efficiently at best. Wrap a thin piece of cotton wool round finger, dip in boroglyceride, wipe round teeth, inside and outside tongue, roof of mouth, finally dip in lemon water and wipe. If the patient is sensible he may rinse his mouth out with the latter. . . . Large draughts of water may be given; if the patient complains of the flat taste it may be aerated."

Miss Mary Watson says:—Stools and urine must be received into disinfectant, more added, and stool allowed to stand for 20 minutes before disposal. Soiled linen must be received in covered tank, and immediately soaked in disinfectant. Mackintoshes disinfected, and changed frequently, if patient have incontinence. Bed and bedding, &c., thoroughly disinfected at end of case. She gives the following rules for nurses:—

1. Never attempt to move an acute enteric patient alone.
2. Never eat food, or drink water in, or near, ward.
3. Never touch lips or handkerchief until hands have been scrubbed.
4. Wear gown and rubber gloves if possible.
5. Walk and talk quietly in ward.
6. Take daily open air exercise.

Miss A. Aiers writes:—Parts of the body subject to pressure on bed, should be methodically examined, and gently massaged to avoid bed-sores, and air or water pillows used. . . . When there is hæmorrhage, the patient must be kept perfectly quiet. Ice bags may be lightly applied to the abdomen, and the foot of the bed raised on blocks. If the patient is collapsed, intravenous or subcutaneous injections of saline will probably be ordered.

Miss G. E. Hinchcliffe very wisely says:— "In nursing a case of enteric fever more than in any other case, it is necessary to have a skilled, intelligent, and sympathetic nurse who realises her responsibilities to her patient, the public and herself. . . . In certain stages for patient to sit up suddenly might induce perforation, and syncope must be guarded against by turning him from side to side,

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