

In some diseases, such as diphtheria, we can manufacture the antitoxin in the body of another animal, and give it to the patient with success, and this is why diphtheria has been robbed of its terrors in recent years—incidentally through experiments on animals, and nothing else.

But we cannot as yet do this in enteric fever, because we are unable to produce a severe attack of that disease in an animal, which is a necessary preliminary to the manufacture of antitoxin. We have to rely on the patient's own leucocytes to do this. Consequently our chief aim in treatment must be directed towards helping the leucocytes to do their own work.

Now, when we come to think of it, this means mainly that they must be *adequately nourished*. Consequently, if we do not give a typhoid patient sufficient food—out of mistaken reverence for his ulcers—we may do a good deal of harm, because an army of leucocytes, like a regiment of soldiers, has to fight on its stomach. Poorly nourished leucocytes are soon poisoned by the toxins produced by the active bacilli.

Still, we must obviously have *some* respect for the intestinal ulcers, and we cannot stuff a typhoid patient with large quantities of nutriment, irrespective of his digestive powers; it is obvious, indeed, that whatever food we give should be in quite a soft and unirritating condition by the time that it reaches the ulcerated surface. The method that was formerly employed was to give the patient nothing but milk (and perhaps some beef tea occasionally), not only until the temperature had fallen to normal, but even for ten days or so after that. The reason often given for this was that as the patient suffered continuously from diarrhoea, nothing of a solid nature could be given by mouth.

Now comes the fallacy. Very few patients, even in health, can stand a diet of unmitigated milk for three weeks without suffering from indigestion, and the signs of this would be diarrhoea, with the passage of undigested milk in the stools. In other words, the so-called typical typhoid stools.

No, in the vast majority of cases, diarrhoea is a symptom, not of enteric fever, but of milk dyspepsia. The proof of this is twofold. When one stops the milk, the typical typhoid stools disappear, and, on the other hand, they can be produced in patients who are not suffering from enteric fever at all by inadvertently giving too much milk.

(To be concluded.)

AN EXPENSIVE ITEM.

HOW TO CARE FOR RUBBER GLOVES.

By MISS ANNE SIMPSON.

Gloves nowadays are worn to such an extent for practically all operations and dressings, that they form an expensive item in the hospital accounts, and their care is a very responsible part of a theatre or ward sister's work.

New gloves should be stored in a dry, cool place, or they will soon lose their elasticity and crack on being used.

Try to avoid putting on gloves hurriedly. With a little practice they can be slipped on quite easily, and with the minimum amount of pulling. Show your students and nurses how to put on gloves in the proper manner, never touching the outside of a sterilized glove with the bare hand. A little extra time and trouble taken to explain this thoroughly will considerably lessen the number of torn gloves.

Try to give each person his correct size, working in gloves half a size too small means cramped hands and misery, and in even half a size too large it is difficult to thread needles or hand instruments neatly and quickly.

Boil gloves in plain water. If any solution of soda is added it will make them slippery and impossible to work quickly in.

After an operation, collect all the gloves worn, and wash them well with soap and water, and carefully remove all blood, &c. (a little ammonia in the water will help wonderfully). Whilst doing this it is quite easy to test them by filling with water and squeezing each part of the glove in turn; a jet of water will show if any injury is present, and these damaged gloves should be put aside for repair. If the operation has been a dirty one—that is, if any septic condition was present—the gloves, after having stains removed by rinsing in cold water, should be well boiled for at least ten minutes before being tested. An easy way to dry gloves is, after shaking off loose drops, to hang them either in a current of air, or in a warm dry atmosphere, turning them inside out after an hour or two. If time allows, all gloves are dried, powdered, and "paired" after operations, and kept in boxes; but quite a useful plan is to have a series of loops or strings made of broad tape or webbing, each loop distinctly marked with size and quality, hanging over a sink or in some place where water may drip safely, and, after washing and testing, each sound glove is placed in its corresponding loop.

Torn and punctured gloves may be repaired many times; patches for that purpose may be

[previous page](#)

[next page](#)