

Toxol, Formalin, Lysol, or its equivalent, diligently searching for and destroying all found, as fleas, like all other vermin, multiply very rapidly.

Lice may be found in the head and on various parts of the body, and will make their breeding places in the seams of clothing, especially woollen articles. It is necessary, therefore, to comb the head twice daily, and wash it frequently, rinsing in weak vinegar water, which loosens the nits when they exist. All clothing should be boiled when possible, all woollens baked, or the seams well seared with a very hot flat iron, any scales afterwards being scraped away and destroyed. The body should be thoroughly scrubbed daily with an antiseptic soap, the towel afterwards being immersed in an antiseptic lotion until it can be boiled. It must not be allowed to lie about or be dried for second use.

Bugs must also have their hiding-places sought out—these are generally where there is dust, such as round ledges and buttons of bedsteads, in creases and folds of mattresses, in corners of walls, round wainscotings and ceilings, in crevices of furniture, such as backs of wardrobes, chests, or washstands, seams of clothing, &c. When found, they must be flicked into very hot water by means of a stick, their nests afterwards destroyed by baking or ironing, afterwards thoroughly brushing. All furniture must be well sponged with liquid paraffin. Rooms must be also fumigated or sprayed with formaldehyde.

All men, when going on leave, whether for long or short periods, should have a hot bath, followed by sponging of the body with a disinfectant, and get into entirely clean clothes, those discarded being in the meantime subjected to such treatment as their condition may require.

Camps should be inspected daily by a very conscientious officer—men, clothing, beds, tents, feeding quarters, cooking and mess rooms and sanitary quarters—for these pests, everything that is possible being done to prevent the spread of vermin, which endanger the lives of, and cause discomfort to all those with whom they come in contact.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. G. Bielby, Miss K. Cunningham, Miss M. Prior, Miss P. James, Miss J. Robinson.

QUESTION FOR NEXT WEEK.

How would you organize the nursing in a military hospital of 100 beds and upwards?

YELLOW FEVER—HISTORY AND NURSING.*

(Concluded from page 87.)

The pulse in yellow fever is the greatest characteristic of the disease. In the period of invasion and during the first and, perhaps, the second day of the fever, the pulse is fairly rapid, but even then does not correspond to the rate found in other diseases with an equal temperature, seldom going over 100 to 110, no matter how high the temperature goes. This lack of correlation is most noticeable when, after the second day, the temperature continues to rise, and the pulse becomes slower and slower, often dropping to as low as 40, or even 30, beats per minute. As the rate lessens, the pulse becomes weaker, softer, and more or less irregular. When all the other symptoms have disappeared and the patient is well in every other way, it will be found that the pulse is still very slow, and it will remain below normal for an indefinite period.

It is necessary that the patient be put to bed as soon as the first symptoms appear, and be not allowed to get up at all during the course of the illness. The nurse must be very strict on this point, because the heart in yellow fever undergoes certain muscle changes, and, if over-exertion is allowed, acute dilatation may follow. The patient should not be permitted to get up too early after recovery; never until a week has elapsed from the termination of the secondary fever.

One of the most dreaded peculiarities of yellow fever is the early involvement of the kidneys. Albumin is always present either sooner or later during the course of the disease, varying in quantity from a trace to 80 per cent. moist, and it may last from a day or two to several weeks. Suppression is not infrequent, and, as far as is possible, must be watched for and guarded against. The cry of the system is for water, which is needed from the very beginning to dilute the toxins of the blood, and, above all, to flush out the kidneys, which are clogged up so early in the struggle. As long as the stomach is tolerant, vichy and water should be given freely. To induce the patient to take it more readily, the water may be flavoured with fruit juices. The urine must be carefully measured and recorded, and should the quantity fall below 20 ounces in twenty-four hours, diuretic enemas are to be given every

* Contributed by MISS ETHEL DARRINGTON HARRISS, R.N., to the *American Journal of Nursing*.

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