

"anxious," and even on the first day the skin may show a slight tinge of yellow.

As a rule, an attack of yellow fever, like measles and chicken pox, renders one immune for life.

As soon as possible after the onset of the chill it is the custom to give a hot mustard footbath, together with hot drinks. This brings about a reaction from the chill, and causes a profuse perspiration, which helps the kidneys in their work of elimination. In yellow fever the pain in the head, back, and limbs is very distressing; in no other disease except smallpox is there such severe aching, and by its revulsive effect the hot footbath greatly relieves these pains. This routine practice is a relic of old Creole days, the doctors of that time being under the impression that the disease could be moderated, or even aborted, by profuse sweating; and the old "Mammies" advocating it because they believed it "drove out the misery." The fact that the use of it has survived is a sufficient testimonial of its worth. Every nurse trained in the nursing of yellow fever in the south knows how to give this hot footbath "à la Créole."

A foot tub should be half filled with very warm water, to which has been added a pound of ground mustard. The tub is placed in the bed, and the patient's feet immersed therein. The patient and the tub are then covered with several blankets, the latter being lifted slightly every few minutes to allow more hot water to be added to the bath, and the brisk rubbing of the legs up to the knees with the hot mustard water. The water must be kept very hot, almost to the point of intolerance. In this way the patient is given a vapour bath, which causes a free diaphoresis. In the meantime hot drinks are given freely, hot lemonade or, as is the rule in the French Quarter, hot orange leaf tea. The feet are kept in the water for ten or fifteen minutes, after which the tub is removed and the blankets tucked in snugly. After the patient perspires profusely, a cleansing bath and vigorous alcohol rub are given. When the linen is changed, a hot-water bag must be placed at the patient's feet, and a warm dry blanket put over him to prevent his getting chilled.

Cleansing baths must be given very frequently, as it is of utmost importance that the pores be kept open, so that the skin can help the kidneys to do their work.

The mouth and gums must also receive especial care, and be kept in as healthy a condition as possible, in order to lessen the danger of hæmorrhage from the gums.

The room must be kept well ventilated, for in yellow fever, as in all infectious diseases, plenty of air is necessary for recovery. While

in other diseases ventilation is a simple matter, in yellow fever nursing, especially among the poor, it is a problem. On a warm day, with a malodorous patient, and with cheese cloth tacked over all the doors and windows, and no electric fan, the nurse will find it no easy task to keep the room from feeling "stuffy."

In the beginning of the disease the physician prescribes a purgative; some give one of the salines, some still cling to castor oil, while others prefer calomel in small doses. In the epidemic of 1897 a popular mode of administering calomel was known as the "Holt Sandwich," named for Dr. Joseph Holt, who originated the idea. The "sandwich" is prepared by covering the bottom of a spoon with a layer of very finely crushed ice, the calomel is placed on this, and then covered with another layer of crushed ice. In this way the calomel is packed between two layers of ice, and the patient swallows it without knowing that it is medicine. This method of giving medicine is especially good where there is great gastric irritability. After the first thorough emptying of the bowels, purgatives are never given any more, but enemas are ordered when necessary.

The fever in this disease runs only a few days, but while it lasts it usually runs very high, and should be reduced sufficiently to diminish the tissue waste and make the patient comfortable. Sponging has been found to be the best method of reducing the temperature, but because of the capillary stasis and the readiness with which the patient collapses, sponging with ice water is not advisable. The bath should be begun with warm water, and cooler water added until the water is cool, but not cold. At frequent intervals, while sponging, friction to the skin will help to prevent cyanosis. Cold enemas are often given to reduce the fever, the temperature of the water to be regulated by the degree of temperature to be combated: the hotter the patient, the colder the water, but never ice water. An ice cap to the head and an ice pillow to the back of the neck give comfort while the fever is high.

(To be concluded.)

OUR PRIZE COMPETITION.

We regret that none of the papers sent in this week are of a sufficiently high standard to merit publication and the reward of a prize. We must assume that nurses are too busy applying treatment to infected wounds to write papers on the subject.

QUESTION FOR NEXT WEEK.

How would you prevent the spread of epidemics by flies, fleas, lice, and bugs in war time?

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