

may also be ordered. Bicarbonate of soda and rhubarb are the most useful drugs.

(4) As a rule surgical treatment is the only relief for malignant disease, where possible gastrostomy or jejunostomy being performed.

Digestive disturbances arising secondarily to other diseases require very light diet, and the other disease must be treated. Fluids are restricted in cases accompanied by dropsy, and the food taken must be as nourishing as possible.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Alice M. Burns, Miss J. Robinson, Miss P. Shepherd, Miss O. Pitman.

#### QUESTION FOR NEXT WEEK.

In what directions do you suggest that steps may be taken to reduce waste to a minimum in the administration of a ward?

### PRACTICAL POINTS.

#### TREATMENT OF BEDSORES WITH RADIANT HEAT.

By ANNA V. RUTHVEN, R.N., and EHYL M. SPENCE, R.N.

In our training-school days we were taught that bedsores were the result of carelessness, and the nurse who allowed any patient to develop one was in lasting disgrace. All experienced nurses know that this is not exactly true, for there comes a time in their career when it is absolutely impossible to combat successfully these painful conditions. Incontinence, involuntary urination and profuse perspiration, together with the lowered resistive powers which always accompany such conditions, add to the danger. In prolonged illnesses, such as paralysis, serious fractures and cases where much movement is impossible, you might as well use your usual remedies on the door knob as on the patient's back.

Having such a case, the patient being eighty-six years of age and paralysed, we started with the routine treatment—alcohol and a good drying powder. It is to be remembered that he was also troubled with excessive and involuntary urination, requiring frequently to be changed every hour or oftener. During the first few days, he developed that eruption familiar to all who have nursed many cases of paralysis. One of these welt-like ridges broke open. We used every remedy possible, but without much success. We were able to hold it in check, but that was all.

One day we got a small "Simplex" heater, as the patient would chill easily, before it was time for furnace heat in the house. As the bed was a spacious one, we would put the little heater on the bed while bathing him, to keep him warm. Occasionally we held this to his back. It seemed to soothe and rest him more than a hot water

bottle. Almost immediately we noticed the effect upon the sore. Deciding that the electric rays were the cause of the improvement, we called the doctor's attention to it; and as he advised our continuing their use, we applied them on an average, every two hours, sometimes oftener. The recovery was wonderful! In ten days, the sore which had been bothering the patient for weeks was entirely healed. A second sore which had appeared on one hip healed as quickly.

Considering the age of the patient and his general condition (after seventeen weeks in bed his back was as clear as a healthy infant's), we are inclined to think of radiant heat as a blessing straight from heaven, and advise all to try it on their next chronic case. The doctor expressed himself as pleased with this method and considered it a perfectly proper nursing measure, in no way interfering with his domain.

As a preventive measure, radiant heat is equally good. Apply the rays three times a day for twenty minutes, rubbing the back gently and all your worry with bedsores will be over.

There are various arrangements which can be bought. We are familiar with the "Simplex" heater, a little stove which serves two purposes, as it keeps the room snug and warm when not being used for treatment. (The current is exposed, but the stove is perfectly safe if used carefully.) Another apparatus is composed of several electric lights in a tin case reaching the length of the spine. (This is used in the Battle Creek Sanitarium for nervous cases.) In families where every penny counts, a common electric light with a long cord and a shade will do admirably. It is hardly necessary to state that the patient's bed must be entirely free from moisture to get the best results.—*American Journal of Nursing.*

#### FRENCH FLAG NURSING CORPS.

Miss Eleanor Turnell, who has already been a member of the F.F.N.C. for two and a half years, returned to France on active service this week. Miss Muriel N. Travers, who has also had practical experience of nursing in a French military hospital, has been admitted a member of the Corps, and has left for France.

In the devastated districts, many of the Sisters—especially "Queen's Nurses"—become deeply interested in their poor neighbours. "I feel very happy," writes one, "in making the lot of these poor people a little less hard; if only the poor soldiers could return to their homely firesides, I could ask for no greater pleasure."

Writing from the war zone, a Sister says: "The description of your visit to the war zone in France was so touching, so *really true*. If one could have more of it. You cannot think what a ray of light THE BRITISH JOURNAL OF NURSING is to us out here, away from everything in our nursing world, and yet so near to everything that is *great* in these times."

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