

OUR PRIZE COMPETITION.

HOW WOULD YOU CARE FOR THE MOUTH, THE HAIR, AND THE NAILS, OF A HELPLESS PATIENT?

We have pleasure in awarding the prize this week to Miss Sarah Ann Cross, Edmonton Infirmary, London, N. 18.

PRIZE PAPER.

When a patient is in bed the state of the mouth should be observed. A frequent cause of the decay of teeth is neglect during acute illness.

The mouth should be examined to see if there is any pain or heat, are there any decayed or unclean teeth, the condition of the gums—are they normal red or very pale, swollen, bleeding, or rather blue? The condition of the tongue should be noted—is it coated? If so, light or grey, dry and brown, red, or the so-called strawberry tongue, or does it tremble?

The more severe the illness, as a rule, the higher the temperature, and the greater the necessity of giving careful attention to the mouth.

A neglected mouth is often shown by the accumulation of a thick, dry coat on the tongue, and thick, sticky offensive masses, called *sordes*, on the lips, gums, and between the teeth. It is said that the condition of the patient's mouth is an indication of the capability of the nurse.

If the patient is well enough to brush his teeth, or to have them brushed, nothing is more refreshing in illness than a clean mouth and well brushed teeth.

The mouth should be rinsed several times a day with warm water, and, if preferred, a little common salt can be added, or tincture of myrrh or eau-de-Cologne, which stimulates the secretions.

Frequent swabbing of the teeth, gums and tongue with a piece of cotton material held in a pair of forceps and saturated with an alkaline solution, such as glycerine and borax, will greatly add to the comfort and welfare of the patient. If the lips are sore and bleeding, powdered boric acid may greatly relieve the condition.

If the patient sleeps with his mouth open, the tongue should be moistened frequently with a solution of glycerine and water on a piece of cotton material held with a pair of forceps. All swabs used for cleaning the mouth must be burnt.

The hair must be brushed and combed every day, twice a day if the condition of the patient will allow, and be braided in two braids, so

that the patient does not lie on them. If the hair is matted through neglect, it must be gently combed a little at a time during the day, and the next day. It will be found easier if the hair is combed upward, starting at the ends first. If vermin are in the hair there are many preparations which will quickly exterminate them. Carbolic oil, 1 to 40, I have found very successful for verminous heads. If it is rubbed well into the hair, and a compress of old linen and jaconette applied, and bandaged on and left until the next day, all the vermin will be found to be dead. The head is then washed with warm water, soda and soap, and well rinsed. After thoroughly drying, apply hot vinegar to the nits, which will loosen them from the hair, so that they can be brushed off or combed off with a dust comb.

The nails must be kept clean and trimmed. Dirty nails in infectious diseases, such as typhoid fever, have been known to re-infect the patient. The nails, when trimmed, must not be left uneven; a little rubbing with a nail file will greatly add to the patient's comfort.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Crone, Miss Jean M. Scott, Miss M. A. Jacomb-Hood, Miss E. O. Walford, Miss M. Barnes, Miss F. Thomasson.

Miss Crone writes:—"Micro-organisms flourish in the warm moisture of the mouth, and if allowed to multiply to any extent produce 'toxins,' which cause gastric and other troubles. Assuming that the patient is sensible and able to hold fluid in his mouth, a mouth wash of peroxide of hydrogen, vols. 20, one ounce to one pint of water, could be given on waking in the morning before giving nourishment. This is easily managed by giving the patient a small quantity in the mouth at one time, protecting the neck and chest by a towel, and turning the patient's head to one side and allowing the fluid to return into a receiver (a small soap dish would do); this could be continued until the lotion is returned clear, and if the patient likes, could be followed with a little plain water or boracic (one drachm to one pint)."

Miss Jean M. Scott writes:—"When the nails are not properly cared for they are frequently the seat of inflammation and sepsis. This inflammation begins at the side of the finger by the nail, and a whitlow may be the result."

QUESTION FOR NEXT WEEK.

In what cases may profuse sweating occur as a prominent symptom? What are the causes of this sweating, and what its special nursing?

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