

costs the nation £80 a year. Women Police—by uttering cautions to women loitering in cafés and elsewhere—appreciably prevent the spread of the disease; therefore, far from their disbandment being an economy, it will undoubtedly prove an expensive measure. We are glad to learn that the result of the debate has been that the Home Secretary has made a valuable concession, namely, he has consented to keep a nucleus of twenty uniformed women (including especially the officers), a nucleus, as he says, “upon which a new Force could be immediately built up any moment that there was financial power to do so.” We trust that time is not far off.

OUR PRIZE COMPETITION.

WHAT IS MEANT BY DECUBITUS? GIVE SOME CHARACTERISTIC EXAMPLES.

We have pleasure in awarding the prize this week to Mrs. Firth Scott, 231, Ladbroke Grove, London, W.C.

PRIZE PAPER.

Decubitus (Lat. *decumbere*, to lie down) is generally taken to mean the attitude or position which the patient assumes in bed. It also is sometimes used to denote bedsores. Taking the first meaning of decubitus, we may learn much of our patient's illness and general condition by intelligently observing the position which he finds most natural and comfortable.

In peritonitis the pain is abdominal, hence the patient will prefer to lie on his back with the knees drawn up in order to relax the abdominal muscles.

In meningitis and tetanus the muscles at the back of the neck tend to become rigid and the head is bent backwards. This also applies to cases of strychnine poisoning.

In certain cardiac affections the patient will want to be either propped straight up in bed, or leaning forward with the arms supported on a bed-table.

In pleurisy, or broken ribs on one side, the patient will prefer to lie on the bad side or on the back, in order to give the “good” side as much free play as possible.

In delirium the patient may lie heavily and almost comatose, or he may toss and fling himself about.

In the late stage of typhoid, when extremely weak, the patient will lie low down helplessly and heavily in the bed.

In dysmennorrhœa most comfort is found by lying on one side with the knees drawn up, and a hot-water bottle over or near the abdomen, and another one near the back over the lumbar region.

In fractures, of course, the position would depend upon the side of the injury, but the main idea of the patient will be to avoid movement of the injured bone.

It will be seen that the positions naturally taken by a sick person are usually set up by the stress of their injury, and as Nature is intent on remedying the diseased state as quickly as possible, it is wise for the nurse to follow the indications and let the patient choose the most comfortable position, even if such causes a less “tidy” bed than usual!

The second interpretation of decubitus, *i.e.*, bedsores, is happily becoming rarer as nursing becomes more efficient. A patient with bedsores is about as creditable to the nurse as one with burns from hot bottles! But in crowded homes, where skilled nursing is not obtainable and medical and nursing adjuncts are noticeable by their absence, bedsores are all too common with weak or permanently bedridden patients. The only way to prevent bedsores is by unremitting attention to the patient's back, elbows, and heels, keeping them dry and clean, encouraging the circulation by rubbing, nourishing the skin by a suitable ointment if very dry, and keeping the draw-sheet smooth and free from crumbs. Methylated spirit cracks some skins; in such cases witch-hazel (a solution of hamamelis) is very useful to rub the skin with on the pressure areas. After this, dust with a good rice, starch, or talcum powder.

Bedsores can be alleviated by spreading a mixture of castor oil and zinc ointment on pieces of lint as a dressing. “Compericum” is also soothing and healing in many cases.

Badly nourished patients are more liable to have bedsores than those with plump, healthy flesh, as are paralysed cases. But with care the nurse can generally prevent even these cases from having the added pain of sore backs or heels, as the case may be.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Rachel Dodd, Miss Catharine Wright, Miss M. James, Miss E. Browne, Miss F. Graham, Miss E. A. Noblett.

QUESTION FOR NEXT WEEK.

Describe some common diseases of the skin, their characteristic appearance, and their nursing care.

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