

THE CARE OF THE FEET.

Miss Winifred Moores, R.N., in an excellent article in *The American Journal of Nursing* on "The Care of the Diabetic" as carried out in the New England Deaconess Hospital writes in this connection on the care of the feet:—

A foot room in charge of a graduate nurse, with two full-time student nurse assistants, is maintained in connection with the diabetic floor. Here, every diabetic patient has demonstrated to him the care of his feet. A staff chiropodist spends two mornings each week in the removal of corns, callosities, etc. Written instructions are again given to the patient.

HYGIENE OF THE FEET.

1. Wash feet daily with soap and water. Dry thoroughly especially between toes, using pressure rather than vigorous rubbing.

2. When thoroughly dry, rub well with hydrous lanolin as often as necessary to keep skins soft, supple, and free from scales and dryness; but never render the feet tender.

3. If the feet become too soft, rub once a day with alcohol.

4. If nails are brittle and dry, soften by soaking in warm water, one-half hour each night; apply lanolin generously under and about nails and bandage loosely. Clean nails with orange wood sticks. Cut the nails only in a good light and after a bath, when the feet are very clean. Cut the nails straight across to avoid injury to the toes. If you go to a chiropodist, tell him you have diabetes.

5. Wear shoes of soft leather which fit and are not tight (neither narrow nor short). Wear new shoes one-half hour only, on the first day, and increase one hour daily.

TREATMENT OF CORNS AND CALLOSITIES

1. Wear shoes which fit and cause no pressure.

2. Soak foot in warm, not hot, soapy water. Rub off with gauze, or file off dead skin on or about callus or corn. Do not tear it off. A corn may be painted with the following mixture: salicylic acid, 1 drachm; collodion, 1 ounce. Repeat for four nights; then, after soaking in warm water, the corn will come off easily. If it does not come off easily without bleeding, repeat the treatment for four nights.

3. Do not cut corns or callosities.

4. Prevent calluses under ball of foot:

(a) By exercises such as curling and stretching toes twenty times a day.

(b) By finishing each step on the toes and not on the ball of the foot.

AIDS IN TREATMENT OF IMPERFECT CIRCULATION IN COLD FEET.

1. Exercises. Bend the foot down and up as far as it will go six times. Describe a circle to the left with the foot six times, and then to right. Repeat morning, noon and night.

2. Massage with lanolin or cocoa butter.

3. Do not wear circular garters. Do not sit with knees crossed.

TREATMENT OF ABRASIONS OF THE SKIN.

1. Proper first-aid treatment is of the utmost importance even in apparently minor injuries. Consult your physician immediately.

2. Avoid strong irritating antiseptics, such as sulpho-naphthol and iodine.

3. As soon as possible after injury, certain surgeons recommend the application of sterile gauze saturated with medicated alcohol or hexylresorcinol (S.T. 37). Keep wet for one hour by pouring on more alcohol of S.T. 37. Sterile gauze in sealed packets may be purchased at drug stores.

4. Elevate, and as much as possible until recovery, avoid using the foot.

5. Consult your doctor for any redness, pain, swelling, or other evidence of inflammation.

THE TREATMENT OF PULMONARY TUBERCULOSIS.

The Fourth Lecture on the Treatment of Pulmonary Tuberculosis was delivered by Dr. Frederick Heaf, B.A., M.D., Medical Superintendent of the Colindale Hospital, Hendon, on February 12th, at the British College of Nurses.

LECTURE IV.

DRUG TREATMENT.

Difficulties in bacteriocidal treatment.

- | | |
|-------------------------|--------------------|
| (1) <i>Sanocrysin</i> . | (4) Cod liver oil. |
| (2) Nascent Iodine. | (5) Calcium |
| (3) Creosote. | (6) Vitamins. |

TUBERCULINS.

- (1) (a) O.T.
(b) B.E.
(c) Diaplytic.

Serums.

(2) Spahlinger.

Complications.

- | | | |
|-----------------------------|---|--------------|
| (1) Tuberculous Laryngitis. | { | Enteritis. |
| (2) " " | | Peritonitis. |
| (3) " " | | Pleuritis. |

The true bactericide to be of value in treatment must

- (1) Be non toxic.
- (2) Be soluble in water.
- (3) Not precipitate proteins in the blood.
- (4) Kill the bacteria.
- (5) Be harmless to tissues.
- (6) Not accumulate in the body.

There is great difficulty in obtaining such a substance. In Tuberculosis it has been found necessary to use the heavy metals, and gold has been the favourite for some years. If I were to describe all the drugs that have been used and said to have benefited patients suffering from Pulmonary Tuberculosis I should be here for many days. I do not intend, then, to give you a list of these substances, but will only mention and describe those that are recognised by the majority of workers as being of some value. Firstly, we have Sanocrysin, a compound which is like ordinary hypo, but contains a molecule of gold. This salt was first used by Professor Moëllgaard, of Copenhagen, who claimed

- (1) That it killed T.B. in the body.
- (2) Liberated Toxins which caused a reaction.

These toxins had to be neutralised by an anti-toxic serum which was given when a reaction occurred. We now know that whatever the action of Sanocrysin may be it certainly does not do what Moëllgaard thought it did.

The dosage has been greatly changed since it was first introduced, and to-day there seem to be two methods of treatment:—

- (1) The small continued dose.
- (2) The graduated scale of doses.

Personally, I prefer the latter, although it cannot be given outside a hospital or sanatorium like the former method.

The cases suitable for treatment are those that have a low toxæmia, a good physique and a complete absence of abdominal and renal complications. I do not think the advanced case is suitable, but some benefit can be obtained in the fibrotic cases by giving small continued doses. The progressive recent lesion responds best to the graduated doses, but it must be remembered that in all cases the toxæmia must be low.

[previous page](#)

[next page](#)