

Post-Card Examination.

WE are pleased to announce that in the *thirty-ninth* of this series of examination questions:—

**"How would you Nurse a Case of Whooping Cough?"**

Miss GERTRUDE KNOTT, whose card we reproduce, has secured the prize of a book or books to the value of five shillings:—

Miss Gertrude Knott, Sturleigh, Staleybridge  
August 16, 1892. Cheshire.

"How would you nurse a case of Whooping Cough?"  
If the disease is severe, or the child delicate, he should remain indoors & out of draughts for the first 2 or 3 weeks. If accompanied by any bronchitis he should be kept in bed in a warm room, where a steam kettle is constantly boiling, into which a little carbolic acid has been put. The cough comes on in paroxysms, of which there are from 6 to 10, or more during the 24 hours. When the attack is coming on the child if in bed should be raised & supported by the nurse, to prevent suffocation. Light farinaceous food should be given e.g. milk, beef-tea, vegetables etc, with little or no meal.  
If there is sickness during the attack, food should be given directly after, not before.  
If there is only slight expectoration, a tea-spoonful of Speccan and a wine should be given about 3 times daily. Rubbing the chest with the fire with camphorated oil, or Roche's Embrocation often gives relief. The bowels should be kept open by mild aperients, a doctor should always be sent for at first as if the case is neglected or mismanaged, it may become dangerous. After 3 or 4 weeks the patient should go away to a warm dry place, & get as much fresh air as possible, provided it is free from East winds.  
Great care should be taken not to get fresh cold. The attack generally lasts from 6 to 12 weeks and in severe cases as long even as six months.

I am a Subscriber

The following have gained "HONOURABLE MENTION":—

- Miss MARGARET FALCON.
- Miss EMILY SANDERSON.
- Nurse KEEVIL.
- Nurse HEMPSEED.
- Miss FLORENCE SHEPPARD.
- Nurse REDDOCH.
- Miss SARAH J. PARR.

HOMŒOPATHY.—There is a lady in New York who will not permit her children to eat anything of which Indian meal constitutes an ingredient, for fear it will make them savage. She must be the same lady who would not let her children eat spinach for fear it would make them green.—*Meyer Bros., Druggist.*

The Cholera.

THE following memoranda have been sent by the Local Government Board to the clerks of sanitary authorities; and we republish them for the benefit of Nurses:—

PRECAUTIONS AGAINST THE INFECTION OF CHOLERA.

1. The Order of the Local Government Board of August 28, 1890, now in force, gives certain special powers to port and riparian sanitary authorities, enabling them to deal with any cases of cholera brought into their districts, so as to prevent, as far as possible, the spread of the disease into the country. But it is to be remembered that cases of choleraic infection differ widely in severity, and that persons suffering only slightly from the disease or incubating it are likely to be landed at English seaboard and riparian towns and to make their way to inland places. This has, in fact, occurred in former epidemics.

2. Former experience of cholera in England justifies a belief that the presence of imported cases of the disease at various spots in the country will not be capable of causing much injury to the population if the places receiving the infection have had the advantage of proper sanitary administration; and, in order that all local populations may make their self-defence as effective as they can, it will be well for them to have regard to the present state of knowledge concerning the mode in which epidemics of cholera (at least in this country) are produced.

3. Cholera in England shows itself so little contagious, in the sense in which smallpox and scarlatina are commonly called contagious, that, if reasonable care be taken where it is present, there is almost no risk that the disease will spread to persons who nurse and otherwise closely attend upon the sick. But cholera has a certain peculiar infectiveness of its own, which, where local conditions assist, can operate with terrible force, and at considerable distances from the sick. It is characteristic of cholera (and as much so of the slight cases where diarrhoea is the only symptom as of the disease in its more developed and alarming forms) that the matters which the patient discharges from his stomach and bowels are infective. Probably, under ordinary circumstances, the patient has no power of infecting other persons except by means of these discharges; nor any power of infecting even by them except in so far as these matters are enabled to taint the food, water or air which the people consume. Thus when a case of cholera is imported into any place the disease is not likely to spread, unless in proportion as it finds, locally open to it, certain facilities for spreading by indirect infection.

4. In order rightly to appreciate what these facilities must be, the following considerations have to be borne in mind:—First, that any choleraic discharge cast without previous thorough disinfection into any cesspool or drain, or other depository or conduit of filth, is able to infect the excremental matters with which it there mingles, and probably, more or less, the effluvia which those matters evolve; secondly, that the infective power of choleraic discharges attaches to whatever bedding, clothing, towels, and like things have been imbued with them, and renders these things, if not thoroughly disinfected, capable of spreading the disease in places to which they are sent for washing or other purposes; thirdly, that if, by leakage or soakage from cesspools or drains, or through reckless casting out of slops and waste water, any taint (however small) of the infective material gets access to wells or other sources of drinking water, it can impart to enormous volumes of water the power of pro-

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