

WOMEN'S INSTITUTES

Continued from page 13

week in favorable cases the temperature falls, the tongue becomes clean, the diarrhoea should terminate and the patient takes more interest in his surroundings. Bronchitis, with a troublesome cough, may be present from the start, and continue throughout the attack. Unfavorable symptoms are involuntary evacuations of urine and faeces, coma vigil (a condition in which the patient lies with eyes open, but does not see anything), low muttering delirium, twitching of wrists and fingers and picking at bed clothes. Death usually follows.

Some of the complications of typhoid are: (1) Hemorrhage of the bowels. In such cases a feeling of restlessness and uneasiness will be present with a fall of 5 or 7 degrees in temperature, and the patient complains of a sinking sensation. The stools are mixed with blood, occasionally bright red, but more often dark and almost black in color. (2) Perforation of the intestine. This is one of the greatest dangers in the fever's course. The wall of the intestines gives way from the sloughing, and through the hole, which is sometimes very small, the contents escape into the peritoneal cavity, giving rise to inflammation or peritonitis, which is generally fatal. The symptoms are pallor, restlessness, severe pain, small rapid pulse, and distension of the abdomen. (3) Peritonitis, mentioned above. It is usually fatal in 36 hours. (4) Abdominal distension or tympanites, frequently present about the third week, but not serious unless persistent and marked. (5) Bronchitis, usually mild. (6) Insomnia, or inability to sleep. Relapses may occur once or even often after convalescence has begun. This is a recurrence of the disease in a milder form.

3. Treatment.—We shall look at this entirely from the home nurses' point of view. Their duty is, of course, to obey implicitly the orders of the physician, and as these are as varied and contradictory as the doctors themselves, it would be impossible to take up that part of the subject here. A few general rules apply, however, to all cases, and we shall merely look at these. Probably there is no disease where so much depends on nursing and in faithful attention to seemingly unimportant details. First of all, keep room well ventilated, but free from draughts because of danger from bronchitis. It is impossible to get too much fresh air. Secondly: Insist on absolute rest in bed from the very first. See that bed-pan and urinal are used, and in sponging patient, changing bedding, etc., move patient as little as possible and handle with utmost gentleness and care. Thirdly: Reduce the temperature by sponging with tepid water night and morning. In addition, baths of different kinds, as the ice bath or cold plunge, may be ordered. These are extremely useful, and by their means countless lives have been saved, but they scarcely come within the province of home nursing, and so need not be described here. Fourthly: Guard against bed-sores by absolute cleanliness and by reducing pressure on bony parts. Watch carefully for redness, as typhoid patients are peculiarly susceptible to bed-sores, and on account of impaired vitality, it is extremely difficult to cure them once they are allowed to form. The sheets should be tightened, and all crumbs, etc., removed as often as possible to keep an absolutely smooth, dry surface under the patient. Those of us who have ever been sick know that a very small crumb under one's back assumes the proportions of a loaf of bread. Alcohol rubbed on the back night and morning is a great help in keeping the back cool and sound. Fifthly: The diet is fluid at first while the temperature remains high, followed by soft foods. Solids should be resumed with the utmost caution. The hunger of a typhoid patient is something painful to witness, and a nurse often has to be cruel in order to be kind. In administering fluid diet the greatest faithfulness must be observed. See that nourishment is given in small quantities at regular intervals. Patients should be fed by the clock. The nature of the nourishment to be given depends entirely upon the doctor in charge. If the milk is ordered the stools should be carefully examined

for curds, which indicate that it is not being properly digested, and lime water or something similar is to be added. Cold water is allowed, and, as in all diseases accompanied by fever the patient should be encouraged to drink as much as possible in reason. In feeding patient, care should be taken that no drops are allowed to spill, and hence feeding cups with spouts are especially serviceable. Milk or food of any kind should not be allowed to remain in the room, and all dishes, etc., should be carefully disinfected. Sixthly: All linen and bedding should be thoroughly disinfected by soaking in carbolic or formalin solution before washing. Especial care should be taken in dealing with all excreta. Chloride of lime or some similar solution should be added before the bed-pan is emptied, and if possible the contents should be burned, but if not, it should be carefully buried, but on no account should it be emptied into a common closet. Seventhly: As complications arise they should be treated. For hemorrhage the foot of the bed is elevated, ice applied to abdomen and the patient kept absolutely still. In distension turpentine stipes or a few drops of turpentine on sugar may be given. For bronchitis apply mustard or linseed poultices and do not allow patient to lie constantly on back.

Typhoid is contagious only through the stools, but the nurse should always be careful to disinfect her hands thoroughly after working over a case, especially before going to meals. Rest should be taken regularly, and strength kept up by an abundance of nourishing food and outdoor exercises. Especially on night work it is the greatest folly to allow anxiety for one's patient to prevent the taking of food. It is only by taking such precautions that one can be reasonably certain of not contracting the disease herself.

Such is typhoid fever—one of our most serious diseases, but one which by care and absolute faithfulness may be largely controlled.

Mrs. J. Hoodless Memorial

Contributions to Mrs. J. Hoodless memorial from local branches received up to January 31st, 1911: Inwood, \$1.00; Lindsay, \$2.00; Walkerton, \$1.50; Orangeville \$2.00; Holstein, \$2.00; Stoney Creek, \$3.00; Bardsville, 50c; Manilla, \$2.00; Burlington, \$2.00; Bobcaygeon, \$2.00; Waterdown, \$2.00; Staffa, \$2.00; Churchill, 70c; Haliburton, \$2.00; Sebringville, \$2.00; Wiloughby, 60c; Brookholm, \$2.00; Crowland, 40c; Dundonald, \$2.00; Kentbridge, \$1.00; Belfountain, \$1.00; Vandon, \$1.80; Croton, \$1.00; Kingsville, \$1.00; Roseneath, \$2.00; Braemar, 60c; Brooklin, 50c; Scarboro, \$1.50; Morrisburg, \$2.00; Cambray, \$2.00; Puslinch, \$1.00; Hespeler, \$1.00; Pickering, \$1.00; Ayr, \$5.00; Goderich, \$1.75; Branchton, \$1.00; Amherstburg, \$1.00; Lansdowne, \$2.00; Big Lake, 55c; Sandford, \$1.00; Newmarket, \$3.05; Meaford, 80c; Orono, \$2.00; Garden Hill, \$1.00; Acton, \$1.50; Brighton, \$2.00; Cedar Springs, \$2.00; Brussels, \$1.10; Linwood, \$2.00; Lucknow, \$2.00; Orton, \$1.00; Jerseyville, \$1.60; Blackheath, \$1.60; Welland, \$1.00; St. Mary's, \$2.00; Hamstead, \$1.00; Hannon, \$5.00; Stoney Creek, \$2.50; York, \$2.00; Orkney, \$1.00; Omeme, \$2.00; Batteau, \$2.00; Nobleton, \$1.10; Westover, \$2.00; Thamesford, \$1.35; Total amount received up to Jan. 31st, \$106.00

CLARA M. WALKER, Treasurer.

A Model Meal

IN the December issue of this journal was published a photograph of a model farm meal, which, it was alleged, had taken the special prize at Alvinston Fair last autumn, and which had been arranged by the members of Aughrim Institute. Since then, we have received a great deal of correspondence to the effect that there was a dispute concerning the prize, and that the Alvinston Institute was also entitled to the honor. We have also received from Alvinston a photograph of the table prepared by that Institute. It is hardly

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