slowly but surely to a Great Rest; the eyes close, simultaneously the hand holding the violets is raised to his lips, and with the kiss imparted, the spirit leaves the tired body, happy in the reconciliation wrought by the giver of a bunch of violets.

NURSING TYPHOID FEVER[1]

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This subject may be discussed under the following heads: arrangement of the room, general precautions, the record, complications, control of temperature, convalescence.

1. *Arrangement of the room.* The room should be well ventilated, having the bed where the patient will not be in a draught, and the temperature of the room, while there is fever, should be kept at 65 to 68°. The patient should be kept very quiet, having no visitors, members of the family being seen as little as possible.

As long as the patient is running a temperature, the bed linen should be changed every day, and should it become at all soiled from the urine or feces, the sheet should be removed at once and put in disinfectant. Take all unnecessary chairs, etc., out of the room, and have a table for medicines and glasses, not too near the patient's bed, as the sight of such things often worries the patient and makes him very nervous. As little cleaning of the room as possible must be done, though it must be kept clean and neat always; but much sweeping and fussing around the room worries the patient, especially a man.

2. *General precautions.* The patient must be kept in a recumbent position until there has been no fever for some days. One pillow under the head is quite sufficient. Careful watching is very important. Typhoid patients are often delirious and are very cute in it. The nurse may turn her back for a second, and her patient tries to slip out of bed. Always have a reliable member of the family to stay with the patient when you leave the room, even for a minute, and when you go out for rest and recreation, try to have that same person, whether the patient is delirious or not, take your place in the room, writing down everything that has to be done, and explaining how it must be done before you leave. Be very emphatic about not letting friends into the room; they will cause more worry, nervousness and rising temperature, more than enough.

[1] Read at a meeting of the Tennessee State Nurses' Association.

Patients often think they cannot use a bed-pan, but they must, though it may have to be put under them a good many times before they can. If it is for urinating, putting hot cloths over the bladder will sometimes make them urinate, or pouring water from one pitcher to another may also have the desired effect; after they have used it once they seldom have any more trouble in this respect, as it is generally fear of soiling the bed that keeps them from using the pan.

We must use great precautions about the discharges from the body. The urine, as well as the stools, must be thoroughly disinfected before disposing of it, and flush the toilet well after emptying discharges into it. Always put and leave some disinfectant in the pan, when it is washed, so that it will disinfect the evacuations while still under the patient. Platt's chlorides is most excellent, as there is no danger of the patient's being burned or made uncomfortable by that, and it is odorless, which means a great deal to a sick person.

The patient's mouth should be washed with listerin or something of the kind, several times a day, and what is rejected from the mouth should also be disinfected.

When in the country a trench must always be dug in which to bury all discharges, and lime should be used freely therein, before filling in the dirt.

The diet, usually liquid, must be given according to the doctor's orders—though some doctors give semi-solid food all the way through, and it must be given every two or three hours, with perfect regularity. Buttermilk, beef juice and albumen are usually given. As the appetite comes, we have to caution and often frighten the members of the family about giving any solid food to the patient.

3. *The record.* A full, accurate and careful record must be kept for the doctor to see, temperature, pulse and respiration taken accurately and recorded every two or three hours, and if there are any alarming symptoms, not only record them at the time, but notify the doctor at once. The hours that the baths, nourishment and medicine are given must be recorded. The character of stools, how many, large or small, and the amount of urine passed are all very important things for the doctor to know. Record also how much sleep the patient gets, whether for only a short while at a time, or for hours, and whether the patient is delirious or not.

Some doctors prefer the record to show a summary made each 24 hours of the amount of food taken, urine passed, number of stools, how much sleep, and the amount of water taken, which should be a great deal.

4. *Control of temperature.* The temperature is controlled entirely by baths, usually cold ones, although when a patient is of a nervous temperament it is better to begin with tepid water, and if necessary gradually reduce the temperature until it is cold. Hydrant, cistern and well water are usually cold enough to reduce the temperature, though we sometimes have to use ice water. When a high temperature is running, take the temperature every two hours and give a bath if it is up to 103°, using a rubber sheet, with a domestic one over that, on the bed, so that plenty of water can be used. Roll the patient on to the sheets and cover with a light-weight blanket, remove the night gown entirely, and leave the upper part of the body exposed; have a bowl of water and a good-sized sponge, which must be full of water so it will run over the body on to the sheet, making a puddle of water under the patient. Sponge the chest ten minutes, each arm five, and then if the chest feels warm to the hand that has not been in the water, sponge it again five minutes, then cover that part of the body with a blanket to keep the patient from feeling chilly and uncomfortable, and uncover the lower part of the body, using a towel to prevent unnecessary exposure, and bathe each leg five minutes; cover and turn on side, get into position to get at the back well; expose the back and hips and sponge ten minutes; take the temperature, and if it has fallen as low as 101° dry the back and hips (the rest of the body is generally dry from being under the blanket) roll the patient on to the bed and put on gown; but if the temperature is *not* down, sponge chest and abdomen another ten minutes and take the temperature again; if it still is not down low enough, sponge the back ten minutes. By this time it usually is down, if enough cold water has been used.

If the water in the bowl gets warm from dipping the hot sponge into it before it is all used up, pour out and get more cold water. The water that is on the sheet should be dipped out also when it gets warm. Sometimes the patient has to be sponged 1½ hours before the temperature drops, and often a sponge bath will not reduce it at all; if it does not, then a "sprinkle" should be given. Take a *wide* rubber sheet, 2½ yards long, cover it with a sheet and roll the patient over on it; remove the gown and wrap the sheet well around the patient, so that the water will not come in direct contact with the body as you sprinkle, and cause a shock. Make a trough of the rubber sheet, using quilts and pillows, and have a foot tub or large bucket at the foot of the bed to catch the water when the trough gets full, or the water warm enough to be drawn off, have a gallon watering-pot of tepid water ready for use when the patient is wrapped in the sheet; put a cold cloth on the forehead, and sprinkle up and down the body from chin to toes; after the

first pot of water is used, get cold water and sprinkle for fifteen minutes; then take the temperature and if it has started down, it had better be taken every five minutes. It usually drops rapidly when it does start. Thirty-five minutes is about the longest time it takes to reduce a high fever. When it gets down to 101°, draw the water out of the trough at the foot of the bed, into the bucket, and empty as fast as you can. When all of the water is out, cover the patient with a light blanket while drying, then gently roll into the dry bed; put on the gown, raise the window and take the temperature again, which is usually found to be down a good deal more. By this time the nourishment is generally due, it may have been due when the bath was, but it was not wise to give it then, as frequently it does not digest if taken just before a bath.

When the temperature begins to rise again after a bath or sprinkle an ice cap or cold cloths should be kept on the head, for even though the fever reaches 104° or over, it is better not to give a bath oftener than every two hours, as it exhausts the patient so much that it does more harm than good.

5. *Complications.* While distension of the abdomen by gas may not be called a complication, it is certainly one of the most worrying things we have to contend with. The doctor generally gives turpentine by mouth for it, but frequently has to order enemas with the turpentine in them, which, given slowly, with cool water, will often cause the patient to expel a great deal of gas. Hot turpentine stupes will sometimes give relief, to insert a rectal tube is another good way to get off the gas.

During the second week we have to watch for hemorrhages, and should the patient have one, the doctor must be notified at once by someone, while the nurse gives a hypodermic of morphea gr. $\frac{1}{4}$ (which she has asked the doctor about giving in case of hemorrhages, when she first took charge of the patient). Put ice on the abdomen, and keep the patient strictly on his back; it is a very good thing to raise the foot of the bed about six or eight inches, and keep it that way for several days. The patient must be watched very closely, as he generally becomes delirious, has a pulse rapid and weak, and is in a cold sweat. Keep hot bottles to feet and keep well covered. He must not be allowed to turn by himself, raise himself for the bed pan or make any exertion whatever.

Perforation is the most serious complication; it is accompanied by pain in the abdomen, rapid pulse and sudden change in temperature often indicating a collapse. The doctor should be notified at once.

If the patient is not looked after and well cared for, bed sores will

soon develop. The lower part of the back, shoulders, hips and elbows should be rubbed frequently with alcohol and alum, to prevent them.

6. *Convalescence.* This is a very important stage of the disease, as the fever leaves the patient in a low, weakened state for a few days. He must be carefully watched; the pulse often becomes rapid and weak, heavy sweats are frequent, and leave the patient exhausted. Stimulants have to be used, heat to the feet and sometimes all around the body. A good alcohol rub when the patient is perspiring is a great relief to him and often checks the excessive perspiration for hours. When this weakened condition is over, the patient regains strength rapidly; he is ravenously hungry, but liquid diet must be given until the doctor orders soft diet, which is usually after the fifth day, and then a soft boiled egg is given, and each day a little more is added, such as cornmeal mush, baked apple, crackers or beaten biscuit, baked potatoes and rice, and so on until the patient is on solid food once more. The doctor's orders must be carried out strictly about the diet. Nurses and doctors are often unjustly charged with the responsibility of a reinfection which occurs at this stage. Such accusations nearly always arise in connection with the diet.

The patient is usually constipated during convalescence, but we must see that the bowels move well every day. Castor oil is generally ordered by the doctor after the fever has left and enemas will usually move them sufficiently, after the oil, until cascara or something of the kind is prescribed. As the patient begins to sit up and take solid food the bowels get in a good, natural condition, and the use of laxatives is unnecessary.

When the patient has been free from fever for three days, another pillow is put under his head, and an additional one each day until propped up in bed, the day before he sits in a chair, which in the average case, is one week after the temperature has been normal, in the afternoons. When he is put in a chair the pulse has to be watched, and if it becomes weak and rapid, he must be put back in bed at once; otherwise, if he does not show signs of fatigue, an hour will not be too long to sit up for the first time, and the next day two hours in the morning and two in the afternoon, increasing a little each day as his strength returns. It is often necessary to make patients walk, they are so weak and nervous that they want to sit still, but after a few trials they regain strength and confidence both, and soon learn.