

Attend well to all pressure points, especially back, heels, and elbows, to prevent pressure-sores; washing parts well with soap and water, dry and rub with methylated spirits, and powder.

Sponge patient at least twice daily, and if temperature above 102 deg. Fahrenheit, sponge four-hourly with tepid or cold water to reduce temperature. Also helps to lessen delirium, if present, and keeps skin active, and assists in the elimination of the toxins from the body.

Clean mouth and tongue four-hourly, and after each feed, if very dirty. Put vaseline on lips to prevent sores forming round mouth.

Measure all urine passed, and see that a sufficient quantity is passed in the twenty-four hours. Retention often occurs, in which case patient may have to be catheterised. Incontinence of urine common symptom, and patient must be kept dry and comfortable, especial attention being given to back when necessary. Test urine for albumen.

Attend to bowels and see that they are kept well open. If constipated, give an enema of soap and water every other day. If diarrhoea and bowels open more than five or six times daily, an enema of starch four ounces, and opium 15 to 30 minims, may be ordered to check it.

Take temperature, pulse, and respiration, and record four-hourly.

Diet.—Fluid diet is given until the temperature has been normal for ten days, when light farinaceous diet, increasing gradually to white meat, and then full diet as patient improves. While fluid diet is given it must be made as nourishing and as varied as possible, and be given at regular intervals half a pint every two hours, all fluids being strained well before giving to patient. Water may be given freely, in addition to the regular feeds.

Complications which may occur.—Haemorrhage into bowel from ulcers; perforation of bowel wall; tympanites, or over-distention of bowels with gases; delirium; pneumonia; phlebitis.

**Question 3.**—Discuss the feeding and management of a case of acute summer diarrhoea and vomiting in a child nine months of age.

ANSWER BY No. 14.

ACUTE SUMMER DIARRHOEA AND VOMITING IN A CHILD OF NINE MONTHS:—

Treatment.—Give nothing to drink except sterile water for twenty-four hours. Give an aperient, castor oil, one to two drams, and have bowels well irrigated with a mild lotion, boric or saline, at least twice daily.

After twenty-four hours give small quantities of albumen water, or food, as Benger's, made with water instead of milk, about two ounces, two-hourly.

If vomiting returns, reduce again to sterile water and albumen water. Keep on this diet till vomiting and diarrhoea cease, then gradually increase by giving a little whey instead of Benger's food or other food made with water.

Gradually increase whey, and add a little milk each day, and if no recurrence of vomiting, increase to half milk and half water, or to humanised milk.

Great care and cleanliness must be used in the preparation and storing of all foods, especially milk, and food should be quite fresh, and all utensils sterilised, and feeding bottles and teats boiled daily, and kept in cold water when not in use.

**Question 4.**—Describe the nursing and precautions necessary in a case of diphtheria in which tracheotomy has been performed.

ANSWER by No. 14.

NURSING AND PRECAUTIONS NECESSARY IN CASE OF DIPHThERIA, IN WHICH TRACHEOTOMY HAS BEEN PERFORMED.

Treatment.—After operation performed, put patient to bed with only a low pillow under the head, and a sandbag or firm pillow beneath the neck to extend trachea as much as possible and allow free breathing through tube.

Bed must be placed in a steam tent, or in a small room in which a kettle of water is kept boiling, the steam being allowed to escape into the tent or room to keep the air moist and warm. Tincture of benzoin or eucalyptus may be added to the water, and, being carried out by the steam, helps to allay the irritation of the air passages. Piece of moist gauze kept over tube. The patient must not be left alone, especially if a child, as the tube may become blocked with mucus or membrane, and breathing through the tube impossible.

The inner tube should be removed, cleansed, dried, and replaced every twenty minutes, and oftener if necessary.

If outer tube is blocked, a well boiled feather may be passed down it, twisted round, and removed, but if this does not remove the obstruction, nurse must notify the surgeon in charge of case immediately.

The tube is generally removed on the third day if condition of larynx sufficiently improved, and after removal patient must be watched carefully for any sign of difficult breathing. The tube must be sterilised, and everything be in readiness for the re-insertion of the tube.

While tube is in the trachea, fluid diet is given, slightly thickened foods, as arrowroot, being given if any difficulty in swallowing.

When tube removed increase gradually to light farinaceous, and gradually to white meat diet.

The wound in the neck is dressed daily and kept clean, and when tube removed should soon close in.

Stimulants, as brandy or strychnine, may be ordered by the physician, and the pulse must be watched carefully for any sign of heart-failure, which is a very serious complication in diphtheria.

The oxygen apparatus should be constantly in readiness, and also brandy, strychnine and hypodermic needle. The tracheal dilators should always be kept in covered basin, sterilised, in case of accidental removal of the tube. The trachea may be held open till surgeon arrives to replace tube.

**Question 5.**—Write a report on a case of septic pneumonic influenza in reference only to your own observa-