

To be returned to the
Chief Attendant

Restraint-
seclusion
why Refuse food
tube feeding
cause of insanity
Predisposing cause
Exciting

TASMANIA

MENTAL DISEASES HOSPITAL, NEW
NORFOLK

Lectures for Attendants
and Nurses



Tasmania:

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SUBJECTS OF LECTURES.

First Year.

Anatomy and Physiology.

Elements of Medical Nursing.

Elements of Surgical Nursing.

First Aid.

Second Year.

Diseases and their management.

Contagious and infectious diseases.

Hygiene.—Ventilation, heating, water-supply, disposal of refuse and excreta. Food. Personal hygiene.

Cooking.—Invalid cookery.

Nursing of patients in private houses.

Fire.

Ethics of nursing.

Lectures on diseases of Pelvic organs. For nurses only.

Third Year.

Descriptions of the Nervous System and of the Mind.

Forms of Insanity.

Management of Wards.

Nursing of Mental Diseases.

Nursing of patients seriously ill from bodily disease.

Lectures for Attendants and Nurses.

FIRST YEAR.

Anatomy and Physiology.

Anatomy.—The description of the different parts of the body.
Physiology.—The study of the uses of these parts.

DESCRIPTION OF THE SKELETON AND OF THE CONTENTS OF THE CAVITIES OF THE BODY

BONES.

Description.
Structure.
Varieties.
Uses.

JOINTS.

Description.
Structure.—Bones, cartilage, ligament, synovial membrane, and fluid.
Varieties.—Immovable, movable, (gliding, hinge, ball and socket).
Uses.

DIVISIONS OF THE BODY.

Head.—Face and cranium.
Trunk.—Neck, chest, abdomen, and pelvis.
Upper and Lower Extremities.

Head.

Cranium.—Names of principal bones—frontal, temporal, and parietal, sphenoid, and occipital. Description of cavity for brain—opening for spinal cord.

Face.—Names of principal bones—upper and lower maxilla, malar, nasal, palate. Description of cavities and of their contents—mouth, nose, orbit, ears.

Trunk.

Neck, chest, abdomen (separated by diaphragm), and pelvis. Vertebral column or backbone; description of a vertebra, especially the body and canal; the different regions of the vertebral column, the cervical, the dorsal, the lumbar, the pelvis (sacrum and coccyx). Ribs, description of, including points of attachment. Breastbone or sternum, description of. Hip bones, description of.

Neck.

Principal parts in:—Windpipe, gullet, large arteries and veins, thyroid gland.

Chest or Thorax.

Contents of:—Lungs, heart, windpipe, gullet, large blood vessels.

Abdomen and Pelvis.

Contents of:—Stomach and intestines, appendix, liver, pancreas kidneys and ureters, spleen, large blood vessels, the bladder, prostate gland, and end of large bowel or rectum; also in women, the uterus, ovaries, and tubes.

The Upper Extremity.

Consists of shoulder, arm, forearm, wrist, and hand.

Description of bones:—The collar bone (clavicle), the shoulder blade (scapula), the arm bone (humerus), the bones of forearm (radius and ulna), the wrist bones (carpus), the hand (metacarpus and phalanges).

Description of joints of upper extremity, and of the action of pronation and supination.

The Lower Extremity.

Consists of hip, thigh, leg, ankle, and foot.

Description of bones:—The hip bones, the thigh (femur), knee-cap (patella), the leg (tibia and fibula), the bones of ankle (tarsus), the bones of foot (metatarsus and phalanges).

Description of joints of lower extremity.

THE COVERINGS OF THE BODY AND THE MEANS OF LOCOMOTION (MUSCLES).

The Skin.

Structure of.—The scarf skin (epidermis)—modification of, nails and hair. The true skin, supplied with nerves, blood vessels, and glands (oil and sweat).

Uses of.—The regulation of heat of body, the excretion of waste matter, the means by which we feel the protection and support of underlying structures, the power of absorption.

Fat.

Structure.—Fatty globules and network of fibrous tissue.

Uses of.—It covers and protects parts from injury, it maintains the heat of the body, it forms a storehouse of nourishment.

Muscle.

The flesh covering the skeleton, with tendons serving for attachment to bone. Varieties: (1) voluntary or striped, *e.g.*, biceps; (2) involuntary or unstriped or smooth, *e.g.*, muscles of the bladder, stomach, &c.

Uses.—Voluntary and involuntary movements.

THE CIRCULATORY SYSTEM.

The Blood.

Description of.—Colour, varieties of, composition of:—Plasma (serum, fibrin), and corpuscles (red and white), clotting or coagulation.

Uses of Blood.—To carry nourishment from the digestive system, and oxygen from the respiratory system to the tissues, to carry away waste matter from the tissues, *e.g.*, carbonic gas and urea.

Heart.

Position, sac (pericardium), the shape, structure (striped muscle), cavities and valves, use of the heart, and the means by which blood is driven through the body.

Blood Vessels.

Arteries.

Structure, colour and kind of blood carried, names and positions of the principal arteries, *e.g.*, aorta (thoracic and abdominal), carotid, brachial, femoral, &c.

Veins.

Structure, colour and kind of blood carried, names and positions of some of the principal veins, *e.g.*, superior and inferior vena cava, &c.

Capillaries.

Structure, colour and kind of blood carried.

The Circulation.

Course from aorta throughout, showing pulmonary and systemic circulations.

Uses of the Circulation.—(1) To carry nourishment and oxygen; (2) to remove waste matter.

Pulse.

Explanation of.—Its importance.

THE LYMPHATIC SYSTEM.

Structure and function.

Lacteals.

Vessels.

Glands.

Thoracic duct.

Lymph.

THE RESPIRATORY SYSTEM.

Description of Thorax.—Ribs, sternum, and vertebral column; muscles, diaphragm, pleura.

Description of structure of parts through which air passes.—The nose, the larynx, the windpipe (trachea), the bronchi, the lungs, with description of air vesicles.

Mechanism and Uses of Respiration.—Inspiration and expiration. Purification of blood; removal of waste material.

THE EXCRETORY SYSTEM.

Kidneys.—Number, position, structure (the capsule, outer and inner portions), ureter leading to bladder. Use.—Secretion of urine, which carries away waste material.

Skin.—Structure and use of sweat glands. Relationship between action of kidneys and of skin.

Bowels.—See Digestive System.

Lungs.—See Respiratory System.

DIGESTIVE SYSTEM.

Definition of Digestion.—The process by which food is changed by the secretions of the alimentary canal so that it may be absorbed by the blood and the lymphatics.

Different kinds of Food, and Examples.—Nitrogenous, *e.g.*, meat, white of egg; Fats, *e.g.*, oil, cream, butter; Starches and sugars, *e.g.*, sugar, potatoes, rice, beetroot; Minerals, *e.g.*, table salt, lime, magnesia, soda-water.

PARTS CONCERNED IN DIGESTION.

1. Mouth.—Teeth, tongue, the openings of the salivary glands.

Teeth.—Temporary or milk teeth, which give way to the permanent teeth.

Structure. Uses.—To break up the food, and thus enable the digestive juices to act freely.

Tongue.—Structure, muscle, mucous membrane, papillæ. Uses.—Chief organ of taste, and aid to mastication by bringing food under action of the teeth.

2. *Pharynx or Throat.*—Structure, muscles and mucous membrane; openings connected with it are those of the mouth, back of the nostrils, windpipe (protected by epiglottis), gullet, and the eustachian tubes, communicating with the middle ear. The act of swallowing. (Refer, in passing, to danger of choking.)

3. *Gullet.*—Continuation of the pharynx. Structure, fibrous, muscular, and mucous tissue. Use.—It carries food to stomach.

4. *Stomach.*—Description, position, shape, openings (cardiac and pyloric). Structure.—Coats, fibrous, muscular and mucous glands and mucous membrane, valve at pyloric orifice. Uses.—The formation of gastric juice, the churning of food in the stomach, the absorption of food.

5. *Intestines.*—Small and large intestines, rectum and anus, bile and pancreatic ducts, ileocaecal valve, appendix. Structure, fibrous, muscular and mucous coats, glands. Uses.—Formation of intestinal juice, absorption of digested food, onward movement of unabsorbed food by peristalsis, and its discharge by defæcation.

6. *Digestive glands.*—

Salivary glands.—Two principal glands lie below and in front of the ears (parotid), others about the tongue. All these have ducts opening into the mouth. Use.—Secretion of saliva, which contains ptyalin. Saliva moistens the food, and changes starch into a soluble sugar.

Gastric glands.—Situating in the mucous coat of stomach, into which their ducts open. Use.—The secretion of gastric juice, which changes nitrogenous foods into peptones, which are readily absorbed.

Intestinal glands.—Situating in the mucous coat of the intestine. Use.—Secretion of intestinal juice which aids in the further digestion of food.

The Liver.—Size and position.—It is the largest gland in the body, and situated in the abdomen, beneath the diaphragm on the right side, and having attached to it on its lower surface the gall bladder. Use.—The liver secretes bile, some of which passes directly by a duct into the upper part of the small intestine, whilst part is stored up in the gall bladder. The use of bile is to emulsify fats.

Pancreas or Sweetbread.—A long narrow gland which lies behind the stomach, having a duct which enters the upper part of the small intestine. Use.—Formation of pancreatic juice, which acts upon all kinds of foods and completes the work of digestion.

A BRIEF SUMMARY OF THE PROCESS OF DIGESTION.

During mastication the food is moistened and exposed to the action of saliva, and the starches are changed into a substance akin to sugar. The food passes by the gullet into the stomach, and is then acted upon by the gastric juice, and the nitrogenous foods are changed into peptones. Some of the contents of the stomach are absorbed directly by the capillaries, and the remainder, after being agitated by the churning action of the stomach, passes through the pyloric orifice into the small intestine, where it is exposed to the action of the intestinal juice and also to the bile, which saponifies the fatty matter; the intestinal juice acting with the pancreatic juice completes digestion. The sugar and peptones are absorbed by the capillaries of the intestine,

and the fats by the lacteals. The unabsorbed portion is passed on by the vermicular action of the bowel, and is expelled by the large bowel (*fæces*). The digested food is carried by the blood to the different parts of the body, where it is taken up by the cells, which in return give up waste products, and these are carried by the blood to the excretory organs. This is called assimilation.

The Elements of Medical Nursing.

Preparation and Care of the Room for the Sick.

Ventilation effected by opening the doors and windows and by the use of ventilators, so that the room may be filled with fresh air. Care must be taken to avoid injury to the patient from draughts. The room must be ventilated by night as well as by day.

Temperature of room to be kept equable.

Sunlight should be allowed free entry into the room, but not in a way to cause discomfort to a patient.

Cleansing Room.—Great care must be taken to keep the room and everything in and about it absolutely clean and in good order.

Removal of soiled linen, discharges, &c., should be done at once.

Attention to Patient.

Cleansing of Patient.—This must be done thoroughly—skin, hair, nails, and teeth especially looked to. Care must be taken while changing patient's clothing, bed-linen, &c.

Bed-making, with use of draw sheet and waterproof sheet. (*Instruction to be given in Practical Class.*)

Noting Patient's Condition.—Taking Temperatures.—Description of clinical thermometer, mode of taking, reading, and reporting on chart; Normal temperature of the body, 98.4°. Counting the pulse—method: average rate, 70-80. Counting the respiration—method: average rate, 15-20. State of the appetite. State of the bowels and urinary organs. State of the skin. Amount of sleep. Noting any fresh symptoms.

Administration of Medicine.—Care to be taken in the management and arrangement of the medicine cupboard.

Care to be taken to use the right bottle, read the directions, shake the bottle, measure the proper dose, give with water, and wash the measure after use in each case.

If patient is asleep, do not awaken for medicine.

Bathing.

Varieties of Baths:—

	Cold.	Tepid.	Warm.	Hot.
Temperatures	60-70	85-92	92-98	98-100 and higher
Duration in minutes... ..	2-5	20-25	15-20	10-15

Preparation of Bath.—Cold water turned on first, and the temperature tested with thermometer before bath is used.

Care of Patient During and After Bath.—Patient to be dried quickly and thoroughly. Condition of head noted and attended to, and the nails also. Bruises, marks of injury, and skin eruption to be noted and reported.

Wet Packs.

Method of Application.—The patient is to be stripped, and the whole body wrapped in a sheet wrung out of water, which may be hot, tepid, or cold, according to orders. He is then enveloped in a blanket and laid on his side in

bed on several thicknesses of blanket. A number of blankets are "then placed over him and carefully tucked in all round him and up to his chin. A patient in a wet pack is not to be left alone on any account, but must be carefully watched during the time he is in it. When the time ordered has expired, the wet sheet is to be removed and the patient's body rapidly sponged with tepid water and dried. He is then to be placed in a well-warmed bed and carefully covered up. Of course, the wet pack should never be used without medical authority."

Sponging.

Care to be taken in.—"Much may be done to keep the patients lying in bed clean by careful sponging. One limb should be sponged at a time, then the front of the body, and then the back. Each part thus sponged should be carefully dried before a fresh part is commenced with. In order to prevent the bed-clothes from becoming damp during the process, the patient should lie on a macintosh sheet covered with an old woollen blanket. These can be passed under the patient in the manner described for the draw-sheet. It is not necessary to use a large quantity of water; sufficient to moisten the sponge will do. The face may in all cases, when there is no special disease such as erysipelas, be kept clean by tepid sponging. Cold or tepid sponging is sometimes ordered in cases of fever, &c. It is to be done while the patient is in bed, between two blankets. The extent of the surface of the body to be sponged, and the duration of the sponging, are usually defined by the medical officer. Should any symptoms of faintness come on, the patient should be at once dried and removed to a warm bed."

Fomentations and Stupes and Poultices.

To be Taught Practically.—Great care must be taken that all warm applications, whether poultices, fomentations, or stupes, are not too hot.

Fomentations are made by wringing flannels out of water as hot as can be borne. They should be applied to the skin at the part directed, and covered with waterproof to keep the heat from being lost by evaporation. They should be renewed frequently, and during the time their application is directed, not allowed to get cold. A material called spongiopiline is frequently used for fomentations. It is a thick woollen material with a waterproof coating on one side. The hot water should be applied to the woollen side.

Stupes are fomentations with some external remedy, such as spirits of turpentine, sprinkled over the surface that is to be placed next the skin.

Enemata.

Aperient enemata—Water used with soap, oil (castor or olive), turpentine. Sedative enemata—Starch and opium. Nutrient enemata—Beef tea, milk, peptonised foods, brandy, if required.—*To be taught practically.*

Points to be Attended to in Giving Enemata.—"The tube is to be oiled, and passed gently, in a backward direction, for 2 or 3 inches into the bowel, with the right hand, while the patient lies on the left side, with the knees drawn up. The injection should be very slowly and most gently administered, and its flow should be stopped at once if the patient shows any sign of distress. When the required quantity has been injected, the tube is to be gradually and gently withdrawn, and the buttocks pressed together for a few minutes. Air must not be injected, and for this reason the syringe should be filled before the introduction of the nozzle."

The Elements of Surgical Nursing.

The necessity of general cleanliness to be remembered, in order to avoid germs being conveyed by hands (especially the nails), clothing, &c. Everything in and about the room to be kept thoroughly clean and in good order and quite free from dust.

Antiseptic Lotions in General Use.—Boric acid 1-16, Lysol, Carbolic acid 1-20, Tincture of Iodine 1-500, Corrosive Sublimate 1-4000. Others, such as Creolin, Izal, Jeyes' Fluid. They are all to be considered poisonous, and should be locked up in poison cupboard.

Dressing of Wounds.—Materials to be Got Ready.—Lotions (as required)—wool (for swabs and dressings)—gauze (iodoform, sublimate)—lint—protective (for fomentations, &c.)—bandages—towels—instruments (forceps, syringe, scissors, &c.)—bowls—trays for soiled dressings—hot water. In addition, the following are sometimes required:—Needles and sutures, splints, slings, strapping, collodion, Friar's balsam, boracic powder, iodoform.

Thorough Cleanliness of Hands and Scalding of Utensils—Method—
(To be taught practically).

Cleansing of Wound.—Removal of all foreign matter, application of dressing and bandages, and finally limb to be placed in position, sling, splint, or sand-bag to be used if necessary.

Subsequent Steps.—Destruction of soiled dressings, thorough cleansing of appliances used; unused dressings returned to special case kept for the purpose. Care and cleansing of instruments; use of steriliser.

Splints.—The cleansing and padding of splints.

Bandages.—Kinds of bandages, roller, rubber, plaster, triangular, many-tailed, double-headed, T bandages, four-tailed. Material of which made—Calico, flannel, muslin, rubber, and of other materials if required. Size of bandages—Finger, $\frac{3}{4}$ in.; arm, 2 in. to 2½ in.; leg, 3 in.; body, 4 in. to 6 in.

Methods of Application (to be taught practically).—Roller bandage, simple, spiral, reverse, figure of eight, triangular.

Uses.—To keep dressing and splints in place. To give support to parts. To check hæmorrhage.

Slings.—How made, why used, mode of application.

Sand-bags.—How made, why used, mode of use.

First Aid.

Fractures.

Definition.—A fracture is the breaking of a bone.
Cause.—Injury, violence, especially liable to occur in bones affected by disease and old age.

Kinds.—*Simple.*—A fracture is said to be simple when the bone is broken without there being any skin wound leading down to the seat of the fracture.

Compound.—When there is a skin wound leading down to the seat of fracture.

Comminuted.—When the bone at seat of injury is splintered or broken into small fragments. *Complicated.*—When, in addition to the fracture, the surrounding parts, e.g., tissues and blood vessels, are torn.

Signs.—Swelling and deformity, pain, inability to use part, unnatural freedom of movement, grating sensation (*crepitus*).

Management.—Medical officer should be sent for. Nurse must understand that her action till his arrival is solely to prevent further injury to the parts. This object is to be attained: first by patient lying quiet, secondly by the nurse preventing movements of the injured parts. How to control hæmorrhage in a complicated fracture.

Dislocation.

Definition.—When bones forming a joint are out of place, the condition is said to be dislocation.

Signs.—Pain, swelling, and deformity, and inability to use the parts—unnatural stiffness of the affected joint.

Management.—Medical officer should be sent for at once. Patient kept quiet and not interfered with.

Sprain.

Definition.—Is an injury at a joint in which the ligaments are torn, but the bones are neither broken nor put out of place.

Signs.—Pain, swelling, and impaired movement.

Management.—The medical officer to be sent for. The parts to be kept quiet and not interfered with.

Hæmorrhage.

Varieties.—*Arterial.*—In this the blood is bright red and spurts out in jets with each heart beat. *Venous.*—In venous bleeding the blood is dark-red and flows in a slow continuous stream. *Capillary.*—In this form the blood is red and oozes gently from the wound.

General Management of Hæmorrhage.—Send for medical officer. Meanwhile loosen all constrictions, *e.g.*, waistbands, collars, &c., as they impede the venous return to the heart. Elevate limb. Apply pressure by finger, by pad and bandage, by tourniquet.

Special Management.—*Bleeding from Nose.*—Loosen clothes round neck, raise the head and hold it backwards. Apply cold to back of neck and nose—prevent patient from blowing nose, which has the effect of disturbing clot which stops hæmorrhage. *Bleeding from a Vessel of the Neck.*—Plug the wound firmly with a pad, and keep up pressure with the fingers. *Varicose Veins.*—Elevate the limb, remove any constriction, *e.g.*, garters, apply pressure by pad at site of bleeding. *Vomiting and Spitting of Blood.*—Keep patient absolutely quiet and lying on back with head on one side. Never give any stimulants.

Burns and Scalds.

Management of.—When clothes are burning, wrap patient in a rug or anything handy, and prevent patient from moving about. If a shirt is on fire make patient lie down. Cut off clothes and dress wound with lint soaked in oil. It is to be remembered that the insane may suffer from burns and scalds and not complain owing to their insensibility to pain.

Sunstroke.

Caused by direct exposure to sun's rays.

Heatstroke.

Caused by exposure to heated atmosphere, as occurs in the stokehold of a steamer.

Symptoms.—Drowsiness, faintness, and collapse, with fever.

Management.—General application of cold water.

Fits.

Definition.—A sudden seizure arising from any cause marked by a loss or partial loss of consciousness, with or without convulsions.

Varieties.—Epilepsy—Hysteria—Uraemic poisoning—Syncope (faintness)—Apoplexy.

Management.—Loosen constrictions about neck. Place patient on his back and prevent his being injured in any way, *e.g.*, bumping head, biting tongue, dislocating joints, bruising or otherwise injuring himself, choking (danger from false teeth). Never leave patient until he has recovered.

Asphyxia.

Is the condition brought about by a serious interference with respiration.

Causes.—Drowning, hanging, choking, suffocation by gases.

Management.—Removal of Cause of Obstruction.—In the apparently drowned, and in those choking, by cleaning out the mouth and air passages; in attempted hanging and strangulation, by cutting person down and removal of cause of constriction; in suffocation by gases, by removal into fresh air.

Artificial respiration to be taught practically.

Poisoning.

Varieties.—*Irritant Poisons.*—Arsenic, phosphorus, corrosive sublimate, turpentine, Jeyes' fluid, soft soap, sanitas.

Corrosive Poisons.—Acids (carbolic or its preparation, lysol, and oxalic), and mineral acids, caustic soda and potash, ammonia, chloride of lime.

Narcotic or Convulsive Poisons.—Opium (laudanum), morphia, prussic acid, strychnine, cyanides, choral, belladonna, aconite, cocaine.

Ptomaine Poisoning.—Caused by taking food in which some chemical change has occurred, most frequently in tinned meats and fish.

Symptoms.—In irritant and ptomaine poisoning, pain, vomiting, purging, and collapse; in corrosive poisoning, the symptoms are similar to those caused by irritants; but, in addition, the lining membranes of the mouth, throat, and stomach are corroded; in narcotic poisoning, there occurs loss of consciousness, stertorous breathing, and collapse; and in case of strychnine poisoning, convulsions.

Management.—Send for medical officer, and meanwhile endeavour to find evidence of source and kind of poison taken. In cases of irritant, narcotic, and ptomaine poisoning, give patient emetic, such as salt and water (two table-spoonfuls to half-pint) or sometimes mustard and water. In cases of corrosive poisoning, give oil. Prepare everything for washing out patient's stomach, and also procure hot blankets and hot bottles, and have some brandy at hand.

METHOD OF LIFTING AND CARRYING PATIENTS.

As far as possible, no patient should be lifted single-handed, but two nurses should arrange hands so that a seat and support are formed by which means a patient can be carried without change. *Method demonstrated in class.* Use of stretcher—*Demonstrated in class.*

PRACTICAL DEMONSTRATIONS.

Bandaging.
Poultices.
Fomentations.
Stupes.
Enemata.
Bed-making (in health and in sickness).
Use of thermometer.
Administration of medicines.
Wet-pack.
Sponging—and special baths.
Steaming and inhalation.
Dressing of wounds.
Sterilisation of instruments.
Stretcher carrying.
Artificial respiration.
Use of splints (padding).
Management of epileptic fits.
Saline injections, preparation of.

SECOND YEAR.

Signs of Disease.

THE CONDITION OF THE BODY IN HEALTH—DEFINITION OF DISEASE.
SYMPTOMS OF DISEASES AND DISORDERS.

What is meant by Symptoms.

The nurse should be instructed as to the necessity of observing and understanding the symptoms indicating disease, the more important of which are as follow:—

- (1) *Rigor*.—Often seen at the onset of an illness, and is characterised by a feeling of coldness, accompanied by shivering and thirst, the temperature rising higher than normal. After a period uncertain in length, the patient begins to feel warm, the skin begins to act, the temperature falls, and the shivering disappears. The symptoms of the disease (pneumonia, &c.), which has caused the rigor, now usually begin to appear.

- (2) *Alteration in the Temperature of the Body*.—Normal temperature, 98.4; subnormal temperature may also be a symptom of a serious condition.

Fever.

Definition.—A condition in which there is a rise of temperature associated with a quickened pulse, respiration, and a dry skin.

Varieties of Fever.

Continuous.—In this the temperature remains fairly even above normal, and there is little difference between the morning and the evening temperatures.

Remittent.—Here there is daily a marked difference between the morning and the evening temperatures, the evening being usually over 1½ degrees higher than the morning temperature.

Intermittent.—In this the temperature rises and falls repeatedly during the day.

Modes of Termination:—

- (1) By *crisis*, in which there is a great and rapid fall in temperature, generally associated with profuse perspiration, as is seen in pneumonia.

- (2) By *lysis*, when the temperature falls gradually from day to day till it eventually reaches and remains at normal, as is found in typhoid fever.

- (3) *Inflammation, Signs of:—*

Redness, heat, pain, swelling.

Inflammation sometimes leads to the formation of pus (abscess).

- (4) *Pulse, Abnormal.*

Alteration from normal rate, 70 to 80, and change in character and strength.

- (5) *Respiration, Abnormal.*

Normal, 15 to 20 per minute—alteration in rate and character. Stertorous breathing. Cheyne—Stokes breathing.

- (6) *Pain, Character of.*

Sharp, shooting, dull, lightning, girdle, pains, &c.

- (7) *Skin and Mucous Membranes, Alteration in Colour of.*

Pale and waxy anæmia and long illnesses. Flushed in fever and inflammatory affections. Livid in diseases of the heart and lungs. Yellow (jaundice) in affections of the liver.

- (8) *Eruptions and Rashes.*

Symptoms of fevers—as scarlet fever, measles, smallpox, erysipelas, erythema, eczema, ringworm, and nettle-rash, &c.

- (9) *Alteration in the Expression of the Face.*

Pain, anxiety.

- (10) *Tongue and Breath, Alteration in the Condition of.*

Tongue—Coated, dry, and furred; flabby and marked by teeth; red and angry.

Breath—Foul, fetid, sweet.

- (11) *Appetite, Alteration in.*

Absence, indifference, ravenous, perversion.

- (12) *Bowels, Alteration in State of.*

Constipation, diarrhoea, hæmorrhage, presence of foreign substances and undigested food.

- (13) *Urine, Alteration in State of.*

Quantity, colour, smell, deposit, retention, incontinence.

- (14) *Sleep, Disordered.*

Sleeplessness (insomnia), disturbed sleep, dreams, &c.; continued drowsiness, somnambulism.

- (15) *Weight, Alteration in.*

Loss of weight (slow and continuous, often due to consumption); excess of weight.

Diseases and their Management.

DISEASES OF THE CIRCULATORY SYSTEM.

Arteries.

Atheroma, thickening and degeneration of an artery—

Causes.—Senility and disease.

Danger of.—Liability to rupture; relation to apoplexy.

Aneurism.—A dilation of an artery accompanied by thinning and sometimes by rupture of one or more coats.

Management.—Absolute quietness, as rupture may occur at any time, and may thus cause sudden death.

Veins.

Varicose Veins.—Veins dilated, knotted, and winding; danger of; rupture.

Management.—Support by bandages and by special appliances, such as elastic stockings, &c.

Inflammation of (Phlebitis).—Shown by hard, painful swellings in the course of the veins.

Management.—Absolute rest and support.



*Heart.**Varieties of Disease:—*

Functional affection is a disorder of the heart without any organic disease.

Organic affection is a disease in which the valves or other parts of the heart are affected.

Signs.

Pain and palpitation, irregular action, shortness of breath, swelling of extremities, fainting, sometimes lividity of lips and finger-nails.

Management.

When symptoms are very distressing, keep at perfect rest in a position easiest for patient; food in small quantities, and frequently; not too much liquid; great care to be taken in moving patient; care to be taken to prevent constipation; bed-pan should always be used. *When very distressing symptoms are not present*, care to prevent patient hurrying, especially going upstairs; avoid excitement in all things, and prevent patient taking large meals. In fainting, patient should be placed in prone position, and head kept low.

DISEASES OF THE RESPIRATORY SYSTEM.

Nose, Throat, and Larynx.

Catarrh, polypi, adenoids, enlarged tonsils, hoarseness, and loss of voice.

Lungs.

Bronchitis is an inflammation of the lining membrane of the bronchi.

Broncho-pneumonia is an extension of the inflammation to the lung substance.

Pneumonia is an inflammation which is caused by a special germ, and runs a fixed course.

Pleurisy is an inflammation of the membrane covering the lung.

Asthma is a disease associated with spasmodic contraction of the small bronchi. It is recurrent, and marked by great temporary difficulty in breathing.

Signs of Disease.—Pain, cough, expectoration (colour of which varies), altered respiration, complexion, temperature, and pulse.

Management of Lung Diseases.—Patient to be kept in bed perfectly quiet; room well ventilated, and temperature equable; diet and medicine as ordered by doctor; expectoration to be kept for examination.

Phthisis is a tubercular disease of the lungs, in which there is, in addition to above symptoms, loss of weight, night sweats, spitting of blood (hæmoptysis).

Care in Case of Phthisis.—Patient should expectorate into special vessels containing disinfectant fluid or on old linen, and not on floor or about the grounds. Sputum should be burnt.

Patient should, if possible, sleep alone in a well-ventilated room, and if in bed during the day should be exposed to sun and fresh air as much as possible.

DISEASES OF ALIMENTARY SYSTEM.

The Mouth—The Teeth.

Dangers likely to arise from bad teeth, formation and swallowing of pus, and inability to masticate food (indigestion, debilitated condition, &c.).

Care of.—Use of mouth-wash and tooth-brush

Stomach and Intestines.

Signs of Indigestion.—Loss of appetite, coated tongue, pain, flatulence, offensive breath, water brash, heartburn, vomiting, constipation, diarrhoea.

Special points to be observed as regards Vomiting.—Note the quantity, frequency, times of occurrence, and, if accompanied by straining, character, odour, colour, nature of contents. Keep specimens for examination.

Special points to be observed as regards Diarrhoea.—Note the quantity, frequency, times of occurrence, if accompanied or not by straining, character, odour, colour, nature of matter passed, presence of hard lumps, mucous, and blood. Keep motion for examination.

Management.—Proper regulation of food, avoidance of constipation, and implicit carrying out of medical officer's instructions.

Piles (hæmorrhoids).

Small growths inside or outside the anus, generally chronic, but liable to bleed and become inflamed and distressingly painful.

Management.—Thorough cleanliness and avoidance of constipation.

Rupture or Hernia.

A condition in which a coil of intestine comes through the abdominal wall at particular places, such as the groin, the upper part of thigh, or the navel, which protrusion in *simple hernia* can readily be replaced.

Care of simple hernia.—Use of truss, light work.

Irreducible Hernia is one which cannot be returned, and yet in which there is no mechanical stoppage of the bowels.

Strangulated Hernia is a condition in which the intestine cannot be returned, and the bowel is so compressed that the contents cannot pass on.

Signs of Strangulated Hernia.—Swelling, pain, vomiting, often fecal, constipation.

Management.—Send for medical officer, and do not try to replace nor interfere with patient except to relieve pain by fomentation.

DISEASES OF THE URINARY SYSTEM.

Signs of.—Swelling of feet and puffiness below the eyes, pallor and anæmia, shortness of breath, headache, and pain.

State of Urine.

The points to be noted.—Quantity, colour, kind of deposit, odour.

Management.

Patient to be kept from cold and exposure, warm clothing to be worn, care in diet according to instructions. Urine to be saved for examination—that passed in the morning; that passed in twenty-four hours.

DISEASES OF THE NERVOUS SYSTEM.

Signs of.

(1) Sensory symptoms.—Pain, character, and position of. Sensations—lost, increased, perverted, *e.g.*, feeling of warmth, cold, tingling, numbness, itching, sleepiness, pins and needles. Special senses—alterations in the functions of.

(2) Motor symptoms.—Convulsions, tremor, and twitching. Paralysis—general, complete, and partial.

(3) Reflex symptoms.—Increased, diminished, lost. Examples—Action of pupils—Act of swallowing—Micturition and defæcation—Knee jerk—Plantar reflex.

(4) General symptoms.—Headache, vertigo, disordered sleep, affections of speech, delirium, restlessness.

Varieties of Nervous Diseases.

General Paralysis of Insane.

Apoplexy frequently due to cerebral hæmorrhage leading to paralysis of one side of the body (*hemiplegia*).

Epilepsy.

Definition.—A disease attended by a sudden attack of loss of consciousness, with or without convulsions, and without discoverable cause in the blood or the brain.

Varieties.—Slight (*petit mal*), severe (*haut mal*).

Stages of severe Fit.

(1) Premonitory. (2) Loss of consciousness. (3) Rigidity (tonic spasm). (4) Convulsion (clonic spasm). (5) Coma and stertorous breathing. (6) Post epileptic stage. (See pages 21, 28.)

Status Epilepticus.

A succession of fits with no interval of consciousness, and which may terminate fatally.

Management.—If a patient has three (3) fits in quick succession without regaining consciousness, a medical officer should be notified. Unless it is known that the bowels have recently acted freely, a simple enema should be given, and all precautions which are taken in dealing with patient suffering from an ordinary epileptic fit should be observed.

Chorea (St. Vitus' Dance).

Characterised by an irregular movement of the body and limbs.

Hysteria.

A term referring to a more or less perverted behaviour which tends to mimic other diseases.

Locomotor Ataxia.

Marked by a characteristic gait (inco-ordination), lightning pains, and gradual loss of power.

Meningitis.

Inflammation of the membranes of the brain, headache, vomiting, fever, delirium, and occasionally convulsions.

Neuralgia.

Paroxysmal pain referred to the seat of some sensory nerve or its branches. *e.g.*, face-ache, sciatica, &c.

Delirium Tremens.

An extreme form of delirium caused by alcoholic excess—shown by restlessness, violence, talkativeness, incoherence, hallucinations of sight and hearing, a feeling of terror, and sometimes suicidal tendencies. There is also typical muscular tremulousness.

Management of Nervous Diseases.

General health cared for by good feeding and attention to functions (bowels, bladder, &c.), and avoidance of excitement and worry—suitable clothing for different seasons. If confined to bed, care to be taken to prevent bed-sores.

GENERAL DISEASES.

Rheumatism.

Characterised by the joints being red, painful, and swollen. It is accompanied by fever, and sometimes followed by heart disease. A milder form is characterised by muscular pains without fever—*e.g.*, rheumatism of the muscles of the back (*lumbago*).

Management.—Rest, limbs wrapped in cotton wool or flannel, foment, care in diet, avoidance of exposure to cold and damp.

Anæmia.

Poorness of blood (caused by deficiency of red colouring matter), shown by pallor, debility, shortness of breath, swelling of extremities, and often accompanied by constipation.

Management.—Rest, prevention of constipation, and regulation of diet.

Diabetes.

Characterised by a large appetite and great thirst, and shown by the passage of large quantities of urine which contains sugar. The skin is often dry, and boils and carbuncles frequently appear.

Management.—Care of the specially-ordered diet.

Diseases of the Skin.

Varieties.—Boils and carbuncles, itch (scabies), eczema, ringworm, acne, urticaria, corns, &c.

Symptoms.—Rash or eruption, itching, offensive perspiration, &c.

Causes.—Want of cleanliness, animal parasites, ill-health, errors in diet, &c.

Management.—Directions of the medical officer to be followed strictly; special care to be taken with the clothing of affected person.

Diseases of Hair and of Nails.

Management.—Regular attention to; patient to be prevented from biting nails and pulling out hair.

Insane Ear.

Definition.

Cause.

Forms of Insanity most common in.

Contagious and Infectious Diseases.

Germs.

Kinds—harmless or useful—dangerous.

Where found—air—water—earth—sewerage deposits—diseased and dead tissues (animal and vegetable).

Rapidity of growth.

Site of entrance into body.—Air passages—alimentary canal—skin and raw surfaces.

Mode of entrance into body.—Tainted or affected articles of food, bites of animals and insects, inhalation of dust, contact with disease, &c.

Effect of presence in the body.—Resistance of body to invasion. Production of various diseases.

Mode of destruction of germs.—Asepsis. Antiseptics.

Varieties of Diseases generally met with.—Scarlet fever—Smallpox—Mumps—Whooping-cough—Enteric fever (Typhoid)—Dysentery—Cholera—Diphtheria—Erysipelas—Influenza—Malaria—Dongue—Tuberculosis—Acute Lobar Pneumonia—Plague.

Means by which Infectious Diseases spread—

- (1) By contact (direct or indirect).
- (2) By water or food.
- (3) By air.
- (4) By intercommunication of animals and insects and man.

(Special reference to be made to typhoid carriers, and to the existence of disease-producing germs in the body, especially after an illness.)

Prophylaxis and Treatment—

General, special, the use of vaccines, inoculations, serum, and other methods of treatment.

Care in Nursing.

Disinfection.

Need for the destruction of germs of disease by such means as steam, heat, sulphur, formalin, &c.—

- (1) Of Room.—The action of the formalin lamp to be explained, also the mode of using sulphur. All openings, windows, doors, ventilators, &c., must be sealed up before the process of disinfection begins and when complete, all articles of furniture, clothing, bedding, &c., should be exposed to the sun, and the floors and walls (if painted) should be well scrubbed. For this, solutions of chloride of lime, carbolic soap, or sanitas are generally used.
- (2) Of Clothing and Bedding.—Where not possible to disinfect by steam or heat, these should either be destroyed by fire or boiled or soaked for twenty-four hours in some disinfecting fluid, such as chloride of lime, carbolic acid, or corrosive sublimate.

Isolation.

The separation of the infective sick from the healthy in such circumstances as will prevent, as far as can be, the spread of the disease for such time as infectivity prevails. How carried out:—

- (1) By removal to separate hospital.
- (2) By arranging a room or part of the general hospital detached as far as can be from the rest of the building.
- (3) Unnecessary furniture, carpets, and curtains should be removed.
- (4) The conveyance of foods, coals, and other necessities to the isolated room to be conducted with great care.
- (5) The patients should have their own knives, forks, spoons, and crockery.
- (6) All excreta, soiled linen, and clothes must be at once removed and disinfected or destroyed.

Nurses' Personal Care.

Nurses in charge of infectious patients should be scrupulous in their cleanliness for their own safety, taking care not to place their fingers in their own mouth, and not to touch food till after washing. Nurses should change outer garments, and wash face, hands, and arms in disinfectant solution before mixing with other people.

Hygiene.

VENTILATION.

Definition.—The act by which pure air constantly and steadily replaces foul air.

Pure Air.

Composition of.—Oxygen, nitrogen, carbonic acid gas, ammonia, and organic matter.

Impure Air.

Composition of.—A lessened amount of oxygen and increased amount of carbonic acid gas, dust, organic offensive matter, and germs.

Effects of impure air.—Lessened vitality—Tendency to contraction of diseases.

Methods of Ventilation.

Natural.

Doors.—Use of, guided by position.

Windows.—Various means of keeping open without causing draughts. Nurses to be guided in opening or closing doors and windows by the condition of the air in the room, and of the temperature of the atmosphere generally. Prevention of patients interfering with windows.

Chimneys should not be blocked, but kept free from accumulations of soot. *Ventilators (simple).*—Openings in wall or ceiling for admission and removal of air. Care in management.—Dust and fluff apt to accumulate and cause obstruction and breed vermin.

Artificial.

The driving in of pure air or the extraction of impure air by means of special apparatus:—

- (a) Plenum method (propulsion).—The forcing of air into a building, e.g., by fan.
- (b) Vacuum method.—The forcible extraction of impure air, e.g., by fans or by application of heat to bottom of shaft.

Means to be taken by Nurses to prevent Air in Rooms becoming Impure—

- (1) Removal of dust, &c.—It must be remembered that particles from skin, hair, clothing, &c., may become deposited on furniture and walls.
- (2) Special care in washing and keeping clean patients who may have offensive odours from skin, &c.
- (3) Special care in wet and dirty cases.
- (4) Immediate removal of foul linen, excreta, &c.
- (5) Lavatories, closets, urinals, and sinks in pantries to be kept scrupulously clean.
- (6) Patient to be prevented from using radiators or other heating apparatus as means for destroying or drying rags, &c.
- (7) Floors to be dried as quickly as possible, and any dampness of walls to be reported.

Methods of Heating Rooms—

Generally done by sunlight, open fireplaces, stoves, or gas-heaters; sometimes pipes containing hot air, hot water, or steam are used.

Care with open fireplaces.

Use of fire-guards, which should be locked. Care in stoking—avoid fire getting too low or too high. Patients not to interfere with fire.

WATER-SUPPLY.

Uses of Water—

- (1) As a food and beverage.
- (2) Domestic use and personal use—in kitchen, laundry, and bath-room.
- (3) General use—in sanitation, irrigation, and in cases of fire.

Sources.—Obtained from rainfall—rivers—lakes—springs and wells.

Rainfall, character of.—Impurities from air may be taken up in towns and near factories—care required in the tank used for storage. Rain water is soft, from absence of saline matter.

River Water.—Probably pure at source, apt to be contaminated afterwards.

Lake Water.—Usually pure—much depends on surrounding gravitations (watershed). Reservoirs are artificial lakes.

Spring Water.—Usually contains mineral matter—frequently hard from salines, particularly lime.

Well Water.—Surface wells—liable to be contaminated. The bore of an artesian well of great depth passes through a pervious layer and then through an impervious one, and taps a volume of water lying on the top of a deeper impervious layer—this water often contains mineral matter.

Impurities—

- (1) Mineral impurities generally derived from the soil as mineral waters—hard water—or from pipes, vessels in which water is stored, e.g., lead. Danger: Impurities may cause diarrhoea, dyspepsia, and goitre—gastro-enteritis in the case of arsenic, and lead colic when lead is present.
- (2) Organic impurities of animal origin are invariably harmful.—They are derived from sewage, excreta, refuse, &c. Danger: May cause typhoid fever, cholera, dysentery, parasitic worms, and hydatids, &c.

Purification of Water (Domestic).—Boiling not only destroys disease germs, but causes depositions of salt, e.g., lime. Distillation is effective, but care must be taken that no absorption of lead takes place. Filtration.—Old filters are valueless, and a source of danger—the principle of the Berkefeld and the Pasteur Chamberland filters only is effective.

Care in the Use of Water.—Avoid waste, never leave tap running carelessly, report the ineffective working of cisterns, taps leaking, &c.

REFUSE.

Varieties.—Unused food, sweepings, cinders, straw from bedding.

Disposal of.—(1) Food collected for pigs (pig-tub). (2) Ashes, sweepings, and straw from bedding collected for use or destruction. Pans and tubs should be kept covered, and, after being emptied, scalded.

EXCRETA.

Disposal of.—(1) Water system. (2) Dry system. (3) Disinfection and subsequent destruction.

- (1) Water-carriage System of Sewage.—A system of drains wherein waste water and excretory products are carried away from a house to a main sewer. Parts concerned—Drain, a channel from one building. Sewer, a channel from two or more buildings. Traps, structure and use. Gully traps, structure and use. Ventilating shafts and manholes.

Ultimate disposal of sewer contents—

- (1) Discharge into sea.
- (2) Discharge into a sewage farm.
- (3) Discharge into septic tanks.

Points to be observed.—Drains and Sewers—Any odour or leakage to be reported. The water in the traps must not be allowed to evaporate.

- (2) The Dry Method.—Tub and pail closets—

- (1) With earth or ashes.
- (2) Without earth or ashes.

Ultimate disposal of contents.—In the first instance, the matter can be applied directly to the land, and in the second an admixture of dry earth or ashes is first necessary.

Points to be observed with regard to tubs—

- (1) Double system to be used.
- (2) Tubs, when emptied, to be steamed before use, and occasionally tarred.

- (3) Disinfection and Subsequent Destruction.—In cases of typhoid fever and dysentery, and other infectious diseases, e.g., tuberculosis, the excreta to be disinfected and disposed of either by burning or burial, or such other means as arranged for at hospital concerned.

FOOD.

Necessity of.

- (1) The building up and repairing of tissues exhausted by continual work.
- (2) The supplying and maintaining of bodily heat.
- (3) Supplying means for the production of muscular energy and movements generally.

Classification.

- (1) *Albuminous (nitrogenous).*—Examples—White of egg, lean meat, caseine of cheese or milk, gluten of flour or oatmeal.
- (2) *Fats (hydro-carbons).*—Examples—Oil, cream, fat, lard, butter.
- (3) *Starches and sugar (carbon-hydrates).*—Examples—Potatoes, rice, sugar, beetroot.
- (4) *Minerals and Water.*—Examples—Soda, common salt, lime (phosphate), magnesia, and liquids.

General Principles of Diet.

Necessity for mixed diet.

Amount and kind of food arranged according to age, climate, and work done.

Scale of diet in illness to be fixed according to nature and stages of disease, from milk (peptonised) to full diet.

Special diet for infants.

Special diet for cases of paralysis, with difficulty in swallowing.

Special diet for those unable to masticate.

Beverages and Stimulants.

Tea, coffee, cocoa, beef essences, and liquids containing alcohol (brandy, whisky, port wine, gin). Alcohol to be given only in emergency, unless otherwise ordered. Uses and abuses.

Quality and Adulteration of Food.

Meat and fish, putrefaction of, detected by appearance and smell.

Milk may be poor in quality, adulterated, or sour, character recognised by colour, taste, smell, and proportion of cream found on standing twenty-four hours, which in good milk should amount to about one-tenth of the quantity. Preservatives—boracic acid, salicylic acid, and formalin—should be avoided. Condensed and concentrated milk should be used only when fresh milk cannot be obtained.

4 5
3 7
60

Butter may be adulterated or rancid—adulterated with other fats, e.g., tallow, lard, cocoa-nut oil. Margarine may be substituted for, or added to, butter. Preservatives, as in milk, should be avoided. The rancid condition may be detected by taste and smell.

Bread and biscuits should not be sour, sodden, or heavy.

Potatoes should be of good size, clean on surface, firm, and free from disease.

Diseases due to food may be caused by—

- (1) Deficiency: Partial or complete starvation; bad effects may also be produced by too long interval between meals.
- (2) Excess: Dyspepsia, constipation, diarrhoea, obesity, and gout.
- (3) Bad cooking.
- (4) Improper food and faulty proportions: Scurvy and rickets.
- (5) Diseased or decomposed food.

Decomposing meat may produce ptomaine poisoning, vomiting, diarrhoea, and depression.

Meat affected by tuberculosis and trichinosis may produce similar diseases in men.

Fish, if putrid, may give rise to ptomaine poisoning and a form of nettle-rash.

Shell-fish, especially oysters, living within access of sewage may give rise to typhoid fever, and a nettle-rash may also be caused by the eating of shell-fish.

Milk may be the means of conveying tuberculosis, typhoid fever, diphtheria, scarlet fever, cholera, &c.

Cooking.

Why food should be cooked:—It makes food agreeable, palatable, and assists digestion, and allows of a varied diet, and causes destruction of germs and parasites.

Change effected by cooking:—Some portions rendered more soluble, and others more easily masticated.

Methods of cooking:—Boiling, stewing, roasting, baking, grilling, and frying.

Invalid Cookery.—Six practical lessons:—

- (1) Steamed beef-tea, fried fish, potato croquets, steamed custard.
- (2) Baked fish, boiled and mashed potatoes, rice custard, oatmeal gruel.
- (3) Roast and boiled chicken, chicken broth, brown sauce, green vegetables, bread and butter pudding.
- (4) Mutton broth, boiled fish, lemon sponge, bread and milk, baked apples.
- (5) Isinglass blanc mange, grilled chops, boiled custard, boiled rice, poached and scrambled eggs.
- (6) Tripe, groats, baked custard, savoury custard, celery soup.

Methods of giving Food.

Natural—by the mouth.

Artificial—

- (a) With tube by the mouth, nose, or rectum.
- (b) By inunction—cod-liver oil, and other oils rubbed into the skin where directed.

Points to be attended to in serving Food.

Punctuality absolute cleanliness, and neatness; everything required to be at hand at the one time.

PERSONAL HYGIENE.

Baths.

Use, for cleanliness and promotion of proper action of pores of skin.

Time—not to be given immediately after meals. A warm bath best given at night; if given during daytime, patient may be exposed to cold, and serious chill result.

Kinds and use of each—

Cold baths (sponge, shower, and plunge), used by the strong and vigorous after rising in the morning. Bath should be taken quickly and body rubbed briskly; if proper reaction does not now occur, and the patient feels chilly, and lips and fingers become blue, a cold bath should not again be given.

Warm and hot baths, more effective and cleansing. A hot bath quickens action of the heart and opens the pores of the skin and produces perspiration, and thus may check the onset of a serious chill. The feeble, and those suffering from heart disease should be given a hot bath only on medical order.

Medicated Baths.—Alkaline bath, sulphur bath, mustard bath, vapour bath.

The Mouth.

The care of the gums and the teeth, mouth-wash, and tooth-brush. False teeth should be removed and cleansed daily. A bad condition of the teeth should be reported.

Offensive discharge from nose, ear, and other parts should be given proper attention.

Hair, nails, and corns should be properly and regularly attended to. All instruments to be thoroughly cleansed and sterilised, particularly after being used on a "suspicious" case.

Offensive perspiration of feet.—Thorough cleansing and use of weak solution of formalin, or boracic acid powder.

External parasites.

Fleas, bugs, mosquitoes, lice, scabies (itch), ringworm, barber's itch (sycosis). Unpleasant results from presence of—irritation of skin, rash, and eruptions. Contagiousness.

Management.—Thorough cleansing of patient and clothing (which may have to be burnt), and use of applications ordered.

Nursing in Private Houses.

Difference between Home and Hospital work:—

- (1) Nurse must depend more on her own resources.
- (2) Must remove patient at once, and always from stairs, open windows, and lock up razors, knives, &c.
- (3) Difficulty in feeding (tact and persuasion).
- (4) Firmness with, yet civility to, friends.
- (5) Work more trying (night and day).
- (6) To be able to give assistance to doctor, nurse should keep book with such notes as these: Food taken, amount of sleep, time in open air, mental symptoms, bodily symptoms, temperature.
- (7) Care against suicide.
- (8) Ask doctor for definite instructions—in writing, if possible.
- (9) Absolutely avoid alcohol.
- (10) Nurse's position in house in relation to servants. (Vid. H.A.I.).

Prevention of Fire.

Special care in use of lanterns, lamps, candles, matches, &c.

Matches.—No patient should be allowed to have matches. Special care to prevent patient obtaining matches from friends in visiting room. Matches used by attendants should be extinguished, and not thrown away whilst still alight. Special care in dealing with the material used in lighting patients' pipes. Special care to be exercised by night attendants in inspecting such places as are likely to be the seat of fire.

Apparatus for Extinguishing Fire.—Fire buckets to be kept full and in proper place. Hose and hydrant to be kept in good order and in proper place. Chemical fire extinguishers—hand grenades.

Fire Drill.—Weekly drill to be given.

What to do in case of Fire.—Ring fire-bell, and when possible telephone to administrative block and to fire brigade station when hospital is connected therewith; meantime use every effort to put fire out. Remove patients from neighbourhood of fire, see that none hide away in corners, provide for subsequent care so as to prevent harm or escape.

Ethics of Nursing.

DUTIES TO ONE ANOTHER.

A charge nurse must show by example how junior nurses should do their work, and they must have sufficient character and influence over them to see that they do it properly. As the charge nurse must render to her superiors, so must she exact ready and implicit obedience from her junior nurses. When she leaves the ward in charge of the second nurse, she should be careful that the latter is posted up in such matters as ought to be reported to the medical officer should he visit the ward during her absence.

Junior nurses must acquire a spirit of willing obedience and cheerful execution of all commands and directions and a faithful performance of every duty that devolves upon them. They should preserve their own self-respect, and in all things set a good example.

RELATION OF NURSES TO THE PUBLIC.

Nurses must remember that patients treat them confidentially, and, therefore, their private affairs and peculiarities should not be a source of conversation outside the hospital. This applies not only to patients but hospital affairs generally.

LEGAL RELATION OF STAFF TO PATIENTS.

Patients should always be treated with sympathy, kindness, and tact, never bullied, and on no account struck, wounded, ill-treated, or wilfully neglected. There is a section of the Act which deals with nurse or attendants striking, neglecting, ill-treating, &c., any patient, and rendering them liable to imprisonment; also any officer, attendant, or nurse who, through neglect or connivance, allows a patient to escape, may be fined heavily.

POSTSCRIPT.

Having briefly sketched the general duties of a nurse, it seems best again to remind the staff that a mental hospital is built and maintained for no other purpose than caring for the insane, that each patient is entitled to the best our means can afford, and that while the nurses are not responsible for the medical treatment, they are for that kind and intelligent care it is within their power to give. A good nurse is expected to be pliable, industrious, thoroughly tactful, not careless in her work, truthful, and to patients, per-

sonally tidy, obedient to rules, loyal, respectful, and willing to obey orders from doctors and seniors in office, and generally as faithful and intelligent as possible in the work to be done. They are also reminded that so far as it can be done, such personal attendance is to be given to each patient as will assist in recovery and improvement, or promote his well-being. Should each one in place do a share of the work, there would be no reason for trouble in case things do not run right. If one neglects one's appointed work things go wrong, and the trouble spreads to all those with whom the nurse is associated. So, too, if one disobeys the rules, she is apt to draw in others, and thus lower the whole standard of those about her.

Lectures for Nurses only.

The Pelvis.—The relations of the various organs.

Puberty.

Menstruation.—Common minor ailments—Dysmenorrhœa, Menorrhagia, Metorrhagia, Amenorrhœa.

Leucorrhœa.

Pregnancy.—Care during; its minor ailments; liability to abortion; care of abortion and miscarriage.

Labour.—Preparation for care of child; management of labour.

Puerperium.—Necessity for rest; discharges; condition of bowels and bladder; diet.

Lactation.—Health of mother; necessity of regularity in feeding child; bottle-feeding; prepared infants' food; menstruation during lactation.

Menopause.—Symptoms and abnormalities; relationship to mental disorders.

The Bladder.—Common disorders of; abnormal urine; the use of the catheter and its dangers.

The Bowels and Rectum.—Constipation; diarrhœa; dysentery; piles.

THIRD YEAR.

The Anatomy and Physiology of the Nervous System.

THE NERVOUS SYSTEM.

Includes the brain—spinal cord—the nerves—the sympathetic system.

The Brain.

Position.—It is covered with membranes, and lies in the cavity of the skull, which protects it from injury.

Parts.—The brain is composed of three parts—(1) Large brain or cerebrum. (2) Small brain, or cerebellum. (3) Intermediate brain, the pons and medulla, which connects the brain with the spinal cord. Each of these consists of two parts—the right and the left.

Appearance.—The surface of the brain is a mass of convolutions and fissures, and when the brain is cut open it is seen to be made up of grey and white matter, the grey matter being composed of cells and the white matter of nerve fibres. Most of the grey matter is found on the surface of the brain, the white matter being internal. The nerve fibres cross in the medulla, so that the right side of the brain corresponds to the left side of the body, and *vice versa*.

Use.—General.—The brain regulates the different systems of the body, and is the means by which we feel, think, and act. Special.—In the greater brain are areas for mind motion, and sensation. One part of the brain is

for mind; another part for originating and controlling movements; the rest of the brain is for receiving sensations from the body and from its surroundings. The lesser brain is supposed to be the centre for balancing movements of the body. In the intermediate brain are the centres for respiration and circulation.

The Spinal Cord.

Position and Protection.—It lies in the canal of the spinal column, by the bones of which it is thus protected. It is covered by membranes like the brain, with which it is connected by means of the medulla.

Structure.—The structure is the same as that of the brain; but the grey matter forms the centre and the white matter the surface of the cord.

Uses.—The white matter is made up of fibres, which carry messages to and from the brain. The grey matter is made up of cells, which, on receiving impressions from certain parts of the body, by means of sensory nerves, on their own authority and without consulting the brain, send back instructions to the muscles by means of the motor nerves. This action is seen in sneezing, swallowing, and on tickling the sole of the foot, and in the action of the pupil of the eye, and is known as reflex action.

The Nerves.

The nerves are made up of fibres, which serve to carry messages to and from the brain and spinal cord. Those which carry messages to these organs are called sensory nerves, and those which carry messages from these organs are called motor nerves. The sensory and motor nerves connected with the brain are called cranial nerves, and those connected with the spinal cord are called spinal nerves.

The Sympathetic System.

This is made up of a series of collections of cells, called ganglia, which are connected by nerve fibres, and are situated in the neck, thorax, and abdomen, in front of the backbone; branches are given off to control the actions of the involuntary muscles of the eye, the blood vessels, the heart, stomach, and intestines, &c.

SPECIAL SENSES.

Sight, hearing, touch, smell, taste.

Sight.—The part connected with this is the eye, which, on receiving impressions from outside, transmits them by means of its special nerve to certain parts of the brain, and thus gives rise to what we call sight. The action of the other special organs is similar to this, and all, therefore, educate the brain as to its surroundings.

MIND.

It is difficult to give a definition which is perfectly true, but it may be said that mind results from the operation of certain faculties which together give the power to feel, think, and act. These faculties are five:—

- (1) The intellect, comprising perception, consciousness, memory, and reason.
- (2) Will.
- (3) Emotion or feelings.
- (4) The moral faculties.
- (5) The instincts.

- (1) The intellectual faculties are the reasoning powers,—“those powers by which we observe and perceive, judge of and compare, and reason, regarding our surroundings or anything put before us.”

Perception enables us to recognise the various sensations brought by the sensory nerves, and to know the cause of such sensations.

Consciousness is the condition of being awake to outside impressions and to the workings of our own minds. By its operation we know that we perceive, we know that we exist. It must be present before we exercise any of the other faculties of the mind.

Memory is the power by which we store up in the mind the knowledge of past impressions or sensations, and the decisions come to by reason.

Reason is the highest faculty of the mind. By it we are enabled to make use of what we know, and to acquire new knowledge. For its exercise we must have consciousness and memory.

- (2) *Will.*—That faculty of the mind which allows us to choose how to act. The muscles we can act upon by our will causing them to contract or relax when we wish, are called voluntary. The power of the will is limited; it has no control over the involuntary muscles; it cannot control the actions of the heart, nor can it start or stop the digestive functions. The emotions, the moral faculties, and the instinct excite to action. Will makes the choice as to which motive to obey.
- (3) *The Emotions and Feelings.*—Our strongest incentives to action are—Joy, love, grief, hatred, anger, fear, jealousy, and the like. Each emotion has its own means of expression, as—
Extreme fear exhibits a blanched face, contracted muscles.
Rage shows a flushed face.
We experience emotion in spite of ourselves, yet the emotion should be under the control of our will and reason.
- (4) *Moral faculties* guide us in our relation with our fellow-men, enable us to sympathise with and enter into the feelings of others, and to know right from wrong.
- (5) *Instincts* are rather in contrast, and often in opposition to the moral faculties. They should be subordinated to the higher faculties of the mind, and under their control. Example—Instinct of self-preservation. Instinct of maternal love.

Insanity.

Definition.—Disease or unsoundness of mind.

SIGNS AND MEANS BY WHICH IT IS RECOGNISED.

General change of conduct from condition previous to illness.

Alteration of powers of attention; ease or otherwise by which it may be attracted.

Alteration of mental keenness and sense of well-being.

Whether he is unnaturally bright, lively, restless, and energetic, or dull, stupid, listless, and suspicious.

Depression.—Condition of continued depression.

Excitement.—Condition of continued excitement.

Habits.—Talking to himself, dressing strangely, destructive, mischievous, refusing food, wet and dirty, sexual malpractices, suicide, homicide.

Delusions.—A false belief due to disease.—Examples and varieties of, e.g., depression, hypochondriasis, exultation, suspicion, unseen agency, identity. These are fixed, or fleeting and changeable, and probable or quite improbable.

Hallucinations.—Definition: A false perception without an objective reality. When a person thinks he sees, hears, smells, tastes, or feels something when there is really nothing external to give rise to that sensation.

Examples.—A person looking on bare floor fancies he sees a snake.



Illusions.—Definition: A false perception with an objective reality. When a person fails to understand correctly what the eye sees or the ear hears, or the impressions that are brought to the brain from any of the organs of sense. *Examples.*—A person looking at a carpet with a pattern imagines he sees animals, e.g., snakes, rats, &c.

Delusions, hallucinations, and illusions are deceptions of the senses, and in insanity their truth and existence are fully believed in, and the patient cannot be argued out of the belief, however absurd or unreal they may be.

Incoherence of Speech.—When a person talks freely but shifts readily from one subject to another without there being any real connection between those subjects.—*Examples.*

Loss of Memory.—Complete, memory a blank. Partial, e.g., long past events remembered, recent ones not. Perverted, a partial loss of memory associated with delusions. Loss of memory as to time, place, and person (disorientation).

Change of Personality.—Double consciousness.

(Attention must be drawn to the fact that one must not judge too hastily, for even when none of the above symptoms are present the person may be still insane, but may be concealing his peculiarities.)

CLASSIFICATION.

Idiocy, imbecility, mania (delirious acute, chronic), melancholia (acute agitated, acute stuporous, and chronic), delusional insanity, circular insanity, dementia (primary, secondary, senile), general paralysis of the insane, epileptic insanity.

Idiocy and Imbecility.

Idiocy is the name we use to indicate those cases who from birth have had gross and evident mental defectiveness. Imbecility is the name given to those who have been more or less weak-minded from childhood, but not to the same extent as in idiocy. Some imbeciles are capable of being taught sufficiently well as to be able, under supervision, to earn a livelihood.

Acute Delirious Mania.

A very acute form of mania, with fever and great restlessness, which may pass into a typhoidal condition, in which the patient is either worn out or gradually recovers. Duration, generally from two to four weeks.

Acute Mania.

A condition with rambling, incoherent speech, and restlessness, but with seemingly more purpose and with less tendency to pass into a typhoidal condition as in delirious mania.

Chronic Mania.

Cases of acute mania that have lasted for over a year, and have the same restlessness and incoherence, and show no evidence of recovery.

Acute Stuporous Melancholia.

A condition of very greatly absorbed inactivity—patient absolutely lost to surroundings and refusing food.

Acute Agitated Melancholia.

A condition of extreme restlessness and agitation, the character of which is determined by the nature of the delusion.

Chronic Melancholia.

Cases of acute melancholia that have lasted over a year, and are still in a restless, depressed, or stuporous condition, and show no evidence of recovery.

Delusional Insanity.

Cases in which there is neither mania nor melancholia, but where conduct and conversation are guided by fixed delusions, often of religious or sexual character, or of the nature of continued persecution.

Alternating Insanity.

The name applied to that form in which the patient is at times excited, at others depressed—changing more or less regularly from one condition to another, with intervals of sanity.

Primary Dementia (Dementia præcox).

A disease of early life, a dementing process from the beginning, and generally connected with a hereditary tendency.

Secondary Dementia.

A state of hopeless mental weakness following any form of mental derangement.

Organic Dementia.

This is associated with the grosser lesions of the brain.

Senile Dementia.

A condition occurring in old people with or without previous derangement.

General Paralysis.

A form of insanity, with a progressive tendency towards complete mental and physical decay. The mental condition is in some cases maniacal, with exalted ideas, or in other cases melancholic or demented. In all cases the mental condition will get gradually clouded, and descend towards complete stupidity or dementia. The bodily condition becomes one of general incoordination, such as inability to stand or use the arms well, and this gets gradually worse until the patient is completely paralysed; there is difficulty in swallowing; there is liability to bed-sores, and to retention of urine. Convulsions may occasionally occur.

Epileptic Insanity.

A form associated with epileptic fits, and characterised by—(1) a deficiency of self-control and irritability, quarrelsomeness, and great impulsiveness, which may lead to violent and homicidal acts; (2) profession of religion; (3) a slowly developing mental enfeeblement.

Management of Wards.

Classification.

Reception Ward.

Hospital Ward.

Convalescent Ward.

Special Wards (for idiots and imbeciles, senile, refractory, epileptic, and criminal patients).

Different Parts of a Ward.

Day-room and dining-room.

Dormitory.

Single-room.

Lavatory and bathroom.

Store-room and pantry.

Nurses' rooms.

Points to be Attended to in Management.

Day-room.—Cleanliness, tidiness, homelike appearance. Floors scrubbed or polished. Carpets or rugs cleanly swept and properly laid down. Furniture and pictures clean and free from dust. Pot-plants and flowers about, as far as possible. Ventilation. Warmth (fires, &c.)—management and precautions. Light—natural (sunlight); artificial (gas, &c.). Locks—outside doors to be kept locked or unlocked, according to the ward, but all store-rooms, bathrooms, cupboards, and dormitories to be kept locked.

Dining-room.—Arrangement at meal-times—Tables neatly set; cloths clean; flowers, &c., on table; special care to be taken in arranging patients at table; grace may be said. Meals to be served as quickly as possible; special care to be taken in feeding general paralytics, epileptics, very excited and feeble patients; notice to be taken if each patient takes sufficient amount of food, and takes a mixed diet; if not, report; care to be taken that one does not steal another patient's meal; patients not to be allowed to carry food, spoons, cutlery away from table; knives and forks to be washed, counted, and locked away before patients leave the room. After meals, dining-room to be made generally clean and tidy.

Verandahs and Airing Courts.—To be always clean, neat, and tidy.

Dormitories and Single-rooms.—Beds to be stripped; soiled mattresses, linen, &c., removed; beds to be made up after being thoroughly aired. Ventilation.—Opening of shutters, windows, &c. Removal of night-soil. Sweeping and scrubbing, dusting, and making generally clean and tidy. Use of disinfectants (sanitas, carbolic, soft soap). Mattresses (renewal and cleansing of). Mackintoshes (use and mode of cleaning). Preparations to be made before patients go to bed.

Lavatory and Bathroom.—Ventilation. Flushing (any fault to be at once reported). Thorough cleanliness (use of disinfectants). Supervision to prevent drains being blocked up. Bath keys to be locked away if not directly under supervision of nurse.

Store-room.—Clothing to be kept tidily arranged on shelves; patients' private clothing to be kept separate and names attached. Medicine cupboard and knife-box to be kept locked. Door of store must always be kept locked; store to be entirely under the care of charge nurse.

Pantry.—Cupboards to be kept tidy, clean, and locked. Crockery and glass to be kept clean and neatly arranged. Sink to be left clean and free from grease.

Nurses' Rooms.—To be kept clean and tidy, and no dangerous article to be left lying about carelessly. Patients never to be left in nurses' rooms.

Management of Mental Condition.

Observe the peculiarities and habits of each patient under care, *e.g.*:—Character of patient—If shy, reserved, sensitive, overbearing, egotistical, self-possessed, depressed, or excited. This appreciation of surroundings. The presence of delusions and hallucinations—their nature and character. The state of the memory. Habits—If clean or otherwise, industrious or idle, suicidal (including tendency to self-mutilation), homicidal, or epileptic. The tendency to escape or hide.

The information thus gained will enable the nurse—(1) to observe and control patients; (2) to promote recovery; (3) to ensure as much comfort as possible. All this will be assisted by feelings of sympathy and watchfulness on the part of the nurse, and she must look upon the patient's annoying ways, offensive habits, aggravating manners, abuse, roughness, and violence as the vagaries of irresponsible beings. All patients should be treated individually, and not all driven along the same groove.

Delusion and Hallucinations.—In management of case, ignore, as far as possible, the patient's delusions—never argue with or mock the patient about them.

Habits.—Try to correct destructiveness, mischievous propensities, and hoarding up of useless articles of rubbish, dressing in slovenly or fantastic ways, disorderliness in eating, prevention of eating leaves, cloth, or other improper things, prevention of wet and dirty habits, and bad sexual practices.

Refusal of Food.—If patient refuses food, nurse must first try to overcome patient by tact and persuasion, or by feeding with spoon or feeding-cup, without using force. If these fail, feeding by nose or mouth has to be resorted to by medical officer.

Preparations for forcible feeding.—Sufficient number of nurses to be present in accordance with mental condition of patient; table with pillow, sheets, and towels, food as ordered, gag, tube, oil-tray, solution as ordered for washing out stomach, and pails to be provided. Patient after being fed should be kept quiet, and prevented from vomiting food, if possible.

Self-mutilation and Suicide.—

Usual methods of self-mutilation:—Picking skin—Pulling out hair—Vicious habits—Trying to injure themselves by knocking their head against the wall—Trying to pull tongue out—Trying to gouge eyes out, wounding themselves, &c.

Usual methods of suicide:—Hanging—Choking—Drowning—Cutting throat—Poisoning—Swallowing pins or other dangerous articles—Stabbing—Throwing self from height (through window or down steps, &c.).

Prevention of:—

- (1) Constant observation both day and night—Never allow patient out of sight, and when in charge of suicidal patient never leave him to attend to anything else. Care when Night and Day Nurses are being changed, and when one nurse relieves another during the day. Should knife or pair of scissors or other dangerous article be missed in any ward, the matter must be reported, and unceasing search made until found. If pane of glass be broken, all fragments, both in frame and on the ground, must be removed at once and locked away.
- (2) Frequent searching of suicidal patients for strings, pins, needles, hairpins, sharp implements, &c.
- (3) Special care in bedding—Patient and patient's clothing to be thoroughly searched immediately before being handed over to Night Nurse.
- (4) Use of restraint.

Homicide and Violence.—

Prevention of:—

- (1) Constant care and supervision and frequent searching.
- (2) Prevention of access to dangerous weapons, such as brooms, scrubbing-brushes, stones, pokers, shovels, chambers, and other utensils.
- (3) Methods of dealing with, and of carrying violent patients.
- (4) Avoid struggling single-handed; patient may give way before superior force and there is less danger to patient and nurse, and false accusations would be avoided.
- (5) Restraint and seclusion.

Restraint is the restriction of the bodily liberty of a patient by some appliance such as a sheet, strait-jacket, towel, or muffs.

Uses.—To prevent suicide, self-mutilation, injury to others, to keep surgical dressings in position.

Points to be noted in use of restraint:—

- (1) To be used only when ordered by the Medical Officer.
- (2) Patient under restraint to be examined frequently, and care taken that method of restraint is not being tampered with or causing any injury or interference with the bodily functions.

Seclusion:—

The placing of a patient alone in a locked room or locality during the daytime.

Uses—

- (1) To prevent injury to self and others in conditions of acute excitement, violence, or epileptic furor.
- (2) To be adopted in such other cases as are deemed necessary by the Medical Officer.

Points to be noted in use of seclusion—

- (1) No patient should be secluded without special order from Medical Officer.
- (2) While in seclusion patient should be visited frequently. No suicidal patient should be placed in seclusion.

GENERAL MANAGEMENT OF PATIENTS.

Clothing.—As far as possible, patients should wear their own clothing, and every article should be marked with owner's name. All clothing should be kept clean and well mended, and should be properly put on and kept on during the day. There should always be enough to keep the patient warm, and changed with the changes of the weather or the needs of the patient. The sick, feeble, and old always need extra clothing. Underclothing should be changed at least once a week, and all clothing should be changed whenever soiled.

Bathing:—

Points to be observed—

- (1) Turning on cold water first, then the hot, and finally mixing water thoroughly before patient is permitted to use it.
- (2) Use of the thermometer—the water should be well stirred before taking its temperature.
- (3) Never turn on hot water while patient is in the bath.
- (4) Never force patient's head under water.
- (5) Never allow patient to remain in the bath while the water is escaping.
- (6) After washing, dry quickly and thoroughly.
- (7) Empty bath, turn water off, and leave waste valve open. (See that patients are out of room before you leave.)
- (8) Never give cold or shower bath, except under special instructions.
- (9) Do not remove to the bathroom for bathing any sick patient confined to bed, without instructions from the Medical Officer.
- (10) Special care to be taken in the use of combined hot and cold water shower.
- (11) Always keep the bath keys locked away, and never lend one to a patient.
- (12) Note, for report to Medical Officer, any bruises or marks of injury, swelling, skin eruption, &c.
- (13) Baths only to be used for bathing patients, and not for disinfecting clothing, nor for getting rid of dirty water or slops. "The special bathing rules in force should be strictly observed, as many patients have died in consequence of such regulations being disregarded, or carried out with insufficient care by the attendant."

Visiting Room:—

- (1) Nurses should always accompany patient and remain in the room during the time of the visit.
- (2) Nurses should not allow visitors to give patient any stimulant, matches, or any sharp instrument (knife, scissors, &c.).
- (3) Nurses should not allow patient to sign any letter, or legal document, nor hand over any written matter to visitor.
- (4) Should patient become excited during the visit, patient should at once be returned to the ward.
- (5) Friends visiting patients should at all times be treated with consideration and courtesy.
- (6) Nurse should not answer questions as to condition of patients, but should refer friends to Medical Officer.

Work—Employment—and Occupation.

By this is meant whatever occupies the patient's mind in useful and pleasant ways. Hospital life should be made as homelike, pleasant, and natural as possible, and, as a rule, every patient who is able should do some useful work every day. Occupation means a great deal more than work: it is the way a patient spends his time. Unless encouraged and directed, patients may occupy themselves in thinking of their delusions, in violence, or destructiveness. Generally, all patients may be allowed to engage in light work without special directions; but new patients should not be allowed to work outside the ward, or handle tools that may become dangerous weapons in their hands, without order from Medical Officer.

Varieties.—Housework in wards, day-rooms, and courts.

Female patients can also be employed in sewing-room and laundry, and the Nurses' and Officers' quarters.

Male patients in garden, farm, and in workshops, such as tailors, upholsterers, painters, carpenters, engineers, bootmakers, and in office work.

Amusements.

Value.—To introduce variety and interest for the promotion of the recovery of patients.

Varieties.—In wards—Reading, music, cards, draughts, billiards, social evenings, concerts, dances, &c.

In and outside Hospital grounds—Cricket, sea-bathing, launch parties, picnics, walking.

Points to be observed.—Nurses and attendants are expected—

- (1) To devote themselves to the entertainment of the patients, and to induce those who are apathetic to take part in amusements.
- (2) To remember that entertainments are in the first instance for patients.
- (3) By their conduct and behaviour to raise the tone of the entertainment.

Religious Duties.

Every care should be taken to persuade patients to attend church, and in cases of serious illness the Minister of Religion should be sent for.

Escape of Patients, Prevention of.

Special care to be taken of patients who are likely to escape, and of those who have done so previously. Frequent counting of patients, more especially at meal-time and bed-time, and in going and returning from walks, entertainments, and church. Special care when putting patients to bed to see that clothes are locked up, and that patient has nothing secreted by which he can force window open.

Action to be taken when Patient has Escaped.

Matter to be reported at once. Search parties organised and despatched immediately. Ward, airing-court, and grounds to be searched.

CARE OF PATIENTS DURING THE NIGHT.

The Night Nurses should sign Ward Report Book, and go round the wards with the Day Nurses, who should inform them of changes that have occurred during the day, and of matters that will require attention during the night. New patients should be seen, and the Night Nurses made acquainted with their peculiarities. After the patients have gone to bed, the wards should be quiet, doors opened and closed without noise, and Nurses should walk about quietly. During the night they should see to the care and management of old patients, visit the wards regularly, attend to, by taking up regularly, those who are inclined to be dirty in their habits, wash those who need it, and make their beds and rooms perfectly clean. Special care should be taken of the sick, helpless, feeble, suicidal, and epileptic.

Patients and rooms should be left clean for Night Nurses, who should leave them in as good condition in the morning for the Day Nurses, and any neglect in these directions should be reported by either party. During the night any accident, attempted suicide, escape, serious illness, or change for the worse in a sick patient, should be reported to the Medical Officer.

When duty is completed, the Ward Report Book and the usual night report is to be handed in, and should contain, amongst other things, notes as to how the new patients slept and generally behaved.

Treatment of Special and Acute Cases.

Admission of New Patients.

Attitude of Nurses towards patients to be tactful, kind, and sympathetic, so as to gain confidence of patients. After preliminary examination by Medical Officer, the patient is bathed, and Nurses note condition of hair, injuries, or bruises, eruptions, prominence of abdomen (distention of bladder or pregnancy), swollen feet, rupture. It should also be noted whether or not patient has false teeth. Nurses to receive instructions as to ward patient is to be taken to, and the treatment to be adopted. The state of the functions and the condition generally to be noted and reported to Medical Officer at next visit.

Acute Delirious Mania.

Management.—Special attention should be paid to the mouth, and every endeavour made to keep the mouth, tongue, and throat moist. Liquid food to be given frequently, and in small quantities. If sufficient quantity be not taken, the matter should be reported, and preparations made to feed either by the mouth or bowel (nutriment enemata and saline injections). The bowels should be kept acting either by medicine or enemata, as ordered. The state of the bladder noted (retention, incontinence). The temperature, respiration, pulse, amount of sleep, and state of the skin to be noted and reported. Restlessness and excitement to be controlled with as little restraint as possible. Special care to be taken that patient is not bruised or injured by throwing himself about the room. Room to be thoroughly ventilated.

Acute Melancholia.

Special care of these cases to be taken, owing to the probabilities of suicide, of the refusal of food, and of constipation.

General Paralysis.

The course of this disease is generally marked by three stages—

- (1) The excited, restless, and noisy.
- (2) The quiet, placid, and easy-going.
- (3) The helpless and paralysed.

In the first stage there is danger of injury to others and to self (bones liable to fracture).

In the second stage there is still a liability of the bones being fractured. The patient is becoming wet and dirty, and subject to convulsions, in which he may die. Bowels should be carefully attended to, to prevent constipation. The patient is becoming unsteady in his gait, but still restless and exalted, and therefore liable to meet with accident. Food may be bolted, and choking may occur.

The Third Stage.—The patient is gradually getting helpless, and requires constant attention. There is increased difficulty in swallowing, and food has to be specially prepared, and patient has eventually to be spoon-fed on account of the danger of choking. Habits wet and dirty, bed-sores apt to occur, and the urine may be retained. (See pages 21, 35.)

Epileptic Insanity.

Epileptic patients require tactful management, on account of their being very well at times, and at others unexpectedly becoming quarrelsome and dangerous, when they are full of complaints and suspicions. The bowels require regular attention. They should be kept away from worrying and interfering with other patients. Special care to be taken of those patients at night, in order to prevent patient being smothered during a fit; likewise at meal-times, to prevent choking. Care should be taken while patient is going up and down stairs, and he should be kept away from fire, steps, or height. A well-padded cap may be worn by those apt to fall on the face, &c. Seclusion has at times to be resorted to when patient is very violent. They should never be allowed to work on steps, near a fire, water, machinery, nor allowed the use of sharp cutting instruments.

Idiots and Imbeciles.

They should be sent to special hospital, where they may, as far as possible, be educated or specially nursed and cared for. Special attention has to be paid to—

- (1) Hygiene and general care of infants and young children—mouth, teeth, eyes, genitals, skin, and general habits.
- (2) Feeding and nursing of infants and children.

Senile Cases.

These, somewhat like general paralytics, are irritable and troublesome, and wander incessantly, and therefore liable to injuries, such as serious bruising and fractures. Habits should be attended to, such as wet and dirty habits and constipation; and care taken to prevent bed-sores. They gradually become quieter, more feeble, and death may occur suddenly.

Nursing of Patients Seriously Ill.

Preparation of Room.

The regulation of the temperature and ventilation. Attention to the position and the lifting and moving of the patient, the draw-sheet, bed-pan, and rest; the use and care of hot-water bottles; the use of bed-jacket, wrapper, and slippers.

Attention to Functions.

Skin, mouth, bowels, urine.

Cleansing of Sick Patient.

Care to be taken not to unduly expose patient; only sponge one part at a time. Not to be placed in bath without special orders.

Points to be observed in serving Food:—

- (1) Absolute cleanliness and neatness.
- (2) Punctuality.
- (3) Everything required should be at hand at one time.

Nourishment.

Eggs, milk (peptonised), beef-tea, broths, as ordered in small quantities and frequently at fixed intervals. Use of feeding-cup. No food to be given except by order of Medical Officer (also applicable to food brought by friends). Thirst to be relieved by frequent sips of water, and by cleansing mouth.

Administration of Medicines, &c.

Give regularly as ordered. Use and administration of gargles, inhalations, and suppositories. Use of hypodermic syringe—dangers and abuse of. If asleep, do not wake for medicine or food, unless specially ordered to. Effect of medicine to be noted.

Bed-sores.

Causes.—Patient lying in one position; bed being allowed to remain wet; sheets not smooth; presence of food, &c., in bed. Prevention of—Avoidance of above; use of air-bed; dusting powder; methylated spirits. Dressing as ordered.

Noting of Symptoms.

Digestive System.—Appetite; amount of food taken, whether taken freely or by persuasion, or if refused. The state of the mouth; presence or absence of vomiting. The state of the bowels.

Urinary System.—The action of kidneys and bladder; quantity and character of the urine, and if passed easily and without pain, and without dribbling (retention, incontinence).

Respiratory System.—The presence, frequency, and character of cough and expectoration; frequency of respiration.

Circulatory System.—Pulse.

Temperature.—To be recorded on chart.

Pain.—Site, character, &c.

Sleep.—Day or night, duration and character. State if patient had any hypnotic.

External Appearance.—The expression and colour of face; the presence of flushing; giddiness; twitching of muscles; swelling of any part of the body.

Reporting on Sudden Changes.

Such as rigors, fainting and collapse, sudden rise of temperature, difficulty in breathing, severe and continuous vomiting, succession of fits without interval of consciousness; general change for the worse.

Keeping of Charts and Records.

To be shown practically in class.

Visits from Friends.

- (1) Patients to keep quiet during visit, and not to be moved or disturbed by friends.
- (2) Friends to avoid discussing subjects that would excite patients and upset them.
- (3) Length of visit to be decided by condition of patient.
- (4) No food or stimulant to be given to patient by friends without permission of Medical Officer.

- (5) Nurse should not express any opinion about the condition of the patient, but should refer friends to the Medical Officer for any information.
- (6) Avoidance of Disturbing Influences.—Use of screen—surroundings to be made as quiet and free from disturbance as possible; tact to be used towards friends when visiting patients.

Convalescence.

Diet to be gradually changed and increased—undue exertion to be avoided—patient first to be sat up in bed, then moved to couch—patient's length of time out of bed to be gradually extended—patient not to be taken out of doors without instructions, and then to be protected. Patients during convalescence should not be informed by friends about matters that may upset or worry them—return to old ways should be slow and gradual.

SURGICAL OPERATIONS.

Points to be attended to before Operation.—Preparation of room, bed, tables, utensils, lotions, dressings, instruments; care in handling same. Preparations to be made by nurse herself, thorough cleanliness of hands, nails, and clothing.

Preparation of Patient.—Attention to functions (bowels, bladder, diet, &c.); thorough cleanliness, site of operation to be shaved if necessary, and antiseptic pad applied.

Points to be attended to during Operation.—Attention to personal cleanliness, especially of the hands—nurse to handle only the things appointed. Hands, instruments, and dressings not to be allowed to come into contact with articles not sterilised. Constant attention to operator.

After Operation.—Patient not to be left until quite conscious. Shock to be treated by warm blankets and hot-water bottles. Avoidance of anything that may cause vomiting—absolute quietness to be insisted on.

