hands of the nurse must be aseptic, and this is most surely attained by washing with soft soap and nail-brush, followed by turpentine and methylated spirit. The hands are then encased in recently-boiled rubber gloves, and after each patient has been douched the gloved hands are cleansed by holding them under the tap before proceeding to another patient. In practice it is impossible, if gloves are not used, thoroughly to sterilise the hands between each patient. An additional and important advantage is that the hands are kept soft (and, therefore, more easily sterilised) if gloves are used, and the risk of sore fingers is also greatly diminished.

There is, however, another factor in the production of nephritis. It is probably necessary not only that the kidney shall be infected—in fact, this must occur very frequently—but also that its power of resisting or dealing with infection shall be lowered.

What determines this, I think, is the amount of work it has to do, and that, again, is regulated by the amount that the skin is able to do. Whatever arrears of excretion are left by the skin must be dealt with by the kidney, and if the skin is allowed to become hard and dry in the peeling stage, or even dirty, as in cases that are left at home without adequate nursing, these arrears accumulate, and the overworked kidney succumbs to its own infection. A careful nurse will, therefore, keep the skin supple by bathing and anointing with ointment, if necessary, and thus enable it to do its fair share of the work of excretion. Personally, I treat all severe cases of scarlet fever, unless there is a very definite reason to the contrary, by tepid or cold baths two or three times in the twenty-four hours, and I think that the effect is as beneficial as it undoubtedly is in the case of enteric fever.

When nephritis has arisen, the skin is, similarly, encouraged to act by hot packs, and the bowels by purgatives. The less the kidneys are interfered with by drugs, the better. As a rule, they need rest, not whipping.

Another complication that arises by the extension of infection from the throat is otorrhœa, or discharge from the ear, and here the process is simpler. The germs that hang about the orifices of the Eustachian tubes, especially when the naso-pharynx is blocked by masses of sloughing adenoid tissue, travel up these tubes into the middle ear, and suppuration within the ear, with perforation of the drum, soon occurs. There are then two dangers, one of which is that the mischief may extend to the bones of the ear, or the brain, or its membranes, and the other is permanent impairment of hearing, which occurs, as a rule, not, as might be expected, from the suppuration in the middle-ear itself, but, later on, from blocking of the Eustachian tube as a result of inflammation.

Here, again, we aim at preventing this extension by a most careful cleansing of the nose and throat in the acute stage of the disease with the douche. When suppuration has occurred, the ears are douched with whatever antiseptic lotion may be preferred.

The other two complications illustrate the value of observation. The endocarditis that occurs during convalescence from scarlet fever is of rather a peculiar type. What happens is that a child who is up and running about is noticed one day to be refusing its food, or is disinclined to play. The temperature is then taken, and is found to be raised to 101° or so; but, with this exception, there is usually no other sign or symptom of illness, the child is not pale or blue, and there is no distress or pain. When the patient is examined, however, a murmur is heard at the apex of the heart, and the frequency of the beats is increased, but that is all; the heart is doing its work well, and can continue to do so as long as the patient is left lying down. Usually, in the course of three or four weeks, with no other treatment but rest, the murmur disappears, and the child is as well as ever, and the heart becomes apparently normal. The condition, by the bye, is not due to dilatation of the heart, but to a definite, though slight, inflammation of its substance.

But if this condition is not noticed, in a few days permanent damage may easily be done; mitral valve disease, with its accompanying miseries, sets in, and the child becomes a chronic invalid with an incapable heart. It is not too much to say that the whole future of a child may depend on what is apparently a trivial observation of the nurse, because she is there for twelve hours, and the doctor possibly for half an hour, out of the twenty-four.

Another complication that may occur, generally in patients who have suffered severely in the acute stage, is inflammation, rapidly going on to formation of pus, in one or more of the joints. The onset of this is usually insidious; there is seldom any actual complaint of pain, and the only signs that are evident may be a slight swelling, a little redness, or sometimes only an alteration in position of a limb, especially if a deep joint, such as the hip, is affected, but when the aspirating needle is used the joint is found to contain pus. If that joint is not forthwith opened and drained, in a few hours even disorganisation of the joint may occur, and the only possible, though usually hopeless, treatment may be amputation of the limb. On the other hand, if the joint be opened early the outlook is often better than one would expect.

The difficulty here lies in the fact that the patient is usually so bad that the severity of the general condition masks any local signs there may be. In any severe case of scarlet fever it is a good plan to gently move all the joints occasionally, in order that the onset of this complication may not be missed. I have in my mind the case of a lad, who is now leading an active life selling papers in the streets of Manchester, who was in hospital with a very severe attack of scarlet fever, during which

previous page next page