

Prize Notes.

RHEUMATIC INFLUENZA, WITH DOUBLE PNEUMONIA, FOLLOWED BY TUBERCULAR MENINGITIS.

By MISS EDLA R. WORTABET.

ON February 8th I received a note from a doctor, asking me to take a case of "acute rheumatism," and he added: "I will leave the *dieting* and *Nursing* to you until this evening, when I will see patient and give you instructions for the night."

A footman in mourning livery opened the door for me, and I was received by a lady in deep mourning, who told me that she was the wife of my patient, who had only six weeks previously lost a brother and sister within one week from influenza and double pneumonia, and explained that was the reason they were on a visit at her mother-in-law's, otherwise they lived in the country, being her husband's choice. There was a feeling of depression and gloom about the house, stealthy steps and subdued whispers being all one heard. I soon gathered the following facts:—The father died ten years previously of phthisis. The mother was French. My patient was thirty years of age, very dark, very tall and big (six feet two inches in his stockings), of a very musical and artistic nature, and a highly strung and melancholy organisation. He was subject to rheumatism, and this was his third acute attack, and he had quite made up his mind that this was to be a final and fatal one.

I make a special point in mentioning the above facts, because it seems to me that race, breed and temperament are questions to be considered in the nursing of a case.

Given the very same physical conditions under different circumstances—say a London crossing sweep in a Hospital ward—and the whole thing would assume a different aspect. The crossing sweep, with his cockney, stoic nature, would have gone home and told his wife: "Them rheumatics is coming on again, and I am going to the Orspital," and the probability is that in a few weeks' time he would be at his crossing again, feeling all the better for his rest. But not so my aristocratic, wealthy patient. His grief, his melancholy disposition and imagination got the better of him, and he went to bed with the firm conviction that he was never going to leave it alive again.

On entering the room I was struck by the distressed, anxious expression of his face. His temperature was only 99.6°, respiration 30,

pulse 72—as far as I could make out by the temporal artery—was regular, but weak and thread-like. His wrists, knees and ankles had lithia and opium compresses on and were bandaged with rubber bandages by the valet—the result of First Aid Lectures! This faithful servant had nursed his master in his previous attacks, and both were very reluctant at the idea of having a Nurse.

This was the sixth day of his illness, and his bowels had not been opened. He had lived on lemon squash, tea, and the minutest quantities of mutton broth. He complained of pain in his eyes and a feeling of nausea, in addition to his rheumatism. He had lain flat on his back between blankets as soon as he felt the attack come on, and there he had remained ever since, never moving or turning right or left. The consequence was that he had slipped down in the bed, and that his feet were sticking out of it at least a foot and a half. The faithful valet had placed a chair and a feather pillow under them and had wrapped them up in a blanket. I also discovered that the bed was full of pillows propping and supporting the various limbs and joints. No wonder the doctor left the "Nursing" to me!

"You are not comfortable," I remarked, feeling my way; "let me try and make you so." The following alarming answer was what I got. "If you touch me, Nurse, I shall just *shout*, and I shouldn't like to do that in the presence of a lady." "Nurses don't count," I answered; "nor do patients for that matter," I laughingly said; "they are only 'cases,' you know, and if a case is in pain and shouts, why, it just must." His wife, the butler, the inevitable valet and myself soon lifted him higher up in the bed by the aid of the blanket, and my patient was generous enough to acknowledge that he was "ever so much more comfortable." His nervous, highly-strung disposition made him a very trying patient to nurse, otherwise he was thoughtful and considerate to a degree.

The next question was the *bowels*. I made up the following enema, ʒss. soft soap, ʒss. castor oil, ʒj. turpentine, mixed in a small quantity of warm water. I slipped a mackintosh and a thick bath towel under him, and gave him the enema on his back as one would to a laparotomy.

The urine was normal in quantity, colour, and sp. gr., but the reaction was strongly acid.

The question of nourishment was a great difficulty, as he felt very sick, and I had to appeal to his manliness to make him swallow a teaspoonful of Valentine or Brand's essence.

At 9.30 the doctor arrived, and was pleased with the report and with the temperature, which was only 100.4°, having come down from 103° on the previous night. He told me to continue

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