

Tropical Diseases from a Nursing Point of View.

The whole set of them from a simple attack of everyday "shakes" down to the rarer kinds of obscure Chinese diseases may be summed up in the briefly comprehensive word of "uncanny," queer enough to baffle the very best trained nurse England could produce. There is a something which differentiates the quite ordinary illness from any others. It may be the ignorance of cause and effect! It may be that so far nurses very soon find out that the doctors themselves barely know the A B C of original cause, and count themselves lucky indeed if they can check the effects. But there it is, that nameless intangible something which makes the nursing of the simplest case a harassing responsibility to the latest arrival, and which keeps the oldest hand in a constant state of watchfulness and worry over the more serious cases. A new nurse may well feel nervous even over an every-day attack of malarial fever. The patient comes in looking a bit yellow perhaps, but walking along quite strongly and gaily. All of a sudden you hear a smothered ejaculation, "Oh, nurse, I'm going to have 'em again," and sure enough there "they" are, and the hale and hearty man of a few minutes ago is transformed into a blue-lipped, chattering, shivering wreck. The very bed rocks with the paroxysm of the ague, where ten minutes ago the temperature was 99 at most, it now runs up to 103 or 104 deg., and a curious dazed look comes into the man's eyes as he cowers under the six or seven thick blankets heaped upon him. It is the work of a few minutes only to pile them on, put in two or three hot-water bottles, and get the drink of warm milk for inward stimulant. In next to no time the shivering stage is over, and the hot, dry stage well on, when Phenacetin, gr. 10 to 20, is usually given, and the patient left to cook. Boil over he very soon does; when the profuse sweating is really quite finished, a good rub-down all over, and that attack at least is a thing of the past. It is a curious thing the patient can always say when the sweating has stopped, and rarely make a mistake. It would be so utterly useless and work-provoking to change and sponge him until it has. One hardly understands the meaning of the word "sweat" until one sees the malarial fever patient doing it. Blankets, pyjamas, sometimes mattress itself is wet through, and with a ward of ten patients there is no lack of work. But this comparatively harmless fever sinks into insignificance beside the deadlier blackwater fever. There one usually sees the poor fellow arriving on a stretcher, and although the attack may but be commencing, as weak as a baby already. The skin a dark yellow and whites of eyes to match. A glassy look about the slightly dilated pupil, and a

frightened, restless glance. The temperature, as a rule, is not higher than 99 deg., in a few cases 100 deg., and seldom higher, as the crisis approaches; indeed, collapse ensues, and there is no temperature at all procurable. The pulse may vary considerably, and is due rather more to a nervous condition of patient at the start than anything else. Horrible dark green vomit, which goes on incessantly and must not be checked, as the poison seeks that way of escape. Little, if any, passage of urine, and what there is almost solid blood, which ceases altogether as the case gets worse. No definite pain except across the loins, where fomentations of flannel wrung out in opium and hot water are usually applied. With regard to medicine, the treatment varies very much. Some doctors give quinine in large quantities, and some give none at all. In spite of the constant vomiting, feeds are given per mouth, and consist generally of Brand's Essence ʒj. every half-hour, alternately with ʒss. of champagne, the latter being the only stimulant given usually in the tropics for blackwater fever. The length of the case may easily vary from twelve hours to ten days, but the more virulent type is generally over in twenty-four hours. Consciousness is marvellously retained, to the sorrow of those witnessing the suffering and discomfort of the disease, and the patient generally seems to be aware of approaching coma and death. The whole thing calls for the most incessant care and unceasing attention. A marked restlessness precedes the coma, and to keep the clothes on alone is almost the work of one person. To have been dancing with a man at 11.30, and see him dying before your eyes not twelve hours after is a ghastly experience which falls to the lot of few but tropical nurses. But with a well developed symptom from the outset you do feel you know where you are. It is those cases that come in with apparently no symptoms at all that keep the imagination on the stretch. At first, maybe, the night nurse settles down comfortably to the fact that Mr. So-and-so who came in late last night seems very well, is sleeping serenely, and she wonders rather why he came in at all at so late an hour. "Some people are so nervous." Wait a bit, my friend, before you judge. Out of that quiet sleep a patient has been known to wake and suddenly call "Nurse, Nurse," in frightened tones. Even before the nurse can reach the bedside he has fallen backwards in a state of coma, and before daylight dawned was dead. These are the cases that, given a little experience, keep the nurse on tenterhooks for all her ward, and necessitate the utmost watchfulness, the keenest observation, if the life is to be saved. For let it be remembered there is no pressing of a button and behold the H.P., but a race across the compound, a sleepy native to rouse and frighten into being quick to "humbu and figiulie Lo Molurglu Doctor" (go and fetch the Mr. Doctor), with the anxious

[previous page](#)

[next page](#)