

the normal sensation of the skin returns. It can easily be understood, therefore, that pressure on nerves caused by disease or by tumours will cause the same result in a greater and perhaps more permanent form. *HYPERÆSTHESIA*, on the other hand, is excessive sensibility of any part, and is due either to extreme irritability of the nerves, or to extreme sensitiveness on the part of a patient, for example, who presents no other evidence of disease, but who complains of extreme pain on being touched, however lightly, on the affected part. While *anæsthesia*, therefore, always means something, much or little, simple or grave, *hyperæsthesia* either means inflammatory disease or nothing at all.

RIGORS.—These, which are a consequence of other diseases, and, therefore, only a symptom, may be fitly considered here, because they are undoubtedly due to the influence of the nervous system. A patient who is suffering, as a rule, from some form of blood poisoning or septicæmia, commences to shiver, and may shiver so much that the bed is completely shaken, while the teeth loudly clatter; he complains of feeling very cold and ill, and yet, on touching the skin, it is found to be hot and dry, and with a peculiar roughness, which passes under the popular name of "goose skin" or *cutis anserina*, and which is due to elevation of the papillæ of the skin; the temperature, when taken, shows that it is perhaps as high as 103 or 104 degrees. After a variable time the patient complains of feeling burning hot, and then again, after another interval, chiefly dependent upon the treatment to which he is subjected, commences to sweat profusely. The temperature then rapidly falls even to below normal, and after a short time the patient may feel almost well again. In these cases, the Nurse's carefulness in reporting is of much importance; the number of attacks and the length of their duration is often essential to the proper understanding of the cause and progress of the disease. We shall, hereafter, have to consider attacks which are very similar to these, and which come under the care of the medical nurse in the form of *ague* or *Indian fever*. For the nursing of cases of rigor during what is termed the cold stage, the patient will be relieved by an extra blanket or two being placed upon his bed, or by hot water bottles to his feet, perhaps by something hot to drink; when the hot stage arrives, the heating appliances will be removed and nature allowed to complete her process by the free perspiration which ensues.

TETANUS OR LOCK-JAW.—Here we have another disease of the nervous system, perhaps one of the most terrible and rapidly fatal of any with which we shall meet. From some

severe form of irritation the brain becomes sufficiently affected to cause first aching and stiffness of the throat and neck muscles, and then of the cheek muscles, which, gradually increasing, becomes, within a few hours, so considerable, so as to make it almost impossible for the patient to open his mouth, and gives him that fixed smile from the tension of the muscles of the mouth, which the old writers termed the *risus sardonicus*, or "devil's grin." This is accompanied or followed by violent convulsions, which affect the whole body, and death speedily ensues. There is comparatively little the nurse can do for these patients, except to administer, if possible, medicine and nourishment. But it is interesting to remember that there are affections, which, although perfectly simple and perfectly harmless, closely simulate this dreaded disease, and in fact sometimes attack nurses who have been in charge of a case of true lock-jaw. The writer well remembers such a case some years ago, in which a nurse, whose patient had just died of tetanus, felt a premonitory stiffness in her throat and cheek, and finally found it almost impossible to open her mouth. She gave herself up for lost, made her final testamentary arrangements, and summoned her friends, and then medical aid. There was no evidence of any local disease, such as we generally find in cases of tetanus; she had no severe bruise or wound on the hands or any part of the body which could have set up irritation of the brain, but she had a large plug of wax in the left ear, which, being removed with an injection of warm water, cured her lock-jaw in a very few minutes.

For nurses who may hereafter go into the Colonial or Army Nursing service, it is interesting to remember that cases of lock-jaw more frequently occur in the tropics than in England, and are very frequently caused by gunshot wounds, and almost invariably by wounds which have become bruised and unhealthy. One of the most rapid cases of lock-jaw that the writer remembers, occurred in a woman who was brought into a London hospital many years ago. As a result of an altercation with a friend, she had received a wound on one temple from a flower pot which not only broke upon her head, but embedded a quantity of the mould in the scalp. Neglect to remove the earthy matter, and general want of cleanliness, soon produced a wound which formed a fitting nest for the bacillus of tetanus to develop in, and in 36 hours she was dead, having exhibited the typical symptoms of tetanus, though it is needless to say garden mould is not a usual source of such infection.

(To be continued.)

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