

which is most common in those who have been heavy drinkers. From this stage but few recover.

The fatality varies greatly in different epidemics, and especially with the resisting power of the patient. Of young, previously healthy people about two-thirds recover, but in elderly people, and drinkers, the disease is almost always fatal. Generally speaking, of all patients attacked, about half recover. In fatal cases death occurs most usually between twelve and twenty-four hours after the onset of the initial diarrhoea, but if this stage is passed between the fourth and tenth days in the typhoid stage. After the tenth day is passed recovery is to be expected.

Let us now look at the disease as a whole and see what happens. The organism grows and irritates the intestine to such an extent that all the watery part of the patient's blood is drawn through its walls and passed out of the body. Consequently, all the other organs of the body are deprived of moisture, and though this deficiency may be made good temporarily by copious drinking, the fluid thus taken in very soon passes out through the intestine. But—as is usual in virulent infections—the period of activity of the organism and its toxins is a short one, and if only the patient can be got through this stage, the natural tendency of the bacterial part of the disease is to burn itself out. In other words, we have to think more about the resistance of the patient than of attempts to kill the bacillus, which, incidentally, as it is inaccessible, we cannot expect to be able to do.

So, as we should expect, treatment in an attack of cholera has to be prompt to be efficacious, and we have to use all our forces for a short period, and must literally sit by the bedside and fight for the patient's life. Nursing, therefore, is most important, and when we remember that, untreated, the patient may, and usually does, succumb before a physician can see him, it will be seen that a nurse in an epidemic of cholera has rather an exciting time of it.

Obviously, the first indication is to stop the drainage of fluid from the tissues. Now, it is no good trying to do this by pouring drugs into the mouth, which may be supposed to soothe the intestine or kill the bacillus when they get there, for the simple reason that they are vomited, and do not get there. We have also to relieve the intense agony from which the patient is suffering. For the first, our sheet anchor lies in saline injections under the skin. The nurse should obtain some boiled water, and add to each pint one teaspoonful of common

salt. This may be placed in a jug about three feet above the patient's head, and connected by a rubber tube with the needle of a serum syringe, which is thrust deeply through the skin into the loose tissue in the axilla or under the breast in females. It is only necessary to fill the tube and needle completely, taking care to expel any bubbles of air, and place the end of the tube in the jug, when the fluid will run out of the needle by siphonage. The fluid should be kept at a temperature of 100° F. by repeated additions of hot water. About five or six pints, or even more, if the intestinal flow is very copious, should be allowed to run into the tissues. At the same time, the patient should be put to bed, and every attempt made by hot bottles, or heated bricks, applied to the feet to keep up the circulation. The patient may be allowed to drink as much water as he likes, even if this is vomited, or passed by the bowel as fast as it is swallowed. For the pain morphia is given in full doses, hypodermically.

The trouble usually is that in an epidemic everybody wants the nurse at the same time, and it may be necessary for her to set the infusion apparatus going for several patients at once and get the best help she can to see to the hot applications—any port in a storm. Often continuous immersion in a warm bath acts better than hot bottles or bricks, and there is not the same risk of burning the skin of the patient.

Once the stage of collapse is past, careful feeding and judicious use of stimulants are necessary. In the typhoid stage stimulants must be pushed.

The nurse should take great care to avoid contracting the disease herself, and must remember that in an epidemic all water and milk must be regarded as polluted, and boiled before consumption. All excreta from the patient should be burnt, and soiled linen placed in tanks of an efficient disinfectant until it can be boiled.

To a certain extent, the liability to contract cholera can be diminished by inoculation of healthy people with a vaccine made from the cholera bacillus, and there is no doubt that all nurses should be thus inoculated before commencing duty in an infected area.

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Carried forward	£4	14	0
Miss E. L. C. Eden	1	0	0
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