

## OUR PRIZE COMPETITION.

### SAY WHAT YOU KNOW ABOUT DYSENTERY AND HOW IT IS TREATED.

We have pleasure in awarding the prize this week to Miss Lucy Blanchard, St. Mark's Hospital, City Road, E.C.

#### PRIZE PAPER.

*Dysentery* is inflammation of the colon, or large intestine, causing:—(1) Acute abdominal pain, (2) straining, (3) frequency of stools, (4) profuse perspiring, (5) loss of flesh, (6) great thirst, (7) highly coloured and scanty urine.

As far as has been discovered, the transmission of dysentery is through infected water.

It is quite possible that flies, dust, foul vegetables, and vessels used by other patients can transmit it.

People with a low vitality, who are in, or have visited tropical climates, are very prone to the disease.

In an ordinary case, the patient must be put to bed immediately, kept warm and quiet, and have entire rest.

Great care must be given to the diet.

All necessary drugs will be ordered by the doctor.

*Acute Dysentery.*—The patient complains of great thirst; the diet given is principally fluids. These should be given warm, because if hot or cold they stimulate the peristaltic action of the bowel; they must also be given frequently and at regular intervals.

It is very difficult to make a patient content with the quantity of fluids given. This can be prevented by rinsing out the mouth with warm lemon water.

Sometimes the doctor will allow the patient to suck ice; this is never given without the doctor's orders.

The temperature, pulse, and respiration must be taken four-hourly, although there is rarely a rise of temperature, and it is sometimes sub-normal or lower.

It is very important that the extremities should be kept warm by hot water bottles and blanket next to the patient.

All stools should be carefully inspected, as they vary in character as the disease advances or improves.

In this stage there are many different kinds of stools; most often they are found thin and watery, very offensive, and sometimes inter-mixed with blood, mucus, and pus.

The most important thing is that the liquid foods given are very digestible.

During the early stage, albumin water should be given, also rice water, barley water, white

wine, raw meat juice, and peptonised milk, given warm, not hot or cold.

In extreme cases of dysentery, some doctors may prescribe a stimulant, generally given in small quantities.

As the general condition of the patient improves, he may have junket, Benger's Food, arrowroot, and other light and digestible food, but no solids until all signs of the illness have ceased.

*Chronic Dysentery.*—In this stage, the diet is more liberal, otherwise the patient will become weak and anæmic.

The food may consist of boiled rice, fish, pounded chicken, soup, pounded fresh meat and egg flips. However, care must be taken that the nourishment is quite digestible.

A patient with chronic dysentery need not be kept in bed, but should be warmly clothed with light warm clothes, and have plenty of fresh air.

The principal points are to keep the patient from becoming depressed. This is best met by climate treatment or a sea voyage if possible.

For the safety of others as well as the nurse, the stools should always be disinfected before being disposed of.

All utensils should be marked and set apart; bedding and linen fumigated after being used for the patient.

Complications to watch for are:—(1) Collapse, (2) hæmorrhage, (3) ulceration, (4) congestion of the liver, (5) peritonitis, (6) abscesses, (7) delirium. These are treated accordingly as the symptoms arise.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Maton, Miss Edith F. Mason, Miss Dora Vine, Miss S. Simpson, Miss Harding, Miss B. James, Miss N. Perkins.

The Prize Competition Coupon will be found on page ii of the cover.

#### QUESTION FOR NEXT WEEK.

Describe a course of procedure if secondary hæmorrhage should follow the removal of tonsils.

## TETANUS.

Although most nurses see a few cases of tetanus in the course of their work in time of peace in this country, it is not of frequent occurrence. It is however one of the great dangers to the wounded in the present War, and an article by Dr. Alfred MacConkey, M.B., B.C. Cantab., D.P.H., Bacteriologist in charge of the serum laboratories at the Lister Institute of Preventive Medicine, on its prevention and treatment by means of anti-tetanic

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