

control. That trained nurses considered this training insufficient was attributed to jealousy.

Since the War Office is now deprecating any surgeon or nurse leaving this country unless under the direct authority of the War Office itself, conveyed through the Joint Committee of the British Red Cross Society and the St. John Ambulance Association, the Committee should be in a position to guarantee to the nation that only fully trained nurses holding certificates of three years' training are working as such in military hospitals abroad, over which they have control.

OUR PRIZE COMPETITION.

HOW SHOULD CHOLERA BE NURSED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

The cause of cholera is the consumption of food and drink which has been infected by the micro-organism of vibrio type, which occasions this disease. The poison is carried by infected persons' clothing, flies, shellfish fed on sewage, public water supply, defective drainage, rivers and ponds where the soil in low-lying places has become infected.

The disease may occur in two forms, the mild so-called "English" type, and the malignant "Asiatic" type, which occurs in endemic and epidemic forms, especially in Eastern countries, where cold and damp alternate with great heat. The banks of the great rivers in British India are one of the chief homes of the micro-organism.

Symptoms.—In a mild attack there may be mild attacks of diarrhoea after food, accompanied by pain, which may continue for two or three days unnoticed or be neglected until the evacuations become violent and frequent, accompanied by vomiting and a burning sensation of pain in the abdomen below the umbilicus. As the disease progresses, painful muscular twitching occurs, prostration and feeble circulation, with a thready pulse, the voice becomes faint, the extremities cold, and the patient's mind anxious and disturbed.

Nursing Treatment.—On the manifestation of the first symptoms—and in a suspected district the notification of such would be compulsory—the patient should be put to bed in a well ventilated isolated room if possible, from which all superfluous rugs, hangings, and furniture have been previously removed.

Warmth must be generated and the skin encouraged to act freely, while the diarrhoea is checked. As in fevers, the balance of circulation is lost, and every effort should be made to restore it. If the patient's condition allows, a hot bath may be given, then put to bed and kept in a recumbent position surrounded with hot water bottles; rub limbs with stimulant embrocation. If vomiting of undigested food takes place, it should be encouraged, then an opiate ordered by the doctor may be given, such as opium pill, Dover's powder, or aromatic chalk mixture. Stimulant, such as brandy, may be ordered, and ice and effervescing drinks may be ordered to quench the thirst which is always present. Temperature, pulse, and respiration must be recorded on a two-hourly chart. In a favourable case treated at onset the symptoms abate, the diarrhoea ceases gradually, and the patient recovers, being carefully dieted, having first farinaceous foods and easily digested non-irritating foodstuffs.

The acute or malignant type runs its course in three stages:—

(1) Attacks of diarrhoea and diminished circulation, the surface of the body remaining cold, especially hands, fingers, and feet.

(2) Increased accumulation of blood in the stomach and bowels. The evacuations are discharged with violence and in immense quantities, the motion becoming at last thin and pale, like rice water, with mucus diffused through it from the serous coats of the bowels. At the same time there is vomiting continuously. A characteristic symptom is the pain and burning uneasiness at the pit of the stomach. The breathing may be soft and easy, or oppressed and stertorous. The voice changes to a whisper or peculiar squeaking sound.

The pulse is felt with difficulty, and becomes intermittent and thready. Agonizing cramp may take place in the limbs. Prostration continues. The face becomes contracted and ghastly, with livid rings round eyes. The lips and extremities become blue, with general coldness of the body. The pulse disappears, the urine is suppressed, and the patient sinks into a comatose state which may end in death.

(3) Reaction may take place, with return of warmth and pulse, with arrest of symptoms. The vomiting ceases, though diarrhoea may continue for some time. Suppression of urine is relieved, though it may be albuminous for some time, and a slow convalescence, as in typhoid fever, progresses, while relapses have to be carefully guarded against.

In a sudden acute attack in epidemic form, there may be sudden weakness, accompanied with persistent vomiting, purging, and cramp,

previous page

next page