

OUR PRIZE COMPETITION.

WHAT IS ANTHRAX? STATE DETAILS OF NURSING.

We have pleasure in awarding the prize this week to Miss Amy Phipps, L'Hôpital Temporaire, Arc-en-Barrois, Haute Marne, France.

PRIZE PAPER.

Anthrax is due to a micro-organism, first discovered about the middle of the nineteenth century, and later found to be the cause of this disease. The bacillus anthracis, as the germ is called, is a spore-producing organism, which grows in long chains, and is very difficult to destroy, being unharmed by extremes of temperature or strong disinfectants. The name is applied to two diseases: (1) anthrax proper, also known as splenic fever or murrain; (2) carbuncles.

The disease is chiefly met with in the cattle-farming districts of the Colonies, and is usually transmitted to man from the skin and fleeces of the cattle, where it is usually first present.

It is found that the fleeces, kept dry, retain the spores for years, when they become mixed with the dust, and when this flies off and is inhaled by the workers, an internal form of anthrax results. This danger has been minimised by the fact that now the skins are always handled wet. The disease sometimes occurs as an epidemic, and is sometimes sporadic, the germ gaining admittance through a crack in the skin or by inhalation, the former usually causing external and the latter internal anthrax.

1. *The External Form.*—A few days after infection, or often less, a red, inflamed swelling appears, which increases greatly in size; upon the centre appears a bleb of pus, which bursts, and leaves a black scab, about the size of a sixpennypiece. The inflammation often lasts ten days or so, when it slowly subsides, and, in favourable cases, the patient recovers. There is fever and great prostration present throughout, to which, in many cases, the patient succumbs.

2. *Internal Anthrax.*—When the spores have been drawn into the lungs, the resulting form of anthrax is known as wool-sorters' disease and there is usually septic pneumonia, with hæmorrhage; or when they have been swallowed, there is ulceration of stomach and intestines, and excessive inflammation, often resulting in gangrene, of the spleen. This form is usually fatal in a few days.

The treatment is largely preventative. This is carried out by means of disinfecting with superheated steam (steam at a temperature of 212° F. passed through pipes heated to 250° F. or higher) any fleeces which are in the least likely to be contaminated; also all hides should

be handled wet. The hands of workmen must be washed and their clothes changed after touching the hides, before partaking of food; plenty of fresh air and general cleanliness must also be insisted upon.

Where the disease is present, the following is the usual treatment:—

1. For the external form, cutting out or opening up of the pustule, cauterization, and the use of strong antiseptics are usually prescribed; the great weakness, pain, and any other symptoms must be treated as they arise. The general nursing rules as regards fresh air, good nourishing diet, and cleanliness will be insisted upon. A stimulant is usually prescribed; also aperients to help remove the poison. Of course, in all cases medical treatment is necessary.

2. The internal form.—All that can be done here is to strive to stimulate the vital powers and support the general strength, and do all possible to relieve symptoms and add to the patient's comfort. When nursing an isolated case, the nurse could often use her influence to find the source of infection and to have it effectually dealt with, to prevent a spread of the disease.

Carbuncles are no longer treated as anthrax, so do not call for consideration now.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Humphreys, Miss Irene M. Parkerson, Miss A. Calvert Jones, Miss Mary Robinson, Miss Jessie Mackintosh.

Miss Irene M. Parkerson writes:—"Complete isolation of the patient is called for. Gloves should always be worn whilst dressing the patient. The diet should be light and nutritious. Collapse, vomiting, diarrhoea, dyspnoea, cyanosis, delirium, convulsions, coma—all are imminent, and must be dealt with as they arise."

Miss A. Calvert Jones points out that the nursing will depend upon which form the disease takes; in the respiratory form, as for pneumonia; when the alimentary canal is attacked, attention to diet, &c.; and the infection of the skin, as for a specific (infectious) fever. The general treatment consists in feeding and stimulating the patient as freely as possible. The same precautions as in other infectious diseases should be taken by the nurse, and it should be remembered that the spores of anthrax are very difficult to kill, and extra time must be taken in sterilizing instruments, &c.

QUESTION FOR NEXT WEEK.

Describe the most practical and aseptic indoor uniform for war nursing.

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