A SEVERE CASE OF DYSENTERY.

(*Abridged.*)

The care of cases of dysentery rarely comes within the scope of nurses working in temperate regions, and many of those nursing our sailors and soldiers in Egypt, Malta, on hospital ships, and elsewhere, as well as the less acute cases at home, are caring for patients suffering from this disease for the first time. The following record of a severe case of dysentery treated with antidysenteric serum (Lister's), contributed by Lieut. C. de Chanval Pellier, R.A.M.C., H.M.H.S. "Salta," in the *St. Bartholomew's Hospital Journal,* is therefore of considerable interest.

Lieut. Chanval Pellier writes :—

"The case described below is one of severe dysentery, similar to many others to be seen on every trip which our hospital ships make from Gallipoli, but I have selected this case to write a few notes on because it is so very typical of the disease as we see it out here.

Private E——, æt. 20, R.A.M.C., admitted to this ship on October 21st as a stretcher case. Attached to him was a label stating that he had dysentery, that temperature was 102° F., and that he had been given emetine, gr. ⅔.

On admission the patient was very blue, cold, and collapsed, and was treated at once with hot bottles, blankets, and a hot drink. He gradually became warmer and less collapsed, but his pulse still continued to be very weak.

On the morning of the 22nd he presented the typical picture of a severe case of dysentery, and the stools were very frequent, and consisted of blood and slime.

I gave him a hypodermic injection of ℞ emetine, gr. ss+liq. strychnine ♏ iv. In the evening I again gave him an injection of ℞ emetine, gr. ss, followed later by morph., gr. ¼, administered hypodermically.

The stools now contained much less blood, and were of a green colour.

October 23rd.—The patient had obviously lost ground. The pulse was very weak and uncountable, the breathing gasping and irregular, and he was unable to move himself in the bed. He looked thoroughly toxic.

I gave him 20 c.c. of Lister's antidysenteric serum at 10 a.m., and, as his pulse was very bad, at 2 p.m. strychnine, gr. 1/75. There was some improvement in his pulse after this was injected.

The patient remained in a profoundly collapsed condition for the next twenty-four hours, passing urine and fæces unconsciously, and it became increasingly difficult to get him to take nourishment.

October 24th.—The morning temperature was 97.4° F., but the stools, though still passed unconsciously, contained less blood.

In the evening of the 24th the patient's temperature rose to 100.2° F., and from this time his condition gradually improved.

With regard to the further treatment of this case, the patient was given morphia, gr. ¼, each evening to relieve his pain and to obtain sleep.

The feeding of the patient from October 22nd to 26th consisted of small quantities of albumin water, egg-flip, jelly, brandy, and champagne, given every two hours.

On the 27th I placed him on a milk diet, but still continued the stimulants.

The patient was landed at the base on the afternoon of October 28th, and though he still had a good deal of diarrhœa, he was steadily gaining strength, and his general condition appeared to be improving."

After describing his routine method of treatment, the writer adds :—

"In severe cases I give morphia hypodermically (gr. ¼ to gr. ½) as required to relieve the pain, tenesmus, and strangury.

I am convinced that the morphia should be given early, and not as a last resource, when the patient is broken down and the heart is failing.

The effect of a single injection of morphia is very prolonged, and there is no need to repeat the dose until the pain returns with severity.

Other points to be observed in the treatment of these cases are :

(1) That they require all the fresh air that can be given them, and that they bear cold much better than a close, stuffy atmosphere.

(2) The necessity for scrupulous cleanliness —a very difficult task, especially when the patients are passing their stools involuntarily; the vitality of their tissues is so much lowered that they develop bedsores very readily. Packing is essential in these cases.

With regard to the feeding of these patients, one would naturally like to start these cases on a fresh milk diet—an absolutely impossible thing; so one is driven back on to working with as suitable a light diet as resources will allow—*i.e.*, tinned milk, cereals, egg-flip, broths, with albumin water for the worst cases. Tea and cocoa are not well borne by them, but small doses of brandy and champagne can often be retained when it is impossible to get the patient to take anything else, and, as the disease is usually of short duration in its acute stage,

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