

## OUR PRIZE COMPETITION.

### DESCRIBE IN DETAIL THE METHODS FOR THE NURSING OF A SEVERE CASE OF DELIRIUM TREMENS.

We have pleasure in awarding the prize this week to Miss Lucy C. Cooper, City of Westminster Infirmary, Colindale Avenue, Hendon, N.W.

#### PRIZE PAPER.

The nursing of a severe case of delirium tremens is not at all straightforward: the previous history of the patient is important; the attack may have been brought on by one big drinking bout; it may be the outcome of many months, or even years, of immoderate drinking; or it may be due to quite an unimportant quantity of alcohol taken during grief, shock, or starvation.

Symptoms vary with the cause of the attack, according to the bodily strength of the patient, or his temperament, and must be watched for and treated as they arise. When in charge of a patient suffering from delirium tremens, remove from reach all articles, such as knives, scissors, small articles of furniture, or ornaments, that could be used during a homicidal or suicidal attack of frenzy. If the attack has been brought on by one bout of drinking it is best to wash out the stomach with warm water, afterwards giving a purge. Croton oil  $\eta$  ij, castor oil  $\mathfrak{z}$ iv, Epsom-salts  $\mathfrak{z}$ ij, are good, because they act quickly, and by producing a watery stool help to eliminate some of the alcoholic poisoning from the system. Afterwards give a hot drink, hot-water bottles to feet, and do all possible to induce the patient to sleep, when he may wake up quite recovered. If sleep is not obtainable, the delirium will increase, and the patient may have to be given a sleeping draught. Laudanum, morphia, bromide of potassium, or chloral hydrate may be ordered.

Where the attack is the result of long-continued drinking the case is much more serious and longer in duration.

The skin is generally cold and clammy. Pneumonia is one of the complications, and is very often the cause of death in delirium tremens; it may be acute in one or both lungs, or it may be hypostatic. There is always a certain amount of shock present, which must be treated generally. There is also a lowered vitality, due to want of proper nourishment. There may be jaundice, diseased liver, heart, kidneys, and lungs. Gout and rheumatism may be present, albuminuria, anæmia, &c., tremor and twitchings, convulsions and fits. The patient must be given a mild purge, and

afterwards a daily action of the bowels kept up. He must be put to bed in a warm, well-ventilated room; very nourishing fluid diet given every two hours, such as eggs beaten up in hot milk, beef tea, chicken and mutton and veal broths, meat jellies, Benger's food, corn-flour, milk, cream, soda water, coffee, cocoa and tea nearly all milk, this fluid diet being kept up until all signs of delirium have disappeared.

There may be complete insomnia, or the patient may have short sleeps disturbed by terrifying dreams, such as imagining he is covered with loathsome insects, or that some monster is pursuing him, and care must be taken during these stages that he does not jump from a window or run naked into the street. If the insanity is very great, it is best to put the patient into an institution where he can be nursed in a padded room, and where there is a sufficient staff of attendants. Mechanical restraint should never be employed.

Sleep is most necessary, but every means must be tried before resorting to drugs, as the illness may be long enough to form the drug habit. Sometimes a hot bath, where possible, or a warm blanket bath, or a warm or cold pack are useful in promoting sleep.

The patient must never be left alone while delirium or the resultant depression remain. In the later stages of convalescence, travelling, suitable and interesting occupation, or detention in a specialised nursing home may be useful to prevent a recurrence of the drink habit.

Bitter tonics may be ordered to allay any craving for alcohol, but the chief thing is to build up the body by good feeding, and so strengthen the brain and incidentally the will and moral power of the victim.

The Weir-Mitchell treatment, with its diet, massage, rest and exercise, can be very well carried out in the later stages of the chronic drunkard after the delirium has passed off.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Wright, Miss F. Mahoney, Miss C. G. Cheatley, Miss F. Sheppard, Miss V. Pratt, Miss B. M. Owen, Miss J. Wilson, Miss D. Sall.

Miss V. Pratt points out that the care of delirious patients demands the utmost watchfulness and tact. The nurse must avoid annoying them by contradiction or harshness.

#### QUESTION FOR NEXT WEEK.

What is Trachoma, and how is it best treated and cured?

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