

## OUR PRIZE COMPETITION.

GIVE THREE INSTANCES OF ERUPTIVE FEVERS. DESCRIBE THE NURSING CARE OF ONE OF THEM, AND STATE WHAT PRECAUTIONS YOU WOULD TAKE TO PREVENT THE SPREAD OF INFECTION.

We have pleasure in awarding the prize this week to Miss A. C. Knight, North-Eastern Hospital, St. Ann's Road, Tottenham.

The eruptive fevers mentioned by the various competitors are small-pox, typhus, typhoid, scarlet fever, measles, chicken-pox; and the papers sent in include those on the care of small-pox, typhus, typhoid, and scarlet fever.

### PRIZE PAPER.

Instances of three eruptive diseases: (1) small-pox, (2) scarlet fever, (3) measles.

### NURSING CARE OF SMALL-POX.

As small-pox is a most contagious disease it should not be nursed in a private house, but should, if possible, be isolated in an infectious diseases hospital. The room should be well ventilated, as bad cases have a very offensive odour; and also to minimize the infection.

Warmth is also essential, on account of the liability of lung complications.

The diet should be light and as nourishing as possible to maintain the patient's strength.

Absolute cleanliness is most necessary. Clothing and bed clothing should be changed frequently. Warm baths are sometimes ordered to be given night and morning, except in very severe cases, and the patient dried with warm soft towels.

Sponging the skin with water and eau-de-cologne or spirits of lavender tends to relieve the itching. Starch powder, oxide of zinc, or boric acid powder dusted over the skin in the early stage of eruption is found to have a soothing effect.

Tepid sponging is resorted to when the patient is restless or delirious. Iced compresses are useful when there is much pain or swelling of the hands or face. The pocks should be dressed with antiseptics to prevent pitting. Wet boracic dressings applied to scabs hasten their separation. When the scabs have been removed, an antiseptic ointment should be applied. The face of a small-pox patient should be masked, and the hands should be wrapped up in cotton-wool and lint to prevent him scratching himself. The hair and nails should both be cut short.

The nurse should be strong enough to control her patient should he become violently delirious, which is not unusual in this disease. A sheet

passing loosely over the chest and fastened to each side of the bed is a good plan to adopt in restraining a delirious patient.

Great care must be taken of the eyes of a small-pox patient, as serious eye complications may arise if not prevented by scrupulous cleanliness. The eyes should be frequently bathed with boracic lotion or weak perchloride lotion if the conjunctiva is inflamed.

Bedsore are likely to arise, and therefore the nurse should not allow her patient to lie on his back for long, but should gently move him from one side to the other.

The mouth should be carefully attended to and kept as clean as possible. Soft rag or wet wool should be used to wipe away all discharges, and burnt at once.

### TO PREVENT INFECTION.

(1) Isolation of patient; (2) vaccination or re-vaccination of everyone who has been in contact with the patient. Disinfect the rooms occupied by the sick person, including the furniture and bed. Burn everything possible.

The nurse who is in attendance on the patient should have a bath, wash her head, and change all her clothes before leaving the hospital to go outside.

The patient remains infectious until all scabs have fallen off and all sores are healed. On the palms of the hands and the soles of the feet the pustules dry up into hard "seeds." These are picked out by cutting through the skin. It is important that all seeds be gone before the patient is released from isolation.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss A. E. Reddock, Miss L. M. Moffitt, Miss Gladys Tatham, Miss F. Sheppard, Miss P. Robertson.

Miss F. Sheppard writes that in small-pox acute delirium may occur in the first twenty-four hours, not remaining over three days. Lachrymation and salivation are often early symptoms; a papular eruption—hard, round, isolated—appears on the third day on the forehead, neck, mouth, hands, then on the trunk, and lastly on the lower extremities. If the papulæ remain separate and distinct it is termed simple small-pox, or variola discreta. If they are more numerous they coalesce, and we have confluent small-pox, or variola confluens.

### QUESTION FOR NEXT WEEK.

In what cases have you seen marked delirium? How would you endeavour to quiet and obtain sleep for such cases?

Competitors are reminded that they are limited to 750 words.

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