OUR PRIZE COMPETITION.

IN WHAT CASES HAVE YOU SEEN MARKED DELIRIUM? HOW WOULD YOU ENDEAVOUR TO QUIET AND OBTAIN SLEEP FOR SUCH CASES?

We have pleasure in awarding the prize this week to Miss Kathleen Kohler, Brook War Hospital, Woolwich, S.E.

PRIZE PAPER.

Delirium may be of two types—low muttering delirium and wild delirium.

Low muttering delirium is common in all acute infectious fevers. In typhoid fever it is, to some extent, almost invariably present.

Wild delirium is met with in the early stage of acute pneumonia, uremia, alcoholism, and poisoning by a certain class of drugs, *e.g.*, belladonna.

The wild delirium associated with acute alcoholism is known as delirium tremens, from the tremors which accompany the condition.

Traumatic delirium is a term applied to a delirious state which sometimes follows injuries and surgical operations. It may be due to (1) sepsis; (2) a weak condition of the nervous system. With the typhoid state practically nothing is needed but careful watching, as these patients never attempt to act upon the promptings of their delirious ideas, and spend a fair amount of their time in a drowsy condition.

Quietness is best obtained by agreeing with the patient absolutely; his statements must never be contradicted in any way, and although delirious, he will often do what he is told when the nurse talks quietly to him or touches him. Should the patient become actively violent, a certain amount of restraint may, if necessary, be exercised by pinning the blanket covering him to the mattress. Should this be ineffectual, a patient should be removed from a general ward to a quiet room, where very little sound has access. If a fire is necessary, it must be screened off, as the flickerings of a fire on the wall are most disturbing to a delirious patient. Perfect quietness has a wonderful effect. With a very violent patient some measure of restraint, under medical direction, is preferable to wrestling with the patient, as this tends to make him more excited and leads to extreme exhaustion.

Hypnotics are nearly always necessary to obtain sleep. They should only be given by medical direction, as they have a very depressing effect on the heart. In delirium tremens, stimulants should not be entirely withheld. Tepid sponging will often induce sleep, and a wet pack almost invariably relieves the symptoms and so promotes sleep.

In these conditions patients are indifferent to the passing of time, and strict attention to their personal comfort and absolute quiet will predispose to as much sleep as possible. It need hardly be said that, although delirious patients resent interference, they must never for one moment be left alone.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. C. Knight, Miss L. M. Moffitt, Miss P. MacLaren, Miss M. Robinson, Miss J. Stevens.

Miss A. C. Knight writes:—Delirium may occur in various febrile disorders. For instance, it is often seen in the advanced stage of enteric fever, when it is usually of a low muttering type. In the early stages of acute pneumonia we have the active noisy delirium.

Small-pox patients often become delirious, and are sometimes very violent.

Delirium also occurs in bad cases of scarlet fever, especially in the septic and toxic forms. also in cerebro-spinal meningitis and in typhus fever. It may be present after a severe operation.

For delirium, after any of the specific fevers, drugs have no special action. Cold packs (65° F.), tepid baths or sponging, cold baths or cold sponging, all tend to lessen the delirium, and produce sleep for the patient.

Belladonna poisoning, in severe cases, is marked by delirium. Physicians usually inject morphia to counteract the poisonous effects of the belladonna.

Delirium tremens only occurs in patients who habitually take large quantities of alcohol. This condition sometimes comes on as the result of a shock. Occasionally it follows the sudden and complete withdrawal of alcohol, or it may develop during an acute illness. The nurse in charge of an advanced case of delirium tremens should use her tact to keep the patient quiet by humouring him. Remembering the risks of heart failure, she ought never to struggle with him, but try to persuade him to stay in bed. If the patient imagines that he is following his daily occupation, she should devise some means to foster the delusion.

Ingenuity and tact are the qualities most needed for the proper management of a case of delirium tremens.

QUESTION FOR NEXT WEEK.

What do you know of Acute Poliomyelitis, and the nursing care necessary in cases of this disease?