

Massage movements must be selected with a view to developing and exercising the affected muscles and to stretch the antagonising groups, and galvanic Kathodal Labile treatment is usually ordered. Warmth, rest, and healthy conditions of life are also necessary.

HONOURABLE MENTION.

The following competitors have received honourable mention:—Miss Amy Phipps, Miss F. Sheppard, Miss Kathleen Dinsley, Miss Mary Carver, Miss A. Millicent Ashdown, Miss E. E. Burns, Miss E. C. Hall, Miss Elizabeth Borrowdale.

Miss Amy Phipps writes:—"Abundance of fresh air must be secured, and every means taken to prevent the occurrence of bed-sores. A water or air bed should be employed from the commencement, and the limbs may be powdered and wrapped in cotton wool. . . . Members of the family should also take plenty of fresh air and nourishing food, and should not attend places of amusement where numbers of people are gathered."

Miss Kathleen Dinsley says:—"Frequent and prolonged hot baths are sometimes ordered for the acute stage, and when the patient is beginning to attempt movement with the paralysed muscles. . . . Deformities may sometimes be prevented by the use of special apparatus, and deformities already present when the patient comes under observation may sometimes be improved by surgical treatment, such as tenotomy and tendon grafting. . . . The patient should be isolated, and all discharges, and articles soiled by the discharges, should be immediately disinfected."

Miss A. M. Ashdown writes:—"The virus of the disease has been proved to exist in the naso-pharyngeal membranes, and may be conveyed to others by the expired air, contact with discharges, and secretions of the nose and throat. It may be transmitted by a healthy 'carrier.' The incubation period is about four to five days." On the treatment she adds:—

"The patient should be kept in bed in the recumbent position, either on the side or back. Fomentations are applied over the affected part of the spine. Morphina may be necessary for the relief of pain. Frequent and prolonged baths may be ordered either during the acute stage or later. The usual treatment is given for the febrile condition. Great care is necessary in the nursing to prevent deformities of the paralysed limbs occurring, special splints or other devices being used to maintain the limb in good position. Warmth is the most essential treatment for the affected limbs during the acute stage. After the acute stage is over, fresh air,

good food, tonics, massage and electrical treatment, hot baths and exercises are given.

"Strict isolation is necessary, and no child should be allowed to mix with others if there is a case in the house. The patient and all persons who attend him should have the throat and nose sprayed twice a day with an antiseptic solution as a precautionary measure. Either Sanitas (1-20) hydrogen peroxide (1 per cent. solution), or permanganate of potash (1-500), may be used. Strict disinfection of all discharges from the patient and everything leaving the sick-room is needed during the illness, and later thorough disinfection of the patient, the nurse, and the contents of the sick-room. The importance of fresh air, good food, warmth to the limb or limbs affected, with regular massage and electricity during convalescence, and for many months or years subsequently, cannot be over-estimated. Remarkable improvement takes place in the paralysed limbs if this treatment is persevered with, even when apparently hopeless. The skin of the paralysed limb is cold and blue, but in some cases may be white and anæmic-looking. Sensation is not affected, and the sphincters are not paralysed. Bedsores do not occur. In epidemic cases there may be gastro-intestinal symptoms, also symptoms of meningitis."

Miss E. Borrowdale writes:—"The patient should be encouraged to use the affected limb as much as possible, as voluntary movements are much more valuable to him than any amount of massage."

QUESTION FOR NEXT WEEK.

How would you feed (a) a healthy child four months old; (b) a child suffering from marasmus, four months old; (c) a child suffering from acute diarrhoea and vomiting, four months old?

TEA, TOBACCO, DRINK AND CANCER.

During last year 135 men and 77 women died from cancer in Woolwich, and an interesting analysis of their habits has been made by the Medical Officer of the Borough.

Cancerous persons, he states, had 32 per cent. of excessive alcohol users and 41 per cent. excessive smokers. Non-cancerous persons, living to a greater age, had 14 per cent. of excessive alcohol users and 16 per cent. excessive smokers.

The percentage of excessive alcohol drinkers and large smokers among those dying from cancer is more than twice as high as among other persons.

Of the 21 cases of cancer of the mouth or tongue, only four did not smoke, and 20 had bad teeth.

On the other hand, of the 64 cases of cancer of the mouth and throat 18 (or 28 per cent.) were excessive tea drinkers.

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