

## OUR PRIZE COMPETITION.

### WHAT ARE THE CAUSES OF DYSENTERY, AND HOW IS IT TREATED?

We have pleasure in awarding the prize this week to Miss Bessie Grey Johnson, Baldwyn's Park, Bexley, Kent.

#### PRIZE PAPER.

Dysentery is an inflammation of the large intestine, or colitis, and sometimes of the lower part of the ileum, resulting in extreme ulceration, and accompanied by faecal discharges, which practically consist entirely of mucus, muco-pus, or blood.

The pathological changes and resulting symptoms are caused by the local invasion of living organisms, in some cases being "protozoa," in others "bacteria."

Its spread is attributable to polluted water, and to infection of food from the faecally-impregnated soil by means of flies and dust.

It is especially a disease of the tropics, where it is endemic in certain places, but it also spreads in an epidemic form, and is most prevalent during the rainy season.

In temperate climates epidemic dysentery results from over-crowding and insanitary conditions. Its invasion of any individual is favoured by depressing conditions, such as alcoholic indulgence, exposure to cold, a preceding malarial attack, ingestion of unsuitable food, and habitual constipation.

Dysentery occurs in asylums for the insane where the hygienic conditions are good, but the invasion is due then to the lowered nervous force of the patients.

The organisms may be transmitted by healthy persons (dysentery carriers) in precisely the same way as those of typhoid fever.

#### Treatment.

The patient should be kept warm in bed, and should use the bedpan for all evacuations, these being thoroughly disinfected, as well as all linen, instruments, and utensils used.

Medicinally the treatment by saline laxatives or castor oil is very efficient.

Ipecacuanha is a most valuable drug in the treatment of tropical dysentery, and is usually prescribed in doses of 20-30 grains suspended in 2 drachms of syrup of orange peel and  $\frac{1}{2}$  ounce of water. A similar dose is given again after ten hours, or, if rejected, repeated after the stomach is quiet; further doses of 10 grains should then be given night and morning until the stools become natural and mucus and blood disappear. When this stage is reached, astringents, such as bismuth and opium, help to complete the cure. A small dose of tincture opii or chlorodyne, given half an hour before

the ipecacuanha, obviates the emetic action, the patient being kept lying down after, and given nothing to drink before the dose of ipecacuanha is given.

Emetine, the alkaloid of ipecacuanha, produces very good results; the intestinal trouble yields sooner, and hepatitis and hepatic abscess are less frequent when the above-mentioned is used.

Half a grain should be injected subcutaneously once or twice daily.

If there is not too much tenesmus, rectal injections of either of the following solutions, as prescribed, warmed to 100° F., should be allowed to run slowly into the bowel from a funnel through a long soft tube:—

Boric acid, 1 drachm to 1 pint.

Nitrate of silver, 5 or 10 grains to 1 pint.

Quinine, 10 grains to 1 pint.

The quantity injected should be at least thirty ounces, and retained as long as possible.

Abdominal pain is relieved by poultices, and tenesmus by opium or morphia suppositories.

Gangrenous cases may require operative treatment and the irrigation of the lower bowel with quinine solution.

Only light fluid diet must be given, such as milk, milk and lime water, chicken broth, eggs, sago, arrowroot, and tapioca; these are given warm, as cold liquids are liable to stimulate the peristaltic movements of the bowel.

Stimulants, except in cases of collapse, should be given in small quantities only.

As the case improves, solid diet of farinaceous food and tender meat may be allowed, but no vegetables.

Continued rest, and iron and bitter tonics, counteract anæmia.

In very severe cases, treatment by an anti-toxic serum may be employed, the serum being injected subcutaneously in a dose of 20 c.c. twice daily, and in some cases two or four times daily for three days.

In view of the occurrence of carriers, convalescents should be isolated till the examination of stools have given three negative results at weekly intervals.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. A. Noblett, Miss I. F. Donald, Miss H. Ballard, Miss G. L. Shepperd, Miss C. G. Cheatley, Miss E. Trevethan.

#### QUESTION FOR NEXT WEEK.

Describe the symptoms in a severe case of influenza. Suggest proper nursing to be employed in such a case. State the period of incubation, and the period of isolation. What complications may occur in the course of the disease?

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