

COLD BATHS IN HYPERPYREXIA.

A correspondent takes exception to the treatment of hyperpyrexia in rheumatic fever mentioned (not, as she states, "recommended") in our prize competition paper last week. She thinks the writer does not appreciate the tremendous strain on the heart in this disease, and that this treatment is not carried out by people who understand their work and profession. She also takes exception to the nursing point that collapse from heart failure must be watched for, and asks whether it is good nursing to apply treatment which is perfectly certain to cause great shock.

Let us emphasise at once, what we are sure our professional readers will endorse, that no trained nurse would for a moment take the responsibility of applying this or any other "treatment" on her own initiative. Her business is to carry out the treatment prescribed by the medical attendant; to know the underlying principles, so that she may do so efficiently; and to be deft in the performance of the duties entrusted to her.

But, in mentioning that such treatment is given, the writer of the paper has the support of the late Dr. Herbert Cuff, Chief Medical Officer to the Metropolitan Asylums Board, than whom no higher authority on the subject exists, and his views on the subject of cold baths in hyperpyrexia upon the action of the heart are specially interesting.

In "Practical Nursing," a text-book for nurses in which Dr. Cuff collaborated with the late Miss Isla Stewart, he wrote as follows:—"Until recently it was thought that the beneficial effects which followed the use of cold baths in treatment of fever were due to the lowering of the temperature. This view is still true for cases of hyperpyrexia in which the thermometer registers 107°, 108°, or higher. These are medical emergencies where the temperature must be lowered as speedily as possible, since its continuance at such a height will almost certainly kill the patient. The use of baths, however, in a disease such as typhoid fever, is now believed to do good principally by increasing the destruction and removal from the system of the poison of the disease, and only secondarily by the lowering of the temperature.

Cold water, when applied to the skin, stimulates the internal organs, as is shown by its effect upon the heart in cases of fainting. Similarly, in typhoid it increases the activity of those glands which are engaged in destroying the poison of the disease, thus leading to a

more rapid removal of it from the system. It has been shown that, under the influence of cold baths, the urine of typhoid-fever patients has contained three times as much of the "toxin," or poison, of the disease as it did when the baths were not being used. That is to say, the poison was being three times as rapidly removed from the system, which is a matter of great importance, when we remember that the patient's illness, with all its symptoms, is entirely due to the presence of this toxin in the circulation.

Another advantage of this method of treatment is that it acts as a sedative to the nervous system. It lessens delirium and induces sleep. Further, it is a stimulant to the heart, and braces up the circulation. At the same time, by lowering the temperature, it tends to diminish wasting.

We may say, then, that cold water, when used externally in the treatment of fever, produces the following beneficial effects:—

- (a) The removal of toxins from the system is hastened.
- (b) Pyrexia is diminished.
- (c) Delirium is lessened.
- (d) The circulation is improved.
- (e) Wasting is lessened, and nutrition is improved.

Anti-pyretic drugs—such as antifibrin, anti-pyrin, &c.—are objected to on the score that, although they lower the temperature, they depress the activity of the different secreting glands, and hence hinder the removal of toxins from the system. Statistics show that cases treated with baths have a much lower mortality than those treated with anti-pyretic drugs, which goes far to prove that the former method does something more than merely lower the temperature. We still, however, take the temperature as our chief guide in ordering baths for fever patients. Being caused by the poison of the disease, its height is an indication of the amount of poison circulating in the system, and therefore of the necessity for bathing.

The *systematic* use of cold water baths in the treatment of disease is usually reserved for cases of enteric fever. In other illnesses, as a rule, it is only applied when the temperature is sufficiently high to have an injurious effect upon the patient.

Before giving any sort of bath, a nurse should obtain exact instructions from the medical practitioner as to the temperature of the bath, and the length of time the patient is to be kept in it. To follow out the former of these instructions to the letter, she must never be without her bath thermometer.

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