

## OUR PRIZE COMPETITION.

WHAT COMPLICATIONS ARE TO BE FEARED IN AN ATTACK OF ACUTE INFLUENZA? WHAT PRECAUTIONS SHOULD BE TAKEN TO AVERT THEM IF POSSIBLE?

We have pleasure in awarding the prize this week to Miss Rachel Dodd, Woolwich Home for Ailing Babies, 123, Eglinton Road, Plumstead, S.E.18.

### PRIZE PAPER.

Acute Influenza (*La Grippe*) is a specific fever, pandemic with epidemic exacerbations, characterised specially by catarrh of the respiratory passages and alimentary canal, and accompanied by toxæmic symptoms of wide distribution.

The causal agent is Pfeiffer's Bacilli Influenzæ, accompanied by streptococci or pneumococci.

The site of attack is the nasal and post-nasal mucous membranes, where the organisms multiply rapidly. Thence extension occurs to the larynx, lungs and nasal accessory sinuses, especially the sphenoidal. Toxins are formed which may set up irritative or inflammatory reaction in almost any organ in the body, and lower its resistance to secondary infection.

The characteristic of the toxin of Bacilli Influenzæ itself is the intense prostration which it produces.

The infection, though intense, is short-lived, unless secondary inflammations occur.

The respiratory, nervous and digestive systems respectively are chiefly affected.

The complications in the (i) *respiratory form* are (a) Broncho-pneumonia with a lobar distribution, and which is much more likely to prove fatal than an ordinary attack of pneumonia. The chief mortality of influenza is due to this complication, and occurs just as the influenza is apparently recovered from. It affects infants and old people specially; (b) Bronchitis; (c) Pleurisy; (d) Empyæma of thorax; (e) Endo- and Myo-carditis; (f) Sudden dilatation of left ventricle; (g) Nephritis.

(ii) *Nervous form*: (a) Melancholia, suicidal tendencies, or such enfeeblement of the powers of mind and body that a long-continued or even permanent state of weak-mindedness or of neurasthenia remains; (b) General toxæmia resulting in a comatose condition, and even death, unless treated; (c) Meningitis, due to influenza toxins on the brain; (d) Otitis; (e) Mastoiditis; (f) Paralysis of limbs or of single muscles, with gradual atrophy of the affected parts; (g) Peripheral Neuritis; (h) Eye inflammations and (i) Chorea.

(iii) *Digestive form*: (a) Cardiac disease; (b) General toxæmia; (c) Paralysis of abdominal viscera, causing a great deal of flatulence, and which, if not relieved would result in heart failure; (d) Acidosis, due to incessant vomiting and diarrhoea causing drainage of fluid; (e) Appendicitis; (f) Cancrum-Oris.

To take precautions to avert complications, all symptoms must be duly noted and treated as they arise. Confinement to bed is most important from the onset, and the patient must remain there until temperature, pulse and respirations have been normal for a week; by doing this the patient also husband his strength to overcome the disease. Good, careful nursing is most essential. The room must be well ventilated, without causing a draught to the patient, and the air warmed. All chills must be guarded against. Clothing should be light and warm (wool or flannel), and changed as often as is necessary, and patient surrounded by well-protected hot-water bottles. Babies often need to be wrapped in wool, as the toxins in the blood cause imperfect aëration, and the extremities become icy cold (unless kept artificially warm), thus lowering the patient's vitality. The treatment should be stimulating from the first. Cardiac stimulants, such as strychnine hypodermically and alcohol freely by mouth, will often have to be resorted to. Diet should be fluid and nourishing during the early stages, chiefly boiled water, albumen water, Brand's essence, and meat juice.

If there is profuse perspiration, clothing should be changed frequently, and the skin sponged with warm water, but the patient moved as little as possible.

All respiratory secretions should be disinfected from onset. Nose and mouth kept clean with mild antiseptics to lessen the danger of infective germs entering the bronchi. Meningitis may be averted by applying cold compresses to head when headaches are severe, and by darkening room. When constipation is present it may be relieved by castor oil or calomel, which, under medical direction, is useful at onset, especially in gastro-enteric type.

General toxæmia must be guarded against, particularly with the digestive form, by giving rectal lavage (saline). Saline infusion may have to be resorted to where there is much vomiting and diarrhoea, to replace lost fluid and to neutralise the toxins.

In convalescence, nourishing food and tonics are essential.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Jones, Miss A. Robertson.

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