OUR PRIZE COMPETITION.

WHAT ARE THE SYMPTOMS OF ENCEPHALITIS LETHARGICA? WHAT ARE THE PHYSICAL SIGNS TO BE OBSERVED, AND WHAT NURSING TREATMENT IS USUALLY ORDERED?

We have pleasure in awarding the Prize this month to Miss M. Ramsey, S.R.N., 64, Enmore Road, South Norwood, S.E. 25.

PRIZE PAPER.

Encephalitis lethargica comes under the heading of general infectious diseases, and is distinguished by certain signs arising in the central nervous system. One of the most prominent of these symptoms is caused by a lesion in or about the nuclei of the third pair of cranial nerves. The lethargy often present, and which is progressive in character, has given rise to the term "lethargica" being applied to the disease.

The disease may be classified as following:—

Type 1.—General disturbance of functions of the central nervous system.

Type 2.—When different localisations arise in the central nervous system.

Type 3.—Mild cases.

There is an uncertain incubation period, varying from one to three weeks, during which lethargy, headache, giddiness, double vision, and occasionally vomiting and diarrhœa may occur. Soreness or dryness of the throat may also be present. The temperature may rise to 102° F., stupor alternating with delirium and spasmodic twitching of the face and hands. The patient is very averse to bodily exertion, and after any effort soon becomes very fatigued. The speech is markedly altered, sentences are uttered extremely slowly, the words are slurred one into another and spoken hesitatingly, occasionally after commencing by speaking in this way—so rapid is the flow of words that the patient is understood with much difficulty. Skin eruptions are occasionally noted, but there is no characteristic rash. The rashes when present appear in the early stages and during the pyrexial period. They fade in twenty-four hours as a rule. Usually paralysis of the eye muscles occurs, causing dropping of the eye-lids, transient squint and irregular movements of the eye-ball, or paralysis of the face muscles is seen, and the muscles of the tongue and pharynx, slight at first, then increasing slowly. Sensory troubles are not often present. Incontinence of urine and fæces, sometimes retention of urine may occur. The appearance and attitude of the patient is typical, he lies in bed on the back, usually with the arms bent across the chest or abdomen, the face is absolutely expressionless and immobile, so that he looks like a wax figure. The immobility may be accompanied by catalepsy; there are various degrees of stupor. In severe cases the condition may be one of deep coma with total lack of expression, open eyes, and inability to be roused. Generally speaking, the condition is not so grave, but the patients are in a deep sleep from which they can be aroused to partake of nourishment, but when left alone they again lapse into stupor, the duration of which is very variable—from only two days to seven or eight weeks. The onset of coma does not always point to a fatal issue. Death when it occurs usually does so before the end of the third week and appears due to paralysis of the respiratory nervous centres.

In slight cases the symptoms may be confined to soreness of throat, headache, vomiting or diarrhœa, naso-pharyngeal catarrh, and stiffness of neck muscles. Others show lack of facial expression, mental apathy, slight lethargy headache, stiffness of neck muscles, with a slight feverish interval with facial paralysis and loss of vision.

Treatment.—The patient should be confined to bed, isolated, and the case notified. Two nurses may be required, as the delusions may occasionally be violent, and the patient may have to be nursed in these violent intervals on a mattress on the floor. Lumbar puncture may be carried out, which occasionally gives temporary relief. Hypnotics are not often administered.

Although slight risk is run by association with the patient, it is desirable that nursing care should be limited to what is essential for proper nursing, and the patient kept in a separate room, or preferably removed to hospital. No specific treatment is available at present.

The nurses could with advantage use throat gargles and nasal douches. Pot. permang. 1–5000, or a common salt solution 8 per cent., are suitable. Children of school age should remain at home for twenty-one days after the patient has been isolated, but there is no necessity to limit the movements of other occupants of the house, provided that they remain well and are examined periodically.

The patient's room must be disinfected and cleansed as after any infectious disease at the termination of the illness.

The problems presented are at times very serious, as in the case of young children and adolescents, owing to their changed moral and mental conditions, it is often impossible to keep them in their home environment because of the behaviour difficulties.

Those who have been in charge of cases of epidemic encephalitis have noticed with regard to the after results that these children become excitable, fussy, quick-tempered or boisterous and restless. They become quarrelsome, and may show streaks of brutality and be no longer amenable to discipline. Some have uncontrollable screaming attacks, others become moody or quite unstable. It has been the regular experience that punishment does not help at all, time seems to be the sole healing factor.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Burns, S.R.N., Miss P. Thomson.

We are glad to note, from internal evidence, that several of the competitors in this competition have been studying the revised "Memorandum on Encephalitis Lethargica," just issued by the Ministry of Health, through His Majesty's Stationary Office. It shows a commendable alertness. We consider, however, that when extensive quotations were practically made due acknowledgment should be given to the source from which they are drawn.

QUESTION FOR AUGUST.

How can bacteria be destroyed (a) on the skin, (b) in cotton or linen fabrics (c) in wounds and (d) in the blood?