OUR PRIZE COMPETITION.

DESCRIBE THE PRINCIPAL SYMPTOMS OF SMALLPOX, THE COURSE OF THE DISEASE, AND THE NURSING CARE. HOW MAY IT BE PREVENTED OR MODIFIED?

We have pleasure in awarding the prize this month to Miss Margaret Clifford, The Isolation Hospital, Norwich.

PRIZE PAPER.

Symptoms.—The " onset " is sudden, and characterised by headache, backache, vomiting, and a sharp rise of temperature. The course of the disease.

Course.—Together with these chief symptoms, the patient has great thirst, the tongue is furred, and constipation is usually present.

By the second day of illness, a prodromal rash appears, which may be either petechial, scarlatiniform, or morbilliform in character.

The " petechial rash " is, perhaps, the more common. It consists of small hæmorrhagic spots, which occupy the lower half of the abdomen, extending over the flanks. By its peculiar distribution, it is called the " bathing drawers rash."

The other forms simulate scarlet fever and measles. Appearing on the second day, these initial rashes last about two days, co-existing, perhaps, with the early stage of the papular eruption, but disappearing before its full development.

With the fading of the initial rash, the temperature falls. The patient feels more comfortable.

The smallpox rash appears on the third day by the formation of small red papules on the face, forehead, scalp, and then on the chest, back, arms, legs, even on the palms of the hands and soles of the feet. In comparison with face and limbs, the rash on the trunk is sparsely distributed, unless at sites where there has been pressure (as in wearing a belt), then the rash is marked.

The rash primary appears as macules, or spots, which in a few hours become raised into papules. These red papules soon become prominent and give to the finger a " shotty " feeling, and appear to be deeply set.

By the next day a vesicle forms in the centre of the papule, which, at first, is clear and transparent, getting larger during the following two days, and giving more the characteristic appearance.

The centre of the pock becomes depressed (considered to be caused by a hair follicle), umbilicated. During the change in the vesicle, the surrounding parts inflame, the vesicle fills with pus, and all the symptoms re-occur, a headache, backache, rigors, vomiting, rapid rise of temperature, with acceleration of the pulse.

At this stage the patient feels very ill, and where there are many pocks, as on the face, the skin is inflamed, tense and tender.

Restlessness, severe irritation of the skin, and delirium are the chief symptoms.

The eyelids may be very puffy, so that the eyes are completely hidden.

The mucous membrane lining the mouth is inflamed and tends to ulceration. The throat is likewise affected The nose may be affected from the throat condition. There may also be middle-ear disease.

The patient may fall into the typhoid state from the severe toxæmia.

Bronchitis and broncho-pneumonia are to be guarded against at this stage.

With the bursting of the pocks, and subsidence of the inflamed surrounding parts, the temperature falls, and the acute symptoms abate. When the scabs fall off, the skin is left pitted, which afterwards gives a scarred appearance.

Nursing.—The patient should be isolated in a well ventilated room, and everything used for him must be kept separate. A fire should be in the room, not only to help ventilate, but to burn any swabs, &c. The temperature of the room should be maintained at 60 or 65 degrees Fahr.

Smallpox cases require plenty of air space.

Nurses in charge of the cases should themselves be well protected by recent vaccination.

As in all other febrile conditions, the patient is kept warm in bed. Plenty of water is given to drink, to help rid the body of poison.

Diet consists chiefly of milk during the high temperature. Light diet is given gradually afterwards, according to the individual case.

Frequent sponging of the skin not only soothes the irritation, but promotes sleep, reduces the temperature, and helps rid the body of some of the poisons.

The urine often shows albumen. The bowels must be kept well moved.

The mouth requires unremitting care for its cleanliness. The eyes, too, with the œdema of the lids and pustulation of the surrounding parts, require frequent bathings.

Prevention of bed-sores. A pock itself may commence a bed-sore over a bony prominence.

Complications to fear are abscess formations, eye and ear affections, laryngitis, bronchitis and broncho-pneumonia. Any hæmorrhages must instantly be reported.

Smallpox is modified and prevented by vaccination and re-vaccination.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gotlob, S.R.N., Miss Amy Parker, Miss Jane Irwin.

Miss Gotlob writes:—" If the disease eventually proves fatal, death generally occurs about the 12th day. The pustules increase in size, and generally there is inflammation and swelling of the skin. The affected parts have an offensive odour, particularly if the pustules break. The pustules may commence to dry up and form crusts. Great itching attends this stage. This proceeds throughout the third week, and as the crusts form they drop off and a reddish brown spot remains, which, according to depth of skin involved, leaves a permanent white depressed scar or pitt. Convalescence after this form is usually uninterrupted. Isolation period is from 5-7 weeks, or until desquamation, or peeling, has ceased. It is advisable to have a further quarantine of 14 days after leaving hospital. Complications which may arise:—Broncho-pneumonia, laryngitis, albuminuria, otitis, conjunctivitis, iritis, erysipelas.

QUESTION FOR NEXT MONTH.

Mention some of the chief causes of vomiting. Describe the type of vomit in each case. State your method of dealing with post-operative vomiting.

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