

writing to the Home Sister on or before Monday, October 26th.

Each nomination must be signed by not less than two Nurses. Nomination Forms can be obtained from the Home Sister. A list of persons nominated will be posted four days before the Ballot.

We congratulate the authorities of Guy's Hospital on their efforts to get into closer touch with the Nursing Staff through a Nurses' Representative Council, with one reservation. There should, we consider, be a provision that all recommendations from that Council to the House Committee, or to the Educational Council of the Nursing School, should be put forward by the Matron, who is a member of the Council, the chief nurse in the hospital, and the head of the Nursing Staff. Otherwise it is possible that her authority might be seriously depreciated, and her position rendered untenable.

OUR PRIZE COMPETITION.

GIVE A BRIEF ACCOUNT OF THE SYMPTOMS OF ACUTE RHEUMATISM AND MENTION THE SEQUELÆ. WHAT NURSING AND GENERAL TREATMENT ARE INDICATED?

We have pleasure in awarding the prize this month to Miss Beth Kennedy, S.R.N., Mary Ward, St. Bartholomew's Hospital, London, E.C. 1.

PRIZE PAPER.

The symptoms of a patient suffering from Acute Rheumatism are the following:—

(1) Pain in joints and general stiffness, (2) swelling and redness, (3) high temperature and quick pulse, (4) dirty furred tongue, (5) headache and vomiting, (6) sour smelling sweats, (7) scanty urine, (8) constipation.

The sequelæ are very serious. If it is the patient's first attack, and she is put to bed immediately and has good nursing under medical supervision, then her heart may remain undamaged. Even then she may develop endocarditis, which is valvular disease, mitral regurgitation and mitral stenosis being the most common. Malignant endocarditis is rarer and always fatal. Sometimes endocarditis occurs some years later. Every time compensation breaks down, the heart takes longer to establish it again, the patient gradually becomes worse and has every symptom of advanced *Morbus Cordis*:— (1) Cyanosis of extremities, lips, ears, &c.; (2) cough with blood-stained sputum, sometimes hæmoptysis; (3) enlarged liver and ascites; (4) œdema of feet and legs, sometimes up beyond the lumbar region; (5) raised temperature and quick, feeble irregular pulse; (6) great dyspnoea and orthopnoea.

The other important sequela is Chorea, mostly seen in children and in early adults.

The child begins to fidget, keeps dropping things and making grimaces. Is very liable to laugh or cry, and has lost the co-ordination of her limbs.

In acute rheumatism the patient is put to bed in a flannel nightdress with a blanket next her. She is given one pillow only, and not allowed to sit up or do anything for herself on account of her heart. Menthol Salicylate Ointment or Iodex is spread on lint and applied to the painful joints and wrapt in wool. On no account should

the ointment be rubbed in. These can be protected from the bed-clothes by cradles being put over them.

The patient is given as much as she can drink, milky tea, milk, lemonade, &c., and no solids the first few days while her temperature is very high. Later she may have light diet—such as bread and milk, eggs, and milk puddings. Great care should be taken of her mouth and tongue, as the latter will be brown and furred. Bicarbonate of soda is the best for this.

Twice a day the patient should be blanket-bathed with a weak solution of Sanitas to cleanse the body from the disagreeable sweats. Her nightdress should be changed between times if necessary. The bowels should be kept very well open—by aperients probably.

The specific drug prescribed by the physician is Salicylate of Soda *cum* Bicarbonate of Soda, given two hourly by day and night at first. Sometimes vomiting is a very troublesome factor in these cases, and the medicine has often to be changed to Aspirin. Symptoms of poisoning should be noted and reported. These are vomiting and epigastric pain, headache and deafness with buzzing in the ears. The patient should be kept in bed for three weeks after the temperature has settled. Provided there are no heart symptoms she may start getting up slowly, and will require an iron tonic as these rheumatic patients are always anæmic at this stage.

In endocarditis the nursing and general treatment are very much the same, the symptoms being treated as they occur. The patient will require more pillows if she is troubled with dyspnoea, and should have oxygen for her cyanosis. If there is præcordial pain leeches may be ordered to give relief.

In chorea the patient should lie flat in bed with one pillow. As bed-sores are liable to occur in such cases, on account of the constant friction, great care must be taken of her back, and prominences such as elbows, knees, shoulders, &c. These should be wrapped in cotton wool and bandaged, and pads may be sewn into the nightdress to cover the shoulders. Her back should be washed frequently and powdered, great care being taken that the sheet is always taut, and free from wrinkles. The patient should be spoon-fed by the nurse at first, and should drink out of a feeding-cup with a piece of rubber on the spout in case of her biting it. On no account should her temperature be taken in the mouth. If being nursed in a general ward the patient should be screened at the quiet end of the ward and never startled.

If possible the same day nurse should attend to her. Her bowels should be kept very well opened. Bed sides are often needed, but the patient should not be tied down, unless it is absolutely necessary.

The drugs used in chorea are various, but have all the same purpose to quiet the movements. Sedatives such as bromides are given, also arsenic. If the latter is given the nurse should be on the outlook for poisoning symptoms, which are headache and vomiting, abdominal pain with diarrhoea, and loss of knee-jerks.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gertrude Hilder, Miss Amy Phipps, Mrs. Farthing, S.R.N., Miss P. Thompson.

QUESTION FOR NEXT MONTH.

Describe a case of acute nephritis: the causes, symptoms, and nursing care.

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