

## OUR PRIZE COMPETITION.

GIVE A BRIEF ACCOUNT OF THE SYMPTOMS OF ACUTE RHEUMATISM AND MENTION THE SEQUELÆ. WHAT ARE THE SPECIAL NURSING POINTS AND WHAT TREATMENT HAVE YOU BEEN DIRECTED TO CARRY OUT?

We have pleasure in awarding the Prize this month to Miss Ethel M. Taylor, S.R.N., Stamford Rutland and General Infirmary, Stamford, Lincs.

### PRIZE PAPER.

Acute rheumatism, or rheumatic fever, is a non-contagious disease, probably derived from inoculation by a diplococcus. Predisposing causes are exposure to wet and cold, or heredity, or it may be a complication of scarlet fever.

One of the first *symptoms* of a tendency to rheumatism in children is so-called "growing pains." Acute rheumatism usually occurs between the ages of fifteen and thirty years. The onset of an attack may be gradual or sudden. The patient may complain for a few days of a feeling of malaise and chilliness, probably accompanied by a cold, with sore throat or tonsillitis. The disease itself commences with pain, swelling and slight redness of one or more joints, the pain being aggravated by movement. The temperature rises rapidly, and perspiration is profuse. The urine is scanty containing increased quantity of urates, and the bowels constipated. The affected joints frequently recover from pain within two or three days, others becoming affected in turn.

The temperature swings between 100° and 104° Fahr., usually falling by lysis. Owing to the profuse perspiration, which has a peculiarly acid odour, small vesicles, filled with clear or cloudy fluid may appear on the skin. The tongue is moist and thickly coated.

There may be a sudden rise of temperature to 106° or 108° Fahr. (hyperpyrexia) when the patient becomes first restless, and then comatose; the disease then usually proves fatal, owing to its effect on the heart.

The chief *complication* of acute rheumatism is the effect it produces on the heart: the muscles, valves or pericardium being affected. Pleurisy or pneumonia may also occur.

*Types of acute rheumatism are:—*

1. The cardiac type, in which the joints are little affected, but the heart is attacked in the endocardium, myocardium, or pericardium.

2. Nodular rheumatism, which usually occurs in children, small nodules being formed in the tissues, or on the bones just beneath the skin. The heart affection in this type is very severe.

3. Chorea, or St. Vitus' Dance, in which valvular disease of the heart is apt to develop.

*Treatment* consist of complete rest in bed, the patient being clothed in a flannel garment, and nursed between blankets. These should be changed as often as is rendered necessary by their absorption of perspiration. The patient should be sponged all over once daily with hot water, to which a little methylated spirit has been added, and afterwards should be well dusted with powder. The weight of the bedclothes should be relieved by a cradle placed beneath them, and the room temperature

kept at 60° Fahr. A chart should be kept and temperature, pulse and respiration recorded every few hours.

*Diet* should consist chiefly of milk, and later a low diet, of which the chief constituent is milk. No meat, soups, or wine should be given.

*Local applications.*—Swollen and painful joints may be treated by fomentations, painting with glycerine and belladonna, Inunction with ointment or liniment (winter green, etc.), or simply by the application of warmed wool, kept in place by a flannel bandage.

*Drugs.*—To reduce the temperature salicylate of soda, is usually given. As this must be given in large doses, the symptoms of poisoning, *i.e.*, noises in the head, dizziness, and deafness may appear. To counteract this bicarbonate of soda is usually given with the salicylates. Opium or morphia may be given to relieve pain. Aperients are given as required, calomel usually being administered at the commencement of the attack.

When hyperpyrexia occurs, the temperature is lowered by:—

1. Cold baths, the temperature of which, commencing at 80° or 90° Fahr. is quickly reduced to 60° or 70° Fahr. The patient remains in the bath for from 10 to 20 minutes, unless the temperature is sufficiently lowered before that time.

2. Ice packs.

3. Cold packs. If the pain is too severe to allow of the patient being turned, the pack may be applied to the front of the patient only, cold cloths being applied separately to the joints, and renewed frequently.

In the case of cardiac lesions, it may be necessary to keep the patient at rest in bed for nine to twelve months, to ensure recovery.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Matilda Humphreys, S.R.N., Miss Winifred Lewis, S.R.N., Miss J. T. Wall, R.M.N., Miss Ethel McEnery.

Miss J. T. Wall writes:—"The diet in the acute stage is liquid: milk, peptonized or diluted, in quantities of five ounces every two hours. The patient will be very thirsty and should be encouraged to take plenty of fluid. Alcohol is only given when ordered by the doctor. When the temperature comes down a light nourishing diet without meat or meat extracts is given. The mouth must be carefully attended to, the bowels kept open, and the urine tested and measured. A four-hourly chart and a written report are kept, and any considerable change in temperature, pulse or respiration, or any unfavourable symptoms, reported at once to the doctor.

"Menthol Salicylate Ointment may be spread on lint and applied to the painful joints, which are then wrapped in wool, and a cradle will be necessary to keep off the weight of the bedclothes. The throat will require special attention."

### QUESTION FOR NEXT MONTH.

In what diseases may vomiting of blood occur? State what you would do in each case pending the arrival of a medical practitioner?

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