

## OUR PRIZE COMPETITION.

### GIVE THE SIGNS, SYMPTOMS, NURSING AND AFTER-CARE OF A CASE OF PULMONARY TUBERCULOSIS.

We have pleasure in awarding the Prize this month to Miss Hilary Hope Riggall, Lipgate, Louth, Lincs.

#### PRIZE PAPER.

##### SIGNS AND SYMPTOMS.

The onset of pulmonary tuberculosis, or phthisis, is gradual, often simulating a common cold. It may follow an attack of pneumonia or pleurisy. Frequently the symptoms are indefinite, but signs are usually detected by the stethoscope over the apex of the lung. The temperature, pulse and respirations are raised, the temperature being typically intermittent. In late stages it may become hectic or remittent, these being unfavourable signs. Nocturnal hyperidrosis is typical. Anorexia, loss of weight, lassitude, insomnia, and a general feeling of illness are present. Anæmia often occurs and amenorrhœa may result in women. The fingers may become clubbed.

A cough is the most constant symptom throughout the illness, and is often of great severity. The sputum in the early stages is mucous, becoming later mucopurulent, purulent, and nummular. Blood may be present in the sputum at any stage of the illness, but it is profuse only in advanced stages when the sputum may assume a prune-juice colour. Profuse hæmoptysis may occur when large cavities have formed. The presence of tubercle bacilli in the sputum confirms diagnosis, but their absence does not remove suspicion as the patient may die before the bacilli have been freed by the breaking down of lung tissue.

##### NURSING.

The patient is nursed in bed while acutely ill. He is best kept entirely in the open air in a wooden hut, having only three sides, placed facing south. He should spend both night and day in the open, but he must be sheltered from cold winds, warmly clad, and guarded from rain. If the open air method is impossible, it should be imitated indoors, the maximum of sunlight and air being sought. Dust must be excluded; it irritates the lungs and spreads bacteria.

The patient should be spared exertion, especially if the cough is very troublesome. The temperature, pulse and respiration should be taken four-hourly in the acute stage, afterwards twice a day. The patient is nursed propped up with pillows or a bed rest and an air-ring should be used. Special attention is paid to pressure points.

Insomnia is troublesome, and when narcotics are used special observation of the patient's respiration, pulse and colour are necessary. The nurse should, however, do her utmost to induce sleep without the aid of drugs.

The diet must be very nourishing, consisting of light and appetising meals, especially when anorexia is present. Plenty of eggs, milk, cream and fats should be given in as large quantities as can be taken without producing nausea. If the appetite is poor, small frequent feeds are best.

Drugs are administered as ordered. These may include cod-liver oil, m. lt, iron tonics, atropin to reduce

perspiration, hypnotics and stimulants. The bowels should not be allowed to become constipated, but the administration of large aperients which have a debilitating effect upon the patient is much to be deprecated.

The amount and appearance of sputum must be noted and a specimen saved for inspection. Scrupulous attention must be paid to the disinfection of sputum, as it is a source of infection. If the patient is up he should use a pocket sputum flask. All his utensils should be kept separate, and no linen sent to the laundry before being disinfected. The patient should be instructed never to swallow sputum, as by ingestion he may set up infection of other organs.

When convalescent, the patient may be given diverting occupation, such as raffia work. He is weighed once a week and the weight recorded. If progress is being made the weight steadily increases, but if it decreases complete rest should be taken.

##### AFTER-CARE.

The after-care of phthisical patients is extremely important, both to themselves and to those around them.

No heavy or exhausting work may be done. An outdoor life is to be insisted upon, and if the patient lives and sleeps in the open his prospects will be better. He must be temperate in his habits with especial regard to alcoholic drink. A liberal, simple, nourishing diet is of the utmost importance. Sufficient rest and sleep are essential. If the means of the patient permit, he is often ordered to reside in a more temperate climate. He should be told that he is a danger to those around him, even when apparently recovered, and be instructed to destroy all sputum, to use separate utensils, and never to share the sleeping room of any other person.

##### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Dorothy Marriott, Miss V. Bason, S.R.N., M.B.C.N., and Miss Amy Phipps, S.R.N., F.B.C.N.

Miss Dorothy Marriott writes:—"The nursing of a patient suffering from pulmonary tuberculosis is usually carried out in the open air, preferably in a special shelter which can be adjusted so that the patient can be protected from winds and rain and can also get the benefit of as much sun as possible. If a special shelter is not available a balcony will do. It must be remembered that the sun is the best germicide and that the ultra violet rays which have such curative power do not pass through ordinary glass.

"The patient must be kept warm. The clothing should be of wool but as light as possible. The bed must be warmed with properly protected hot-water bottles. When the fever is marked the patient should be kept absolutely at rest, everything being done for him by the nurse. When night sweats occur the clothing must be changed as often as necessary and the body sponged.

"The diet should be liberal and varied. A larger amount of food is usually prescribed for such a patient than he requires in health and therefore every encouragement must be given to get him to take his food—it must be daintily served and made as appetising as possible."

##### QUESTION FOR NEXT MONTH.

Give the appearance and nursing care of a case of encephalitis lethargica.

[previous page](#)

[next page](#)