

## OUR PRIZE COMPETITION.

### GIVE THE APPEARANCE AND NURSING CARE OF A CASE OF ENCEPHALITIS LETHARGICA.

We have pleasure in awarding the prize this month to Miss Hilary Hope Riggall, S.R.N., Ugate, Louth, Lincs.

#### PRIZE PAPER.

##### APPEARANCE OF THE PATIENT.

Encephalitis lethargica produces symptoms of varying severity caused by lesions in the central nervous system thought to be originated by some specific infection. The period of incubation is unknown and the ensuing prodromal period varies in length from a few days to two or three weeks. During this time lethargy, headache, transitory diplopia, sore throat, and occasional attacks of vomiting and diarrhoea may occur. The temperature is raised and drowsiness increases. The acute stage into which the patient now passes is characterised by a febrile temperature (101 deg. to 103 deg. F.), stupor during the day and nocturnal delirium, irritability, difficulty with speech, and facial twitchings or facial paralysis. Feeds are taken with reluctance. There is sometimes difficulty in swallowing caused by paralysis of the tongue and pharynx. This paralysis is progressive in character and occasionally the limbs are affected. Sometimes the face assumes a mask-like appearance, devoid of expression. Urinary and faecal incontinence are very common. Occasionally there is retention of urine. In fatal cases, death may be due to progressive paralysis of the respiratory nervous centres, and is preceded by deep coma.

During the acute stage of illness the patient becomes extremely weak and wastes rapidly. Some cases lie without any voluntary movement except when aroused to take a feed. The mouth is foul and the tongue thickly furred. Constipation may be obstinate. Certain trivial skin eruptions may take place, assuming various forms, but there is no characteristic rash. The length of the duration of stupor varies considerably and may last from a few days to six weeks. Sometimes periods of remission will occur in the course of the comatose stage.

##### NURSING OF ENCEPHALITIS LETHARGICA.

The severity of the disease demands the best possible nursing, but no specific treatment has yet been discovered. As soon as the disease is suspected the patient should be isolated in the usual manner, although the disease is of low infectivity and in a hospital ward "bed isolation" may be sufficient. Feeding utensils should, of course, be kept separate. The disease is compulsorily notifiable throughout England and Wales, but it is usual for the medical attendant to make the notification.

The patient should be nursed in a quiet, restful atmosphere. Plenty of fresh air must be admitted, but strong light should be guarded from the patient's face. A water bed may be used. Pressure points require the most devoted care, especially when there is incontinence and in view of the extreme weakness and cachexia usually present. Frequent change of position is necessary when the patient does not move voluntarily. If there is extreme restlessness at night a special nurse will be required in hospital, and precautions must be taken to ensure that the patient does not injure himself. In a private house an extreme case may have to be nursed on a mattress on the floor. Hypnotics are sometimes

given, but in general they are thought to be inadvisable in this disease.

The mouth, throat and nose require careful cleansing at regular intervals. These organs are thought to be a possible site of infection. For this reason those in contact with the case are advised to use gargles and nasal sprays.

The diet of the patient should consist, during the febrile period, of nourishing fluids given every two hours. The patient is often very reluctant to take feeds and persuasion has to be exercised. If the difficulty arises from paralysis of the throat muscles an oesophageal tube may be employed and the patient may also have to be fed rectally.

Constipation is sometimes obstinate and is usually controlled by enemata unless aperients are specially ordered.

It is often thought necessary to perform a lumbar puncture to establish diagnosis, or to withdraw cerebrospinal fluid or to inject serum intrathecally. The nurse is then responsible for the preparation of appliances and the disinfection of the lumbar area.

During convalescence massage may be prescribed for the muscles affected, these being chiefly the facial muscles. The convalescent period is often protracted and broken up by relapses in the form of paralysis, tremors and twitchings of the face and sometimes of the limbs.

Mental and moral changes are often marked sequelae which persist after all other symptoms have ceased to appear. Irritability, loss of moral character and of self-control, lying and theft, and even more serious moral defects may show themselves in persons of hitherto unblemished character. The treatment of these cases requires patience, sympathy and persistence. The adult should be helped towards mental control. The adolescent and the child should be put under kindly discipline. Plenty of fresh air, sunlight, good food, exercise, and happy surroundings are invaluable.

#### HONOURABLE MENTION.

We regret to be unable to award any honourable mention this month. Competitors should closely study the conditions as to length of articles, also as to the necessity for including the prize coupon with the article.

#### QUESTION FOR NEXT MONTH.

Give the Hygiene of a sick room in a private house, stating the necessary precautions to be taken if the patient should be suffering from an infectious disease.

#### PRIZE ESSAY RESULT.

We have pleasure in announcing that the prize offered by Miss Isabel Macdonald for the best essay on "The Ethical Standards and Qualifications which a Patient has a right to expect in a Private Nurse" has been awarded to Miss Joyce M. Watson, S.R.N., to whom a cheque for £2 2s. has been forwarded. Miss Watson holds the Certificate of St. Bartholomew's Hospital; and is, at present, Sister-Tutor at the Park Hospital, Hither Green.

Miss Margaret V. M. Glass, S.R.N. (a Sister-Tutor at University College Hospital) is highly commended for her essay, and the following are commended: Miss Jessie Holmes, F.B.C.N., S.R.N.; Miss N. M. Macdonald, F.B.C.N., R.G.N.; Miss H. H. Riggall, S.R.N.; and Miss E. M. Robertson.

We hope to publish the Prize Essay in a future issue.

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