

OUR PRIZE COMPETITION.

GIVE THE SIGNS AND SYMPTOMS AND NURSING CARE OF A PATIENT SUFFERING FROM (a) SCARLET FEVER (b) DIPHTHERIA AND (c) MEASLES.

We have pleasure in awarding the prize this week to Miss Amy Phipps, F.B.C.N., Elm Cottage, Ashford, Middlesex.

PRIZE PAPER.

In nursing infectious diseases the following points apply to all cases:—

The sick room should be devoid of carpets and hangings, and should be warm and well ventilated night and day; contacts should be kept under observation, and their health kept at as high a level as possible. Isolation and disinfection in detail are necessary.

The principles of treatment are:—

- (1) Endeavouring to neutralise the toxins and build up resistance.
- (2) Promoting elimination of the toxins, and the products of metabolism.
- (3) Maintaining the nutrition of the body and stimulating the heart.
- (4) Noting the onset of complications without delay.

SCARLET FEVER.

The three varieties of Scarlet Fever are:—

- (1) *Simplex*.—The disease runs a straight course, and in some cases (*scarlatina latens*) is not definitely diagnosed until desquamation.
- (2) *Anginosa*.—Symptoms, especially of the throat, very severe. There is great prostration, and complications are common.
- (3) *Maligna*.—This type is very serious; the attack sets in with great violence, and the rash is livid rather than scarlet; there is much pyrexia, coma and often sudden death.

The symptoms of scarlet fever are:—Characteristic sore throat and vomiting, headache, pyrexia, rapid pulse and convulsions. The characteristic rash appears first on the neck and chest, and rapidly spreads. Examined closely, it is seen to consist of two elements, namely, a diffuse redness, dotted all over with tiny points of deeper colour. The skin is hot and dry, the face flushed, except the parts round the mouth, which are pale.

The pulse rate is much accelerated; the throat is inflamed and swollen, and there may be faucial exudation, with enlargement of cervical glands: the tongue is covered with thick white fur, from which the red, swollen papillæ stand out, giving the first phase of "strawberry tongue."

The temperature may be 104°, and the patient feels ill. In favourable cases, after a variable time, the symptoms subside, and improvement commences, unless complications supervene.

These include:—Nephritis, of varying degree, otorrhœa, a certain form of rheumatism and chorea, and occasionally maladies affecting the heart and lungs.

Nourishment is mainly milk, and potash water to drink: the urine must be tested daily for albumen. Every effort must be made to avoid chills, and to ensure excretory efficiency.

Local treatment will include:—Prescribed treatment to throat and ears, if necessary, and, to prevent trans-

mission of the desquamated cuticle, the body may be rubbed with carbolised oil during convalescence. The bowels must be kept freely opened; all nasal and other discharges must be received into a paper or rag and burned. Complications must be noted and dealt with as they arise.

DIPHTHERIA.

The symptoms of diphtheria vary somewhat according to the type of disease, which may be mild, severe, or hæmorrhagic, and as to situation, may be laryngeal, nasal, or vulval. Diagnosis is usually made positive by microscopic examination of the laryngeal exudation of suspects. The symptoms include:—Vomiting, enlarged and painful glands of the neck, tonsils swollen and reddish with whitish dots, which rapidly increase in size, until the tonsils are covered with a membrane which soon spreads to the adjacent palate, and if left untreated, rapidly spreads and blocks all air passages. This membrane becomes greyish and tough, and if scraped away, leaves a bleeding patch. There may be thin blood-stained discharge from the ears and nostrils, and a characteristic fœtor is given off from nose and throat. There is great prostration and a varying degree of dyspnoea from obstruction. Albuminuria, with greatly diminished secretion of urine is a marked symptom, varying in degree with the severity of the disease.

Other general symptoms, as in scarlet fever, may or may not be present. The anti-toxin treatment of the disease at an early stage is of vital importance, and is now always given. Treatment otherwise consists in husbanding the patient's strength, preventing any unnecessary strain to the probably already affected heart, and treating symptoms as they arise.

Syringing of the throat often brings great relief, and also a steam kettle may relieve dyspnoea. Apparatus for tracheotomy or intubation should be at hand, a great watchfulness is necessary for the immediate detection of urgent symptoms.

MEASLES.

Measles is characterised by initial coryza, conjunctivitis, and a rapidly spreading blotchy eruption. There is often a definite punctiform eruption spreading over the whole mucous membrane of the mouth, and Koplik's spots often appear before the eruption. The tongue is furred, and there is pyrexia, vomiting and headache. The disease may be simple or malignant. In the latter case, all the symptoms are exaggerated. The chief danger of measles lies in the complications. These include broncho-pneumonia, pulmonary collapse, otitis and stomatitis.

Nursing consists in warmth, and good highly concentrated nourishment, in avoiding complications and preventing the spread of the disease. Good nursing will often do much to prevent the onset of the complications which make this disease so fatal in weakly children.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Eliza Mary Robertson, Miss J. Graham

QUESTION FOR NEXT MONTH.

How would you nurse a case of Hemiplegia? What changes would you report to the doctor?

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