

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING CARE OF A PATIENT SUFFERING FROM ARTHRITIS.

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

PRIZE PAPER.

The nursing of a patient suffering from arthritis will vary a little, according to the particular type, and primary cause of the disease, which may be rheumatoid, gouty, tubercular, gonorrhoeal or traumatic in origin. The general principles of treatment include:—

- (1) Keeping the general health at as high a level as possible.
- (2) Careful consideration and regulation of diet, with regard to the characteristics of the case in question.
- (3) Carrying out prescribed treatment, both local and general.
- (4) Keeping the patient as bright and comfortable as possible.

In the early stages it is usually necessary to keep the patient at rest in bed, in warm, bright and airy surroundings, avoiding chills or draughts. The clothing should be of flannel, and so made and fastened as to make every part easy of access for washing, etc., with the minimum of movement, it being remembered that in many cases the slightest touch or movement of the affected parts causes intense pain. Extreme gentleness and care is necessary in performing all nursing treatment; the patient must be kept quiet, and the bed must be quite steady, and free from the risk of shaking or knocking in any way.

Local Treatment.

The affected limbs may be wrapped in cotton wool, perhaps covered with gutta-percha tissue, and bandaged; and, if necessary, should be placed in an easy position on soft, firm pillows, to which they may be fastened to prevent movement. In certain cases, well-padded splints are applied to secure rest and prevent contractions, or, if the latter are inevitable, to control somewhat the position of such contracted joints; these splints are often removed periodically when massage, electricity, diathermy or regularised movement are employed, and, after such, the splints re-applied.

Of late years, radiant heat has been employed extensively with marked success in many cases; it is usually given over a long period, and in combination with massage and electricity; failing these, ordinary hot air baths, or soda baths, are useful. Applications of cooling lotions, frequently renewed, are sometimes beneficial.

The skin of affected areas must be watched carefully, as it is liable to crack, and become very sore; the skin must be frequently sprayed and powdered, to remove any disagreeable odours, and every effort must be taken to prevent the formation of bed sores.

Blisters, applications of iodine, iodex or methyl salicylate or hot fomentations, are employed with success in certain cases.

Diet.

Diet is of importance, and is usually considered carefully in detail by the physician in charge, and according to the particular form of the disease in question. Meat and alcohol are allowed in limited amount only, and are frequently prohibited; soft fats such as cream, cod liver oil, butter, etc., and fresh fruit and vegetables, and plenty of fresh milk is usually advised.

Medical Treatment.

Medicinal waters are valuable in many cases, either at home, or taken at some watering-place such as Buxton or Harrogate in England, or, on the Continent, such places as Carlsbad, Baden-Baden, etc.

The bowels should be kept well opened and the excreting organs generally should be kept working well.

Drugs.

The drugs employed vary widely according to the type of case. They include:—Salicylate of soda, colchicum, iron, quinine, arsenic and iodide of potassium. Injection of fibrolysin is sometimes employed with varying success, and opium or morphia are sometimes necessary for the relief of pain.

The outlook is unsatisfactory in most cases, so far as cure is concerned, though much may be done to alleviate pain, and make for the general comfort of the sufferer. Treatment must be persevered with, and should be continued over a long period. Should the disease become chronic, or during convalescence, every effort should be made to keep the patient bright and cheerful, and to provide him with a suitable occupation and interest. Change of scene is often beneficial, and, where necessary, a bath-chair should be employed, the latter being well padded, and the patient gently placed in it, well protected with warm wrappings. As far as possible, gentle movement of all limbs should be persevered with, under medical supervision, to prevent unnecessary joint fixation; mental disturbances and worry should be avoided, and the patient encouraged to lead as normal a life as possible.

The liability to complications on account of continued ill-health should be remembered, and every effort made to prevent them, or to detect the first symptoms, should they arise.

QUESTION FOR NEXT MONTH.

In a case of an extensive burn by fire, what method of treatment might be adopted, and what are the chief dangers?

Dr. T. Drummond Shiels, M.P., in a letter to *The Times* on the subject of the Bill promoted by the Edinburgh Corporation, to obtain further powers to deal with venereal disease, says that its "primary and chief purpose is to deal with defaulters, those who start treatment and leave off while they are still a danger to themselves and to others. These cases waste public money, dishearten the medical staffs who carry out the treatment, and make impossible the hope of stamping out those unpleasant and painful diseases. The further powers asked for extend the possible compulsion, with all safeguards of secrecy, to those known to be spreaders of infection who have failed to seek any treatment at all."

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