

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE OF MEASLES, WITH SEVERE BRONCHO-PNEUMONIA IN A PRIVATE HOUSE.

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

PRIZE PAPER.

The nursing of a case of measles will include (a) Prophylactic and (b) Curative measures.

(a) *Prophylactic treatment* includes:—Isolation of the patient and all contacts. Keeping the health of contacts, especially children, at as high a level as possible, and securing to them plenty of fresh air, both indoors and outdoors, and avoiding chills and further contact with infective persons or materials.

Thorough disinfection after recovery of the patient.

Keeping susceptible contacts in quarantine for four-teen days from the last exposure to infection.

Immediate burning of all articles soiled with the discharges of the patient. Keeping a close watch for the first symptoms of the disease in others. Immunisation by the use of serum of the whole blood of a convalescent measles patient. If given within five days from exposure, the attack may be averted or modified. This treatment is particularly valuable for very young or weakly children.

The nursing of a patient suffering from measles and broncho-pneumonia calls for most careful, skilled and unremitting nursing to ensure a good recovery.

(b) *Curative treatment*.—If choice is possible, select a large, quiet, sunny and easily ventilated sick-room, free from draughts and containing an open grate.

If possible, curtains and carpets should be removed, and a sheet soaked in antiseptic should be suspended at the door; dark blinds should be secured.

General treatment.—The room must be kept well ventilated but free from draughts, and a warm temperature of 65° must be maintained. The bed should be placed so that the patient has his back to the windows, if possible; the patient must never be left.

The clothing should be light, a pneumonia jacket and a flannel gown, which are easily adjusted, are the most suitable; he should be raised on pillows to assist respiration. The patient should be sponged night and morning, avoiding exposure or chilling, and every effort should be made to secure sleep.

The temperature, pulse and respiration must be taken four hourly, or more frequently if necessary, and recorded, and the character of each carefully noted. Constant watch must be kept on the colour and general condition of the patient, adverse symptoms being noted at the onset.

The patient, if a child, should be kept as happy as possible; so much depends upon understanding the mentality of a child, who is readily frightened by a continued cough, etc.

The diet will consist chiefly of milk, beef tea, light soups, plenty of warm drinks. In most severe cases, small doses of brandy, varying with the age of the patient, are given frequently.

The amount of urine passed must be noted, and the bowels must be kept freely opened and regular. Tepid sponging should be performed when necessary to reduce temperature and promote sleep.

A steam tent is usually necessary and brings great relief. The complete apparatus may be hired from a chemist, or an ordinary large kettle, to which a long spout of thick brown paper has been attached, may be utilised.

Friar's balsam, a drachm to a pint, added to the water in the kettle is very soothing; the temperature and moisture of the air must be kept equable.

Local applications in common use are:—Anti-phlogistine, thermogene wool, light linseed poultices, or lint wetted with mustard water and covered with spongeo-piline.

Drugs prescribed may include:—

(1) Mixture of ipecacuanha and liq. ammon. cit., followed later when reaction is free by mixture of ammon. carb., with digitalis and squills.

(2) Belladonna or atropine to diminish secretion and prevent accumulation of mucus in the tubes.

(3) For marked cyanosis, strychnine may be prescribed, and in certain urgent cases, oxygen gas through alcohol will be necessary.

(4) Preparations for the relief of incessant coughing.

(5) Electrargol is sometimes prescribed; it is said to destroy toxins and stimulate the bone marrow, thereby inducing a defensive polynuclear leucocytosis.

(6) Preparations to promote free action of the skin and kidneys.

(7) During convalescence, nux vomica, with dilute hydrochloric acid and pepsin wine is usually prescribed, also iron and quinine tonic.

(8) Carbolic oil is frequently used as an emollient during the period of desquamation.

Every effort should be made to husband the strength; great perseverance and scheming are often necessary to ensure that a sufficient amount of concentrated nourishment is taken.

An accurate and detailed chart must be kept, presenting a clear report of the patient's condition, amount of nourishment, sleep, etc., during the day.

Symptoms must be noted and treated as they arise, and every effort must be made to prevent the onset of complications, which may include:—

(a) During the period of invasion: Diarrhoea, severe vomiting, severe epistaxis, catarrhal laryngitis or laryngismus stridulus.

(b) During stages of eruption and decline: Diphtheria, whooping cough, glandular affections, acute Bright's disease, otitis, cancrum oris, gangrene of the vulva, paralysis, acute myelitis, meningitis, acute ciliary tuberculosis and many eye affections, progressive muscular atrophy is an occasional sequel.

When cure is complete, thorough disinfection must be carried out; a long convalescence with skilled care will be necessary to ensure satisfactory return to health.

A change to a bracing seaside resort, as soon as such is allowed by the doctor, should prove beneficial; a warm salt-water bath, followed by brisk rubbing, should be given every morning, and plenty of nourishing food.

HONOURABLE MENTION.

The following competitor receives honourable mention: Miss Doris Smith.

QUESTION FOR NEXT MONTH.

Describe the symptoms of exophthalmic goitre. Mention the special points to be observed in nursing this condition.

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