OUR PRIZE COMPETITION.

DESCRIBE THE SYMPTOMS OF PARA-TYPHOID AND THE NURSING TREATMENT.

We have pleasure in awarding the prize this month to Miss Kathleen Delainey, R.S.C.N., Ancoats Hospital, Manchester.

PRIZE PAPER.

Symptoms.

1st Week.

The *onset* is sudden, with headache, anorexia, gradual rise of temperature, accompanied in some cases by nausea and vomiting.

The temperature oscillates between 100° F. and 103° F., but during the first week it rises in the evening and falls 2° F. each morning, or it may rise more irregularly.

The pulse is very slow in comparison with the temperature.

There may be bronchial catarrh, quickened respirations and slight cough.

Diarrhœa may be acute, with loose, light coloured offensive stools, or constipation may supervene.

The urine is scanty and highly coloured. There is slight ulceration of the Peyers patches, and the abdomen is slightly distended, and pain is referred to the right iliac fossa.

The spleen is enlarged.

There may, or may not, be a rash. The spots appear in crops on the abdomen and shoulders. They disappear on pressure, are larger and redder than in Typhoid fever, and may be followed by pigmentation.

They remain for two or three days, then new ones appear throughout the disease.

About the 7th day the patient assumes a dull, listless appearance, the eyes are bright, with dilated pupils; the face pale with flushed cheeks, and dark lips; the tongue dry with a white fur on either side, and a clean red centre.

The patient may not feel very ill, or there may be complete exhaustion.

During the second week the symptoms are more pronounced, Elberthi bacillus, paratyphosis A or B is found about the 8th to 10th day in the blood, stools or urine.

The temperature may be fairly high (103° F.) and continuous, or irregular in its course.

Albuminuria may occur.

The patient begins to improve toward the end of the second week, but if the case is severe delirium and exhaustion supervene.

During the third week in a mild case defervescence commences. In a severe case more profound symptoms arise, such as delirium, coma, severer abdominal symptoms, and muscular exhaustion.

Epistaxis or intestinal hæmorrhage may occur; hypostatic pneumonia, nephritis, or perforation though rarer may take place.

If no complications arise, the temperature falls by lysis. The patient feels better and is hungry.

During the fourth week, the temperature returns to normal; the ulcers heal by cicatrisation; the urine becomes clear; the rash disappears; and the body begins to recuperate.

Nursing Treatment.

The patient must be put to bed at once, in a well ventilated room (temperature 60° F.) with a small adjoining room attached (for utensils, etc.). The quietest room of all must be chosen and no unnecessary furniture kept therein.

Isolation must be complete.

A water-bed may be used if obtainable, otherwise a firm mattress is best. A draw mackintosh and drawsheet are placed under the patient's buttocks. The patient lies in a recumbent position with one pillow, unless his condition demands otherwise.

The patient's clothing must be light, warm and easily removable.

He must be bathed in bed daily, and his position gently changed every four hours to prevent hypostatic pneumonia or pressure sores. The patient must be kept perfectly dry, and the bed kept free from creases, and gentle friction applied to all pressure parts. Methylated spirit may be used, and the skin dusted with powder.

The mouth and lips must be cleaned before and after nourishment has been given, with glycerine and borax (or lemon juice) or a suitable antiseptic lotion.

All worry must be kept away from patient, and everything done to promote sleep and ensure rest of mind and body.

The temperature, pulse and respiration are taken and recorded 4 hourly, and a separate "morning and evening" chart kept.

The urine must be tested daily.

No aperients may be given after first week. If enemata are ordered, they must be gently administered with funnel, tube and catheter.

The nurse must be well acquainted with the course of disease, and report any unfavourable symptom at once.

If hæmorrhage (intestinal) or perforation should occur, the nurse must treat the patient for shock, and apply an ice bag to the abdomen, pending the doctor's arrival.

Disinfection.

The nurse must wear a "barrier" gown, and rubber gloves whilst attending to the patient, remove the gown and thoroughly disinfect her hands before leaving the patient's room, or before handling anything, other than the patient's belongings.

All bed and patient's linen must be completely disinfected before sending to the laundry.

All discharges, stools, urine and sputum (stools broken up if constipated) must be mixed with carbolic solution 1-20 or Lysol 1-40 and allowed to stand for one hour, completely covered with the disinfectant before emptying.

The bedpan and urinal must be kept in disinfectant solution all the time when not in use. At the close of illness, the patient's room, contents, and utensils, must be completely disinfected. The patient must have an antiseptic bath.

Diet.

The diet must be given according to the doctor's orders, and the nurse's duty is to make it attractive and appetizing and to induce the patient to take it. Later much tact and patience is needed when the

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