

## OUR PRIZE COMPETITION.

### DESCRIBE GASTRIC INFLUENZA AND ITS NURSING TREATMENT.

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

#### PRIZE PAPER.

Influenza (La Grippe) is a term applied to an epidemic and pandemic disease, prevalent in early spring, of a functional character.

The direct cause is attributed to the toxins produced in the body by Pfeiffer's Bacillus Influenzæ, the latter organism attacking the mucuous membrane where true influenza is present, although "mixed infections" play a large part in the devastations of the disease.

The earliest evidence of the disease is a vague feeling of illness, and thus it is often mistaken for a heavy cold.

It is probable that age, constitution, susceptibility and general health have a definite influence on the attack.

There are three distinct types of Influenza, viz.:

(1) Febrile, with rigors, high temperature, rapid pulse, nasal catarrh, swollen fauces and tonsils, muscular pains and continuous headache and backache.

(2) Respiratory, with fever, headache, great prostration, rapid respiration, troublesome cough and dyspnoea.

(3) Abdominal, with vomiting, diarrhoea or constipation, headache, abdominal pain and distaste for all food.

Mental depression is a common symptom in each form and symptoms of more than one type of the disease may be present.

The incubation period is from one to three days, and the disease is spread exclusively by direct or indirect infection, the milder types being probably as infectious as the more severe types.

The profound prostration and intense depression are out of all proportion to the intensity of the disease, and are very characteristic features.

The gastric form of the disease shows general digestive disturbance; vomiting may be persistent and resist treatment; diarrhoea is often accompanied by much tenesmus and passage of mucus in the stools: this is often followed by a weakness of the digestive powers which may last for months. The symptoms are very liable to be mistaken for those of appendicitis.

When influenza is prevalent, certain prophylactic rules apply:

(1) Every effort should be made to keep the health at as high a level as possible, and to secure the maximum of fresh air, sunlight, good nourishing food of the right type, quality and quantity.

(2) The earliest symptoms or possible symptoms should be dealt with without delay. This is most important, both to cut short the disease and to prevent complications.

(3) Where there is a known susceptibility to the disease, it is useful to seek to get acquired immunity by vaccine treatment. This is still the subject of research, but it has proved most successful in many cases. The success naturally depends upon whether the particular protective ferment remaining in the body

ready for invasion by the organism of influenza is there through the activities of the exact germ: but results show that this attempt at securing artificial immunity is well worth while.

#### Curative Treatment.

A doctor is always necessary, both for present treatment and for the minimisation of the after effects.

The patient should be placed in a comfortable bed, in a warm, cheerful and well-ventilated room, free from draughts or strong lights. Every effort should be made to keep the patient quiet, bright and happy, and to exclude irritating influences.

Symptoms must be treated as they arise, and it is always well to know beforehand the wishes of the physician in charge for the treatment of pain and other symptoms of complications for which the nurse is on the watch.

For abdominal pain, a firm cushion under the knees will often give relief: local applications may include hot stupes or dry hot wool. Where constipation is present, calomel is usually prescribed in graduated doses: for diarrhoea, Dover's powders and rice water are usually given, and in both cases, bowel lavage, given with intelligent care, usually gives very satisfactory results.

Treatment should be stimulating from the first, as far as possible.

Morphia is sometimes necessary, when it can be taken with safety: strychnine and quinine are sometimes prescribed. Every effort should be made to combat restlessness and to promote sleep, especially when the patient is aged or very young.

The diet should be stimulating, light and nourishing, and gradually increase with the patient's powers of digestion: at first, infinite patience and resource will be needed to get sufficient nourishment retained. When necessary, rectal feeding, and rectal or intramuscular salines will be necessary.

Later, tonics, including arsenic, and strychnine in acid mixture, are usually prescribed, and in certain cases, massage and electrical treatment are necessary.

Possible complications are numerous, and include bronchitis, pneumonia and other chest affections, nephritis, neuritis, melancholia, delirium, heart disease, gastro-enteritis, persistent gastritis, tympanites, persistent vomiting, and in a few severe cases, hæmatemesis.

A long convalescence, preferably at the sea, is desirable: the patient should be guarded from cold and wet, and the return to normal life should be gradual, and a liberal, stimulating and nourishing diet should be prescribed.

#### QUESTION FOR NEXT MONTH.

Name the diseases which can be conveyed by food. What precautions can be taken to prevent the spread of disease in this way? \_\_\_\_\_

#### THE RED CROSS AND CHEMICAL WARFARE.

The British Red Cross Society is taking action to educate its officers and the members of all voluntary aid detachments in measures to deal with gas attacks by air, and through them to instruct the general public. Let us hope the public will realise the urgent necessity for such instruction.

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