

## OUR PRIZE COMPETITION.

### WHAT IS INFLUENZA? DESCRIBE THE TREATMENT (1) PREVENTIVE, AND (2) OF A PATIENT SUFFERING FROM AN ATTACK OF THIS DISEASE.

We have pleasure in awarding the prize this month to Miss Florence Ibbetson, Essex County Hospital, Colchester.

#### PRIZE PAPER.

*Influenza* is an acute infective fever said to be due to a small grain-negative bacillus discovered by Pfeiffer in the severe epidemics of 1890-92, but of recent years this has been debated and other organisms have been put forward as the cause. Influenza crossed westwards from China and is an epidemic and pandemic disease, the epidemic of 1918 being particularly fatal. Infection is spread by direct contact with secretions from the nose and mouth of infected individuals. The incubation period is short, two to five days, and the onset sudden. Influenza can take a variety of forms and four are recognised:—

1. *Febrile type.*
2. *Respiratory type.*
3. *Gastro-intestinal type.*
4. *Nervous type.*

The most common type is the *febrile type* where the symptoms are shivering, headache and joint pains, sore throat, coryza. The temperature rises smartly to 103° F. and the pulse is increased up to 120. An irritable cough may develop with no sputum, and herpes form on the lips. The patient begins to sweat and the symptoms subside about the fifth day.

The *Respiratory type* is the most dangerous, pleurisy and bronchitis develop and pneumonia. This was the type so fatal in 1918.

In the *Gastro-intestinal type* the chief symptoms are abdominal pain, nausea, vomiting and diarrhoea. Blood may be passed in the motion.

With the *Nervous type* the patient complains of persistent headache, insomnia and may become delirious. There is marked depression.

Relapses are quite common in influenza and complications are many. Respiratory complications are frequently fatal and heart failure may occur in the aged. In young people otitis media may follow influenza. Debility and depression are always marked and it takes the patient a long time to regain full health. It is said that people confuse influenza and common colds, but after one attack of influenza the confusion disappears. One knows the difference by the after effects.

#### *The Preventative Treatment of Influenza.*

The first principle in the prevention of any fever is to maintain a high standard of physical fitness. Most epidemics occur in the winter time so that it is essential to wear sufficient clothing, to avoid chills, and to change damp garments as soon as possible. A good nourishing diet should be taken and plenty of fresh air procured.

At the first suggestion of the proximity of an epidemic, one should take special precautions. Avoid crowded buildings such as cinemas, where even if ventilation is excellent, the close contact with one's neighbours is a great risk. A mild antiseptic gargle should be taken regularly, such as glycothymoline or

weak permanganate of potash. A mixed vaccine has been prepared, containing Pfeiffer's bacillus, and some other organisms, and this may be a successful preventative measure.

During an epidemic all infected persons should be strictly isolated at the first suggestive symptoms, and contacts put into quarantine for five days wherever possible. It would be wise to close schools for a few weeks and hospitals attacked should cease admitting all patients except absolute emergencies. Nurses and other attendants looking after influenza cases should wear gauze masks to try and prevent droplet infection. All secretions from the nose, eyes and mouth of the patient should be carefully disinfected and paper handkerchiefs, which can be burned, should be used.

It is folly to attempt to continue one's work when suffering from even a mild attack, as one becomes a danger to all one meets, and may be the means of causing many people to have to give up their work and take to their beds—a poor economy.

#### *The Treatment of a Patient suffering from Influenza.*

The patient is put at complete rest in bed in a warm, cheerful, well ventilated room. There must be no draughts. If there are chest symptoms give several pillows or use the Fowler position. Take the temperature, pulse and respirations every few hours. The patient is bed-bathed each morning and if the temperature is very high, tepid sponging may be performed. This is also a useful measure to adopt if the patient is restless or suffering from insomnia. The throat may be painted with an antiseptic and frequent mouth washes given to keep the mouth in good condition. Treat the pressure points.

A good purge such as calomel will be ordered at the onset, followed by a saline aperient. Further aperients will be given if necessary. Note the amount of urine passed as some people have difficulty at first when confined to bed.

The diet will be a full fluid diet, at least five pints being taken in the day. Junkets and jellies may be given and these with thickened fluids are most suitable if the throat is very sore. When the temperature subsides a light diet is given, followed up by a good nourishing diet during convalescence.

*Special treatments* may be required according to the symptoms presented. If coryza is prominent or the nose stuffy, an inhalant such as chlorotone may be used, numbers of paper handkerchiefs will be required. A cough may be relieved by inhalations of steam, medicated with Tinct: Benzoin Co: or with demulcent sweets and drinks. If sputum forms, give a sputum mug and measure (and disinfect) the sputum. Pain in the chest is relieved with antiphlogistine poultices and in severe respiratory conditions oxygen will be necessary.

In the gastric type, sedatives will be ordered and the diet must be regulated most carefully to prevent vomiting.

Watch carefully for signs of complications.

#### *Drugs used.*

An antipyretic may be ordered such as sodium salicylate, aspirin or Dover's powders. Hypnotics may be required to induce sleep and expectorants to

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