

ELEMENTARY POST-GRADUATE PAGE FROM SISTER TUTOR'S NOTE BOOK.

SOME DISEASES WHICH MAY BECOME PREVALENT AS A RESULT OF WAR CONDITIONS, AND THEIR SYMPTOMS AND GENERAL NURSING CARE — e.g., TETANUS, ERYSIPELAS, CEREBRO SPINAL MENINGITIS, SEPTICÆMIA, INFLUENZA, SCABIES, CELLULITIS, GAS GANGRENE, ANTHRAX.

Tetanus is an acute infection of the central nervous system due to a spore-bearing bacillus. The germs live in the intestines of sheep and cows and are deposited by their fæces on to the earth. Man is infected by road dirt, the germs gaining entrance to his body *via* a cut or wound at the time of accident. The incubation may be short or long, depending on the virulence of the infection.

Symptoms.—These consist of headache, general malaise, and a stiffening of the jaw muscles (Lock Jaw). The disease becomes rapidly worse and spasmodic contractions of all muscles occur. When the intercostal muscles are affected, dyspnoea is present. These spasms are most painful and distressing to watch. Cyanosis is another prominent feature and the skin is cold and clammy and exhaustion is extreme. Death occurs in untreated cases in about four days from exhaustion and heart failure.

Treatment.—The patient's life depends upon the injection of Anti-Tetanic Serum at the earliest possible moment, so that the toxins in the blood stream are neutralised before the nerves are seriously attacked.

The patient is isolated in a quiet and dark room and any sudden noise or bright flash must be studiously avoided, as these will bring on the terrible spasms. Feeding the patient may also bring on a spasm, so that this may have to be carried out under an anæsthetic either nasally, rectally, or by intravenous saline. Sedatives are given liberally to cause stupor and relieve or prevent the spasm, or the patient may be kept anæsthetised for days. The bowels must be kept open. All isolation precautions are carried out.

N.B.—All patients who are the victims of road accidents should be given Anti-Tetanic Serum as a preventive measure, and for this reason large stocks should be kept in the Out-Patient Department of Hospitals and at A.R.P. First-Aid Posts. Nowadays Troops are actively immunised against the disease.

Erysipelas is an acute infectious disease. It is characterised by an area of rapidly spreading inflammation of the skin, with a well-defined margin. It is accompanied by hyperpyrexia and other general symptoms. The disease is caused by the responsible micro-organisms (Hæmolytic Streptococci) gaining entrance to the body through a wound or abrasion of the skin. People suffering from Bright's Disease, Diabetes, Puerperal Sepsis, and Chronic Alcoholism are particularly prone to the disease, and are more severely affected than other victims of it. Patients suspected to be suffering from Erysipelas must be strictly isolated should it occur in the wards of a General Hospital. When possible, they are transferred to a Fever Hospital. The incubation period is short, the onset is sudden, possibly with rigors and shivering, severe headache, vomiting and delirium. The infected skin is a dull red; it is tense and swollen with a shiny appearance and blebs may form. The inflammation

spreads widely and rapidly and, in untreated cases, progresses for four days to a week, when it gradually disappears and the symptoms subside in severity. If the face is affected, the eyelids are swollen and ears become thickened and the features almost unrecognisable. The inflammation spreads over the forehead and scalp, down the back of the neck and trunk and may progress as far as the buttocks.

Treatment.—Sulphanilamide drugs are given, which usually abort an attack in two or three days, after which the patient's condition clears up without any further complication.

Cerebro Spinal Meningitis or Spotted Fever is an acute specific infectious disease which may occur in epidemics or sporadically. It is due to a diplococcus, the meningo-coccus, and it gains entrance to the body *via* the nasal mucous membrane, or by inhalation to the blood stream, and inflammation of the cerebro spinal meninges results. The period of incubation is not known and the onset is sudden. The epidemic occurs mainly when people are herded together in overcrowded conditions, such as may be met with in barracks, schools, or hospitals.

Symptoms are sudden severe headache, vomiting, shivering, pains in the back and neck, stiffness of the body; particularly the neck and head retraction is noticeable. Delirium and unconsciousness may occur during the first 24 hours. A spotty "purpuric" rash may be present. The duration of the disease is uncertain; it may prove fatal in two days, or it may be prolonged for weeks.

Treatment.—Lumbar Puncture is carried out and repeated daily to relieve pressure of increased cerebro-spinal fluid on the brain. While the temperature is high, large doses of sulphadiazine are given at 4-hourly intervals. As it falls, the doses are reduced and given at progressively longer intervals. Penicillin for some cases, about 10,000 units daily, is injected intrathecally immediately after fluid has been withdrawn by lumbar puncture and whilst the needle is still in position. General nursing is directed to keeping the patient warm and comfortable in bed and by carrying out strictest isolation precautions, giving a suitable fluid diet whilst the temperature is roused, and by keeping the mouth clean and the bowels freely acting. The pressure points are treated and the physician will order sedatives or any other drug necessary. Nurses attending these cases should take particular care of their own health and wear gowns and masks, and do all in their power to prevent the spread of infection to others or themselves.

A most important preventive measure is the spacing of beds so that there is at least 3 ft. between one person's head and the next. If this cannot be secured in any other way the beds should be arranged "head to tail."

Sub-Acute Bacterial Endocarditis.—In this case Penicillin 500,000 units daily for three weeks is injected, which generally effects a miraculous cure. In the past Sulphanilamide drugs have been disappointing in the treatment of this condition, because here the bacteria are deeply embedded in the valves of the heart and covered over with a thick layer of blood clot which prevents the drug reaching the germs.

General Nursing Treatment.—The patient is nursed

[previous page](#)

[next page](#)