

1. Describe the signs, symptoms, complications and treatment of a septic finger.
2. A patient has had an emergency colostomy performed for obstruction due to carcinoma of the colon. A second operation for removal of the growth is contemplated. Describe the treatment of the patient between these two operations.
3. What may cause excessive and irregular menstruation? Describe the investigations which may be carried out in such a case and the treatment of one of the conditions you have mentioned.
4. Give an account of the signs, symptoms and complications of gall stones. What investigations and treatment may be carried out?
5. Write brief notes on :—
 - (a) foreign bodies in the eye ;
 - (b) sebaceous cysts on the scalp ;
 - (c) plantar warts ;
 - (d) simple ganglion ;
 - (e) varicose ulcer.

GENERAL NURSING.

NOTE.—You must answer FIVE questions and not more than five.

1. Give an account of the medical treatment and nursing care of a patient suffering from thyrotoxicosis.
2. How would you nurse a child aged one year suffering from broncho-pneumonia? What treatment may be prescribed?
3. Describe the methods by which traction may be applied to a limb, stating for what purposes this may be done.
4. A patient is admitted to hospital with a severe head injury. Describe the nursing care of the patient during the first forty-eight hours. What observations should a nurse make and report?
5. Give an account of the causes, symptoms and treatment of prolapse of the uterus.
6. For what purpose is tepid sponging prescribed? Give examples of conditions in which it may be necessary. Describe the procedure, stressing the precautions to be taken when carrying it out.
7. What preparation is made for a patient to have paracentesis abdominis performed? How is the patient nursed during this treatment?

Improvement of Stillbirth and Infant Mortality Rates Continues.

PROVISIONAL FIGURES FOR ENGLAND AND WALES* published by the Registrar General on July 22nd, show that the numbers of both stillbirths and deaths of children under one year of age registered in the second quarter of this year were the lowest on record for any June quarter in this country.

There were 4,178 stillbirths registered, giving a rate of 22.5 per thousand total live and stillbirths. These figures compare with 4,470 and 22.7 in the same period a year ago and 6,639 and 38.9 per thousand in the June quarter of 1938.

Deaths of children under one year of age numbered 5,026, representing a rate of 28 per thousand related live births. In the second quarter of 1949 there were 5,694 giving a rate of 30, while in the same quarter of 1938 there were 8,006 with a rate of 50.

The number of live births registered was 181,784, giving a rate of 16.7 per thousand total population. These figures show a decline on the corresponding periods of the three preceding years, 1949, 1948 and 1947, viz. : 192,166 (17.6), 203,593 (18.6), and 235,196 (21.9).

There were 120,746 deaths registered, giving a rate of 11.1 per thousand total population, compared with 11.0 and 10.2 in the second quarter of the two preceding years.

* The Registrar General's Weekly Return, No. 28, H.M.S.O. Price 6d. net (or by post, P.O. Box 569, London, S.E.1. Price 7d.).

Rheumatoid Arthritis.

By Harold Robinson, M.D.

THIS IS THE NUMBER ONE crippler of the chronic arthritis group. It is the disease which, unless checked in its course, may result in complete invalidism. It is a constitutional disease—that is, not just a disease of joints but of the body as a whole. Rheumatoid arthritis is a progressive disease characterised by a polyarthritis inflammation and wasting of muscles, loss of weight, anaemia, fever in the early stages, and an increase in the sedimentation rate. Classically a disease of young women in the child-bearing period, today we know it affects all ages and both sexes. Women, however, predominate.

The disease begins insidiously with stiffness and soreness in the fingers in the morning. There is often an associated feeling of lassitude with some diminution of appetite. Swelling usually occurs in the small joints of the fingers, usually at the metacarpophalangeal and proximal inner phalangeal joints. As the disease continues, more joints are involved in a centripetal fashion—the wrists, elbows, shoulders, feet, knees, and hips. Later the joints of the jaws may be involved, resulting in difficulty in opening the mouth and eating. Progression is not usually steady. There are periods of improved health, followed almost invariably by repeated attacks. This insidious progression of damage continues until one day the patient finds himself a cripple. Along the way, the painful joints have caused the muscles to go into spasm and wrists are drawn into a position of flexion, the elbows have become stiff in partial flexion, and the knees may have become bent. The fingers may have assumed a position of ulnar deviation. These joints may become stiff in any position, due to adhesion formation in the inflamed joint. Eventually these fixed joints may become healed by bone formation in these bad positions, to make correction almost impossible. We may be left then with a patient unable to walk, shave, do the hair, or feed himself—malnourished and suffering considerable pain.

Pathologically, the affected joint shows progressive destruction of cartilage from within the joint and from within the bones themselves. Granulation tissue formation destroys and takes the place of the cartilage. There are multiple areas of chronic inflammation in all the muscles of the body with wasting of the muscles. The blood shows a microcytic anaemia of varying degrees. The blood sedimentation rate varies from the neighbourhood of normal to 100 or 110 points of fall. This is often roughly proportional to the activity of the arthritic process. Studies show a deficiency of most of the vitamins.

The actual cause of the disease itself is unknown. However, we know a good deal about the factors which may cause a recurrence or exacerbation of the disease. Infection of one form or another may start the progression of events which lead to rheumatoid arthritis. The disease continues to progress long after the initial infection is gone, probably as a result of an acquired sensitivity. It may be also that only people with a certain constitution will develop arthritis. The people affected generally are hard workers, who have spared themselves little time for relaxation. Frequently there is an emotional problem of some sort—often these people are worriers.

Treatment of rheumatoid arthritis today has thrown into the discard a multitude of remedies which would fill this page. The student of this condition, should he believe all he reads, would be a confused man indeed. The great William Osler, at the turn of the century, is quoted as saying, "When I see a case of rheumatoid arthritis come in the office door, I feel like jumping out of the window." Treatments have included : bee stings, cobra venom, injections of colloidal sulphur, non-specific protein therapy, colonic irrigations, vaccines of all kinds, splenectomy, spinal pumping, the use of pregnant women's blood, artificial jaundice, an infinite variety of diets

[previous page](#)

[next page](#)