

Hydrophobia—Rabies

By

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Hydro, means water, *Phobia* means fear. Dread of water is called Hydrophobia. This symptom does not occur in dogs and other animals as in man.

This name is usually given to rabies in human beings.

Rabies—meaning—madness, is an acute specific fatal disease, which usually occurs very rapidly. It is usually communicated by the bite of a rabid animal usually of the dog family; cats and bats may also transmit it.

Mode of Infection: The infective organism of rabies is always present in the saliva of rabid animals. It is a filterable virus. Infection is always communicated through a wound usually produced by biting. Infection of virus cannot reach the body through a healthy intact skin, but it may through such mucous membranes as the conjunctiva of mouth or genito-urinary tract. The virus passes from the wound through peripheral nerves to central nervous system.

Incubation Period:

The incubation period of Hydrophobia between the bite and the onset of symptoms is from 10 days to 120 days. In rare cases it is found that this period was longer, even six months. One of the patients whom I had nursed was a victim of this fatal illness 10 months after injury. The history was that the bite was a superficial one. Some of the jackal bite cases who had discontinued the Anti-Rabic Treatment before completion, died from this disease. The incubation period also varies according to the site and the depth of the bite; the time is shorter with face and arm wounds, than on legs.

The jackal bites are on the whole

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His paper is informative but makes sad reading. —Ed.

nearly twice as dangerous as dog bites.

One of my patients died of Hydrophobia contracted through a mongoose bite.

Symptoms:

The wound by which the virus entered the body, usually heals quickly. In the early stages the patient usually complains of headache, malaise, irregular breathing, sleeplessness and, perhaps, pain at the site of the bite.

Later on, there are severe muscular spasms affecting the respiratory and degutination muscles. If the patient is given water to drink, the face is distorted and the head is withdrawn in a series of short jerks and he utters short gasps: he is so frightened that he becomes very excited and starts shouting in his terror.

While the patient complains of severe thirst, he is unable to swallow anything. Quantities of frothy, sticky saliva collects and pours out of the mouth. The young people often become very violent and try to attack attendants or others. The memory of one such violent patient stricken with disease is still fresh in my mind; I went to give him an injection of Hyoscine Hydrobromide and he jumped on me. I managed to avoid a bite. He died after 24 hours.

Muscular spasms are frequent and convulsions common in all cases. Vomiting may occur. They always get dyspnoea. Death is usually due to exhaustion and heart failure.

One of my male patients, aged about 12 years fell a victim after six months. The relations told me that while coming from the school he was bitten by a dog. No notice was taken until he developed the fateful symptoms and they brought him to hospital. He was able to drink and took milk and water. The excessive salivation commenced and later he became very violent and died after 3 days. He was diagnosed as a case of Pseudo-Hydrophobia.

Treatment and Nursing Care of Hydrophobia: The patients should be nursed in a dark room. All kinds of disturbances and noise should be prevented. Unfortunately there are no such facilities in our hospital, so I nursed all of these patients on a separate verandah of my medical ward.

Sedatives such as Hyoscine Hydrobromine gr.1/100 I.M. are given to every case. Paraldehyde may be given by per rectum as well as 2 to 5 c.c. by I.M. route every four hours.

Injection Achramycia 100 mg. I.M. every four hours has been tried experimentally but it proved to be of no value. To maintain the nourishment of the body, I.V. Glucose solution 25% 50 c.c. is given. Great care must be taken while giving the injections. The patient must be securely supported. Face was turned to the opposite side and covered with a cloth. This is done to protect the patient from likely harm and for the safety of those attending him.

None of the cases survived. Every patient dies and we are aware of the prognosis: once the disease has developed the treatment is palliative.

Sedatives to lessen the severity of spasm and such nursing care as is

needed. These patients are in desperate need of care which is often not easy to administer and they die in spite of everything.

The attendants are advised to take Anti-Rabic treatment.

Nurses must be alert and protect themselves as these patients may attack, spit, or scratch at any moment without notice. Carelessness may prove fatal.

The relatives of these patients need all the comfort and support that we can give them. It is a time when we can appreciate what the nursing of the whole patient really means. While there is little that can be done for the patient, there is a great deal to be done for the distressed relatives.

Field Trip in The Nursing Educational Programme — (Contd. from page 347)

5. Meat factory.
6. Canning and tinning if possible.
7. Government public health departments.
8. Rehabilitation centres.
9. Jails.
10. Social agencies.
11. Schools for defectives such as Blind, Deaf and Dumb, Grippled etc.

We as instructors should use this teaching method wherever possible and make our teaching more interesting and effective. This article is written with the hope of creating interest in the instructors and for getting the co-operation of the hospital authorities who control most of the schools of nursing.

Reference Reading :—

1. *How to teach* by C.C. Crawford, Ph. D.
2. *Teaching in schools of nursing* by Loretta E. Heidgerken.
3. *The principles of teaching methods* by A. Pinsent.

MADRAS STATE BRANCH

Election, 1956

The only vacancy of the officers was President and Miss Aleyamma Mathews, Nursing Superintendent of the Scudder Memorial Hospital, Ranipet is elected to the office.