

and is relieved by turpentine stupes or the usual procedures.

For the first few hours after the operation, due to increased compression and collapse of the lung, the patient occasionally coughs and has an increased amount of sputum. The nurse should exert slight pressure, by placing the hands over the side of the operation, while the patient is coughing.

The dressing should be watched for slight oozing. Any excessive bleeding and stain on the dressing should be reported at once to the doctor.

Post-operative pneumonia is sometimes a complication, though rarely.

As soon as advisable, the patient should be turned on the side of the operation and taught to lie on that side most of the time, as this increases the compression, and also prevents any drainage from the diseased side being carried to the good lung.

In order to increase the pressure over the side of the cavity, a shot-bag weighing two to four pounds as ordered by the surgeon is placed on the chest, as soon as the patient has progressed enough to bear this weight. Later, the patient is taught to lie in his sling which also increases pressure on the collapsed side.

INFLUENZA

By MR. SAMUEL NELLORE, *Male Nurse,*
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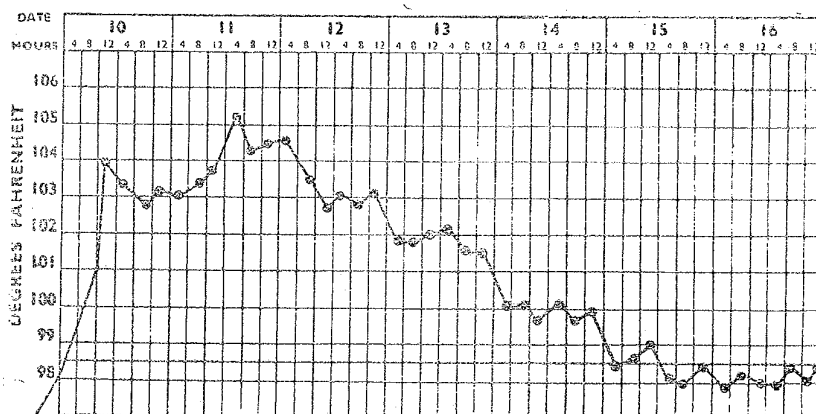
Influenza is an epidemic disease, due to an active organism or virus called the influenza bacillus. The organism passes very easily through filter paper, and is so minute that we cannot detect it with our naked eye. Infection is brought about by eating infected food, milk, etc. It is also brought about by aerial convection. While an infected person is talking loudly, coughing, or sneezing, the infective secretion may be carried from the sick to the nose and throat of healthy persons in the form of fine spray.

The disease commences in different ways, and the incubation period is two to four days.

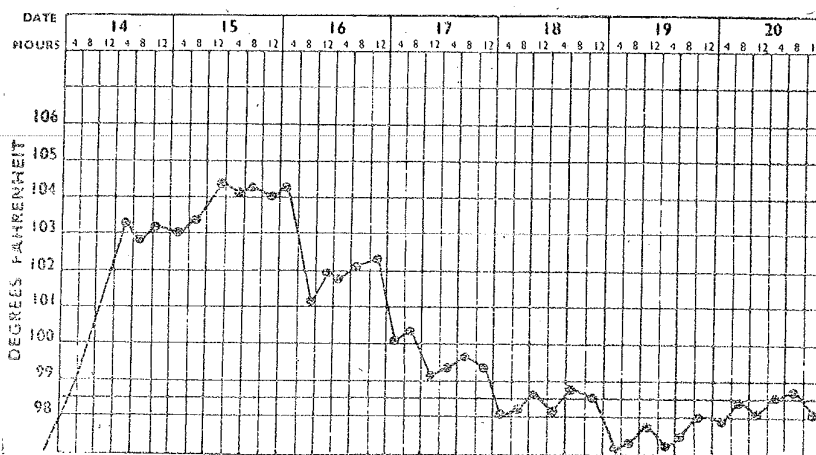
The signs and symptoms common in the disease run thus: chilly sensations, fever, prostration, catarrhal sore throat, cough, coryza, epistaxis, headache, bodily pains, rhinitis, conjunctivitis, pharyngitis, pleurisy, gastro-intestinal disturbances.

Ordinarily the disease commences thus: The patient gets a sudden sensation of chill for some time, pulse quickens and temperature rises. The patient complains of severe bodily pains and headache is marked over the eye sockets. The patient feels extreme weakness, and complains of peculiar pains over the spine, markedly over the lower sternum and above the diaphragm. Gastro-intestinal disturbances such as diarrhoea or constipation are present.

The temperature ordinarily runs as shown below:



TEMPERATURE CHART OF AN INFLUENZA PATIENT, 10th-16th July 1937



TEMPERATURE CHART OF AN INFLUENZA PATIENT,
admitted on the first day of attack, 14th August 1937

Complications from the disease: otitis, mastoiditis, sinusitis, nephritis, bronchitis, pneumonia, and pulmonary tuberculosis.

During my training period in the C. M. Hospital, Ongole, and, if I correctly remember, in the year 1937 and in the six weeks of July and August, a number of school-going children were admitted to our hospital, as well as some people from the neighbouring villages. Some of the said signs and symptoms were present to a lesser or greater extent. The children were

admitted immediately after the attack; the village people might have come here after a short delay which depended on the distance from the hospital. All of them got better very soon and were discharged and we got a hundred per cent. results. In general, the disease can easily be characterised by its short duration, rapid convalescence, and low mortality. During those days, whenever a new case was admitted from any of the local schools, our physician after examining the case just smiled and pronounced humorously that it was school fever! Likewise some of our female nurses fell ill and some of the said signs were present; and our nursing superintendent might have looked at their charts and smiled and uttered that it was "Nursing Home fever."

Nursing care and treatment. Isolation is important. Infective precautions should be taken, but high infective precautions are undesirable. Free ventilation, light, and ample fresh air are essential. Visitors should be restricted. The patient should be confined to bed till the temperature comes down to normal and stays normal for some time. A daily bath is very necessary, and in cases of high temperature, sponging is essential. After sponging, putting on warm clothes, especially to chest and neck, is important. Care should be given to the mouth and back. Gastro-intestinal disturbances such as diarrhoea or constipation should be rectified. Sputum cups should be washed daily and should contain some disinfectant solution. Discarded kerchiefs should be placed immediately into disinfectant solution. Convalescents who have escaped important complications should be separated from the complicated. Nurses should wear masks in order that they do not contract the disease while the sick are coughing, sneezing, vomiting etc. The nurse should note whether the patient voids urine or not. Preliminary steps may be carried out in order to promote urination; then only, make a report to the physician in charge for further orders. Rest is very important. Nourishing liquids should be given every two hours; the following are recommended: (1) imperial drink, (2) barley, (3) sago, (4) arrowroot congee, (5) egg flip, (6) albumen water, (7) milk. With regard to the quantity, a careful observation is very essential and they should be given according to the physician's orders. Pre-feeding care and post-feeding care are essential.

Rest is very important. Bromides, chloral hydrate, morphia, veronal, codeine, should be given for cough and sleeplessness as ordered by the physician in charge. For headache and bodily pains, aspirin, salicylates, etc., should be given according to the physician's directions. Diuretics and diaphoretics are also of immense use. Inhalations and local applications to the chest prove effective.

The nurse should help the patient in every direction. The nurse should look neat and tidy, appear active and alert, and also look cheerful and make the patients happy and interested. A good nurse extends kindness, absolute help, and sympathy, and thus encourages the sick; and thereby gains confidence mingled with due respect. Nurses should study the different minds of the sick, and while working and helping should tax their resources in various

ways in order to please and make them happy without forgoing the general rules of the hospital and society. All these things work satisfactorily towards the speedy progress of the sick. But above all, the patient should have absolute faith and confidence, and the nurse in charge, with the co-operation of the other staff, should cultivate this attitude.

ADDISON'S DISEASE

1. The Treatment of Addison's Disease

By MR. CYRIL M. MACBRYDE, M.D.,

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In 1849, Thomas Addison of London read before the South London Medical Society a paper on "The Constitutional and Local Effects of Disease of the Suprarenal Capsules" which gave the first description of the disease now known by his name.

The disease is comparatively rare. Sir William Osler is said to have observed only seventeen cases in the United States. Among 150,000 admissions to Barnes Hospital, thirty-six patients were diagnosed as having Addison's disease, while nine others, apparently less typical, were classed as adrenal insufficiency. About sixteen patients per 100,000 admissions to the Mayo Clinic have had Addison's disease.

The symptoms of Addison's disease occur as the result of destruction of the cortical portions of the adrenal glands. This may follow tuberculosis, the commonest cause. Simple atrophy with fibrosis is found almost as frequently. Destruction by tumour tissue, haemorrhage, thrombosis, or embolism is less frequent. As the result of the diminution in adrenal cortex tissue, the endocrine secretion of its cells is so diminished as to cause serious disturbance in a number of the body's metabolic processes. Complete absence of this secretion causes death. Partial insufficiency results in weakness, apathy, skin pigmentation, weight loss, dehydration, weak heart action with low blood pressure, and gastro-intestinal disturbances such as loss of appetite, vomiting and diarrhoea.

Better knowledge of the anatomical, physiological, and chemical disturbances present in Addison's disease has led to more successful treatment of a condition previously considered entirely hopeless. For about ten years adrenal cortex extracts made from animal adrenals have been used, and it is now evident that many lives have been at least temporarily saved and considerably prolonged. It has been found that the disease is characterised by loss of sodium and chloride, with a consequent loss of fluid, and that urea and potassium tend to be retained. Giving sodium salts to these patients causes improvement, while potassium is detrimental.

Proper treatment with adrenal cortical extracts causes retention of the sodium and chloride and excretion of the potassium.