

THE MALE NURSES' SECTION

Anthrax

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Anthrax is an acute infectious disease caused by *Bacillus anthracis*, occurring in three varieties or stages, cutaneous, pulmonary and intestinal. In animals, particularly sheep and cattle, the disease has the character of an acute septicemia with enlargement of spleen, hence the name splenic fever. In man it occurs as a result of accidental inoculation.

Bacillus anthracis is a non-motile (without the power of movement), rod-shaped organism. The rods are often united. The bacilli themselves are readily destroyed but the spores are very resistant. They are capable of resisting gastric digestion. Outside the body the spores live long.

In man the disease results from the infection through skin, lungs or intestine. Workers in wool and hide and persons whose occupation is in contact with animals or animal products, such as stablemen, shepherds and butchers are liable to be victims to the disease.

In the forms of this disease, the two chief groups should be recognised, the external and internal anthrax, of which the pulmonary and intestinal are of great importance.

From the surgical point of view in very necessary cases the excision of necrotic patches and all the infiltrated tissues, and application of actual cautery, is done. Carbolic fomentation and mercurial ointment is sometimes useful. In the intestinal form little can be done. Purgatives can be given to remove the infecting material.

External Anthrax

The incubation period of this disease is one to three days. It is mentioned above that the cutaneous form results from accidental inoculation. So at the site of inoculation, usually on an unprotected part or surface, the hands, arms, neck or face, we find itching, uneasiness and a gradual formation of a small papule. This occurs in a few hours. Soon the papule becomes a pustule and within 24 hours, at the particular site there is a dark brownish eschar, i.e. a hard, dry slough or scab. The infection sets in and oedema produces very great swelling of the part affected. Then the infection extends along the lymphatics. The neighbouring lymph glands are swollen and sore. The temperature goes high. If the attack is a severe one, death occurs within 3 to 5 days. Only in mild cases the patient has a chance of recovery. In another form, oedema is marked in the eyelids, head, hands and arms. It is characterized by absence of papule and vesicle and presence of extensive edema. The oedema reaches to such a grade of intensity that gangrene results and may involve a considerable area. The constitutional symptoms are grave and such cases usually prove fatal.

Internal Anthrax

In this case the infection results from eating the flesh or drinking the milk of the diseased animals. Also, it may follow an external infection if the germs are carried to the mouth. The symptoms are those of intense poisoning. The disease may set in with chill followed by vomiting, diarrhoea, moderate fever and pain in the legs and back. (I know of a case of this type who is being treated for anthrax. He has the symptoms that are mentioned above. His urine culture showed *Bacilli anthracis*. The notable thing in his temperature is that the temperature changes every week. First it was

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remittent, second week it was intermittent and third week it was normal.) In acute cases there are clyspnoea cyanosis, great anxiety, restlessness and towards the end you find convulsions or spasms of muscles. Hæmorrhage may occur from the mucus membrane. Sometimes there is bleeding into the skin. The spleen is enlarged. Late in the course the bacilli may be found in the blood and spinal fluid causing meningitis.

Prognosis.—The disease is always serious and recovery is rare in the internal form. Cutaneous lesion about the face is more serious than elsewhere.

Treatment.—In the cutaneous form the local lesion should be left alone, as surgical treatment may spread the infection. The part should be kept at rest absolutely without any dressing and exposed to fresh air. The anthrax serum should be injected around the lesion in amounts 10 to 15 c.c. every four hours. An initial dose of 100 to 150 c.c. is given intravenously with precautions and repeated every 24 hours for a day or two.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hony. Organising Secretary, Miss Sharwood-Smith, Lady Hardinge Hospital, New Delhi.

Government Hospital for Women and Children,
Madras,
August 12, 1938.

To the Members of the
Student Nurses' Association.

DEAR NURSES,

Once again the time is coming round for us to think of the Annual Conference and the Student Nurses' Exhibition and the joy of meeting together, and exchanging viewpoints and ideas about the progress of our work in India. This year, we are to meet in the beautiful city of Mysore by kind permission of the Government of His Highness the Maharajah of Mysore, and we are looking forward to it with great joy.

We are also striking out in rather a different way from other years, for we shall most of us be accommodated together in the Race Camp, lent to us for the purpose.

Some will live in houses, and some will live in tents specially pitched for us, and so there should be good form and we shall get to know each other better.

Now, I am writing specially to ask you to get to work to make the Conference and the Exhibition a huge success so we can show a great example to the nurses working in Mysore.

This will be the first time we have had the honour of holding our Conference in the capital of an Indian State and we must all rise to the occasion in the fullest extent.

With all good wishes and my trust in you,

Yours very sincerely,

DORA CHADWICK,
President.

Lady Hardinge Hospital,
New Delhi,
August 17, 1938.

DEAR STUDENT NURSES,

I hope you are all hard at work making exhibits for our Annual Conference at Mysore. We want to make this an even better and larger Exhibition than last year, so please do your best.