

Annual Report of the Student Nurses' Unit, Thomason Hospital, Agra

MADAM PRESIDENT, LADIES AND STUDENT NURSES,

The report from Thomason Hospital Unit at Agra, reports on four meetings having been held during the year. Our meetings consist of a discussion on some nursing topic ending up in a social entertainment to which we always invite the trained nurses belonging to the Association. The commencement of reading out aloud *The Tales of Noble Women* by C. C. Cairns, was commenced at our second meeting. *The Life of Louisa May Alcott* and *Catherine of Sienna* proved interesting and educative.

It was arranged by Matron, that Professor Shayma Charan of the Agra College, would give a lecture on his 'Impressions of Japan.' Coloured lantern slides, depicting various places he had recently visited, helped towards the entertainment of the evening, which was thoroughly appreciated by everyone present.

We are glad to report that four student nurses, have attained full membership of the Trained Nurses' Association of India. Five, who are at present qualifying for the final nurses' examination, have expressed their desire for full membership. One member has left due to ill-health.

I have been selected the new District Secretary of this unit, replacing Nurse Orchard, who has qualified and left Thomason Hospital. It is my endeavour to work up interest amongst nurses, in training, to be loyal and useful servants in the cause of nursing in India.

We are proud to enter Four 'Exhibits' this year.

Our unit comprises seventeen members.

A. DuBois,
Unit Secretary.

EPIDEMIC DROPSY

BY DR. C. D. TORPY, M.M.F.(B.), I.M.D., *House Surgeon,
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The term epidemic dropsy is self-explanatory of the disease. It is a disease clinically characterised by dropsy associated with cardiac symptoms, but without any marked paralysis or anaesthesia. As far back as sixty years ago, it was first recognised as being a separate, definite disease, though up to quite recently it has been wrongly thought by many to be synonymous with beri-beri, to which in many respects it bears a close relationship. Previously too, epidemic dropsy was classified amongst the food deficiency diseases, but in the light of recent researches, thanks to the Calcutta School of Tropical Medicine, it would appear more justifiable to place it among the bowel diseases, for which the tropics, and Bengal in particular, seem to be good, fertile soil.

Not so very long ago, there was probably no disease that attracted so much public attention in Bengal as epidemic dropsy. There were reasons for this: though not often a fatal disease, its protean manifestations, its cardiac involvement leaving the patient unfit for work during a long period of convalescence; the frequency and severity of its ocular complications; its puzzling changes in the skin; its tendency to produce abortion in pregnant women; its marked tendency to attack whole families, its long convalescence demanding complete rest, and our lack of knowledge regarding its true causation, were factors to be grappled with. About the causation of this very interesting disease, the theories that have been put forward are legion; some have lived their day, and become history, to be resurrected again, when newer ones proved less suitable or less acceptable.

The rice-toxin theory is probably the best-established of the theories of the present time, but even this has not been definitely proved. There have been cases of true epidemic dropsy in members of one family who have not

eaten rice for months, though this hardly upsets the theory that infected rice is the cause, as it is quite likely that the specific toxin may be found in other foodstuffs as well. Recently, it has been suggested that infected mustard oil, the popular vehicle of cooking in Bengal, is the cause, but here again this is not borne out completely, as cases have been known to occur where no mustard oil has been employed at all, which once again bears out the possibility that the specific toxin is most likely present in more than one article of foodstuffs. Rice probably being the best pabulum for the production of the specific toxin, and being as it is the staple diet of the people in Bengal, it has naturally been considered to be the most assured cause, and has therefore been given pride of place in the toxin theory. One factor which would appear to certainly substantiate the claims of rice as being the cause is the fact that with the elimination of rice completely from the patients' diets, their convalescence is rapid, recovery is the rule, and complications rare, whereas relapses are only too common, if rice is resumed too early.

The onset of the disease is slow. What strikes the patient first is the gradually increasing feeling of 'off-colour' and 'out-of-sorts', to be followed later by feelings of fatigue, not commensurate with the work carried out. He then thinks his heart is out of order; his suspicions appear to be borne out when he looks down, and finds his legs swollen. Dropsy is invariably present. It appears as a rule first in the legs, and in many cases it is confined to the lower extremities: in others, it spreads over the entire body. A premonitory diarrhoea is present in the majority of cases: a 'looseness of the bowels' is what most patients term it. The diarrhoea is mild as a rule—so mild that very little attention is paid to it, and in most cases patients have forgotten all about it, until questioned. Palpitation is a very common symptom, though it varies in severity, enlargement of the heart in some degree is not uncommon, but bruits are uncommon. Breathlessness on exertion is a fairly common symptom too. The blood pressure as a rule is raised. The liver most often is palpable.

Oedema of a plastic nature is more the rule than the exception. It is usually present over the lower extremities. It follows as a rule the premonitory stage of diarrhoea. An erythematous rash is sometimes seen, while in other cases a peculiar mottling is commonly observed over the inner aspect of the thighs. Recently cases have been seen which present small, angiomatous swellings (sarcomas); these have been microscopically studied by Dr. De of the Pathological Department of the Medical College, Calcutta, and are now known as 'De's cutaneous nodules'. Increase of pigment on the forehead and cheeks is also another cutaneous manifestation of this disease, and is seen when the disease is well-established. In the acute stage of the disease there is some exhibition of pyrexia, a low remittent type of fever, this usually settles in a week's time quite uneventfully.

The knee jerks are not abolished, though they may be increased at times. Neuritis is uncommon. Tenderness of the calf muscles may be present. Distressing aching of muscles, bones, and joints, worse at night, is usual. The pupils are equal in size, and react normally to light and accommodation. The tension as a rule is normal.

Complications:—1. *Ocular.* The frequency and severity of the eye complications make this disease an important one to be prevented. Glaucoma of the primary non-inflammatory type is the main complication. The early symptoms of this complication are that the patient notices rainbow colours, halos around lights, and gradual diminution of vision.

2. *The skin.* The development of De's cutaneous nodules.

3. *The Uterus.* Abortion is common in pregnant women who are afflicted with the disease.

Treatment:—Rest in bed is of primary importance.

A completely Rice-free Diet during treatment, and convalescence.

Administration of Tincture Ephedra (20-30 minims) with x grs. of Calcium Lactate t.d.s., or preferably Osto-Calcium tabs. 2 t.d.s. An intestinal antiseptic, such as Salol, or Dimol.

Adexolin, or Radiostoleum may be given.

Prognosis:—Good as a rule. Relapses are most common if rice as an article of diet is resumed too early.

Readers of this article, should they desire more detailed information regarding this interesting disease, are strongly recommend to obtain a copy of the *Indian Medical Gazette*, vol. lxx, No. 9, for September 1935 from which, I am glad to acknowledge, I have taken many facts and figures.

CEREBRO-SPINAL FEVER

Paper read at the Student Nurses' Association Meeting at Conference

By Miss DuBois, of the Thomason Hospital, Agra.

Definition—

A specific disease due to infection of the body by the meningococcus occurring both in epidemics and in sporadic form, and most often manifesting itself as an acute meningitis tending to involve the whole cerebro-spinal axis. It most often occurs in an epidemic form. The epidemics of this disease are marked by several features peculiar to the disease offering a striking contrast with other epidemic cases. Among these curious features may be mentioned the erratic nature of the outbreaks, the inability to trace the connection between one epidemic and another, the relative or even total escape of certain localities close to others in which the disease was prevalent and the small proportion of persons affected in any one district.

Aetiology—

Epidemic cerebro-spinal meningitis is a disease of winter and spring. This seasonal incident is a very important feature of the disease. It compares markedly with the seasonal incidence of epidemics of Poliomyelitis which are at their height in the summer months. Naso-pharyngeal catarrh is a common accompaniment of the disease. The question whether this disease is contagious or not has been a matter of great discussion. As a matter of fact it is contagious, but the degree to which it is, is very slight. The following are certain proofs which show that it is contagious.

- (a) The occasional transmission of the disease to the doctors and nurses.
- (b) The occurrence of the disease in one family in the same house.
- (c) The importation of the disease into a new locality or a country.

Meningococci—

It is a gram negative diplococcus. It resembles in its staining reaction with two other pathogenic diplococci. The micrococcus catarrhalis and gonococcus. The fertilising ground of the meningococcus germ both in the acute cases of the disease and in the carriers, being the upper part of the nasopharynx and the posterior nares.

Signs, Symptoms and the Course of the Disease

According to its clinical manifestations in its various forms it has been divided into four types:—

1. Ordinary or acute type.
2. Sub-acute type.
3. Fulminating type or malignant type.
4. A mild type.