

## The Home Doctor

### Care of the Scarlet Fever Patient

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How frequently we hear a person say, "I have had trouble with my ear ever since I had scarlet fever" or "I am unable to do any hard work since I had scarlet fever." My heart troubles me so much at times." These are very common experiences and the worst phase of them is that many of them might have been avoided by careful management or nursing.

The most mild case of scarlet fever may result in very grave complications or sequela. For this reason, the mild cases must be as carefully looked after as are the severe cases.

The nurse who takes care of a scarlet fever case must resign herself to be isolated for at least six weeks. During that period she will be alone with her patient most of the time and must be prepared not only to nurse the patient during the height of the disease, but also to entertain him during convalescence. The latter period is one of the most trying with a restless child, and the nurse with ingenuity enough to devise a variety of entertainment is best fitted for this class of cases.

The specific cause of scarlet fever is unknown, that is, the bacteria that causes the disease has not been discovered as yet. However, scarlet fever is known to be highly contagious, usually occurring in epidemics. The disease is more common in the fall and early winter months, although it may appear at any time. The contagious element is very tenacious and has been known to exist in clothing for twenty years.

The onset of this disease is sudden. A child who has seemed to be perfectly well may begin to vomit suddenly without any apparent cause. If the child is old enough, he may complain of a severe headache. An examination will reveal that the throat and posterior part of the mouth are fiery red. The temperature is quite high and the pulse rate increased.

The second day the rash appears, first on the neck and chest and then spreading to other parts of the body. The rash is punctate, that is, dotted with points. The tongue is coated white with enlarged papilla giving it the typical appearance known as the "strawberry tongue." As soon as the rash appears, the temperature begins to drop. The rash will disappear upon pressure leaving a white line. The rash lasts from five to seven days. As soon as the rash begins to disappear, the desquamation, or "peeling," begins. This may last from two to six weeks.

This desquamated skin carries the contagion of the disease. This may be carried to others on the clothing of people who have been near the patient. It may be carried in the food, especially milk.

There are three forms of scarlet fever, the simple, the anginoid, and the malignant. The latter is so severe that death has been known to occur within twenty-four hours, and even before the appearance of the rash.

In the treatment of this disease, the first requirement is isolation. A well-ventilated, light, airy room should be chosen. This should be stripped of all except the necessary articles of furniture, even the rugs. The patient and nurse should remain in this room, and no visitors should be allowed except the physician. In the doorway leading from this room to other parts of the house, there should be hung a sheet which should be kept moistened with an antiseptic solution, as a solution of chloride of lime or a five per cent carbolic acid solution. Arrangements should be made so that the meals can be brought to the door of the room and the waste taken away. It is not well for the nurse to use the same bathroom as is used by other members of the family as she may scatter the contagion from her clothes. Separate dishes should be set aside for the patient and these should not be placed with the dishes used by the family. The night gowns and bed linen used by the patient and the nurse should be put to

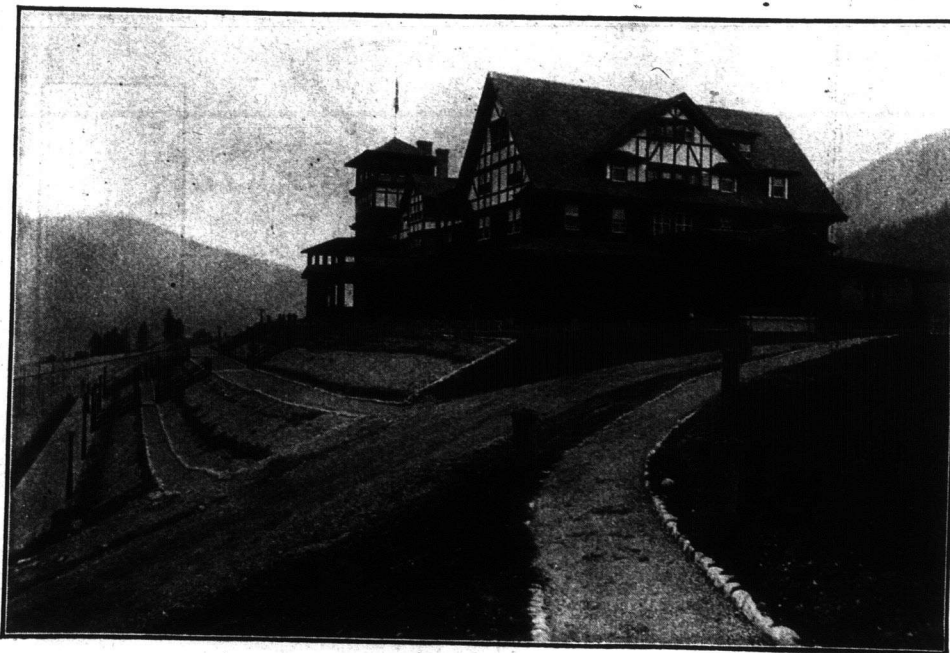
soak in a five per cent solution of carbolic acid before being removed from the room. They should be boiled then, but should not be washed with the family washing nor sent to a public laundry.

The diet of a patient should be light, but nourishing. During the height of the disease, the diet should be liquid, and, even after the patient is apparently well, very little meat should be allowed for several weeks.

Besides the general care of the patient and the special directions given by the physician, the nurse should rub the patient's entire body with olive oil or lard, morning and evening. This oiling tends to prevent the severe itching which sometimes is almost intolerable after desquamation commences. It also keeps the skin softened and helps to prevent the desquamated skin from floating about on the air.

The patient should remain in bed until all evidences of the rash have disappeared and afterwards if there are any complications.

The complications and sequela may be numerous and severe. A false membrane may form which resembles that of diphtheria and may cause unnecessary alarm.



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Malignant, black or bloody scarlet fever is a very severe form. In this form, there are hemorrhages into the skin. These form black spots which give the disease the characteristic name.

Cervical adenitis, or enlargement of the glands of the neck, is common. As a rule, these return to normal in a few days, but, in some cases, may break down, leaving large ulcers which require considerable time to heal.

Nephritis, or inflammation of the kidneys, is one of the most common sequela. It may not appear until the child is apparently well and has been playing with other children for several days. It frequently is very severe and may cause death. All during the course of the disease, the urine should be watched close. It should be measured every day, even after the child is well enough to be playing out of doors. The danger is not passed for several weeks. If there is any diminution of the quantity passed in twenty-four hours, this should be reported to the physician at once.

Otitis media, or inflammation of the middle ear, is not uncommon. It is due to an infection through the Eustachian tubes. This usually can be avoided by spraying the mouth, throat and nose several times a day with a mild antiseptic solution. The child should not be allowed to blow his nose severely, as this may force some of the infected material from the throat into the passages to the ears.

The toxins of this disease seem to have an affinity for the heart muscles and may injure them severely. For this reason, the patient should remain in bed, even though the attack is mild. Remaining quietly in bed relieves the strain on the heart and makes it better able to resist

the toxins. If the pulse should become rapid or irregular at any time, the attention of the physician should be called to this condition.

The patient should be kept quarantined until all evidences of desquamation have disappeared. The palms of the hands and the soles of the feet are the last to peel, usually. It also is advisable to keep the patient isolated until all discharges have ceased, as these may carry the contagions.

After the patient is pronounced ready to be let out of quarantine, he should be given a full bath (including a shampoo of the hair) and be dressed in clean clothing that has not been in the sick room. The nurse should take a similar bath and change of clothing. The room should be fumigated thoroughly. Everything possible should be boiled. The woodwork should be washed with a five per cent carbolic solution and the entire room and contents fumigated with formaldehyde. During this process all dresser drawers and closet doors should remain open, the bed clothing should be hung about the room in such a manner that the gas will reach every portion. The cracks around the doors and windows should be packed carefully and the room remain closed for at least twenty-four hours. Books are best burned, as it is hard to fumigate them thoroughly. If there is any question as to whether anything has been fumigated thoroughly, it had better be burned, as the loss of anything is better than the risk of a life.

The nurse, during the course of the disease, should take precautions that she should not contract the disease. She

The corset of sixty years ago was a cruel and unyielding instrument of torture, exercising its pressure in such a way as to interfere with the breathing apparatus; athletics for girls were almost unheard of, and few rooms were properly ventilated—especially bedrooms—all of which causes may have conducted to that condition of cerebral anemia which is the underlying reason for a fainting-fit.

Cerebral anemia means an insufficient supply of blood to the brain, and may be brought about in various ways. When a person faints from a sudden shock, caused by an accident or from some unnerving sight or sound it means that the feeding of the brain with blood has been sharply interfered with, resulting in a temporary loss of consciousness.

A hemorrhage from any part of the body will act mechanically to produce the same result.

Persons with weak or disordered hearts often faint readily, because any sudden demand upon the heart may cause it to send out a hurry call for more blood than the system is able to supply. The same thing is often seen when a person convalescing from an acute illness faints from a slight exertion, sometimes even from a too abrupt change of posture. The blood rushes down to meet the call upon it, and the brain is left with too little to go on with for the moment. This also applies to sufferers from chronic anemia, and to persons with defective circulation, whose blood supply is always insufficient.

For a simple fainting-spell but little treatment is needed. The patient should be placed in a horizontal position in order to equalize the circulation, and should be allowed plenty of fresh air. A whiff of ammonia cautiously given acts as a quick stimulant. In a case of prolonged faint, cold water may be sprinkled over the face and chest, or a mustard plaster placed over the region of the heart.

### Precocious Children

All those entrusted with the care of the young are faced by a grave problem in the case of children who inherit or display precocity.

The guiding to maturity of the simple, normal child who passes naturally from stage to stage of its development, is a comparatively easy matter. The trouble is largely that the nature of precocity is not understood. Most parents, for example, hail the signs of it with delight, and do all they can to foster them. They treat precocity as a gold mine, to "be worked for all it is worth," but here they make a great mistake.

There are several types of precocious children, presenting varying degrees of peril to the training system, and this peril is greatly lessened by a capacity to classify the types. There are certain children, born of healthy and intellectual stock with fine physiques. They inherit usually very active nerve-centers, which imply, among other things, quick and eager brain processes. These children are hailed with justice as the legitimate flowering of their heredity, and then all concerned, including of course, the poor child itself, hasten to work havoc with the fair prospect by a cruel and short-sighted system of forcing.

These children being naturally strong and well, can bear an enormous amount of the system without breaking down, but they do not make the men and women they would have made under wise restraint.

They should be kept much with other children, noticed little by their elders, interested in physical pursuits, and moulded into symmetry by a persistent holding back.

There may not be much wrong with the child who reads the Greek Testament at four years of age, but there is certainly something wrong with the parents who let him.

There is another very different type of precocious children. These are the offspring often of gouty or tuberculous parents, and inherit, if not actual disease, at least faulty physiques. They are often beautiful, engaging children of great mental brilliance. They often have phenomenal memories which are developed at the expense of all other mental faculties. They are not phys-

### Fainting

If one may judge from the fiction of one's grandparents, the act of fainting, or becoming unconscious, almost took rank as a social accomplishment. The young ladies, and even the young gentlemen if they were very fascinating, spent a great part of their time in swoons; and as extreme emotional sensibility was the keystone of fascination in Byronic days, it follows that these incessant and alarming synapses were the direct result of emotional shocks.

Now although it is true that emotional shocks will cause fainting spells in certain persons, still one cannot resist the impression that many of these otherwise excellent young persons were either giving themselves a bad name, or at least weakly yielding to a social convention of taste. Still it may be true that the conditions of those days were more in favor of fainting than they are now.