

# SPANISH INFLUENZA

## S.O.S. LECTURES TO YOUNG LADY VOLUNTEERS

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### LECTURE NO. 3—GENERAL SYMPTOMS

Much of the first two lectures applies to every bed case, but in influenza there are certain symptoms we should look for, certain precautions it is necessary we should take, and the more intelligently we can observe our patient, watch for the development of these symptoms or tide our patient along without the symptoms developing, the more valuable our help will be in the crisis.

We are called upon to meet an emergency, a very old disease that is comparatively new to the present generation, that has a very sudden onset in most cases. In almost every case we have the symptoms of a cold with high fever, headache and body pains and a rapidly developing feeling of discomfort and fullness in the bronchial tubes and throat. In some cases nausea or inability to keep food on the stomach during the first few days. These are conditions we must be prepared to meet, and we must treat these symptoms as they arise.

You may find your patient suffering from nausea or vomiting. In the absence of a physician, I would advise you to give the patient an aperient—calomel followed by Epsom salts or something of that kind, and apply a mustard plaster over the stomach. If you have a doctor, follow his directions. If you are making a mustard plaster where you want quick action, as in this case, to relieve the acute vomiting, you should make it fairly strong.

Take the mustard and the flour and mix in the proportion of two level tablespoonfuls of flour to one or two of mustard. Add enough water to make a smooth, rather moist paste. Then take a piece of gauze and spread your mustard on one-half of the gauze and double the other half over, turning in your edges, and apply it over the pit of the stomach just below the heart. Keep it on until the patient complains of the warmth or until you see the skin red underneath the plaster. Don't leave it on until it causes any irritation of the skin, but only until the part is red. Always keep your patient lying down in a comfortable position in which breathing is easy and with plenty of fresh air, and wearing a loose, warm nightgown. You should frequently wash the mouth and tongue. Keep the mouth clean. After the bowels have acted freely your patient will probably be able to retain light nourishing food, and, of course, a fever patient must never be given anything but very light, easily digestible food. If the patient has much fever, give only liquids.

Another distressing symptom is the cough. It might be a short and irritating cough, or it may be a cough accompanied by a good deal of expectoration. If your patient has a cough there are several things you should observe. Notice its frequency and duration and whether there is any apparent cause for it. If your patient does not cough while lying still, but if the cough comes on when he or she moves suddenly, then look for the cause of that cough in the throat. Try to relieve it by gargling or swabbing of the throat.

If your patient complains of great tightness over the upper part of the chest, and if that feeling is accompanied by expectoration, you must try to relieve these symptoms. Apply a mustard plaster. Do not keep it on long enough to make the skin of the chest sore. Of course, be very strict about keeping your patient in bed. Have plenty of fresh air in the room, but try to avoid as far as possible sudden changes of temperature. If the room seems close or if you detect an unpleasant odor when you come in from out of doors, cover your patient over, head and all, and open the windows and door and flush out the room. Wash it out with fresh air, and then arrange your windows so that there is no draught blowing upon the patient, and then, of course, close your door and uncover the head of your patient again. Fresh air is an absolute necessity, but it is one of the things you will find it hardest to get in a great many of the rooms, and without plenty of fresh air you are fighting against fearful odds and must not expect to have very good results. It is not a case of swallowing drugs; it is a case of proper hygienic surroundings, of treating symptoms by common sense methods as they arise and helping the vitality of the patient to overcome this poison.

When you remove the mustard plaster, rub oil on the chest and then cover the chest with several thicknesses of flannel or with a pneumonia jacket. The pneumonia jacket is simple and easily made of gauze or cheesecloth, and you can cut it out any time by just pinning a piece of paper on the back of anyone who is about the size of your patient. Leave the front a little longer so that it comes up to meet the shoulder. This fits on the patient, covering the chest and back quite completely. Safety pins are better than tapes to fasten the jacket. It goes on under the nightdress, right over the skin, and keeps the patient warm. It has created by the application of the mustard and then by rubbing with the oil. I consider it important in the nursing of these cases to have something like a pneumonia jacket to keep the patient warm. Usually, after the tightness is relieved and "the cough loosened," expectoration is quite free and the symptoms clear up. In other cases the temperature may go up; possibly the patient will complain of a feeling of chilliness, or may have a chill. You will notice a change in the pulse beat and a change of facial expression, and these are danger signals, for they may indicate approaching pneumonia. You have to take in all the details of your patient's appearance, and be watchful. Even in sleep the patient may be restless, probably muttering, probably lying in a peculiar position to relieve the discomfort that he feels even in sleep.

Then there is the change in respiration. If there is much of the lung filled up so that the circulation of the blood through the lung is difficult, your patient will probably wish to be raised up in bed, and it is often a very good thing to do so, but always be careful that you have your patient in the most comfortable position in which breathing is easiest. Breathing cannot be easy with the head bent over at right angles. The breathing is easiest when the neck is straight and the chest expanded. Always try to help your patient to retain the position that is most comfortable and the position in which breathing is easiest, and if he has difficulty in getting his breath when lying flat on the bed, it often gives

great relief to put in a bed rest, such as an ordinary kitchen chair inverted, and if you are going to put pillows on that and let your patient rest against them, always put a pillow or other support under the knees or against the feet, and put a blanket over the patient's shoulders to protect him from draughts. It is much better to have your patient rest in a position such as that described, with the proper kind of chair, than to let him sit at the head of the bed with pillows behind him.

Notice carefully not only the rate of the respiration, but also whether the respiration is full, expanding the whole chest or whether it is simply just a quick, shallow movement of the chest. Notice the color of your patient's lips and face. If there is not much air entering the lungs you will usually find that the lips become more or less purplish or dark blue instead of red, which shows the blood is not receiving the proper amount of oxygen. Teach yourself when you go to attend a case to notice the patient's expression. A sudden change of expression sometimes means a great deal, and is often a serious danger signal. We all know that a sudden pallor of the face usually accompanies a faintness, and if there is this gradually increasing bluish appearance of the nostrils, lips and cheeks it indicates the patient is not getting enough oxygen. If this bluish appearance continues, and, in addition, you get a drawn expression around the lips and nose, it is a serious sign, and a sign that would always warrant you in sending for your doctor. If your patient were lying flat and the face became very much flushed you would think there was an excess of blood in the head and it would probably relieve him to put him in the position which I have described, and to put warmth to his feet and apply cold cloths to his head.

In diseases of the lungs we sometimes notice a bright red spot appearing, sometimes only on one cheek if one lung is affected, and usually on the side on which the lung is affected. Then, of course, we usually have a flushed face in fever. All these symptoms you can detect by simply watching your patient's face and observing the changes that may come. Spiking is a very good way of reducing a high fever. If a child had a high fever you could probably wrap the child in a blanket and immerse him in a bath, or if not practicable to do that, use a wet pack. The wet pack is an easy and comfortable way of reducing fever, but, of course, care has to be taken that you do not allow the patient to get a chill. I will show you how to put the patient in a pack quickly and comfortably. Suppose the temperature is 102. To prepare the bed you would put over the mattress something waterproof. If you have a waterproof sheet, all right, if not, put several thicknesses of paper, and over that spread a blanket, and then take a sheet and wring it out of the water at just about the temperature of the ordinary room—dip your sheet in and wring it out. Remove the nightdress. The patient lies on a blanket and is covered with blankets. Then we put the sheet around the patient. Bring one end of the sheet around under the arms, bring it well up to the axilla, and bring it across the chest and tuck it in under the other side, then fold over the other end of the sheet. In that way every inch of the surface of the body is covered with the moistened sheet. Of course, you put a cold cloth on the head first, and it is a very good idea to put a hot bottle to the feet. Then cover your patient with blankets. You may have to renew the wet sheet. Do not let your patient stay too long in the pack. After the sheet gets warm change it frequently. Remove the wet sheet and cover your patient comfortably. Keep the hot bottle at the patient's feet and the cold cloth at the head. You will likely find the patient will have a good sleep and be much refreshed. Be very careful you put on the sheet in such a way that you do not allow two skin surfaces to come together. The sheet must come out under the arm and be tucked in under the arm, and the next one goes over the arm, and, of course, is put down between the legs, and the other one over. If you simply put the sheet around the patient, binding the arm against the body, it would be very uncomfortable indeed, and would not do much good.

That is probably a simpler and easier way to reduce the temperature than by too much sponging, especially with a child. I would not make it too cold. A temperature of about 99 to 99 degrees will do very nicely.

Now, some doctors may order (for we are not prescribing for patients now, you know, but simply giving you some idea how to carry out the orders that the doctor may call on you to carry out) a poultice on the chest, so I think we should say a few words about the making of the ordinary poultice. Mustard poultices, and mustard plasters are a little different. The basis of the ordinary poultice is linseed meal, and to make a poultice you require a clean basin, boiling water and the linseed meal. Put into the basin the amount of meal required. A poultice should always be fairly thick, at least half an inch. Stir it until it is so thick that whatever you are stirring it with will stand straight up in the poultice. Some let the poultice boil for a moment, but if your water is really boiling that is not necessary. It must be of a good, thick consistency, but light. Have your cloth or gauze ready. Before you spread the poultice on the cloth prepare the surface on which the poultice is to be ap-

plied. If you are going to put the poultice on the chest, it is better to sponge off the part first and then you may rub on a little oil, camellia or anything of that kind. Then put your poultice on at least half an inch in thickness, fold in the edges nicely all around, but before putting it on put the poultice on the back of your hand. If you cannot bear the heat of that poultice on the back of your hand it is too hot to go on the patient's bare chest. It is not enough to touch it with your hand or cheek, for the patient has not only to have it touch her, but she has to bear the weight, so unless you can carry the poultice on the back of your hand it is too hot. Then, having your poultice prepared, apply it. After you have applied it to the surface, lift it up at the different corners and let the air underneath it. That takes away the scalding feeling that sometimes accompanies the application of a poultice. Then cover it with oiled silk or anything that is impervious to the air. Then put some cotton over it, covering the chest completely. Sometimes the poultice is applied under a pneumonia jacket. Then sometimes we have not only the plain linseed poultice ordered, but you may be ordered to make a mustard poultice. In that case you would make your poultice just as you did before, except you would add the quantity of mustard the doctor ordered to the poultice and stir it in with the linseed. The poultice is a weighty thing and must be changed just as often as necessary to keep the warmth of the poultice.

Now, another form of applying moist heat is by the fomentation. If you were ordered to foment a patient's neck and chest you would require a clean basin and towel, or some pieces of strong, clean cloth in which you could wring your fomentation cloth. Spread your towel over the basin, put into that the pieces of flannel or whatever you are going to use, pour the boiling water over them, then fold the edges of your fomentation cloth together and wring the fomentations in the cloth. You can wring them very dry in that way and at a higher temperature than you could with your hands. You have, of course, prepared the surface for the reception of the fomentation just as for the poultice. Apply these fomentations as directed and cover with cotton and with something that will prevent any evaporation and will retain the heat. You may be ordered to use medicated fomentation. Sometimes we use compound tincture of benzoin. Some doctors order this sprinkled over the fomentation, while others prefer to mix it with the water. Sometimes oil of eucalyptus is sprinkled on. If the doctor tells you to use a medicated fomentation, ask him how he wishes it done, and if you are not quite sure, ask him to show you. You may be told to give your patient an inhalation. That is another way of giving medicine locally for the respiratory passages. You can give an inhalation if you have your patient sitting up in bed with a blanket around her. Have a basin of water with steaming hot water, put whatever medicine you are ordered to use into it, and then bring the blanket right over your patient's head so that she inhales the steam, bring the blanket right over the head and over the neck. An that is artificially heated is usually deficient in humidity, and it is essential for the comfort of anyone who has any irritation of the bronchial passages that we should supply humidity. So have in the room warm water, boiling, so that the steam is given off occasionally at least, so as to keep up the humidity in the room.

Your patient may be delirious. Never be afraid of a delirious patient. Never quarrel with a delirious patient. Never contradict him. Always try to soothe him. If he thinks the way the curtain is hanging from the window is wrong, don't say "no," but just speak of something else and get up and change the way the curtain is hanging. Usually a cold cloth on the head and warmth to the feet will help. Get his hands off what seems to be worrying him. A little gentle massage on the forehead with the balls of the fingers, massaging the forehead above the eyebrows, gently but firmly stroking upwards and downwards, just in front of the ear and then along behind the ear and down the back of the neck, will give relief. It often puts the patient to sleep, because it has a very soothing effect and helps to take away the excessive blood from the brain.

As to nourishment in cases of this kind, of course, each case has to be more or less governed according to its own condition and symptoms. It is always possible to get milk, and after the mouth is thoroughly cleaned and the coating of the tongue removed, milk is usually acceptable. To soothe the patient at night a glass of hot milk is excellent. During the day give your patient at regular intervals, and at short intervals, some nourishment. If he is tired of milk, try some nice broth or fruit juice. A patient that is nauseated is very often able to retain grape juice, and of course, that has good food value, too. I am speaking of the ordinary unfermented grape juice.

I think when we observe the rules of health and avail ourselves of the wonderful wealth of healing that nature has given us in the sunshine and fresh air, there will be very little use for drugs, and I have not said very much about drugs when speaking to you. It is more the use of means for helping nature to overcome these things, and when you get into a home if you can educate the people of that home to the value of fresh air and sunshine you have done a lasting good to generations yet unborn.