

ACUTE INFLAMMATION.

- Reactions of the tissues to an irritant.

Caused by - Bacteria, injury, chemicals, heat, cold.

Local s+s - Redness, - increased blood supply (hyperaemia)
Heat.

Swelling - escaping of fluid from capillaries.

Pain + loss of function.

Systemic s+s Malaise + headache. (in severe inflam.)

Anorexia.

Hot dry skin.

Pyrexia > P.

Dr. of Rest + immobilization.

Warmth (inc. bl. supply to combat infection)

then antib.'s + incision + drains.

Res. Results.

1. Resolution (natural defences overcome suppurative prog)

2. Suppuration (abscess of pus)

3. Spread of infection to lymphatics - lymphangitis
- lymph glands - lymphadenitis

- may deteriorate to Septicaemia s+s Intermittent pyrexia.

(becoming normal in morning) + rigors. Blood culture.

Dr. of Ischaemia.

R.I.B.

Analgesics

leucious fluids.

Gen. nursing care.

PAIN.

"Abnormal stimulation of sensory nerve endings, a symptom of disease"

To relieve pain: 1. Rest eg. limb-splints, etc. support foot for sore ankle.

pleuritic pain - strap chest.

Headache - R.I.B. avoid glare.

2. Warmth - plaster poultice or warm wool.

3. Relative pressure - change position (eg. backache)

Bed cradle for pressure from bedclothes.

4. Cold compresses - linen soaked in ice water (head, ankle)

evaporating lotions (S.V.M.) (phlebitis)

If does not subside - inform Doc. (to order)

Analgesics: Aspirin gr. 10-15, APC zpi. Acetaminophen - not habit forming + Exp. 60.

Severe pain: Atropine - powerful anal. + antispasmodic (colic pain - sp. sm. 1/100 mg)

Morphine - anal. + narcotic. gr. 1/8 - 1/5. Phenytoin .5 - 10 mg. .m. synthetic prep. rare. Dexampr. gr. 16 - 15

If pain chronic - Physio. Directed by Doc. - massage, infra red, radiant heat, diathermy, spec. baths (arose)

RHEUMATIC FEVER.

Follows haemolytic strept. inf. in throat.

- S.S.
- Painful joints, pyrexia + profuse persp.
 - Flitting pains + swelling in affected joints.
 - Pyrexia 101-103° + increased pulse.
 - Turned tongue, anorexia, constip., malaise.
 - Shivering.

Sometimes erysipelas nodosum - circ. red patches on legs.
 Rheumatic nodules around joints.
 Buller + anaemia.

Raised E.S.R - Normal 1-10 mm. R.F. 30 + over +

Compis. laryngitis esp. endo.

- Tr.
1. Bed - absolute rest - 1 pillow - rest heart prevent comp's.
 2. Well ventilated rooms.
 3. Bed cradle, comf. mattress + air ring.
 4. Support feet - sandbags, padded board.
 5. Care of skin - at least once daily sponge patient:
 q. q. h. care of pressure areas.
 T.O.S mouth + toilets - p.c. may need to change
 b. + comb hair - free from matting! night clothes frequently.
 6. Bladder - test + F.B.C. for first few days - bowels.
 7. Copious nourishing fluids, → light diet, → encourage liberal diet.
 8. Charts - 4 hrly. T.P.R - S.P.
 9. F.B.C. during acute stage.
 10. Ointts - apply warmth - warm wool - liniment Meths. Sol. - (swarm LMS + hands)
 11. Nurse feeds during early, acute stages, but p. encouraged to help themselves when improve

2 nurses to be in attendance when lifting, washing, etc.

Specific tr. Doc. orders salicylates - Sod. gr. 15-30.
 Acetyl Sal. (Aspirin) gr. 10-20.
 C₉ Aspirin.

bertione - unsatisfactory results.

After-care imp. in children - long convalescence - 6-12 mths.
 Sent to spec. schools when strenuous games, etc. avoided - educated
 for suitable occupation - no restrictions.

Iron for any anaemia (suppression of bone marrow)

note: spare time to read to him, tell stories, etc. play games with - smallest tablets.

Acute CARDITIS.Myocarditis:

Causes: Rh. F., Diphtheria, Pneumonia & Sc. F.

S/S: Tachycardia,
Extra-systole.

Weak-volume pulse.

Tr. Abs. rest-fully nurse.
Good G.N.C.

Pr. cause. Danger of sudden death during inf.

Pericarditis:

Causes: Rh. F., Pneum., Typhoid, Tb. Dry or with EFFUSION

S/S: Pain behind sternum, aggravated by cough, movement, deep breathing
If effusion present - dyspnoea, restlessness.

O/E dullness over praecordium.

X-Ray shows presence of fluid: watery or pusulent - ^{rigor} intermittent pyrex

Tr. R.I.B. & Good G.N.C.

Tr. of underlying cause.

Aspiration & drainage of fluid.

Occas. (due to Tb) may go on for years!

Comp's: Fibrosis of adherent peric. to pleura when healing.

Calcification of peric. - Surg. tr. - peel off pericardium.

Endocarditis: Bacterial, or Simple (Rh. F., Sc. F., & lehorca)

S/S: Tachycardia (persists after rec. from Rh. F.)

O/E murmurs on auscultation (involvement of mitral valve)

Tr. prolonged rest.

A.P. improves - allowed up - child. sent to spec. schools, Adults sedentary job

Comp's: mitral incomv. or stenosis.

Auric. F. ib. & C.C.F.

Sub-acute bact. endoe. - only when existing defect of mitral valve

CARDITIS.

Subacute bacterial endocarditis: (existing lesion)

Valvular lesions (usually Rts. in origin)

Causes: Strep. viridans. Vegetations on mitral valve become inflamed, soft, break away & form small emboli.

S/S. onset gradual (malaise)
anorexia.

pyrexia (100-101°)

Rapid pulse.

Cafe-au-lait complexion (due to breaking up of some R.B.C.s)

Retichial spots (Blood spots - small blue ones!)

Osler's nodes (painful swelling of fingertips)

cardiac asthma. (parox. dyspnoea esp. nocte)

Diag.: confirmed by blood culture for org.

Tr. nursed in bright cheerful surroundings.

Good G.N.C.

Spec. drug - P. (500,000 B.S.) for at least 28 days also Strep. G. 1 Daily.

Tr. of symptoms: attacks of cardiac asthma - Morphine gr. 1/6 - 1/4 (no other - kills)

Styptic to buy local haem. - Snake venom, adrenaline - local.

Good diet.

IRON - (as tend to become anaemic.)

Any throat surgery or dentals should have P. as prophylactic tr. of S. bac. endoc. esp. if has mitral stenosis. 3 deep avert + deviant.

Acute Bact. Endocarditis (strep. haemolyticus, staph., pneumo.) but due to any virulent bacterium in bl. str. Result - gen. septicemia
P. newly ill - heart valves ulcerate if untr. & mort. rate high.

Tr. antib.'s as early as poss.

Good G.N.C.

lect. 11.

PULSAE.

wave expansion - best felt where artery passes over a bone.

Observations: Rate - 60-80 adults normal, 90-130 children.
Rhythm - regular
Volume - good - not easily compressed.

Abnormalities of Rate:

Tachycardia: Physiological - r.ac. of h. & venise of excitement.
 Pathological - shock, haemorrhage and cardiac disease - endo, myo, CCF (weak) anaemias, thyrotoxicosis.

Paroxysmal Tachycardia - may last several minutes or several hours: extra systole - do not originate in auricles. Tr. cause (qps)

Bradycardia: < 60. Phys: rest, trained athletes.

- Path: 1. Increased intra-cranial pressure.
 2. Shumps and jaundice.
 3. Heart block - partial ^{obstruc. in Bundle of His} - complete - Dig. overdose.

Stoke-Adams Syndrome:

Tr. if due to Dig. - disc. drug.

Damage of heart muscle - no tr. - P. regulates life - no precitions. Adrenalin and ephedrin if stim. rec. esp. in S-F. syndrome.

P. unc., inf fit - dif. from epileptic as pulse slows down to 6 b.p.m.
 Tr. R.I.B., ad. & ephr., sometimes into cardiac muscle. ^{no} Death

Abnorm.'s of Rhythm:

Coupling - regular irregularity

Auricular Fibrillations: Irregular irregularity - 300-400 auricle beats p.m. but Bundle of His is able only to transmit 120-140 beats - conducted to ventricles - some strong & others weak. Hence beat rate (as weak not felt at pulse) faster than pulse beat.


- Causes (Rhs. ?) 1. Mitral stenosis usually r.h. in origins.
 2. Myocard. degener.
 3. Atrial thyrotoxicosis.

Imp. to fr. p. & h. failure early. Tr. R.I.B. Digitalis - 1/2 - 1 1/2 G.

Quinine hydrochl. (only in selected cases - where no h. failure)
 qt. 5-9.

Digoxin - 0.25 - 0.25 mg.

Sinus Arrhythmia: (common, but no sig. in children, serious in adult)
 ↑ insp., ↓ expiration.

Extra Systole: - prem. beat. 

(Thought to originate in ventricles - not serious in healthy heart, but in unhealthy caused by smoking, strong tea & coffee)

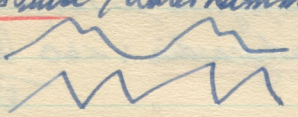
Abnorm. s. of Volume:

Weak: severe dehydration (weak & rapid)
 shock, haem., heart failure, impending death.

Strong: Ht.

full, bounding pulse in ↑ intra-cranial pressure.

Corrigan's Pulse (water hammer)

(hold arm up)  NORMAL Found in aortic valve incompetence or stenosis.
 CORRIGAN'S

Sydenham's chorea - more common in children.

Rh. disord. of cerebral cortex - same comp. s. as Rh. 7. - cardiac issues.
 Common in "highly strung" and intelligent children.

S.T.S. jittery, purposeless movements - aggravated by being reprimanded.
 excitable, cry easily.

grimaces & lack of facial control.

May have generalised muse. activity, sometimes violent. ^{- worse if touched.}

Tachycardia + sometimes pyrexia.

Anorexia & pallor.

Tr. Nursed in quiet room - well ventilated.

All unrec. noise & excitement to be avoided.

Good G. N. C.

Difficult to feed (rubber spout on feeding cup, etc.)

Spec. Drug: Aspirin & often Phenobarbitone.

Conv.: graduated exercise as cond. improves.

Allowed out of bed when p. normal & no jerky movements.

Long conv. advisable.

Also occurs in pregnancy - sometimes had it as children, but may not have - P. records when child born.

ACUTE OTITIS MEDIA. inf. from throat - tonsils - Eustachian tubes.

S+S. throbbing pain.
deafness - loss of function.
drum swollen and bulging.
↑ T°, anorexia.
Hot dry skin, etc.

Pro. Results Resolution.
Rupture of drum (discharge from ear)
Mastoiditis.
Meningitis.

Tx. R.I.P., fluids, antibiotics
ear toilet, myringotomy.

CHRONIC OTITIS MEDIA.

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NARCOTICS

Morphine gr. $\frac{1}{6}$ - $\frac{1}{4}$ - analgesic + sedative (narcosis)
Lumbar: gr. $\frac{1}{3}$
Physostigmine (syr.) 10-15 mg.
Paraldehyde - local narcotic - for restlessness, delirium.
5-10 cc. i.m., Rectally, 5-8 dr. orally.

+++ Barbiturate Poisoning - drowsy or comatose (effects resp. sys.)
Resps slow + shallow.

If cons. - pupils small, if uncon. - dilated
If untr. - die from resp. failure + circulatory failure - no B.P., weak pulse.
If p. survives for few days may get hyperpyrexia - heat reg. centre paralysis.
May (if uncon.) die from hypostatic pneumonia.

St. Stomach washout w/ warm water. in Duohine 70.
Meginide - 10 cc. is every 5 m. until 200 c.c.'s given (1 course - may have had)
Dantazole (Picrotoxin - if too much, given - convulsions)
Change position from side to side.
Or if cyanosed - mask.

Spec. Drug: Meginide.
Dantazole - 1 cc. i.v. for every 10 cc. of Meginide.
Mekedrine 40 > B.P.
May use Picrotoxin 5 or 20 cc. i.m.

As p. recovers - given XP to cover hypostatic pneum.

INSOMNIA

external causes: noise, bright lights, excessive coldness or heat.

internal - due to path. - Physical: pain: fever: gen. discomf. (bed): toxæmia:
hunger: thirst: full tum, or bladder.

Mental: excitement, worry & anxiety - personal, domestic, financial;
habitual.

Initial Insomnia: cannot get off to sleep (chloral, Amytal)

Intermediate: 2-3 hours sleep, wake up. (Sodium Amytal)

Terminal Insomnia - sleeps 4-5 hours, but wake up early (Buto-barbitone - Amytal gr 1/2-3)

Li.: ensure quietness and darkness.

admit new p's to bed near door - no squeaking shoes.

treat coughs - warm drinks - liniments.

wake up snore & shut mouths.

comfort to p. - shake pillows, tidy bed, alter position, etc.

offer warm milk or tea; bp or urinal.

ask if worried & encourage to talk.

Relieve pain - position; relieve pressure; warmth; cold compresses.

If all else fails - resort to Doc. - Hypnotic sleep - Chloral H. gr. 20 or C.P.B. Sedative palms.

Barbiturates - Phenobarbitone - Luminal - 26 i.D.S.

Sodium Phenobarb. 1.0 - gr. 3 recte - faster than oral.

Pentobarbitone - Nembutal - gr. 1/2 - 3

Quinal barbitone - Seconal - gr. 1/2 - 3.

Amyle-barbitone - Aminal - gr. 3 - 7.

Barbitone - Medinal - gr. 5 - 10.

Buto-barbitone - Amytal -

Old folks (esp. broncho-pneum. & ðc.) appreciate gr. brandy or whiskey to settle.

1 yr. for each year
of life for kids.

CHRONIC HEART DISEASES.

MITRAL STENOSIS.

S/S. - Dyspnoea. anorexia.
Slight haemoptysis.
malar flush.

Sequel is C.C.F.

Mild degree - regulation of life - avoid strain and exertion.
Severe form - surgery in selected cases - Valvulotomy - under hypothermia

C.C.F.

Causes: mitral stenosis.
auricular fibrillation.
coronary thrombosis.
HT (result of)

Occurs when 1. valve fails + venous return to heart impeded.

S/S. dyspnoea on exertion + inability to lie flat in bed.
cough - worse at night.
enlarged, tender liver.

Dyspnoea - due to disorder of blood supply.
May get ascites (back pressure in venous system)
Uraemia.
Oedema of ankles + legs.
Insomnia.
Anoxemia.

I.

Rest - Orthopnoeic (upright) position.

Well ventilated room.

Bed table (1/2 pillow) if wants to lean forward.

Sandbag or bulldozer at feet to prevent slipping.

Rubber mattress + bed cradle - locker within easy reach.

Do not allow him to do much for himself - 2 nurses.

Daily sponge - 4 hourly mouth back toilet - gen. care.

Restlessness - sedation (when all nursing measures fail!)
↳ chloral, Morphine gr. 1/6.

Light, easily digested meals (fluids between meals) for indigestion.

O₂ for dyspnoea. Plastine for liver pain.

Spec. Drug. Digitalis - gr. 1/2 - 1 T.D.S. - slows rate - inc's filling time
Digoxin 0.25 mg. - 0.75 mg. - strengthens beat.
gen. circ. improved.

Aminophylline 75 gr. T.D.S. improves the supply to heart itself.

c.e.f.

Decongestion Restrict intake & salt.

- Diuretics - Mersalyl - 2cc. i.m. Trial for 1cc. (Blood in urine if n.g.)
- Ammon. chlor. q. 15-20 @ hours interval.
- Thimerosal - 3cc.

? Mechanical drainage - paracentesis abdominis, acu puncture

Leharts: TPR, 4 hourly pulse (auric. fib. also apex beat chart)
F.B.C. ; treatment.

3rs. of dig. overdose - bradycardia + coughing.

vomiting, decreased urinary output.

Grad. allowed up, then home if home conditions favourable, avoid stairs & exertion.

May continue on digitalis, reporting to Doc.

Venesection (10-15 cc. improves cond.) in c.e.f.

DISEASES of BLOOD
VESSELS

Arterial Degeneration

Arteriosclerosis -

Atheroma: causes: advancing years, overweight people get it earlier.

Comp's: Ht.

haemorrhage / rupture of art. - (C.V.A.)

thrombosis (cerebral, coronary)

cerebral degeneration.

Gangrene, disas of blood supply.

Venous Diseases.

Varicosity - valves inadequate.

Phlebitis

Venous thrombosis - embolus.

Aneurysm - due to trauma or infection (syphilis - tertiary stage)

↳ Tr. surgical only effective M.

GANGRENE.

11.4.57.

Death of tissue by impairment of blood supply.

- Causes
1. Obstruction of an art.
 2. clot obstructing lumen.
 3. Arteriosclerosis - Mönckeberg's disease - lime coating
 4. Pressure eg. - tight splint.
- crushing injury.
- pressure from lying in bed - bed sore.
 5. Buerger's Disease - Thrombo-Angiitis Obliterans. Confined to men 40-60 yrs. S+S. Cramp-like pains in calf after exercise. Intermittent claudication - limping.
 6. Raynaud's Disease - spasm of arteries, usually in arms, confined to fingers & overstim. of symp. nerv. system constricts arteries
 7. Diabetes - (Diabetics susceptible to arteriosclerosis).
- tissues de-vitalised (less resistant) by sugar.
 8. Frostbite.
 9. Alkalis - corrosives - caustic.
 10. Frost (weed, grower's eye) contracts
 11. Infective gangrene - Gas gangrene - B. Welchii - hot soil, thru abrasion
carbuncles - Sub-cut. gangrene - STAPH!??
Boil - round hair follicle -
Gangrenous appx.

DRY GANGRENE:

Gradual onset of impairment of blood supply (art. diab. etc).
Shrinks, changes to yellow, blue, black.

S+S. severe pain.

— tissues dry

red line of demarcation.

spreads slowly

— Jr. Keep cool - expose to air, ice packs.

— Jr. Elevation to assist venous return.

Protect from injury, keep dry (sometimes powder ordered)

Warmth > demand for O₂ - cool may rotab. co. lat. circ.

Amputation not urgent.

GANGRENE

Wet gangrene: sudden interference % blood supply.
 rapid spread, blisters on skin - break + drain.
 colour - blue then black, line of demarc. doesn't let long - spreads.
 amputations urgent.
 frostbite - pack 'em snow then slowly or cause gangrene.
Buerger's or Raynaud's Diseases. Nicotinic acid.
 Sympathectomy poss. (lumbar for Buerger's
 cervical for Raynaud's)

CONJUNCTIVITIS

1. Trauma - F.B.
 - injury (burns) or blow.
 2. Bacteria
 3. excessive light - snow blindness (glare - sun on snow)
 - exposure to ultra-violet light.
- S.S. pain not very severe - discomfort - gritty sensation - blinking.
 redness swelling of lids.
 excessive discharge - depends on cause (muco-purulent or watery)
 photophobia.
- Di. Diagnosis - swab to Lab.
 eye irrig.
 Appropriate drug - eg. antib.'s - P. or Sulpha's.
 Do not cover eye.
 If inf. severe - isolation nursing esp. for children.

Ophthalmia Neonatorum - Gonococcus - corneal ulcer - rare today.
 purulent discharge - red swollen lids.

- Tr. urgent - swabs to Lab.
 irrigations of excess discharge.
 Penicillin drops - drop per m. for 1/2 hour.
 then drops every 5 m. for 2 hours.
 " " " 1/2 hr. for 2 hours.
 then time increased to 1/4 hourly after 12 hours.

If satisfactory - improvement in first 12 hours - 24 hours clears up.
Comp. - conjunctivitis - corneal ulcer (scarring, then blindness)

RESPIRATION.

adults 16-22 obs. 24-36.

Infections - toxæmia etc. > R; also shock & hæmorrhage.

Atheletic - Stokes Resps. S. *W M M M M M M M M M*

- impending death, uræmic coma, cerebral comp. - resp. centre compressed

Sighing Resps. S.: long deep insp. S., short expirations.

- hæm. + hyperglæmic (diab.) coma.

Stertorous Resps. S.: noisy resps.; cerebral compression, CVA, lesions or lacerations

Stridor: spasm of glottis - grating sensation during resp.
 Laryngismus stridulus.

Grunting Resps. S.: pneum., due to pleurisy.

Shallow: shock & hæmorrhage.

ANTI-COAGS.

GANGRENE

Priscol - 25 mg. orally T.D.S.

Ronicol - " " "

Block sympathetic ganglion.

- Med for intermittent claudicans, Raynaud's & Buerger's.

i.v. as emerg. in clotting of art. (except coron. art.)

- Retinal & femoral arteries - 200 mgm.

DISEASES OF

CORON. ART.

- 1. Angina Pectoris (of effort)
 - 2. Coronary Thrombosis (occlusion or infarct)
- } both due to degenerative condition of coronary artery.

1. ANGINA PECTORIS.

Sts. Pain precordially (devant sternum) ext radiate down L. arm following exertion. Pain relieved by rest P. pale & anxious, pulse increased.

Tr. of attacks - rest

- vasodilators - NITRITES

Amyl nitrite - 5m. inhaled (ampoules)

Glycerin Nitrite (Nitroin) gr. 1/200 - 1/100 (Suck into discolor under tongue Spit out residue)

Resinate - Daily - 10-20 mgm.

Advice Avoid all exertion.

- heavy meals before retiring

for all sources of irritation (people)
- extremes of temperature (cold sheets)

If overweight - reduce.

Prognosis Should live quiet life - prog. fair, but coronary occlusion possible.

CORONARY OCCLUSION.

S+S. severe precordial crushing pain - continuous - not relieved by rest
P. shocked + collapsed, pulse rapid, resp.'s shallow.
Skin pale, cold + clammy; BP. low.
Death may occur in a few minutes.
Next day (if alive) leucocytosis, slight pyrexia.

Diag. by E.C.G.

Tr. R.I.B - whatever comfortable position.

Morphia gr. 1/4 - 1/2 for pain.

Anti-co-ags - Heparin - IV. - 5 - 10,000^u

then Dimevan 100 mg. - 4 hourly or T.D.S. for 3 days then reduce.

Prothrombin time taken daily when on anti-co-ags.

G.O.N.C. immv. - 6 weeks P.I.P.

Tendency to recur weeks, months, or years later. Same as Ang. Pae. -
forbids to drive vehicles - lead fairly active life providing no strenuous work.
Weight normal should be.

Comp's

APPENDICITIS.

Comp's: abscess, gangrene, rupture - peritonitis

Appendix.

PERITONITIS.

Perit.-serous mem. lining abdo + covering org.'s)

General peritonitis $\left\{ \begin{array}{l} \text{Ruptured org. - approx. prof. duod. ulcer, G.B., etc.} \\ \text{Spread of infection from any abdo. org. or via } \begin{matrix} 2/ \\ 3/ \end{matrix} \text{ blood stream} \end{array} \right.$

4/ Penetrating wounds via abdo wall.

Srs. scutiger. perit.

abdo. pain - severe

pyrexia, on onset $>$ pulse.

$>$ ing abdo. distensions.

rigidity of abdo. muscles.

P. lies on back's legs drawn up.

Vomiting - persistent + copious (not if dehydrated)

Dehydrated - sunken bright eyes.

Anxious expression (on patient)

Tr. When diag. confirmed, etc., analgesic given.

Prepared for operation - 1. Rectal tube to keep tum empty + aspirated.

2. Urine tested for abnorm's + chlorides.

3. Shave - !!

4. I.V. prepared - N/5 + Dextrose usual

5. Anaesthetic consent forms.

6. Pre-med.

LAPAROTOMY - cause of perit. removed + any free fluid sucked up.

Drainage tube inserted. RPAO: flat-head, on one side.

\rightarrow hly BP, $\frac{1}{2}$ hly P + colour noted.

When consc.: get P. to cough - hold abdo. for him (or her) -
pul. collapse if swallow mucus then sit up with pillows. Sponge hands and
face - swab face's cold water - change out of op. coat. Ryles' tube left in +
aspirated $\frac{1}{2}$ hly - measured + charted.

Analgesics as soon as complains of pain or disc. -

- Umnopon $\frac{1}{2}$; Peths. 100 mg.; Morphia $\frac{1}{16}$ - $\frac{1}{4}$ - sptd 4-6 hly p.r.m.

Antibiotics - Stent., Terra + P.

Leg movements + breathing exercises.

When, post-op., reduced to minimum, bowel sounds return +
passes flatus Ryles' tube removed + oral fluids. When these tolerated I.V.
discontinued. 3rd day: 1-2 gly. Supp's. Then grad. light diet introduced
then normal. Allowed up 3-4 days.

PERITONITIS.

Drainage tube shortened daily + removed 3rd day if no drainage.
Tubes out 9-10th day.

charts: F.B.C.

B.P. + P. chart first 12 hours; T.P.R.

Tr. chart.

Complications

Paralytic Ileus

Formation of Adhesions causing ac. int. obli. later.

Pul. collapse - in first 24 hours.

Bronchial pneumonia first 2-3 days.

Fem. throm. (Pul. embolism - 7:10 days)

Retention of urine.

Flatulence.

Wound infection + Burst Abdomen.

Anticoags.

Trimesal + Dicoumarol.

ACUTE INTESTINAL OBSTRUCTION

- "obstruction to flow of intestinal contents"

Causes of Acute - 1. Adhesions - acute peritonitis symptoms (bet. coils of intestine) bands compress section of intestine.

2. Strangulated hernia - inguinal, femoral, umbilical (rare)

3. Volvulus - twisting - commonest near sigmoid colon.

4. Bolus of badly masticated food, esp. fruit - orange - dried fruit.

5. Gallstones - block lumen.

6. Intussusception.

sub-acute - mostly in large intestine.

7. Grad. closing - chronic, sub-acute Ca.

8. Diverticulitis.

9. Impacted faeces.

10. Ulcerative Colitis

S+S. - Ac. Int. Obli.

botchy pain in abdo.

Nomiting - sterc. conb: thin bile stained - thin faecal.

Abdominal distention.

Absolute constipation - no faeces, no flatus.

Dehydration - dry skin + tongue - weak rapid pulse.

B.P. + i° subnormal - thin oliguria | Dis from circ. failure - leads to anuria

AC. INT. OBSI.

- Tr.
- Analgesics - Peth. (antisp.)
 - Replace fluid & salts.
 - Remove cause of obstruction - laparotomy.
 - Postop. care - as for peritonitis.

Rhuffis tube removed when stom. aspir. clear and bowel sounds return. Antibiotics - Str. + Terra (B. coli).

CHR. INT. OBSI.

Aetiol. Malign. growth of L.I. + Hirschsprung's disease - congenital disease - interference c. sympathetic nerve supply + dilatation of colon (megacolon)

S. + S. >ing constipation + abdom. distention.

Pain, aggravated by aperients and food.

Nausea + indigestion.

Hosp. → Barium - sigmoidoscopy - lump in abdo.

B₂ meal + follow through.

X-Ray chest.

Growth removed by surgery if possible (palliative colostomy). Inoperable if any deposits. If operable - hemi-colectomy + anastomosis. If S. + S. of acute obstruction occur or has temporary emergency colostomy performed until inflamm. of colon subsides in 3-4 weeks. P. then better prepared for hemi-colectomy.

W. colostomy washout, sulphathiazine or Terramycin to sterilize colon. Investigation of conditions - Anaemia treated, exam. of urinary tract, bloodstools, dist X-Ray to exclude secundaries. When condition suitable resection of colon + colostomy closed.

ACUTEDIVERTICULITIS.

Small pockets in abdomen $\frac{1}{2}$ may be impacted and may cause acute infection and obstruction. Lower part of colon usually affected.

Tr. None nec. unless becomes infected.

- Facult attacks of pain - RIB + fluid diet. Lubricant (paraffin) helpfull

Behnion attacks diet should be non-irritating + low in roughage

Op. may be nec. in severe cases.

ADD. PERIN. RESECTION OF RECTUM for Ca - permanent colostomy. Coplain ops. to p. beforehand and help to accept it. V/bag + lint or pillow gras - spec. well-fitting colostomy belt. Diet important - some foods cause colon. to become overactive. If constip. sto. sometimes washout necessary. Doc. orders - if constip. > 3 days.

PARALYTIC ILEUS.

causes S+S similar to those of A.I.O., only no severe colicky pain.

Dr. Miller & Abbott's tube to aspirate intestinal contents until bowel sounds return then fluids by mouth.

- S+S.
1. Persistent vomiting
 2. Abdominal distention (acute)
 3. Pain.
 4. Dehydration
 5. Shallow, painful respir.

Dr. ^(or Ryles, nasogastric) M.-A. tube as Cantor's (Nasogastric's)

1. Morphine.
2. IV.

base of mouth.

Blood chemistry and F.B.C. until B sounds return, distention less & flatus passed.

Surgery may be necessary.

INTUSSUSCEPTION
22' S.I. 12' col.

Innagination of ileum into colon, usually, but may be int. or colonic usually in boys 6-12 months. - screams: pain & draws up legs - intermittent pain - pallor & shocked, anxious look on face after attack. "Red-currant jelly" stools - mucus & blood in int. it. Maybe vomiting later. sausage-like mass palpable in abdo. during attack.

Dr. urgent, as int. may become gangrenous.

LAPAROTOMY - reduction or resection if colon gangrenous.

Hydrostatic method - if treated early - weak Ba soln. used. P.R. X Ray same time

Dehydration if int. for a while - give fluids IV by sub-cut or via bone marrow. - Darrow's Soln } contain Sodium chloride
Hartmann's Soln } Sodium Lactate
Potassium chloride.

Small amounts of glucose fluid few hours later unless there are any complications, like gangrene or dehydration (48hrs. sub-cut. fluids)
Glucose fluids equalled 2 hourly until tolerated, then increased.

Pethidine 10 mg. for pain (6mths.)

Adults may also get it - result of Ca.

STRANGULATED

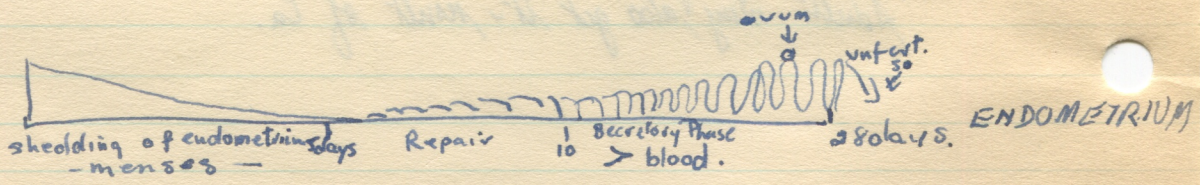
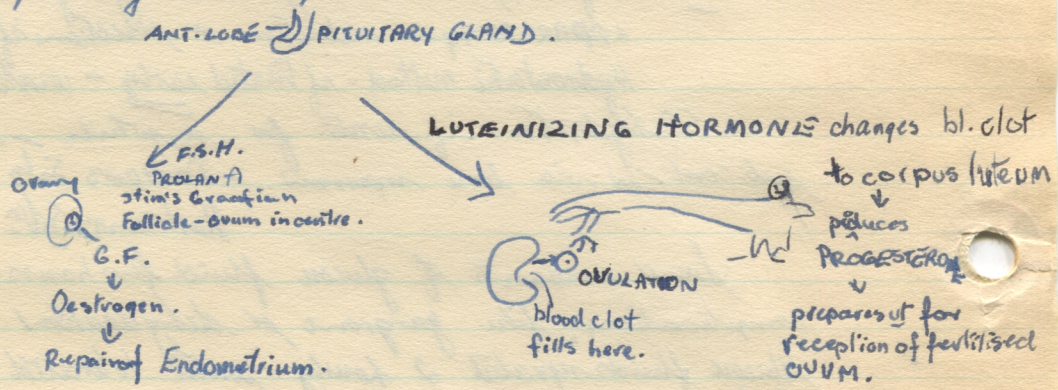
HERNIA.

(C.S. 57)

S/S: Colicky abdo. pain.
 Vomiting - copious - stow. conts. → bile → faecal.
 Abdom. distention.
 No peristalsis, no flatus, jeerst constipation.
 Dehydrations later.
 Lump over inguinal area (if ing. hernia) - cannot be reduced - no cough impulse - hard, painful & tender swelling.
 Tr. Refus tube + aspirate.
 Blood to Path. - iv. E saline + Dextrose.
 Analgesic.
 Anac. consent forms.
 Pre-med. then → toward the corner.
 Anastomosis if gut gangrenous, otherwise just pushed back into abdo (patient's) at op.

MENSTRUAL CYCLE

series of changes taking place in female reprod. system at regular intervals occurring from puberty to menopause.



COMMON

DISORD'S OF M.

Amenorrhoea: preg., menopause, An., severe debil. dis., endocrine disorder, psych., Jr. cause.
Dysmen.: Cryptorrhagia.
Menorrhagia, Metrorrhagia.

See Gynae. Notes,

COUGH.

noisy, forced expiration caused by some irritation of the resp. tract.

v.s. 57.

Husky
Loud + painful.
.. but not painful.
Loud - worse in winter.
Short, painful -
pain on one side }
due to pleurisy }

Laryngitis
Tracheitis
acute bronchitis
chronic bronchitis.
Pneum: Lobar.
Broncho.

non-productive.

non-prod., then prod. i.e. muco-purulent sputum, then mucoid
non-prod., then muco-purulent.
productive - mucoid + frothy.
non-prod. - then rusty sputum becomes
muco-purulent then mucoid.
productive from onset - muco-purulent,
streaks of br. red. blood.

Persistent.

Tb. of Lung.

Non-prod. at first then muco-purulent
- nodular discs - haemoptysis.

Persistent.
Persistent - aggravated
by change of posture

Ca of Lung.
Bronchiectasis.

Non-prod. at first - then hl. stand'g sp. (haemoptysis)
Copious sputum (poss. 15-20 sp. daily) - foul
smelling, muco-purulent, may have haemoptysis.

Persistent.
Loud, brassy (hissing)

Lung Abscess.
Aortic Aneurism - pressing
on laryngeal nerve or trachea.

Non-prod. at first, later purulent & foul-smelling.
No sputum!

Paroxysmal coughs
then whoops!
(vomits)
Soft cough.

Whooping Cough

Productive - thick mucoid sputum.

Loud dry.

Paralysis of Vocal Cords
or Resp. muscles.
Nervous Cough.

Non-productive.
Dry

WHOOPING
COUGH

infectious - haemophilus pertussis. Incubation - period. ~~Bordet~~ Bordet Ginsburg
STS. Early - common, cold - cough fails to clear up.
Pyrexia, anorexia, marked malaise, irritability.
Characteristic cough - 20-30 without a breath, cyanosis & dripping from mouth.
- sudden inspiration at end, with whoop, then vomits.
Empir. Broncho-pneum. - may be fatal in children under 2 years.
Tr. Isolate - GGNc.
Support during attack.
Feed after attack.

U.R.T. diseases

CORYZA

virus - R.I.B. if poss. 28 hours. - Spreads easily - tr. depends on severity + occupation
 S.S. - Headache, A.P.C. Sore throat - gargle or bi. on right lines if severe (???)
 Comp's: ac. laryngitis ac. tracheitis ac. bronchitis.

Comp's.AC. LARYNGITIS

S.S. husky voice or aphonia.
 soft husky coughs.

Tr. T.B.C. inhalations
 warm atmosphere.
 Keep indoors + rest voice.

AC. TRACHEITIS

S.S. pyrexia.
 cough - becomes productive, mucopurulent sputum.
 pain in trachea.

Tr. R.I.B., T.B.C. inhalations
 Warm drinks + light diet.
 Antibiotics if condition severe.

AC. BRONCHITIS (also caused by measles, whooping cough, + inhalation of irritant gases + smoke)

S.S. cough - becomes prod. - mucopur., mucoid then clears up.

Pyrexia, > rest, anorexia.

Pain behind sternum. (proceeds to you)

Tr. R.I.B. in warm atmosphere.

T.B.C. inhalations, steam kettle for baby.

Soothing liniment during non-prod. stage. Sin. Solin Zi (in warm water + sipped)

When prod. Pot. Iodide or Specacuanha.

Comp. bronchospasmodia.

AC. TONSILLITIS

Haemolytic streptococcus.

S.S. sore throat - most noticeable when swallowing.

Tonsils - red + swollen - tracks of pus on tonsils.

Toxaemia - Pyrexia, 101-103° + tachycardia, malaise, anorexia, headache,
 skin hot + dry and parotids enlarged.

Swab taken of secretions on tonsils. Pain may be referred to ear.

Ac. TONSILLITIS
(cont.)

1. R.I.B. isolation.

Light diet.

Antibiotics - org. sensitive eg. P.

Warm gargles - A?C. (soothing effect)

G.S.N.C.

Compis. Peritonsillar abscess - lump in throat - severe pain, maybe rigors.
Grossly enlarged tonsil + visible abscess.

Tr. surg. drainage - L.A. - cocaine spray
Mouth washes + gargle after.

Antibiotics.

If s. + s. not v. severe + abscess not in v. large - ice collar - plastic bag.

Ac. OTITIS MEDIA.

(see 4/21)

Sequel in 4 weeks poss. Ph. Fever + Acute Nephritis.

Ac. PHARYNGITIS

when T's absent + any org. (inc. haem. str. inf.) present.

Tr. similar to acute tonsillitis

CHRONIC INTESTINAL
OBSTRUCTION

Aetiol. Malign. growths of L.I. + Hirshprung's disease - congenital cond. interference c. sympathetic nerve supply + dilation of colon (megacolon)

S. + S. > inc. constipation + abdom. distens.

Pain - aggravated by aperients and food.

Nausea + indigestion.

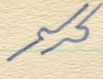
Exam. → Ba enema - Sigmoidoscopy - lump in abdo.

Ba meal + follow through.

X-Ray chest.

Growth removed by surgery if possible (palliative colostomy) Inoperable if any deposit. If operable - hemi-colectomy + anastomosis. If s.v.s. of acute obstruction occur patient has temporary emergency colostomy performed until inflam. of colon subsides - 3-6 weeks. Patient then better prepared for op. of hemi-colectomy - tr. colostomy washout, sulphathiazole + Terramycin to sterilize colon. Investigation of condition - Anaemia treated, exam. of urinary tract - blood urea, chest X-Ray to exclude secondaries. When condition suitable - resection of colon and colostomy closed.

DIHERTICULITIS

- small pockets in abdomen  may be impacted and may cause acute infection and obstructions.

Tr. None nec. unless infected, then R.I.B. + fluid diet + lubricant (paraffin) helpful.

Diet nonirritating + low in roughage during attacks.

Op. nec. in some cases.

Abdominal-perineal resections of Rectum for Ca - permanent colostomy. Explain ops. beforehand and help to accept it. Vas/6 + lint or little gras - spec. well-fitting colostomy belt. Diet important - some foods cause colostomy to become overactive. If constip, etc., sometimes washout necessary - Doc. orders - if constip more than 3 days.

PNEUMONIAS

Lobar - local lobe - more common in young adults.

Broncho - scattered areas - young or elderly.

LOBAR.

Actiol. - pneumococcus - primary pneumonia. \neq infl.

S/S. - sudden onset - rigors, shivering

pyrexia.

7 resp.'s - short + grunting.

pain on affected side of chest - aggravated by rough or deep breathing.

pulse rate increased

cough - non-prod., then "rusty" sputum.

headache + malaise, anorexia.

Urinary output diminished, skin hot + dry.

Throes, tongue firm + dry lips.

Diag. confirmed by X-ray. + sputum culture.

Increased leucocytes - up to 30,000 (n. 3,000 per ml.)

Tr. R.I.B. upright position - well ventilated room.

Bedclothes light and comfortably warm.

Fluids and extra glucose, nourishing light diet.

Plastine to affected side to relieve pain.

If cyanosed - more than one lung done - O_2 (mask or tent)

Daily sponge - back + DS - avoid urine. movement (short acute illness movement should be avoided)

bar of mouth wash during day

Inanition + restlessness - hyperpyrexia - tepid sponge to $\downarrow T^o$

Mild opiate if constip. causing discomfort

PNEUMONIAS-LOBAR (cont.) Specific treatment: Antibiotic, usually P.

Sedatives - Inimal Barbitone (Sonal)
Bromides.

No Nephria (resp. depressant) but may be nec. if in gr. pain, or agony.

Linctus for non-prod. coughs.

Expectorant (Ammon. carb. or Pot. Iod) when coughs prod.

3-4 days to normal and gen. condition improves.

End of week p. quite well again, allowed up 7-10 days.

Complications Acute heart failure.

Pleurisy c. effusions.

Empyema.

Lung abscess.

One attack makes more susceptible.

BRONCHO-PNEUM. - common in very young and elderly. Primary in ch., but always secondary in adults - Tb., staph., Str. viridans, haem. influenzae, virus.
Complication of measles, whooping cough, typhoid, acute bronchitis, inhalation of droplets anaest. (hypostatic pneumonia)

Pathology scattered areas of inflamm. throughout both lungs.

S.T.S. gradual onset - malaise, anorexia.

cough productive - muco-purulent, or maybe streaked c. br. red blood.
> resp., + > pulse rate.

Pyrexia, 101-103° (F.) cyanosis marked in infants.

Diagnosis confirmed by X-Ray + sputum C.T.S.

Tr. same as for lobar pneum.

Infants nursed in O₂ tents & occasionally necessary for adults.

No sharp pain - pleura O.K.

Compis - heart failure.

lung abscess.

Sequel in children - bronchiectasis in later life.

ATYPICAL (VIRUS) PNEUMONIA: symptoms similar to Broncho-Pneumonia, but diagnostic signs by X-Ray, sputum, Path. do not show same changes as Br. Pne.

Nursing care the same.

Antibiotic - Aureomycin.

Recovery slow (no X-P - no response)

PEPTIC ULCER. in lining of stomach or duodenum.
Chronic ulcer. Predisposing factors

- a. irregular meals - badly worked (transport drivers)
- b. worry.
- c. alcohol.
- d. heavy smoking on empty stomachs.

S+S.

Gastric

Duodenal.

Pain - immediately after meals
 Vomiting relieves pain
 Appetite poor - afraid to eat
 Lose weight
 Constipation
 Anaemic or pale
 Short periods of remission

2-3 hours later
 Food + alkalines (McLean's Pills, Mag. Trisil.) relieves it.
 Fairly good - (hunger pains)
 Lose weight.
 Constip.
 Anaemic or pale.
 Long periods of remission of S. + S.

Diagnosis by Ba meal - X-Ray.
 F. T. M.
 All night secretion test (Ryle's tube noct. - ast. during night)
 Gastroscopy (G. U.)
 Recult blood - faeces.

Medical Tr. Rest. - General - phys - R. I. S., mental worries investigated.
 Sedation - Pb gr. 1/6 + D. S.

Local - Diet - non-irritating
 - non-stimulating
 - easily digested
 - nourishing

Basis of diet - 2-3 @, milk daily
 1st milk - 5-6 tps 2 hourly.
 2nd " - egg custard, jelly, junket, custards b+k, poached eggs, sieved veg. + puréed fruit
 3rd " - steamed fish, minced chicken extra veg. + fruit, milk pud., sieved cereal.
 4th " - roast meat - minced if no teeth - fairly liberal diet, NO FRIED
 NO condiments - pepper, mustard, + spices,
 cooked cheese, pils + hushes. , grog or fage

PEPTIC ULCER
(cont.)

Drugs - alkalines - Peps. Medicin A, Mag. Trisil.

Antispasmodic - belladonna.
Nulacin.

Guide to progress - less pain, X-Rays (< ulcer) no occult blood or complications.

Surgical Treatment

Indications - when medical tr. fails

- intr. of some of complications. -
- a. perforation (gas + duod. ulc.)
 - b. pyloric stenosis (duod.)
 - c. Hour-glass contraction of stomach
 - d. Haematemesis - severe.
 - e. Malignancy? (G.U.)
 - f. Gastro-colic fistula.

duod. scarring

Surgery -
Gastrectomy - total or partial.
closure of perforation.
Gastro-intero-stomy.
Vagotomy (< ant. of HCl.)

PERFORATED G.U. ULCER. SFS. Pain in epigastrium - severe sudden onset.
Rigidity of abdom. muscles (reclis abdominis)
Vomiting.
Shock - pallor, sweating, rapid pulse, ↓BP.

Tr. Hospital - soon as diag. confirmed - Morphine.
Gastric aspiration - Ryle's - to keep stomach empty.
Prep'd for theatre - anaesth. consent - urine F.W.T.
Blood - x-type + Hb.

LAPAROTOMY - see into perf.
R.P.A.O - Aspirations "hourly, measure + note colour.
I.V. Therapy. - Dextrose (2 litres)
If gas. asp. reduced - grad. fluids orally, when tolerated - I.V. discontinued

HAEMATEMESIS. Causes: perf'd gas. ulcer.

Ca.
Varices of Oesophagus, CIRRHOSIS of LIVER
Banti's Disease (abnorm. arrangement of Portal Vein - muddled)
Injury - to vessels. or tum.
Swallowed blood (from throat)

GASTRIC ULCER Haematemesis : Blood usually coffee ground appearance & clottance.

Shock - depends on amount vomited.

Reassure patient & stay with him

Send for Doc. (surpriciously - don't yell - remain c.c. etc.)

Remove traces of blood - cover w towel.

Lower head flat - Don't overheat w H.W.B.'s

Elevate foot of bed.

Swab mouth.

Nypso. tray ready (for Doc. to suggest Morphine)

Observ's 1/4 hly pulse & 1/2 hly B.P. - guide to condition - rec. or delir.

Vomitus - any further bleeding.

P. may be kept at body T, avoid overheat (blood drawn from vital centres)

Blood - grouped & I - matched - transf. may be nec. ↓ B.P. & ↑ P.

If low Hb - but bleeding stopped, transf. indicated.

Surg. for persistent bleeding & p's life in danger (partial gastrectomy)

Further management - B.P. & P. & obsv. chart.

2 hourly milk feeds.

If no further bleeding - light gastric diet.

Give extra iron & Vitamin C.

PERF. DUOD. ULCER SYS. Shock & internal haemorrhage.

Malena - altered blood - black.

tr. as for haematemesis.

PEPTIC STENOSIS. Jejunis: Rptd. ulcerations of lining of duodenum.

Ca of pylorus.

long. in children.

S.T.S.: disten. of stomach because of retained food.

Projectile vomiting - large amts undigested food - 1 or 2 per day.

Constipation

Epigastric discomfort & pain

Loss of weight and dehydration

Diag. by Ba meal, history & exam. of vomitus.

PYLORIC STENOSIS
(cont.)

Tr. partial gastrectomy or gastro-entrostomy.
Hospital at least 1 week beforehand. Investig.'s of gen. health.
Stomach washed daily, after aspirations. I.V.
To Theatre & Ryle's tube & Nasost. nasent form.
R.P.A.O. for any abdo. ops. /

CA STOMACH.

Sts. (Stm. surrounded by lymph glands)
Dyspepsia - continuous pain, aggravated by food.
Loss of weight.
Vomiting (may contain blood.)
Anaemia - macrocytic.
Diagnosis confirmed by 1. Ba meal - abnormal movement of stomach.
2. F.T.M. - achlorhydria & blood.
3. Gastroscopy.
Tr. Total Gastrectomy, & removal of all neighbouring lymph glands.
Mortality rate high - usually before 2 yrs.

GASTRO-COLIC FISTULA

- faecal vomiting.
Dx confirmed by Ba meal.
Tr. surg. closure of fistula.
When p.'s on aspirations - blood (or urine) should be tested for chlorides & electrolyte (?) content. given added Pot. chlor. & Asc. Acid.

CHEST COMP'S IN FIRST 12 HOURS :

Pulmonary collapse.
Retention of u.,
Paralytic Ileus
Ac. dilat. of stomach.
Abdom. distens. and flatulence.
Hypostatic Pneumonia (with ^{bits of droplets ambs. - no movement} _{5-6 days later})
7-10 days later pulmonary or femoral embolisms.
prevented by moving legs and deep breathing exercises.

THROMBOSIS. - post op. comp. S.T.S. pain in legs.

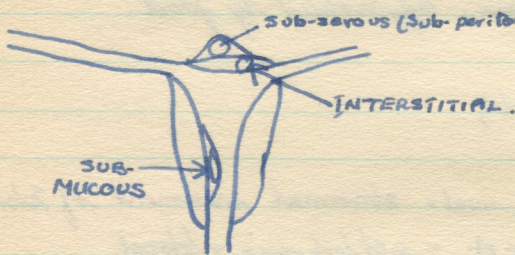
Temp. subnormal.

tenderness of calf muscles.

Tx. Anticoag's (daily prothrombin time)
Graduated exercises.

FIBROIDS.

fibroma - tumour of ut. of fibrous and muscular tissue.



Symptoms: pressure symptoms (freq., ret., incontinence)
menorrhagia (excessive menstrual loss)
may cause abortions
obstructive to labour.
may undergo deg. changes - sarcoma - rare.

Tx. depends on patient's age and position of fibroid.

1. Myomectomy (sub-serous type)
2. Sub-total hysterectomy for cases when haemorrhaging and after menopause, or if per life in danger from haemorrhage.

CORNEAL
ULCER.

Causes: injury - abrasion.

complic. of conjunctivitis (entropion)

S.T.S. severe pain aggravated by light.

photophobia.

discharges redness (conjunctivitis)

Diagnosis confirmed by instilling 1m. Fluorescein - green patches.

Swab to lab. for organisms.

Tx. - Rest - shade eye from light - pad.

Irrigation - Boracic lotion, N/S.

Antibiotic - eg. P. or Albucidin (S/acetamide)

Poss. cauterization (i.e. pure carbolic - blotting paper + pointed orange stick)

If ulcer is in line of vision - site becomes opaque + may cause blindness. Pus may result in anterior chamber - Hypopyon - drained.

PLEURISY.

infl. of pleura - reaction to irritant, assoc. ic pneum., pulmonary Tb, Ca⁺ unknown cause

Dry pleurisy - s.+s. sharp pain worse on deep inspiration or coughing.

Pyrexia and leucemia.

Tr. Plestine or analgesics.

ic Effusion - s.+s. dull ache

dyspnoea

o/e dullness on percussion.

X-Ray - fluid level

Tr. if large amount - aspirated.

if small - will be absorbed.

Empyema - pus in fluid.

CARCINOMA OF LUNG + BRONCHUS.

Middle age - 50+ - more common in men.

s.+s. non-productive cough - later blood-stained sputum.

inflammation of part of lung (broncho-pneumonia)

Pleurisy -> loss of weight.

Secondaries of the brain or liver.

Diagnosis - X-Ray, Bronchoscopy.

Tr. Pneumonectomy (if no secondaries)

If inop. - tr. symptoms - aspirations, analgesics, etc.

Deep X-Ray may help a little.

ULCERATIVE COLITIS

Inflam. of lining of colon with ulcers or mucous lining.

cause: assoc. ic worry - psychological factors, assoc. ic debility.

s.+s. frequent stools - loose, with blood, mucus + pus.

Abdominal pain.

Tenesmus (straining with empty rectum - painful)

Pale - anaemia.

Loss of weight -

Pyrexia + sweating.

Diag. by - Sigmoidoscopy (ulcers begin in sigmoid) to exclude Ca. Bar enema (X-Ray - smooth parallel colon)

Tr. Rest - low residue diet. Transfusions for anaemia. Opium for pain - Tincture of Opium 10-15

Investig. of home life & working conditions - improvement where possible.

Freq. ps recover + remissions may occur months later - always danger of recurrence.

Ileostomy + colectomy done when conditions build up (colon may undergo malignant changes)

BRONCHIECTASIS

Aet. (no cartilaginous rings - muscular walls in bronchioles) Scarring in bronchial tree due to bronchopneumonia in childhood.

Infection in affected area of lung occurs ^{often} sometimes chronic. Resistance to acute infections lowered. - bronch. pneum.

Sxs. - may be absent for years.

1. cough - aggravated by change of position.
2. copious sputum (10-20 mms daily) - mal. odour ~~etc.~~
3. clubbed fingers (i.e. chronic chest conditions)
4. breathlessness, dyspnoea & cyanosis.
5. general debility.

Prognosis - poor, unless surgicised.

Complic's - lack of resistance to pulmonary infections. haemoptysis.

Septic embolism (bl. or pus)

Amyloid disease - waxy degeneration of liver or lung - result of long inflam. disease (tho.)

Diag. confirmed by Bronchogram - X-Ray. Lipiodol - iodine poppy seed oil introduced via Nagai's to larynx, through bronchoscope, or injected into larynx between thyroid and cricoid cartilage (depends on Doc.)

L.A. necessary to depress cough reflex - Docaime 2%, cocaine, xylocaine. Dye introduced in X-Ray Dept - during intro. of dye position changed so dye passes into whole of bronchial tree - then X-Rayed.

Bronchoscopy - also done - aid to diagnosis and to remove any plugs of mucus blocking tubes.

Tr. Gen. health investigated & improved.

Good nourishing diet.

Any infective foci removed (teeth)

Postural drainage - esp. in morn.

Sputum to Path. to exclude Pathogenic organisms, then sensitivity test if any organisms, then antibiotic.

Surgery when possible (if one lung only)

- Lobectomy (if 1 lobe)
- Pneumonectomy (1 lung)

THYROIDs.

Endocrine gland - minute sacs lined with cuboid epithelium. Each sac filled w. colloid, contains Thyroxine hormone (65% iodine) - controls rate of metabolism - changes taking place between food & cells - mental & physical development.

Hypothyroidism.

Child - cretinism - no phys. or mental development. Treatable if found before 6 months - Thyroid extract orally - gr. 1/10 - 1/5 for baby.

Adult: Myxoedema - everything slows up - weight, skin thickens, bags under eyes, hair thin out, slow speech, and croaky voice, mentally dull, irritable & depressed.

Diagnosis by B.M.R - consideration of weight, height, at rest - amt. of O₂ req'd. - rate \downarrow in myxoedema. May be given radio active iodine - amount of radio active material excreted measured.

Dr. Thyroid gland extract gr. 1-3 dose Daily - for duration of life. Change in p. dramatic.

Hyperthyroidism:

Increased metabolic rate - active, excitable, good appetite, but loss of weight. Often assoc. w. Thyrotoxicosis (toxic effects on whole of body) primary (no previous lesion) in younger people secondary - goitre, adenoma in older people.

S.T.S. thin, but good appetite. emotionally unstable & excitable.

Exophthalmos (pad of fat behind eyes increased) Fine tremor of fingers when hands outstretched. Skin moist - don't like warm temperatures.

Tachycardia. Fatigue - faint.

Enlarged gland in Exophthalmic Goitre.

Diagnosis confirmed by B.M.R or Radio-active iodine test. Secondary th. - s. not so marked.

Comp's heart failure
Auricular Fibrillation.

Thyroid crisis - Auric. Fib., Hyperpyrexia, P. deep. ill.

THYROID (cont)Hyperthyroidism.

Tx. - medical to depress gland's activity.

P. admitted to Hospital (B.S.H.) and R.I. B. 'ed.
Phenobarb.

then 1. Lugol's Iodine 5-10 m. in milk T.D.S.

2. Methyl-Thiourea 0.1-0.2 G. Daily for year (may cause agranulocytosis)

3. Neo-mercaptop 10-15 mgm. T.D.S.

Nourishing diet, extra protein + vitamins.

Usually medical treatment for 12 months (drugs taken home) - When medical treatment fails - surg.

Partial Thyroidectomy (anything up to 7/8)

Indication for - Thyrotoxicosis - unresponsive to med. tx.
nodular thyroid gland.

retrosternal goitre (main see dyspnoea)
Ca.

Prp. of Thyrotoxicosis (others o.k.) - Admitted few weeks avant for pre-op. care

- rest & sedation - usually Phenobarb. q.s. 1/2-1 h.D.

special drugs - Thiourea, Neomercaptop or Lugol's

Nourishing diet,

Lehart s.p. (true indications of rate)

Post-op. care, spec. obs.'s

signs of haem. - back of neck (trichles & line)

respirations - haemorrhage - constricts trachea.

pulse 1/2 hly + B.P. 1/2 hly.

T₁ taken 3 hly for 12 hours (thyroid crisis, acute fib. hypopyrexia)

How. post-op. care (sponge bands, face, etc.)

Sometimes - depends on surgeon - 60 minims of Lugol's Iodine in
10 op. NLS P.R. drip immediately after (prevents development of thyroid crisis)

Wounds - Drainage tube out in 24 hours.

Alternate clips out 2nd day - remainder out 3rd day.

Lugol's Iodine 5-10 m. T.D.S. - may be continued for 7-10 days post-op.

Musky voice sometimes occurs - steam inhalations T.B.C. given.

o.o. Bed 3rd day.

Breathing + leg exercises.

Post-op. comp's

1. Haemorrhage - external or haematoma.
2. Oedema of glottis rare.
3. Thyroid crisis (exagg'd form of thyrotoxicosis - auricular fibrillation, tachycardia, hyperpyrexia, excitability/delirium)

Tr. of Thyroid crisis - sudden outpouring of thyroxin into blood)

Lugol's Iodine - i.v. (strip N/S)

Digoxin - i.v.

Lipid Sponging - 2 hourly.

Sedation (barbiturates)

4. Tetany - due to removal of too much of Parathyroids. Painful contractions of hands and feet (blood calcium reduced - necessary for relaxation - tr. - i.v. Calcium Gluconate)

5. Myxoedema - too much thr. removed - give tr. of Thyroid

Ca. Thyroid - Radio-active iodine successful sometimes.

DISEASES OF RECTUM
1. HAEM.'S.

Haemorrhoids - varicosity of haemorrhoidal plexus, veins.

- Act.
1. Constipation.
 2. pressure on venous return in pelvis - pregnancy, Tumours, Ca.
 3. leishiosis of liver
 4. familial tendency.

S.S. pain during defecation.
 blood - tr. red capillary bleeding - during or immed. after defecation)
 pruritis ani - itching of skin round anus.

Comp's - prolapse - strangulation - sloughing + infection.
 anaemia.

Tr. Relieve constip. + cause if poss. - Paraffin.

Inject Phenol (Carbolic) in oil.

Haemorrhoidectomy - Enemas R. Washout. - Paraffin + low Residue diet for 3-4 days avant.

Post-op. care: 1. Haemorrhage - ext. thin drain tube - internal - gen. s.t.s.
 R.P.A.O - B.P. + P.

Analgesics freq. for 24-48 hrs. - Feth, or Morph. q.q.h. prn.

Remove pack 3 days later (if Doc.) or olive oil enema through drain tube, then daily saline bath, + bath after defecations.

DISEASES OF RECTUM.

HAEMORRHOIDS (cont.) Stricture of anus may occur (pass Mack's dilators - slow p.
 Taken home & him for 2-3 weeks. Prevented by dilating orifice
 daily with gloved finger or dilators.
 Low residue diet.
 All. Paraffin with T.D.S - 1st day on & normal diet after 7th day.

ANAL FISSURE break in mucous lining of anus - small lacer. caused by dragging down.
 also caused by constip.
 S.V.S. during & after defecation. (spasm of sphincter)
 Tr. treat constip. & paraffin with T.D.S. until cured, then
 in the fissure closed.
 local sedative - Proctocaine supp. or cream - relieves spasm of sphincter,
 surgical excision of fissure [X]
 Pre + post op. similar to haemorrhoids.

FISTULA IN ANO. abnormal canal between lining of anus & skin.
 caused by infection of anus - rectal abscess or haem. infected.
 S.V.S. discharge of pus, mucus from anus at opening.
 pain on defecation.
 Tr. excision of fistula - cavity heals slowly from granulation surface.

RECTAL ABSCESS. in rectum itself, sub-mucous, Ischio-Rectal or sub-cutaneous.
 cause - infection from haemorrhoids.
 Ischio-Rectal often Tb'ous.
 S.V.S. - pain - worse on movement or defecation.
 swelling & inflam. - tenderness side of anus.
 Tr. incision & drainage & poss. nec. to excise - long time to clear up.

CA RECTUM.

common site - most common in elderly males.

5th S. 1st alteration of bowel habits (constip. alternating & diarrhoea or >ing constip.)
 2nd bleeding P.R.

3rd Mucus in stools

later - 4. Pain (late S. - pressure or metastases.)

5. obstruction.

6. secondary deposits

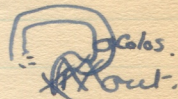
Confirmation by Rectal exams. - 1. gloved finger.

2. proctoscopy.

3. sigmoidoscopy - biopsy.

Tr. Inoperable if extensive secondary.

Operable - resections of Rectum. Abdom. Perin. Excis. & perm. Colon.

Prep of patient.

1. Investig. of general health.
2. Chest X-Ray (exclude metas.)
3. F.B. Exam - Hb. & Blood urea.
4. Urine exam - Urine conc. Test.
5. Any septic foci - teeth - removed or treated.
6. Blood grouped & X-matched.
7. P. shown breathing & leg exercises.
8. Op. carefully explained (colostomy)
9. Shave - chest to knees (waist to knees at back)
10. If Anaemic - blood transf. always during ops.

P. goes to O.T. i.e. self-ret. catheter to keep bladder empty.
 Some surgeons order Ryles' tube to control vomiting if occurs.

Pre-med. & anaesth. given.

Postop. care. 3 wounds - Perineal (dors. cavity) drain tube & pack.
 Abdominal (mid-line)
 Colostomy orifice

P. may be shocked on return to ward - transf. in progress -

R.P.A.O - B.P. & P., colour, hum. observed.

Drainage tube for perineal wound may be connected to bottle at bedside.
 When conscious sponge bands & face-ice pillows & post-op. analgesic.
 Baths for 48 hours - drain Q4H or continuous.

Ryles' tube in sometimes - aspirated & changed.

CA RECTUM.

Colostomy post. ops. cases. Abd. Perin. Resec.

Dpad should be changed daily although colost may not work for 24-48 hours. Abdominal wound protected is waterproof dressing of faecal matter from colostomy may infect it. Amt. of drainage measured. If a gauge pack in - half may be removed in 48 hrs (Doc. does) & remainder gradually removed 7-10 days. If wound closed after ops. daily dressing only required & removal of Dtube when no further drainage.

Colostomy - Vaseline smeared on lint placed over stoma (hole in middle for discharge) covered with gauze & wool pad, then binder. Soon as colost. acts & no nausea or vomiting - diet 7'd gradually & amt. of roughage depends on action of colost. Aim - 1 action daily (N/sox Dextrose, then light diet). Show p. how to manage own colostomy & give advice regarding diet - ie. if freq. - reduce roughage, - constip. - relieved by 7'ing roughage. P. allowed up 3-4 days after - depends on gen. conditions. During time in bed - breathing & leg exercises (prevent venous thrombosis). Heal. 3-4 weeks - if satisfactory recovery. Ureas. perineal cavity may take several weeks to close - depends on manner in which wound closed up. Before discharge fitted to spec. belt (proper concave cover - belt holds dressing in place) Bags very little use - for ileostomy.

Colostomy Washout. may be necessary occasionally (Some surgeons think may be controlled by diet - may sometimes order daily.) Done in clean water or saline.

Return to normal activities, providing gen. cond. good. - 2 incisions for ops. - one perineal and one abdominal.

Comp. of ops. Shock.

Hemorrhage

Paralytic Ileus

Pulmonary collapse, Pt. Pneum.

Femoral Thrombosis - Pul. Embolism.

Retention of urine.

Wound infections.

PROLAPSE OF RECTUM

Inf feeble infants & elderly adults may be assoc. 'c' poor muscle tone.

Minor - small protrusion of mucus lining through anus.

Major - 3-4" of lining protruding.

Tr. improve muscle tone - adequate diet & exercise.

child shouldn't defecate on bedpan or toilet seat. (?)

Adult - aperients for constipation.

Maybe op. - ~~excise~~ excise part of rectum and anastomosis of sigmoid colon. Possibly pushed back.

UNPERFORATED ANUS.

Meconium passed by newborn babies in first 24 hours - black tarry stool. If susp. of obstr. - E.S.D.

Tr. plastic surg. - repair - colostomy may be nec. til plastic surg. possible later.

VOMITING.

Symptoms - controlled by vomiting centre in medulla.

Reflex Vomiting - aggravated by food, pain - gastritis

gastric ulcer - relieved by vomiting stomach contents - hamuloma carcinoma - coffee grounds.

pyloric stenosis - more than 1 meal - projectile.

acute dilatation of stomach - post-op. discolored watery small amt. ^{effortless} continuation

Disease of other organs.

Intestines - Int. Obstruction - stomach, bile then faecal.

Appendicitis - once or twice

Enteritis if v. persistent.

G.B., esp. if biliary colic, or Renal colic

Stimulation of vomiting centre: cerebral abscess, tumours (meningitis) next related to food.

Stimulation of higher centres: fear, anxiety, hysteria.

Ear - semi-circular canal when travelling - Meniere's Syndrome.

Infants - fit swallowing.


Rapid feeding.

Nervousness.

Inf. of stomach, pyloric stenosis (strang. hernia)

(Apomorphine)

SCABIES

skin disease caused by itch mite - *acarus scabii*.  - burrows under skin to lay eggs - crawls out & dies. Itching caused by larva - in between finger clefts, elbows, backs of knees, wrist - irritation causes dermatitis - confirmed with magnifying glass - see them - can be picked up with pin-point.

Tr. infectious - spread by direct contact & clothing.

Soak p. in warm bath and scrub w soft brush & soft soap from neck down.

Dry & paint w Benzyl-benzoate 30%.

All contacts treated same way (family)

Clothing disinfected.

IMPETIGO.

CONTAGIOSA - skin condition caused by strept. & staph.

Appear as blisters - vesicle then pustule. Forms a crust - "lemon. yellow" colour on a very inflamed skin. Commonly occurs on the face, but can occur elsewhere. Children commonly.

Assoc. \dot{c} pediculosis capitis

Tr. Isolation

Remove crusts - soak off \dot{c} boracic lotion, castor oil or starch poultice

Antibiotic - P. spray, Bacitracin, Dicyclanil - G.V. (unsightly)

~~Penicillin~~

TONSILLECTOMY

Indications - enlarged & septic; freq. attacks of t'itis. (chr. infection)

Pre-op. if a virulent infection & course of antibiotic (off. sens.)

Atropine (pre-med.)

Post-op. care semi-prone position from theatre \dot{c} head low
same position in bed - pillow \dot{c} stomach.

Urb. 's - $\frac{1}{4}$ luby B.P., colour, swallowing movements (freq. - bleeding)

If haem. 's - sit up, remove clots, swab mouth \dot{c} cold water
ice to suck, reassur.

Direct pressure to bleeding site \dot{c} swab on holder.

Notify Doc.

Analgesic given - Nipenthi or Peth. 15mg for 4 years.

A.P.C. gargle & swallow before meals, soft nourishing foods.

Home 3-4 days

If adenoids - breathing exercises - nasal breathing - co-ops. from mother,