

Treatment of Diphtheria by Antitoxin Serum.

BY MISS ANNIE HOBBS.

AS the treatment of diphtheria by the injection of antitoxin serum (supplied by the British Institute of Preventive Medicine) is still somewhat in its infancy, a few notes on a case which I have just nursed successfully may be of some general interest to the readers of the NURSING RECORD.

In passing, I may say that I have had four cases, two babies (aged respectively 17 and 18 months), and two children between 3 and 4 years of age. Two of them had tracheotomy performed; all were treated by the injection of antitoxin, and all have been a great success so far as diphtheria was concerned. They were all admitted between April 20th and 27th; three are being discharged this week (ending June 8th); the fourth, a baby of 18 months, died after three weeks, but *not* from diphtheria. He brought in, and gave to all the rest, measles, and his death was due to broncho-pneumonia following that; the *post-mortem* showing that diphtheria had quite cleared up.

The particular case (of which one doctor remarked that it was a marvellous testimonial to the efficacy of antitoxin serum) is a girl, aged 3½ years.

April 21st.—Admitted at 2 p.m. in a state of collapse; livid, a dry cough, a good deal of dyspnoea, recession of ribs, frothing at mouth, &c. Membrane could be seen in throat and nostrils. Ten c.c. of antitoxin at once injected. Operation of tracheotomy performed; this relieved her considerably. Patient put in tent; steam kettle put on. Temperature rose to 100°, was put on two ounces of brandy for the twenty-four hours, also on strychnine and iron tonic three times a day; was very restless till midnight, then got quieter, and had intervals of sleep; had fits of coughing and dyspnoea at times, but never of more than a few moments' duration, and never to an alarming extent. Took about a pint and a-half of milk and two ounces of brandy from time of operation till 8 o'clock next morning.

April 22nd.—Ten c.c. antitoxin injected, occasional fits of dyspnoea, of short duration, and not so bad as yesterday. Patient much better colour. Took about same as yesterday of brandy and milk; rather a restless night. Temperature 99°; pulse 145; respiration 60.

April 23rd.—Five c.c. antitoxin injected; respiration still very rapid, but much less dyspnoea; did not cough so much; great deal of mucus from tube; slight trace of blood once. Temperature normal; pulse 130 to 160; respiration 40 to 60; began to take food badly; only one pint of milk and two ounces brandy in the twenty-four hours. Slept better.

April 24th.—Five c.c. antitoxin injected (last injection). Respiration still rapid, but no dyspnoea. Seemed to have greater difficulty in swallowing. Temperature 100·6°. Looked brighter; slept well.

April 25th.—Took very badly (only eight ounces of milk); had to be fed by enemata every three hours; alternately, milk one ounce, brandy two drachms, and raw meat juice one ounce, brandy two drachms. Temperature 100·4°. Passed one large clot of mucus from right nostril, but still no sign of breathing through nose. Slept fairly well.

April 26th.—Continued in same condition. Temperature 100·8°.

April 27th.—Smaller tube inserted; still a great deal of mucus through tube. Antitoxin rash appeared and continued more or less for several days; very irritable at times. Enemata still continued, did not take more than eight ounces by mouth in twenty-four hours. Slept badly. Temperature 99·4°.

April 28th.—Very languid in early morning; at 12.30 p.m. suddenly collapsed, eyes became fixed, pulse almost imperceptible, limbs apparently lifeless; a brandy enema was given, hot bottles and blankets applied, a hypodermic injection of strychnine, three minims, followed by one of ether, four minims. She gradually recovered, and by 2 o'clock was fairly comfortable, though much exhausted. Slept fairly well. Temperature normal. Was put on two ounces port wine in addition to the two ounces brandy.

April 29th.—Very languid and sighing a good deal in morning. Slept a good deal on and off, breathing so much better that steam kettle was taken off. Still much mucus from tube; pulse stronger.

April 30th.—Nostrils began to act slightly. Took a little better. Enemata every four instead of every three hours. Less discharge from tube.

May 1st.—Breathing still improved; tube removed and wound partially closed and dressed with iodoform gauze and wool. Breathed quite comfortably afterwards; spoke a little. Still taking better. Milk one pint, port wine, two ounces by mouth, besides the enemata. Slept comfortably.

May 2nd.—Temperature rose to 101·2°; rash began to appear.

May 3rd.—Measles diagnosed; all enemata stopped; breathed quite comfortably; wound more tightly strapped; taking much better, had rather restless night. Temperature 100·8°.

May 4th.—Took a beaten up egg, two pints of milk and brandy and port wine as usual. Temperature 100·2°.

May 5th.—Wound quite closed; still restless at night.

May 6th.—Temperature again fell to normal, and she showed marked signs of improvement. Took custard in addition to milk, &c.

May 7th and 8th.—Cough rather troublesome, causing restless nights, otherwise going on well.

9th to 11th.—Cough better; still improving; rash cleared up on 11th. Taking well.

15th.—Commenced fish diet.

16th.—Still going on well, a little choking sometimes when drinking, but no return of fluid through nose.

17th.—A little pus coming from wound in neck.

May 18th.—Still pus from wound; abscess formed close beside it.

May 19th.—Boracic fomentations applied to neck.

May 20th.—Fomentation continued, still discharge. Brandy stopped; port wine increased to three ounces.

May 23rd.—Abscess getting less.

May 25th.—Abscess dried up; fomentations stopped; dressing of iodoform gauze put on. Patient got up for short time.

May 26th.—Put on meat diet.

May 30th.—Abscess gathered up again, child otherwise quite well. Slight incision made in neck, and pus squeezed out; again dressed with iodoform gauze.

June 2nd.—Neck quite healed; patient seemed perfectly well and fairly strong.

4th.—Patient discharged. She had no sickness throughout her illness. Stools fairly regular and normal.

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