

Appointments.

MATRON.

Miss Agatha Laughlin has been appointed Matron of the Cottage Hospital, Fordingbridge, Hants. She was trained at the Royal Free Hospital, London, and has held the position of Sister at the Southwark Infirmary, the Royal Victoria Hospital, Belfast, the Royal South Hants and Southampton Hospital. She has also held the position of Night Superintendent at the Chichester Infirmary.

ASSISTANT MATRONS.

Miss Augusta Minshull has been appointed Assistant Matron at the House of Recovery and Fever Hospital, Cork Street, Dublin. She was trained at the Infirmary, Chester, where she has held the position of Sister and Night Superintendent.

Miss Ellen Louisa Warren has been appointed Assistant Matron at the Hackney Union Infirmary. She was trained at the Croydon Union Infirmary, and has held the positions of Charge Nurse at the General and Seaman's Infirmary, Ramsgate, Charge Nurse at the Stamford, Rutland, and General Infirmary, Charge Nurse at the Eastern Fever Hospital, and Sister in Military Hospitals in South Africa and in this country.

SUPERINTENDENT NURSES.

Miss Lucy C. Cooper has been appointed Superintendent Nurse of the female blocks of the Leavesden Asylum. She was trained at the Central London Sick Asylum, Hendon, and has held the position of Nurse at the Isle of Thanet Infirmary, Kent. She has also had considerable experience in the nursing of the insane at the Holloway Sanatorium and the Brighton Infirmary.

Miss Martha A. Whitehead has been appointed Superintendent Nurse at the Alton Workhouse Infirmary. She was trained at the Union Hospital, Ashton-under-Lyne, and has held the position of Charge Nurse in that institution.

SISTERS.

Miss Edith Marian Whitehead has been appointed to the position of Sister in the Indian Nursing Service. She was trained and certificated at St. Bartholomew's Hospital, and has held the position of Sister at the Fever Sanatorium, New Romney, and at the Victoria Hospital, Folkestone. She has recently been on the staff of the Registered Nurses' Society.

Miss Ida Nash has been appointed Sister at the Hertford British Hospital, Paris. She was trained at the Royal United Hospital, Bath, in connection with which she subsequently had experience in private nursing, and as Holiday Sister and Night Sister. Miss Nash holds the certificate of the Central Midwives' Board.

CHARGE NURSE.

Miss Edith Riley has been appointed Charge Nurse at the Miners' Hospital, Redruth. She was trained at the Salford Union Infirmary.

Some Practical Points in the Nursing of Cases of Diphtheria.

By A. KNYVETT GORDON, M.B. Cantab.,

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There are few diseases where nursing plays so important a part as in an attack of diphtheria in a child, and it has, therefore, occurred to me that it would not be out of place to summarise briefly the reasons for what should, or should not, be done by the nurse to whom the care of such a patient is entrusted.

It is necessary, in the first place, to look at the pathology of the disease. Diphtheria is due to a poisoning of the system by a substance, or substances, which circulate in the blood. These substances, or toxins, as they are called, are manufactured by the germs—diphtheria bacilli—usually, but not invariably in the throat, or nose. The site of this factory is shown, as a rule, by the presence of a whitish-looking substance, which is called membrane. The chief effects of the poisons fall from the first, and throughout the course of the illness on the heart and circulation; in some cases certain nerves are also affected, so that the patient is partially paralysed.

The disease is not, therefore, simply a variety of sore throat, and on the recognition of its true nature depends everything that makes for success in its treatment.

The appearance of the throat gives us a slight insight into the severity of the poisoning, in that the production of a large quantity of poison is usually associated with a large amount of membrane, and great swelling of the parts, but it is, unfortunately, not possible to alter this production, or to kill the bacilli by any method of local treatment, syringing, swabbing, and the like, and the reason for this is that the bacilli that are the most active in the production of poison are situated underneath the membrane, and cannot, therefore, be reached by any antiseptics; moreover, in many cases, the greater quantity of the poison has been already manufactured by the time the patient comes under our care—usually on the third day, or later. And, as will be seen later, there are distinct disadvantages in attempting any energetic local treatment.

We can, however, attempt to neutralise the poison by injecting under the skin of the patient a direct antidote—Antitoxic Serum, but in practice this neutralisation is seldom complete. Probably the reason is that antitoxin is only capable of destroying the poison just as it is being formed, and that it has not much effect on that which is already circulating in the blood. Then, neutralising the poison will only prevent fresh poisoning of the system; it does not restore that part which has

[previous page](#)

[next page](#)