

Prize Nursing Notes.

A CASE OF DIPHTHERIA.

BY MISS CLARE CROWTHER.

ROBERT M., aged 7 years, was admitted into the London Homœopathic Hospital on Sept. 22nd, 1895, suffering from diphtheria. The patient has had two previous attacks of diphtheria, for which he was treated in the London Homœopathic Hospital, and each time was discharged quite cured, and with no after-effects of the disease.

On admission on September 22nd he had great difficulty in breathing and appeared much exhausted, but had not much difficulty in swallowing. The cervical glands were very much enlarged, particularly on the right side. The pharynx and tonsil were much redder than normal, and grey patches were discovered on right tonsil; heart natural, lungs natural, knee jerks present. Temperature 102.6°, pulse 152, respiration 30.

Patient was at once put into a "tent" bed, and a steam kettle was prepared containing twenty drops of "pynol." Warm milk was administered, \mathfrak{v} . every two hours; merc. cy. 6, \mathfrak{m} i. every hour, was prescribed. The throat to be painted every two hours with rectified spirit of wine and water, equal parts.

Notes of case, taken daily, are as follows:—

September 23rd.—Patient is very drowsy; breathes more easily and takes nourishment fairly well; he has a short dry cough which is very frequent and appears to give considerable pain. A very bright, raised, red rash appeared on chest and abdomen this morning, but faded gradually towards evening; temperature 101°, pulse 120.

24th.—Has great difficulty in swallowing fluids, is rather inclined to choke; rebels against food and is in consequence very much exhausted after each "feed." The rash has quite disappeared; temperature 99.4°, pulse 120.

25th.—Thin greyish membrane is spreading over tonsils and fauces, cervical glands very tender and much enlarged. Patient complains of headache and is very weak; has short snatches of sleep, and on waking is slightly delirious, temperature 101°, pulse intermittent; calc. phosph. 3x \mathfrak{m} i. ter. prescribed. Throat to be sprayed with a solution of soda bicarb. and glycerine every two hours; painting to be discontinued.

26th.—Throat very painful, there is still great difficulty in swallowing; temperature still up, pulse weak but regular; sulphur sublimate to be blown down throat every four hours alternately with spray.

27th.—Patient very drowsy, slightly delirious, swallows with great difficulty, takes food very unwillingly; calc. phosph. discontinued, merc. cy. 6 \mathfrak{m} i. prescribed.

28th.—Patient is very weak, has a distinctly laryngeal cough, and the uvula is entirely covered with a thick white membrane; he sleeps better and there is less delirium.

29th.—Throat very painful, cough frequent and very distressing, patient appears to be in constant danger of choking, cannot swallow fluids. There is considerable retraction of soft part of anterior chest wall, and complete suppression of voice. Preparations were made for tracheotomy. In the interim, patient had a very

severe spasm of coughing, was very sick, and brought up a large piece of membrane—almost a complete cast of the throat—after which he experienced great relief, and it was not necessary to perform tracheotomy.

30th.—Patient breathes much more easily; is rather drowsy, early part of day, restless towards evening, takes nourishment better and the cough is not nearly so frequent. There is much less tendency to choke. Food taken in twenty-four hours—two pints of milk and one pint of beef tea.

October 1st.—Very restless and slightly delirious; coughs up a great quantity of mucus, but very little membrane; has been sick once, temperature 99°, pulse gaining strength, knee jerks not obtainable, plantar reflex good, pupils do not react well to accommodation but well to light, no regurgitation of food through nose.

2nd.—Pulse weak in the morning, stronger towards night; still coughs up mucus in large quantities, takes food only on compulsion, knee jerks not obtainable, quantity of urine passed in twenty-four hours \mathfrak{z} vi., albumen \mathfrak{f} .

3rd.—Patient coughs up less mucus; complains of pain in chest and left arm; has had a very restless night, the pain being so severe at times that he became quite faint and it was found necessary to administer brandy; has been sick twice, takes food very unwillingly, temperature 98.8°.

4th.—There are still some patches to be seen on tonsils and fauces; patient is very irritable and rebels against food. White wine whey, \mathfrak{z} iv. in twenty-four hours ordered.

5th.—Very drowsy, perspiring freely, breathing with less difficulty, sleeps more comfortably at night. Quantity of urine passed in twenty-four hours, \mathfrak{z} x., albumen increasing. Temperature normal.

6th.—Patient takes nourishment better; the cough is not so troublesome, and the throat is slowly clearing. Apis—3 \mathfrak{m} i. o.3 h. prescribed.

8th.—Much improved, the cough is less laryngeal. There is still a large quantity of mucus with a little membrane. Urine dark and clear, quantity passed *per diem*, \mathfrak{z} xv., albumen decreasing.

12th.—The pain in chest and left arm is still very severe. In all other respects there appears to be improvement. Patient is gaining strength and takes nourishment very well.

14th.—The throat is now quite clear, and the fauces move naturally. Patient to have fish and green vegetables. Reflexes have not yet returned. Steam kettle discontinued.

16th.—Some paralysis came on this morning—both sides of fauces and soft palate affected. Uvula is not moving in deglutition. Food comes back. No other parts affected. Bell. 2x \mathfrak{m} ii. every hour, prescribed.

18th.—Paralysis is passing off; the patient can swallow without much difficulty, his appetite is improving, and he is gaining strength. There is now only a trace of albumen in urine.

21st.—There has been rapid improvement in every way the last three days. The patient sleeps well and his appetite is very good. Paralysis has quite passed off. Reflexes have not yet returned. Had a disinfectant bath.

28th.—Patient is very bright and much stronger; he is allowed to sit up in bed for several hours, and eats and sleeps well.

30th.—Patient has been up on couch for three hours.

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