

## Notes on a Case of Diphtheria:

WITH THE OPERATION OF TRACHEOTOMY.

By Miss LILLIAN MENZIES JACKSON.

A BOY aged one year and ten months was admitted into our hospital from the out-patient department on November 14th, 1895, at 1.30 p.m. The patient, on admission, proved to be a fairly well nourished child, rather inclined to rickets, and had been in attendance as an out-patient for some weeks, treated for bronchitis. His face was pale and his lips a very bad colour; there was very great dyspnoea, accompanied with intercostal recession. Temperature, 99°; pulse, 136; respiration, 40. The patient was examined by the house surgeon at 2.15 p.m., who decided upon the immediate operation of tracheotomy, which was effected; an anaesthetic was administered. Hardly any membrane was present at the operation, and there was no hæmorrhage. Antitoxin 15 cc. prepared by the British Institute of Preventive Medicine was injected into the abdomen. At 2.50 the patient was re-placed in bed, with a steam tent. The breathing was now very much relieved, and recession was hardly discernible; he quickly recovered consciousness after the operation, and there was no nausea. Brandy  $\mathfrak{m}$ x. every hour was ordered by the house physician (who now took charge of the case), also a throat spray of hyd. perchlor. 1-3,000 every three hours to throat and tube, and pulv. diphth. as much as would lie on a sixpence at the same time. At 3.30 the boy became restless, temperature being 97.8°, pulse 136, and respiration 40; at 3.40 he took  $\mathfrak{z}$ ss. of milk, with the  $\mathfrak{m}$ x. of brandy, at 4.30 a few teaspoonfuls of milk, and at 4.45 he was sleeping quietly.

During the night the patient was fairly comfortable, taking about  $\mathfrak{z}$ i. of milk with each feed (every two hours); his cough was frequent and very dry, not much mucus being coughed up, and little or no membrane; his maximum pulse during the night was 140, and the temperature continued abnormal.

*November 5th.*—There was not much change in the condition of the patient till about mid-day, his temperature at 2 a.m. was 99°, pulse 130, respiration 36. At 6 a.m.: Temperature 98.6°; pulse 136; respiration 40, and at 10 a.m.: temperature 100°; pulse 136; respiration 40. At 12.25 he had a sudden spasm, the face becoming blue and the extremities cold; a piece of membrane was feathered up, forming a complete cast of the trachea; it was, however, unfortunately destroyed whilst being dislodged from the feather. The patient was very exhausted after the attack, and the temperature fell to 97.2°; he, however, revived after a short time, and was able to take nourishment, milk  $\mathfrak{z}$ ii. and brandy  $\mathfrak{z}$ ss. At 2 p.m. the temperature was 99.6°; pulse 140; respiration 40; at 2.30 the bowels were opened freely, the stool being normal. The patient slept quietly till 5.15 p.m., when the cough gradually became more frequent, and a quantity of mucus was coughed up through the tube. This continued till 8.15 p.m., when the boy became so restless and distressed that the doctor was sent for. Vin. ipecac.  $\mathfrak{z}$ i. was ordered and given; twenty-five minutes later the patient vomited, and seemed to experience much relief: the vomit was frothy, and of a yellow colour. Temperature at 8.30 p.m. 100°; pulse 146; respiration 48. The patient slept at intervals during the night, though the cough was still troublesome and frequent, several small fragments of membrane being

feathered up: milk  $\mathfrak{z}$ viii. being taken. Temperature at 10 p.m. 99.6°; 2 a.m. 100°; 6 a.m. 98.8°; pulse, 142, 146, 146; respiration 40, 48, 40.

*November 6th.*—The patient did not seem so well, being very exhausted and looking pale, the eyes being sunken and heavy, the pulse was very weak, and dyspnoea was returning. At 10.15 a.m. antitoxin 10 cc. was injected; at 2 p.m. the temperature had fallen to 98.2°, the pulse being 130 and very irregular, the respiration 36. The patient was quiet and fairly comfortable, but did not sleep till 5.15, when a quantity of membrane, mixed with slightly blood-stained mucus was obtained, the tracheotomy wound looking very septic. Temperature at 6 p.m. was 98°, pulse 146, respiration 38. At 9.30 p.m. the pulse was very rapid, being almost uncountable, and at 10.15 a subcutaneous injection of strychnia  $\mathfrak{m}$ ii. was given, a change in the pulse being almost instantly noticeable. The patient had a comfortable night and slept well, but started very much during sleep; the temperature did not rise during the night. Urine acid, no albumen, sp. gr. 1020.

*November 7th.*—Not much improvement in the condition of the patient, the pulse still being very weak and rapid, a third injection of antitoxin was given at 11.20 a.m., and at 3.15 the patient was ordered ammon  $\bar{c}$  æther, four *iss. horis*, the wound still looking very septic. No membrane. About a pint and a half of milk and beef tea taken during the twenty-four hours. Had a comfortable night. Temperature not exceeding 99°. Pulse more steady. Bowels opened slightly.

*November 8th.*—Child rather better, a little membrane coughed up, food taken well, the patient got rather restless towards the evening. A slight improvement in the wound. Pulse 128. Respiration 34.

*November 9th.*—No apparent change, the tube was taken out at 11.30, but was immediately replaced as the patient became suddenly blue and stridor was excessive; it was, however, omitted again in the afternoon at 2.30 for three-quarters of an hour, but the patient was very distressed, and became very much exhausted. Injunctio strychniæ  $\mathfrak{m}$ ii. was administered. Temperature fell to 97.2°. Pulse very feeble. Respiration 56. Slept fairly well during the night.

*November 10th.*—The patient obviously improved; enjoyed half-a-cup of bread and milk at 10.20, began to notice things about him. At 2 p.m. temperature rose to 99.6° and the face was flushed, but the boy was breathing quietly, the tube was omitted for three hours during the day, but was re-inserted because dyspnoea became very great. As the bowels had not acted for two days cal.  $\bar{c}$  sacch. gr. iii. *statim.* was ordered with no result, therefore mist. sennæ co.  $\mathfrak{z}$ s. was given *cras mane*. Temperature at 6 p.m. 99.2°. Pulse 126. Respiration 34.

*November 11th.*—Patient not getting on well. Pulse getting decidedly weaker, the tube was left out the greater part of the day, the boy getting very exhausted towards the evening, and at 7.15 the dilators were used and the tube re-inserted, injunctio strychniæ  $\mathfrak{m}$ ii. being given every four hours, a pint and a half of milk and beef tea taken. Valentine's meat juice  $\mathfrak{z}$ i. ordered every four hours. Very little cough.

*November 12th.*—Marked improvement in patient who enjoyed a little very thin bread and butter and some custard pudding. Tube was omitted, it being re-inserted in the morning at 2.30 a.m. as dyspnoea with recession was returning.

[previous page](#)

[next page](#)