on infectious disease than that which has, I am sorry to say, been copied from textbook to textbook, viz., that it is necessary to keep up the patient's strength by repeated feeding with beef tea, eggs, port wine, and what not. Clinically, the effect of this disastrous practice is to make the patient sick, and vomiting is one of the very worst things that can happen to a patient with diphtheria, because it, in itself, places such a severe strain on the heart. Over and over again have I seen vomiting result in immediate death.

So you should impress upon your probationers that in treating a case of diphtheria they should not only spare the circulation but should also remember that there is no danger of under feeding the patient, but a very grave danger indeed in giving it more nourishment than it can digest, and it is by no means easy to see whether it can or cannot digest its food. For instance, in the acute stage of a moderately severe attack of diphtheria in a child of two years, one pint of milk or albumen water is amply sufficient for it in the 24 hours.

Later on the so-called diphtheritic paralysis may supervene. This is due to the poison attacking and causing inflammation of the sheathes of certain nerves; a swelling results, which has the effect of compressing or nipping the nerve inside it; consequently, impulses travelling to the part supplied by the nerve are either suppressed altogether or perverted. The signs are seen in the parts supplied by the extreme ends of the affected nerve.

You all know what happens when you hit your "funny-bone": in other words, when you knock the trunk of the ulnar nerve as it crosses the bony prominence at the bend of the elbow: you do not feel the pain in the elbow, but you feel a tingling in the tips of the fingers which are supplied by the nerve in question.

Exactly the same thing happens in a case of diphtheritic paralysis. Let us take the case of the vagus nerve, which is often affected: here the swelling occurs, as a rule, fairly high up in the neck. The symptoms are seen in the parts supplied by the ends of the nerve—viz., in the stomach to begin with, when vomiting results; in the lungs—dyspnœa—and finally in the heart. Here the effect is shewn in a rapid and irregular pulse, because the impulses that normally travel down the vagus tend to slow the heart: when these are cut off it beats more rapidly.

I do not, however, intend at present to describe the symptoms of all forms of diphtheritic paralysis—they may be learnt more easily in the ward. The commonest forms are: paralysis of the palate, shewn by a nasal voice and by a regurgitation of fluids through the nose: in the muscles of the eyeball, as shewn by various forms of squint: in the muscles of the pharynx, as shewn by a cough on drinking, and difficulty in swallowing; and also the cardiac paralysis, as it is called, which results when the vagus nerve is affected.

There is, however, one point that I wish to mention here which is of great importance in the treatment of cases of diphtheritic paralysis; when the muscles of the palate or pharynx are affected it will be necessary that all fluids should be given through the nasal tube. If the child is allowed to drink naturally, the chances are that the milk will find its way down the trachea into the lungs because the epiglottis, which should guard the entrance to the trachea, is usually paralysed also.

I believe that young nurses approach this nasal feeding with a certain amount of terror; they have visions of the tube going the wrong way, and I think a few plain words from the sister on the subject will often do much to allay sheer trepidation.

It is essential to impress upon the nurse that, roughly speaking, it does not matter in the least if the tube does go the wrong way; it can only go in one of two wrong ways; it can either curl up in the mouth—it may be a little disquieting to see the end of the tube projecting through the teeth, but it is not a matter of any importance—or it can go down the larynx, and I may say that I have repeatedly passed a nasal tube down the larynx myself. I have, however, not poured milk down it, and there is not the slightest necessity that a patient with diphtheritic paralysis should have its life thus abruptly terminated by drowning.

The essential point is to make sure, firstly, that the tube is not in the windpipe, and this is quite easily ascertained by noticing whether the child is breathing, and, secondly, whether it is breathing through the nasal tube.

If a rule be adopted never to pour fluids down a nasal tube until the child has taken at least a dozen quiet respirations, and to make sure that the child is not breathing through the tube by the simple process of pinching it—the tube, not the child, I mean—there will be no accident from this cause.

Generally speaking, there is a tendency to use tubes that are too small, and if a tube passes easily down the nose, but is apt to curl up in the mouth, a larger tube should be substituted forthwith.

(To be continued).

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