

OUR PRIZE COMPETITION.

ENUMERATE THE SIGNS AND SYMPTOMS OF ACUTE TONSILITIS. WHAT DISEASE MAY IT RESEMBLE? HOW WOULD YOU NURSE SUCH A CASE?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Tonsillitis, as its name implies, indicates an acute inflammation of the tonsils, the two small masses of lymphoid tissue guarding the entrance to the back of the throat, and incidentally the alimentary and respiratory systems. It may occur in two forms, the diffuse and the follicular, the latter being considered distinctly infectious to those exposed to the breath of a person ill with it.

Acute tonsillitis is evidenced by the local signs and symptoms of a feeling of constriction and pain in the throat, the tonsils becoming red and enlarged; in the follicular form covered with little vesicles exuding a cheesy-looking mass; in the other form it may present a smooth shining appearance, the inflammation extending to the uvula, and causing great discomfort. The patient's breath is foul. The muscles of the sides of the neck have a feeling of stiffness, owing to the swelling of the glands in the proximity of the tonsils. Systemic symptoms are a high temperature (103° to 105°), violent headache, and a feeling of general prostration and aching in the limbs. The acute form of follicular tonsillitis, when the vesicles coalesce and form a coating over the tonsil, may resemble the false membrane characteristic of diphtheria. In severe cases the diagnosis can be only satisfactorily ascertained by the bacteriological examination of swabs taken from the throat. Two points of difference are usually noticed in contrasting the two diseases. In tonsillitis the exudate is not so dark in hue as the diphtheric membrane, and can be removed easily in comparison to that of diphtheria, which is exceedingly difficult, and leaves a raw, bleeding surface. The membrane in diphtheria also spreads very rapidly, while in tonsillitis the tonsillar swelling is most marked. Owing to the severity of the general systemic symptoms in comparison with the local form of inflammation in tonsillitis, one is often at first led to suppose the condition may be the initiatory stage of some specific disease, of which the throat condition may be only a symptom, and it is wise to be on the look-out for any progressive symptoms until diagnosis by a medical practitioner is assured.

The nursing treatment consists in isolating the patient in a warm, well-ventilated room,

where he should be kept at rest in bed until the symptoms subside. The bowels should be kept open and regular, and the diet fluid at first, owing to the pain and difficulty in swallowing. The mouth must be kept clean, and washed out with a simple gargle before and after taking food. Dr. Gee's mouth wash is one of the pleasantest, though Sanitas, Condy's Fluid, bi-carbonate of soda, or boracic lotion may be used, as is most suitable. The specific local treatment aims at arresting the process and relieving the pain. For this purpose painting the surface of the tonsil with an antiseptic and astringent is generally ordered. Sometimes pure guaiacol is applied during the first twenty-four hours, which, though causing great pain at the moment, is most effectual in its after effects. Mandl's paint is also commonly used, or tannin and glycerine may be used for some time after the onset. In an adult, douching the throat may also give relief, using an ordinary throat spray, the patient leaning forward, so that the fluid may run out of the mouth into the receiving basin. Swabs and linen rags used for cleansing the mouth should be burnt immediately. For depressing the tongue, a metal spatula is generally used which can be boiled and then placed in a tray of boric lotion to cool it before use. An electric torch is also useful to the physician while examining the throat, if one has not a head mirror. External applications may be given either hot or cold. For the former a "Priessnitz compress," *i.e.*, a piece of lint wrung out of boiling water and covered with protective, then bandaged round the neck, is often comforting. For the latter a small ice bag is often applied, the external treatment being as a rule kept up continuously for a few days. Salol or salicin is sometimes ordered in large doses. Other medicines usually given are potassium bi-carbonate or citrates, with plenty of water to flush out the kidneys, which are sometimes affected.

When the patient is subject to frequent attacks of tonsillitis, and the tonsils become chronically enlarged, their removal is often advised. Many children and young people have been greatly improved in health by this simple operation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. Sheppard, Miss K. Kohler, Miss S. Simpson, Miss H. M. Springbett, Miss L. M. Moffitt, Miss J. Robinson.

QUESTION FOR NEXT WEEK.

Give three instances of eruptive fevers. Describe the nursing care of one of them, and state what precautions you would take to prevent the spread of infection.

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