

sometimes reaching 105° F., in some cases albumen is found in the urine.

Quinsy may be occasionally mistaken for diphtheria, scarlet fever or erysipelas of the fauces.

It is distinguished from diphtheria by the fact that the mucous secretion from the tonsil *may* resemble diphtheritic secretion, yet in quinsy it can easily be detached with a camel hair brush while in diphtheria it is firmly adherent.

From scarlet fever, quinsy is distinguished by the absence of red tongue and characteristic rash.

From erysipelas of the fauces it is more difficult to distinguish, but it is usually found that the redness is more concentrated, and the oedema less marked and more limited.

The prognosis for quinsy is good, the disease either subsiding, or advancing to the formation of an abscess which either breaks or is lanced, and thick pus escapes; there is then rapid relief from all symptoms. The ordinary duration is three to four days, but if both tonsils are affected it may be lengthened to ten to twelve days.

In very exceptional cases it has been found that a tonsillar abscess has invaded the carotid artery and fatal hæmorrhage has occurred.

#### TREATMENT.

Treatment for quinsy should always be commenced by a good purge, preferably calomel, for this has a secondary effect in reducing enlarged glands.

The patient should be kept in bed in a warm room, but care should be taken to see that the room does not become stuffy in one's effort to keep an even temperature; relief may be given by application of cold compresses and ice may be sucked, but when an abscess is in formation the course of the disease may be hastened by hot fomentations and inhalation of steam from hot water 150° F. to which creosote or tincture of benzoin  $\frac{5}{i}$  to  $\frac{O}{i}$  has been added. The throat may be sprayed with cocaine when swallowing is very difficult.

When the abscess is at its height it may be opened, and though this is not the work of the nurse, it should always be borne in mind that in opening a tonsillar abscess one has to work in very close proximity to the carotid artery, and all necessary precautions should be taken (such as having artery forceps, adrenalin, &c., in readiness) should such an unfortunate event take place.

In the event of the patient refusing surgical interference, an emetic will usually bring about the desired effect of opening the abscess.

The patient should be given frequent gargles and mouthwashes, and as much stimulating and nourishing fluid as he can be persuaded to take, such as beef tea and thin Benger's Food, and barley water if there is any albumen in the urine.

After an attack of quinsy the patient is usually given a course of iron or other tonic.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Hilda R. Bradley, Miss E. O. Walford, Miss M. James, Miss P. Thompson, Miss J. Robbins.

#### QUESTION FOR NEXT WEEK.

Describe the appearance of the skin in (a) eczema, (b) psoriasis, (c) ringworm, (d) lupus. How are these diseases treated?

### NURSING ECHOES.

The President of the Society for the State Registration of Trained Nurses, Editor of **THE BRITISH JOURNAL OF NURSING**, desires to thank her very numerous correspondents for their kind telegrams and letters on the passing of the Nurses' Registration Acts. She feels sure that owing to the tremendous pressure of work in connection with the final stages of the Bills in Parliament, they will accept her very cordial thanks through the medium of this **JOURNAL**.

It gives us great pleasure to announce that a Service of Thanksgiving for the passing of the Nurses Registration Acts will be held, early in the New Year, at St. Paul's Church, Covent Garden, Bedford Street, Strand, W.C., by permission of the Rector, the Rev. the Hon. Canon Adderley.

We hope to give further particulars in our issue next week. Meanwhile we feel sure that those nurses who realize how much the raising of nursing standards will prevent and lessen human suffering, will wish to take part in this public act of thanksgiving.

Already we are receiving letters from Sisters and Nurses suggesting that opportunities may be afforded for explanation of the provisions of the Nurses' Acts, as they express the opinion that "reading about them is one thing, but personal explanations and replies to questions another." This thirst for knowledge shows a wholesome interest in professional affairs, and, after new year, meetings will be arranged to explain the provisions and effects of the Acts, notice of which will be given in this **JOURNAL**.

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