

OUR PRIZE COMPETITION.

WHAT ARE THE CHANNELS THROUGH WHICH INFECTION ENTERS THE BODY? DESCRIBE ONE INFECTIOUS DISEASE, THE METHOD BY WHICH IT IS COMMUNICATED, AND THE NURSING CARE OF THE PATIENT.

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

PRIZE PAPER.

Infection enters the body by—

1. *Inhalation*.—Through the air we breathe the micro-organisms gain entrance into the nose, mouth, throat, larynx, and finally into the lungs.

2. *Ingestion*.—By the food we eat containing germs, they are carried into the mouth, oesophagus, stomach, and intestines, and finally into the blood stream.

3. *Inoculation*.—Directly through the skin, as in vaccination, or by a wound, or any abrasion, however small, coming in contact with bacteria.

4. *By Absorption* by the mucous membrane; this takes place in nose and throat, and is possible in the bowels.

DIPHTHERIA.

Diphtheria is a very infectious fever, at present very epidemic. It attacks children mostly between the ages of one and ten years, but older persons are affected. It is due to the "Klebs Loeffler bacillus," so named after the two pathologists who discovered it, and is characterised by an exudation on the mucous membrane, producing a growth of membrane like wash-leather, of a yellowish grey colour, usually seen on the tonsils first and spreading to the palate. It may be transmitted by infected milk, direct contact, any discharges of infected person, or by fomites. It has a short incubation period of one to seven days; onset usually insidious, general malaise, severe headache, pains in back and limbs, and general feeling of ill-health; throat slightly if at all sore, but usually red; glands of neck tender and often swollen; temperature raised, about 102°; pulse quickened. Patches of membrane can usually be seen on tonsils, and may be adherent and leave bleeding surfaces; this membrane grows very rapidly, and endangers life by blocking the air passages with its growth unless checked.

The nursing of diphtheria requires much care and skill. The patient must be kept flat, one small pillow only under head, and everything done for him. He must not be allowed to sit up for at least three weeks for any purpose.

The room must be kept warm but well ventilated, and draughts prevented. Antitoxin will be administered as soon as possible, and the nurse should prepare the abdomen for same.

A culture from the throat is usually taken before treatment is commenced; afterwards swabbing with antiseptic lotion is usually done four-hourly. The nurse must be careful that patient does not cough in her face, and her eyes are best protected by glasses.

The diet should be liquid, but very nourishing, for the first few days; afterwards semi-solids may be given.

Strict watch must be kept throughout for any obstruction, dyspnoea, stridor, and cyanosis, sucking in of ribs noticed, and medical aid summoned immediately such conditions show themselves. Tracheotomy instruments and a tent and steam kettle should always be at hand in case they are needed.

Paralysis must be watched for, especially after the second week, as any muscles may be affected, namely, squint of eye denotes affection of eye muscles; nasal twang and regurgitation of food through nose, show muscles of nose and throat affected.

Signs of failure of the muscles of respiration and heart need careful watching for. Lower the head of the patient and give stimulant, if possible. Vomiting should always be regarded as serious in diphtheria, as it often means cardiac complications.

Diphtheria may affect larynx, fauces, eyes, or wounds, and in girls infection of the vagina is often a troublesome complication, requiring hip baths for some days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss T. M. Horrill, Miss B. James, Miss J. R. Robinson, Miss F. Neville.

Miss T. M. Horrill writes:—"The temperature, as a rule, is not high, and seldom exceeds 103°. The urine often contains albumen, and should be frequently examined on this account. There may be a thin, straw-coloured nasal discharge. In very severe cases there may also be hæmorrhages from the nose and throat and into the skin. In these cases recovery is practically unknown."

A paper by Miss Isobel Kerr arrived too late to be included in the competition.

QUESTION FOR NEXT WEEK.

What are the earliest symptoms of (a) scarlet fever, (b) measles, (c) typhoid fever, (d) small-pox, (e) whooping-cough; and how soon after exposure to infection would you expect the symptoms in each case to appear?

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