

**PRESENTATION OF THE SILVER PLATTER IN MEMORY OF SIR RICHARD BARNETT.**

The President accepted from the Council and Fifty Fellows and Members a magnificent Silver Platter in memory of the late Sir Richard Barnett as a small token of their gratitude to him for his championship of the Nurses' Registration Acts in the House of Commons in 1919. It was intended to cut the Registration Cake annually on this piece of plate, and thus keep Sir Richard's kind offices in mind. Mrs. Fenwick thanked the donors able to be present, and said they would find the portrait of Sir Richard in the Club Room decorated with holly and mistletoe. He was with them in spirit no doubt.

The Platter was handed round together with the silver knife and fork for cutting the cake, presented by Miss Breay, and the antique tartlet slice for handing it round, presented by the President. All the gifts were greatly admired.

**LIGHTING & CUTTING THE STATE REGISTRATION CAKE,**

Eleven little crimson tapers surrounded the cake, and with a lighted taper the ten members of the Council present each lighted one—the eleventh being appropriately lighted by Miss Beatrice Kent—who, as a constituent of the late Sir Richard Barnett, secured his promise to introduce the Nurses' Registration Bill into the House of Commons in 1919.

The President then cut the cake and its pristine beauty presently vanished, as its decorations were speedily acquired as souvenirs of the interesting ceremony. A slice was reserved for Miss McAra, of the Scottish Nurses' Association, to be sent to the "land of cakes," a handsome donation having been sent through her from the Association to the Barnett Memorial.

This varied ceremony was greatly enjoyed, Miss Roberts being specially appreciative of Miss Mollett's Epilogue to the Nursing Pageant, and the opinion being expressed that "we must have more of the Pageant" next year.

Thus at the last social function of the year members of the British College of Nurses met and parted with all the kindness in the world, pleased to have with them their eminent American colleagues.



**THE LATE MISS WILHELMINA J. MOLLETT.**  
Trained and certificated St. Bartholomew's Hospital, London, 1882-1885.  
Writer of the Words of "A Pageant and Masque on the Evolution of Trained Nursing and The Right of Life to Health."  
Designed by Mrs. Bedford Fenwick.

**THE TUTORIAL GROUP.**

The following Paper on Faucial Diphtheria was presented for discussion on December 16, at 39, Portland Place, W., at the meeting of the Tutorial Group, by Miss Alice H. Crisp, Sister Tutor, South Eastern Hospital, New Cross, S.E. :—

**FAUCIAL DIPHTHERIA.**

Diphtheria is the term applied to an acute infectious disease caused by the Klebs-Löffler bacillus, which is accompanied by a membranous exudation on a mucous surface and produces the formation of a false membrane which is very thick and tough. It shows a disposition to extend and to promptly form again when detached.

This membrane is generally found on the tonsils, back of throat, larynx, and sometimes extends up the posterior nares, and well into the mouth.

The bacilli give off toxins, which spread by means of the blood stream and cause local and general symptoms, resulting, in severe cases, in paralysis.

The fatal effect of the toxin is upon the heart muscle and circulation, also the nervous system, producing the various forms of paralysis which so often follow a severe case of faucial diphtheria.

The incubation period of this disease is usually from two to three days, though it may be as long as one week.

Faucial diphtheria is sometimes called pharyngeal; it may be mild or severe.

The onset is fairly short, the patient seems out of sorts, slight headache, chilliness, perhaps vomits. Sore throat may or may not be present, the glands below the neck become swollen, and in severe cases form a collar round the throat, often called a "bull neck."

A profuse nasal discharge is present, often putrid in character.

Prostration is extreme, the patient is pale, listless, often sleep is impossible. The

throat is so clogged up by the mass of membrane that swallowing is painful and difficult, speech indistinct.

Pulse is at first soft, and inclined to be rapid, but later it too is depressed by the toxæmia, and becomes slower, A strict watch must be kept on the pulse-rate for any change which might indicate a failing heart.

Albumin appears early in the urine, and is often in considerable quantity.

*Complications.*—Of these the most important is paralysis, due to the changes in the nerves produced by the toxin of the disease.

*Cardiac Failure.*—Due to the fatty degeneration of the heart muscle.

There are others, but of less importance.

*Diphtheritic Paralysis.*—In cases in which there has been

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