

extensive membrane, paralysis is almost certain to make its appearance sooner or later.

It frequently is seen about the third week, but sometimes earlier, on the other hand, the patient appears comparatively well, then post diphtheritic paralysis may be present about the sixth or seventh week.

(a) *Palatal Paralysis*.—Palatal paralysis occurs about the end of the second week or the commencement of the third week of illness. The chief symptoms are the return of fluids back through the nose, coughing on drinking, nasal voice,

Treatment.—All fluids must be thickened and given very slowly; in many cases nasal feeding will be ordered.

(b) *Paralysis of the Ciliary Muscle*.—Paralysis of the ciliary muscle may occur as early as the third week, or as late as the seventh or eighth week. The patient is unable to accommodate to the sight of near or distant objects.

Ocular Motor Paralysis is fairly common, often seen about the fourth week; the result of this form of paralysis is a squint or strabismus.

Ptosia of the Eyelid.—Paralysis of the muscles of the upper eyelids may be involved, the patient being unable to raise the upper eyelid.

Treatment.—All reading and writing forbidden, complete rest maintained.

(c) *Pharyngeal Paralysis*.—Paralysis of the pharyngeal muscles seldom occurs unless the attack has been severe; it is one of the late paralysees appearing about the fifth or sixth week.

The first symptom is usually a fit of coughing or spluttering on taking food, and an inability to swallow saliva.

This form of paralysis may last for a week or two, but if associated with paralysis of the respiratory muscles it is very serious.

Treatment.—Artificial feeding, the foot of bed elevated to prevent saliva and mucus collecting in the back of throat and passing over the glottis, which may result in pneumonia.

(d) *Respiratory Paralysis*.—Respiratory paralysis occurs late in the disease, the chief muscle affected is the diaphragm.

When this important muscle is affected the abdomen is motionless, and actually sucked in during respiration.

Any of the muscles of respiration may be paralysed, the breathing becomes difficult and laboured, the patient too weak to cough up the secretions.

Treatment.—Head turned on one side so that the saliva may run out of the mouth, foot of bed elevated, nose and mouth kept clean and free from mucus, patient moved frequently, artificial feeding.

(e) Paralysis of the skeletal and facial muscles may occur, but not before the fifth week, then lasting for only a short period.

Very rarely the paralysis becomes generalised; if so, the patient is entirely helpless, breathes with great difficulty, unable to turn or lift his head, saliva collects in the mouth and produces dribbling.

The voice is soft, sight feeble, pulse weak and often irregular, the patient is dull and listless, with often incontinence of urine and fæces.

Death may take place from the weakness of the heart. Recovery is not unusual with careful nursing. The patient is fed per rectum, saline and glucose only given.

(f) *Cardiac Failure*.—Cardiac failure, or cardiac paralysis, may be either early or late.

If present before or about the 13th or 14th day, the outlook becomes very grave. It occurs early in cases in which there is extensive membrane formation and profuse nasal discharge.

The first symptom to be noticed is persistent vomiting,

then more or less severe cardiac and abdominal pain, marked restlessness, sighing respirations, and the pulse-rate either rapid, or abnormal slowing of the pulse.

The patient usually dies from collapse within 48 hours. Very little can be done, the foot of the bed may be elevated, pillows placed in such a way as to prevent patient from injuring himself, owing to the extreme restlessness.

Fomentations may be applied over the cardiac and abdominal regions, external heat by hot bottles and blankets, saline per rectum may be given.

Drugs are of very little help. Late cardiac failure may occur any time after the sixth or seventh week; it usually occurs in patients whose pulse has continued to be soft and weak during the course of the illness.

The patient may collapse owing to exertion, such as sitting up in bed.

The later the attack, the better chance of recovery.

Treatment and Nursing.—The treatment of diphtheria consists in the early administration of anti-diphtheria serum or anti-toxin.

The anti-toxin is injected intra-muscularly, or intravenously; great care must be taken to secure asepsis.

The amount of antitoxin given depends upon the severity of the case.

If given on the first day the symptoms rapidly clear up, if a late case—three or four days—the local symptoms are more marked, extensive membrane and glandular swelling, also the toxin having been poured into the blood stream produces toxæmia.

The strength of the antitoxin is estimated in units (a unit of antitoxin is the smallest amount which will neutralise 100 units of toxin).

About 24,000 units is considered to be an average dose. Very often this is repeated every 12 hours if a severe case. The effects on the diphtheritic membrane shows itself within a few hours. The growth is arrested, it becomes loose and is either dissolved or coughed up. The swollen glands subside and a general improvement may be seen.

Serum Rash.—Serum rash may be present about the eighth or tenth day, it may be an erythema or urticarial form of rash, often sickness is present, pyrexia, joint pains, and albumin present in the urine. These symptoms last for a few days, then quickly clear up.

General Treatment.—In nursing a severe case absolute rest is the most important factor.

The patient nursed in a recumbent position, often no pillow being allowed for two or three weeks.

On no account must the patient sit up, or do anything for himself. The bowels should be carefully regulated, enemata given every other day, or very mild aperients. Food in the acute stage will consist chiefly of milk. The toilet of mouth and nose should be frequent. The throat may be gently syringed. Good ventilation essential.

The most important point to bear in mind is the effect of the toxin upon the heart and nervous system, so absolute rest is the vital point in the nursing of faucial diphtheria.

A NATIONAL MATERNITY SERVICE.

In answer to a question in the House of Commons from Viscountess Astor (Plymouth, Sutton) as to whether it was intended to introduce legislation making provision for a National Maternity Service, the Minister of Health replied: "I am sending the noble lady a copy of a circular and memorandum which I have recently issued to local authorities on the subject of maternal mortality. As stated in the circular, the Government have decided to undertake negotiations with the various authorities concerned with a view to formulating a scheme on a national basis for the care of maternity.

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