## OUR PRIZE COMPETITION.

**DESCRIBE THE CLINICAL FEATURES OF A CASE OF DIPHTHERIA. HOW WOULD YOU EXPECT SUCH A CASE TO BE TREATED ?**

In February, in reply to the above question, we awarded Honourable Mention to Miss G. M. Poskitt, S.R.N., M.B.C.N., Matron, Rush Green Emergency Hospital, Romford, Essex, and now have pleasure in publishing her short paper.

We do this to keep up interest in the scheme of the Ministry of Health in its campaign for the immunisation against diphtheria which it intends to press forward until the great majority of all children between the ages of 1 and 15 have been treated.

" If we are successful in reaching this aim," says the Minister, " the risk of a serious epidemic of diphtheria will be almost entirely removed."

### THE CLINICAL FEATURES OF A CASE OF DIPHTHERIA.

By Miss G. M. Poskitt, S.R.N., M.B.C.N.

The clinical features of a case of diphtheria are the appearance of diphtheritic membrane on the throat, usually the commonest situation being the tonsils, accompanied by fever which is not severe in the majority of cases. General malaise, headache and sometimes vomiting. The patient may complain of feeling cold ; sore throat may or may not be complained of. The pulse is quick and soft. There may or may not be swelling of glands. The extent of the membrane varies, it may spread to the uvula, larynx, soft palate, pillars of the fauces and the posterior pharyngeal walls. The membrane is usually grey in colour, although white and yellow membranes may be seen. It is a false membrane which is firmly adherent. It is composed of fibrin containing red blood cells, epithelial debris and clumps of Klebs Löffler bacillus. This germ gains entrance by some breach of the mucous membrane of the throat and causes the local exudation which is characteristic. The toxins from the germ are absorbed into the blood stream and have marked effects upon the heart, the nervous system and the kidneys.

*Incubation period.*—Two to three days or a week.

Diphtheria attacks various parts of the body, the commonest is the throat. Other parts of the body are : Larynx, nasopharynx, congenital organs, the anus, the surface of a wound, conjunctiva, or the skin. Diphtheria may be mild, moderate or severe. In a severe case there is an excessive spread of membrane and all the symptoms are accentuated.

The treatment of all cases of diphtheria is the early administration of diphtheria anti-toxin. The dose given depends upon the severity of the case, varying from 2,000 to 60,000 or 100,000 units. The serum may be injected in various ways, subcutaneously, intramuscularly and intravenously. The patient is kept flat and is forbidden to do anything for himself, on no account is he allowed to sit up. One flat pillow is usually allowed for comfort. Books and toys may be forbidden for some time, rest being so essential to prevent paresis of muscles of accommodation and oculo-motor paresis. One pillow at a time is given before the patient is allowed to sit up, the guide being the pulse rate. In severe cases, the patient may be kept flat for five or six weeks or even longer. Bowels are kept regulated by enemata to prevent straining.

The diet is fluid until the fever has subsided and then an ordinary diet. In the case of pharyngeal paralysis, nasal feeding has to be resorted to. For persistent vomiting, rectal feeding or intravenous salines are given.

In laryngeal diphtheria, the operation for tracheotomy may have to be performed. An incision is made into the trachea and a tube is put in so that the patient can breathe until the membrane is acted upon by the anti-toxin. The anti-toxin causes the false membrane to separate and shrivel up.

In the nursing of diphtheria, constant watch is kept on the patient to observe any complications which are treated immediately. The essential point is to keep the patient absolutely at rest with no undue exercise of any function. The complications are :—

Early cardiac paralysis.
Paresis of muscles of accommodation.
Palatal paresis and oculo-motor muscles.
Late cardiac and oculo-motor muscles.
Pharyngeal paralysis.
Diaphragmatic.
Muscular weakness.

Please note diagram of throat—membrane coloured red.

We regret inability to reproduce the diagram in colour.

## THE RATIONING OF SOAP.

The rationing of soap is a much more serious matter than items of food, and, with the exception of fresh eggs, if living in community, the supply of food is ample. But when we come to soap, that is another matter, as it touches the health of the nation at every turn. Unclean people are a very serious danger, and may generate many forms of disease from typhus fever (lice) to a whole list of diseases from other filthy parasites. Bugs, lice, fleas—all the result of dirt—are increasingly prevalent in cities owing to the low standard of cleanliness and idleness of foreigners crowded in our midst, and with a soap ration to discourage baths and clean linen, it is to be hoped those responsible for public sanitation will be alert—otherwise we are bound to suffer from epidemics caused by lack of soap and water.

Nurses are specially alive to this danger and consider the ration of soap very inadequate, as it is specially necessary for them to be surgically clean. What about it ?

## HUNGER.

Those of us who worked in the East End 60 years ago knew hunger when we met it, and of late, even in West End streets of London, you may come face to face with want.

Anyway, we have met men slouching near the gutter eagerly picking up the cigarette-ends cast away by those who can afford them.

When, then, our American colleague with her eager heart sent us a little gift for " some old invalid creature," we bought some nice clean little packets of cigarettes. To pass one to a derelict was a lesson, indeed. Even a poor old scarred face can gleam with joy—a reflection of the smile of the Archangel Gabriel peeping through the clouds !

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