

(1) *Prevention.* The patient must be isolated, and those who come in contact with him must constantly gargle with Condy's fluid; all discharges should be put into boiling water, the patient must expectorate into carbolic 1:20, or perchloride 1:1000, he must be kept away a week after all the symptoms have disappeared.

(2) *Local symptoms.* It is in the management of these symptoms that so much care is called for on the part of the nurse; without any warning the patient may develop most alarming symptoms in an apparently mild case. Various remedies may be applied to the throat in the form of powder, gargle or spray. Some of these remedies are boro glycerine, perchloride of iron, and glycerine carbolic and chloride of potash and Condy's fluid. The room must be kept warm and ventilated; hot fomentations may be given, and where there is difficulty in breathing, a bronchitis kettle and tent may be used. As soon as the nurses suspicions are aroused, preparations will be made for tracheotomy.

(3) *General symptoms.* The most important point is the depressing action on the heart. In all severe cases, alcohol will be necessary; drugs such as digitalis, perchloride of iron, and strychnine are given to strengthen the heart; in cases of paralysis a most valuable remedy is the battery and massage.

(4) *Diet.* If there is inclination to vomit, nourishment must be given little and often. Milk mixed with soda water, lime water, or iced in hot weather, beef tea, chicken-broth and Lemco may be given. In the case of children where food is refused, rectal nourishment by nutrient enemata or suppositories must be resorted to. Nasal feeding is troublesome and is never resorted to. Port Wine and Burgundy according to the age of the patient are allowed.

(5) Anti-Toxin treatment lastly given in injections.

NOTES ON THE PRIZE PAPER.

BY MISS THACKER.

There are a few very important points in the nursing of a case of Diphtheria, which are not quite sufficiently emphasized by Nurse Manorama-bai in her paper.

The most important complication is paralysis of the heart, which is one of the organs most frequently affected by the diphtheria toxins. In what seems like a mild case, the patient may suddenly drop dead, after some slight exertion, such as sitting up in bed. At other times there may be symptoms, such as persistent vomiting and a sudden increase in the pulse rate, to give warning that the heart is seriously affected. On no account should a case of diphtheria, however mild, be allowed to exert himself in the smallest degree. He should not raise his head, or turn himself in bed without assistance, and must never be allowed to sit up until the physician in charge of the case has given permission. Plenty of very nourishing diet and stimulants are important features of the treatment.

Injectations of anti-diphtheritic serum are always given now, at as early a stage as possible. Many a bad case has been cut short if taken in time. A rash and joint pains will follow the injections, but are unimportant and the latter can be relieved.

Tracheotomy is an emergency operation which may become necessary at any moment when nursing children, and the nurse must be prepared for it. She should have ready to hand:—Scalpel, forceps, director, scissors, blunt hooks, tracheal dilators and outer and inner tubes, feathers (which have been cleaned and *boiled*) tape, sponges and ligatures, a small sand bag for the neck, and a lint dressing, spread with a simple ointment to go round the tube, between it and the child's skin. Over the tube should be placed pieces of lint, wrung out of warm boracic. Some physicians order steam kettle and tent, but the former method is the more usual one.

Wrapped in a sterilized towel, beside the bed, should be kept ready tracheal dilators and scissors, spare tubes and tape. Feathers should be in a bowl of weak solution of bicarbonate of soda. All dressings, sponges and feathers must be burnt after use. Frequent cleansing with feathers is unnecessary and injurious, but the inner tube should be removed and cleaned as often as necessary. The operation must be performed quickly, or the outer tube may get blocked.

If both tubes come out (which sometimes happens, either by the child pulling them out, or by the tape being tied too loosely and their being coughed out). The nurse must remain calm! Send for the doctor. Wrap the child's arms to its sides with a sheet, and lay it across the bed, with its head held straight, over the edge, nothing can be done if the child can struggle. Sitting on the bed, facing the child, the nurse must cut the tape and remove the tube. Introduce the dilators into the wound, the curve downward, then open them slightly. If they are in the trachea the child will immediately begin to cough and be relieved. The dilators must be held in position until the physician comes to replace the tube.

The nurse must do all in her power to prevent the child fretting and crying and to gain its affection and confidence.

PRIZE PAPER FOR DECEMBER.

BY MISS EILEEN POWELL.

Describe the Nursing of a case of Appendicitis, before, during and after operation.

CAUSE: Appendicitis is inflammation of the vermiform appendix; which may be due to, 1, constipation, 2 tuberculosis, 3 catarrh or, 4 foreign body.

SYMPTOMS:—Pain and tenderness in the right iliac region. Constipation, and in some cases vomiting and rise of temperature. A dull pain is usually present continuously, which sometimes suddenly develops into acute pain. The patient lies on her back, with her knees drawn up, and hot or soothing applications afford but little relief. The sharp attack of pain gradually wears off and subsides into a dull pain once more. Repeated attacks of this nature usually call for an early operation.