

PRACTICAL POINTS ON THROAT, NOSE,
AND EAR CASES.

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We regret that we are unable to find space for more than a comparatively brief abstract of these valuable lectures, the first of which was given on April 16th.

LECTURE I.

The lecturer pointed out that his aim was to make the lectures as practical as possible, and that he would, therefore, only dwell upon those points which would be of service to Nurses in their daily work. He drew attention to those parts of the throat which were seen when the mouth was widely opened—the hard and soft palate, the uvula, the fauces, and the posterior walls of the pharynx. In young children, it is difficult, as a rule, to examine the throat because they resent, or fear, the novel proceeding. If possible, the assistance of a Nurse, or of the mother, should, therefore, always be obtained to hold the head steady, and, as far as possible, render the child complaisant. Gently pinching the nose is a practical method of inducing the child to open its mouth, and the cardinal rule in the use of the tongue depressor is that extreme gentleness should be always employed. A broad spatula is generally better than a narrow one, as if the tongue be large and flabby, it would bulge up on both sides of a narrow instrument. On forced depression of the tongue, the epiglottis can generally be seen at its base in the form of a yellow semi-circular body. The treatment of throat complaints is divided by the author into local and general; the former being again considered according as it was external or internal. External applications consist in the employment of heat or cold, or counter irritation. Heat is generally applied in the form of poultices or fomentations, which require no further explanation. Cold is employed in the form of ice-bags, or by means of Leiter's coil. The ice in the former should be almost powdered in order that the bag can be properly applied to the neck. It is well to remember that a piece of thin flannel should always be applied between the bag and the skin. Leiter's coil, however, in the opinion of the author, is preferable for convenience and efficiency, and for the further important reason that the action of cold can be maintained continuously—a very important point which should always be remembered. The object of the application of cold being to obtain contraction of the blood-vessels, alternations between cold and the ordinary temperature, such as follows the removal of an ice-bag, tends by permitting the blood-vessels to dilate again, to undo much of the benefit attained by the cold. The lecturer showed the ordinary form of Leiter's coil, and that it consists of two long india-rubber tubes, connected with each end of a fine lead

pipe made into a coil some eight inches long and three inches wide. The coil is then bent so as to fit the neck, one india-rubber tube is placed in a jug hung above the patient's head, and by suction the siphon-like action and flow of fluid through the coil into the lower india-rubber tube, and so into a pail under the bed, is easily obtained. All that has to be done, then, is to take care that the upper vessel is kept well supplied with water, and that the lower one does not overflow. Once more the practical point has to be remembered of placing a piece of flannel between the neck and the coil so as to prevent excoriation of the skin.

For internal applications, gargles are more frequently ordered than anything else. Gargling is not necessarily best accomplished by the customary form of gurgling! The fluid should be taken into the mouth and permitted—the head being held back—to flow as far down the throat as possible without being swallowed. After being retained quietly in this position as long as possible, it is simply permitted to flow back into the mouth and expectorated; the process being repeated as often as necessary.

With regard to sprays, the lecturer emphasized the fact that these were usually employed in the treatment of infectious diseases, and that, therefore, the Nurse should employ care to avoid any of the secretions from the patient's throat being expectorated upon her own face and dress, an accident which frequently happened in consequence of the sudden irritation set up by the application, and because, in order to make it properly, the Nurse, as a rule, stands in front of her patient. In the next place, it was generally important that the patient should not swallow the fluid; and thirdly, it was always essential that the instrument should be carefully disinfected both before, and after, being used. It was always well in using the spray to have a good light and to see thoroughly into the throat. There are various kinds of throat sprays, made on two different principles; those with, and those without, a ball between the bellows and the bottle. In using the former, the ball should be filled with air while the tube beyond it was controlled by the finger and thumb, and this is the best form of spray because it is the most continuous in its action. After using a metal spray for cocaine, care should be taken always to dip the nozzle into one in twenty solution of carbolic, because this dissolves the cocaine, and then a little warm water should be pumped through so as to prevent the nozzle from becoming blocked.

To paint or swab out the throat there are three instruments usually employed, the brush, sponge or pledget of cotton. As a general rule, these should always be rather large, because, thereby, the application is made more quickly and efficaciously. After using either a brush, or a sponge, it should be well washed in cold or tepid water with a little soda, in order to cleanse and dissolve the mucus. Hot water,

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