

A more modern operation, but one which is rather more difficult of performance, consists of the introduction of a tube through the mouth into the larynx, kept in place by silk threads which are secured outside the mouth so as to permit the child to breathe through this. The operation is not only more difficult, but it is attended with special dangers—for example, the child may loosen the tube and swallow it; it may slip down the trachea and cause choking; or he may eject it from the mouth and may then be suffocated before assistance can be obtained. It is therefore probable that the operation will not take the place of tracheotomy, except in a comparatively rare number of cases. When tracheotomy has been performed for diphtheria, croup, or scalds of the throat, the mortality is usually very great; partly because of the virulence of the disease itself, partly because the operation is only necessary in extreme cases, partly because the opening in the throat may facilitate the occurrence of erysipelas or of pneumonia. In children under two years of age the chance of recovery is very small; above that age it grows increasingly greater as the age, and therefore the strength, of the child increases. The chief characteristic of diphtheria or of croup—but to a much less extent in the latter disease than in the former—is the formation of a thick, white “false membrane” upon the mucous membrane of the throat and upper part of the air passages. By the swelling of the mucous membrane and the closure of the passage by the new growth, dangerous obstruction to the breathing may be caused. The old-fashioned treatment for diphtheria used to be the removal of the membrane by means of pledgets of wool, by brushes, or even by forceps; the patient in consequence being caused considerable pain, and a bleeding raw surface being left, which, especially in the case of children, caused considerable suffering. The treatment was found to be useless, because the exudation returned at once; and it was eminently unscientific, because it overlooked in the mere local manifestation, the blood poisoning which is the deep-seated cause of the appearance of the “false membrane.” It is usual nowadays, therefore, for the Nurse to administer sprays or inhalations of vapours containing either strong antiseptics or materials which are known to soften and dissolve the new membrane, thus soothing the inflamed passages and removing in a natural manner the obnoxious exudation. The employment of such methods, however, requires to be practically taught, and carefully learnt, in the wards, and cannot be efficiently acquired merely by lectures. Every Nurse should therefore obtain, if possible, opportunities of using these

vapours and sprays, because it will make all the difference to the comfort or even the safety of the patient, if the application ordered by the doctor is properly administered. The most modern treatment consists in keeping the patient in what is called a “vapour room,” that is to say, in a small apartment, the air of which is kept strongly impregnated with steam charged with some strong antiseptic; and under this treatment the necessity for direct sprays upon the throat is obviated in consequence of the whole air which is inspired becoming practically a local application. Then, it is customary to order large doses of an astringent preparation of iron for these patients, and in such an event the Nurse must remember that it is always necessary to administer such concentrated medicines largely diluted with water; and furthermore to observe—and if necessary to report—any marked interference which the medicine may appear to cause in the functions of the body, such, for example, as obstinate constipation. It is most important to maintain the bodily strength of the patient who is suffering from so exhausting a disease, and therefore the use of drugs requires to be carefully watched, for fear they should cause disturbance of the digestive organs, and therefore bring about more harm than good.

Another important disease to which the throat is liable is ordinary inflammation, to which the name of *laryngitis* is given. In this, the mucous membrane becomes inflamed and swollen; the patient suffers from huskiness, and perhaps even from complete loss of voice, and if the swelling of the throat be very great, there may also be some difficulty in breathing: Sometimes, in these cases, a spasm of the upper part of the larynx, or what is called the *glottis*, occurs, and then the entrance of air to the chest is immediately prevented, and such patients may even die suddenly before assistance can be rendered to them. A useful treatment which has been recommended in such a case, is to tell the patient to put out his tongue, to seize it with the fingers in a handkerchief and to draw it forcibly forwards. The base of the tongue is closely connected with the upper part of the larynx, and this manœuvre therefore pulls forward the epiglottis and thus often checks or alleviates a dangerous spasm. In ordinary cases, the inhalation of steam from a suitable kettle, or of vapours of various sedative and antiseptic materials, are often employed with benefit. But it is well to remember that in all these cases, as in all affections of the mucous membranes of the internal canals, which really are the continuation of the outside skin, excellent results are often obtained by exciting the action of the skin itself. So, in

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