

has a pallid and non-robust appearance. Tennyson, in one of his poems, refers to "he with the rabbit mouth ever agape," that person must surely have been suffering from adenoids and enlarged tonsils!

The district and private nurse can often do useful work when she perceives these, or some of these, symptoms in a child by tactfully advising the mother to seek medical advice, before more serious developments arise; it is not uncommon for such symptoms to have come on so slowly and gradually that those most intimate with the sufferer have become accustomed to them, and "think nothing of it."

We will now briefly consider the nursing requisites, and general conditions for this operation to be carried out in an out-patient department.

In many hospitals it is the custom to give beforehand to the parents printed cards, with

tracheotomy instruments, and a cylinder of oxygen with inhalation apparatus.

Some surgeons prefer the patient to be sitting in a chair, but it is more usual, particularly with young children, to adopt the horizontal position, either with the head hanging right back over the end of the table, or with it turned on one side, and then on to the other side for the second tonsil. Almost every surgeon and anæsthetist will have their own particular joint method of arranging the child's position; and the nurse has simply to be promptly ready to render assistance in the method as required.

A mackintosh should be under the child's shoulders, and arranged to hang over the side of the table so that any discharged blood may be conducted into a receptacle beneath. A pail or small bath will be found more satisfactory than a bowl for this purpose, as much splashing of the floor, etc., will be avoided.

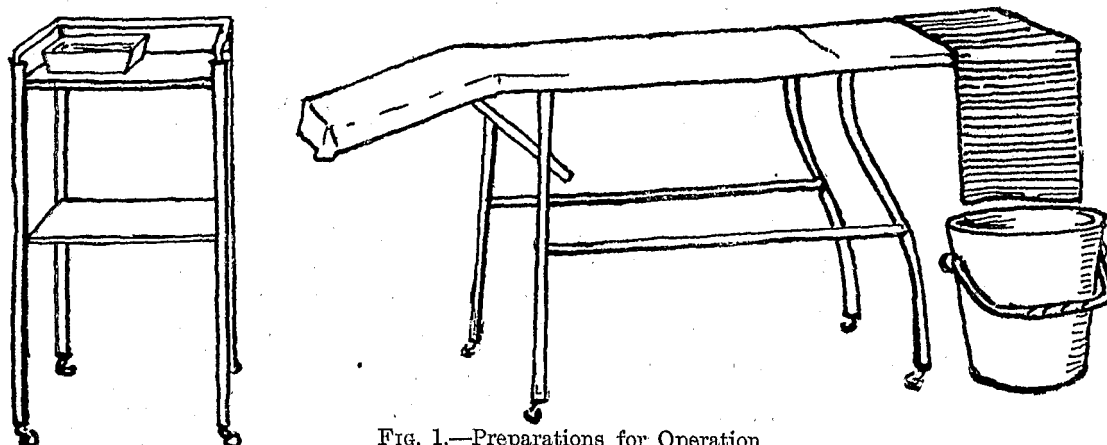


FIG. 1.—Preparations for Operation.

clear directions as to the necessary preparation of the patient, with regard to an aperient and abstinence from food; they are also instructed to bring with them a shawl or suitable wrap, and several pocket handkerchiefs. It is advisable to remove the child's jacket or frock, and also the boots, and the other clothes being loosened, a little shaped cape of aconette is then slipped over the head, to protect the clothing, and if the child has much hair it should be protected by a little cap of the same material, made of a circular shape, and drawn up with tape or elastic; an ordinary bathing cap answers admirably for the latter purpose.

It is usual, except in the case of an adult, that the patient should be placed under a general anæsthetic; patients with throat obstructions are naturally not good subjects for anæsthetics, and the anæsthetist will require all restoratives to be in readiness, including

It is a good plan to have it half filled with sawdust. (See Fig. 1.)

Most surgeons prefer that the child's face should be thoroughly sluiced with iced water immediately the operation is concluded, for three excellent reasons: (1) It is stimulating in its effect, and, therefore, recovery from the anæsthetic is hastened, which is most desirable, as the patient can then cough and spit out the blood instead of swallowing it. (2) The reflex action caused by the iced water checks any tendency to hæmorrhage. (3) For cleansing purposes. At this point of the proceedings the usefulness of the arranged mackintosh and pail will be very apparent.

The patient is subsequently removed in a horizontal position, and placed comfortably on his side with the upper leg flexed at the knee, and exhorted to spit out any blood that may collect in his mouth; after an hour or two he is well wrapped up and taken home in a

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