

Clinic Days

By Percy Hayes Carpenter

WEDNESDAYS AT HOSPITAL were clinic days. Throat clinics for trachy tubes, "antra" or for rodent ulcers. Old men, whistling and sizzling, would sit around on chairs. Sister would bustle to and fro; the staff-nurse would be much enjoined. The house surgeon, white-coated and frowning, would ponder this and that, while students hovered near. Sister loved her old men. "Better today, Jones?" or "Getting quite fat, Smith?" or "You're a naughty old man, Brown. You've had a drink!"

They liked the "tube" clinic. There was Sister's smile, the nurses' chat with the possibility of a new tube, the day out, or brandy. Most were without a larynx; removed for a growth or tubercle. Most were without a voice, some had had diphtheria, and some awaited a new larynx. A tube, silver in consistence, that produced the "town crier" voice. All were bronchitic, elderly and wasted. All had faced death, most of them loved beer and tobacco. Most of all they loved Sister, the "personality" of the department. All had a word for the probationer, porter or the ward maid. Busily employed or hovering near.

The "rodent ulcer" men were elderly too, yet different. They were healthier, more chatty, took tea but no brandy. Changing a tube was serious business. Done expertly and quickly, there yet might be snags. Some refused to go back, due to faulty alignment, an unknown reason or blockage by mucous. Sister would dilate with forceps, run in oxygen through a catheter, while a new tube would be boiled. Rodent ulcer trouble was higher up. The neglected "pimple" had progressed, formed a cavity with cranium as objective. Cavities varied in size from a pea, walnut to a tangerine. They were cleansed, lined with B.I.P. on gauze and filled with warmed dental wax. Cosmetic would finish the surface to flesh colour. All to be repeated in a month.

A nurse would wash out "antra," drained for sepsis or disease. The house surgeon would puncture an antrum, when it was desirable his direction be accurate. The antrum once entered was irrigated, and maldirection might blow up a cheek. Antral sinuses are punctured by a trocar, a firm, hollow, truncated needle, its mouth adapted for a syringe. Sinus patients had their peculiar noise. They might have bad teeth, defective tonsils both neglected. All had a toxic pallor, due to poison within the body. Antral sinuses, like ethmoidal, sphenoidal or frontal, are bony cavities in the forepart of the skull. Owing to anatomy their situation is obscure and approach difficult. Defects may be seen by X-rays. An antrum may be the site of an unerupted tooth, a growth or tubercular infection.

In the ward would be mastoids, recovering or complicated. Complications might be giddiness, meningitis or deafness. Much depends on post-operative care, care as to dressings, most of which are difficult. Initial ones may require gas. Sister was active, with an eye for cleanliness and her own particular method. Is it clean, clear and healthy? If not, healing must not take place. Meningitis means extension of the infection—pain, temperature and tenderness also. A bugbear to the aurist, houseman and nursing staff, is tonsillar haemorrhage.

Immediate, may be due to slipped ligature, or an untied vessel that, egged on by force from carotids, bad clotting or blood pressure, may well prove troublesome. Late haemorrhage may occur as the clot separates—delayed haemorrhage. It may happen at night, when lighting is bad, the torch non-compromising, and the patient fractious. The nurse will send for the houseman, fractious also. Treatment is digital, postural or by gauze pressure. Or haemostatic serum, tying the oozing vessel, blood transfusion, or tying the carotid. Tonsillar haemorrhage is the bane of a house surgeon's life, appears to know when Sister is absent and is as whimsical as

fate. How nice if it stops suddenly! And for no reason. It sometimes does. There are other banes to his life.

There may be the "septum," recently operated on, that, owing to hysteria, whimsy or no reason, blows or pulls out his plugs. The "noise" in an ear not due to wax, migraine or otosclerosis, but whose complaints are continuous. It may go suddenly, or persist throughout life. Noises may be as a train, wind at sea, but voices mean auditory hallucination and require an alienist. Another crisis may be the ward case, whose larynx has been recently removed and his tracheotomy tube is blocked. Signs will be fear, anxiety, gasping, a blue-black colour and rapid pulse. Treatment is to remove the tube, dilate with forceps until colour improves with catheter and oxygen close at hand. Obstruction may be due to blockage of tube or cavity with mucous. It must be cleared with all speed. A crisis sudden in onset and sudden in recovery. Another may be oedema of the glottis that follows laryngeal removal of a sharp bone. It may call for tracheotomy. Instruments should be in readiness and a possible catastrophe watched for. Many lives have been saved by the vigilance of the nurse.

Danish Artificial Respiration System.

AS REPORTED IN THE *Daily Telegraph* the Royal Life Saving Society has decided, for the first time since 1897, to recommend the adoption in Britain of a new method of artificial respiration. It is the Danish Holger-Nielsen method which will eventually replace the existing Schafer system.

An official of the society said that after "exhaustive scientific study" the Executive was satisfied that the new method was in many ways superior.

Points to be observed by operators using the Danish system include:

The casualty lies with head resting on folded arms.

Operator kneels in front and slightly to one side of the casualty's head. The casualty's tongue is brought forward by firm blows between the shoulders with the flat of the hand.

The operator's arms lie on the casualty's shoulders and pressure is exerted for about two and a half seconds by rocking forward.

As pressure is released by the backward movement the operator slides his hands along the casualty's arms, grips the elbows and with a slight pull lifts the casualty's body just clear of the ground, to expand the lungs.

Six-hour Treatment.

Movements are repeated at a rate of about nine times a minute until breathing begins and should be carried on if necessary for about five or six hours. Once breathing starts the movements should be quickened to a rate of about 12-15 a minute.

There are modifications of the treatment, once the casualty shows signs of reviving, if there are chest, back or arm injuries. There are also variations for children or very lightly built women.

The method gives greater ventilation than existing systems and has the advantage of not tiring the operator. The pressure exerted is light and can be adequately operated by women and youths on burned persons or babies.

From October 1st, all entrants for the Society's examinations would need to be efficient in both the Holger-Nielsen and Schafer methods, the official said. It was hoped that shortly a demonstration of the new method would be given in London.

A Thought for the Month.

Boughs are daily rifled
By the gusty thieves,
And the Book of Nature
Getteth short of leaves.

Hood.

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