

*Laryngeal Phthisis.*—The author described these cases as requiring the utmost patience in nursing, as the patient, when the disease is acute, or far advanced, often suffers greatly and continuously, and swallowing causes pain, which is sometimes unbearable, while the condition of the larynx itself gives rise to frequent spasmodic cough, pain upon speaking, and, finally, alteration and even loss of voice. The chief efforts of treatment, therefore, in these cases are directed towards relieving the morbid sensibility of the larynx, and for this, cocaine, morphia, and menthol lozenges are often very useful, whilst applications of cocaine and other sedatives in the form of sprays or paint are often necessary. As a curative agent, reliance is now placed upon frequent applications of lactic acid with a brush, the parts having been previously anæsthetised by the application of cocaine. But, of course, the application of lactic acid to the ulcerated spots, in order to be effectual at all, requires to be made with great care by the aid of the laryngoscope, and to the exact surfaces where disease exists. It is no use attempting to obtain any beneficial result by applying this remedy haphazard on a brush to the larynx.

The lecturer emphasised the necessity of the precautions that Nurses should not sleep in the same room as their phthisical patients, and should supply them with small squares of lint to use for the sputum, these being burnt as they became soiled. The danger of infection of tubercular disease is now well recognized. He recommended in some cases, where swallowing is very difficult and painful, that the patient should lie on his back with his head lower than the rest of his body, and then that he should suck fluid nourishment through a tube. In cases of laryngeal phthisis, tracheotomy has sometimes to be performed in order, not only to render the breathing more easy and to lessen the sensibility of the part, but also to prevent the attacks of choking which sometimes occur when swallowing is attempted. The chief diseases of the throat with which Nurses are most frequently called upon to deal, are croup, diphtheria, œdema of the larynx, acute or chronic laryngitis, and tumours. The most common accidents are scalds, the presence of foreign bodies and fractures of the bones of the throat. True croup is a membranous laryngitis, that is to say, it is inflammation of the larynx, in which a thick tenacious new membrane forms upon the mucous membrane of the part. The usual treatment is to give the child at once—because these cases usually occur in children—a hot bath at about 100 degrees, and if there is any difficulty in breathing, an emetic; the sickness often enabling the child to expectorate a large amount of the false membrane which would otherwise choke it. The room should be kept warm at a steady temperature of about 70 degrees, and, in order to keep it moist, a kettle should be kept boiling. In addition, however, to this, the lecturer advised that a Leiter's coil should be kept applied to the throat. In cases where inhalation of steam is considered necessary, but where an inhaler cannot be obtained, a good substitute is a sponge dipped in boiling water, and held before the mouth of the child so that the steam can be directly inhaled. When there is much spasm of the throat, as there sometimes is in these cases, a few drops of chloroform on a handkerchief inhaled by the patient often gives much relief. In cases of diphtheria, the occurrence of failure of the

heart has always to be watched for, and this explained the necessity of keeping the patients suffering from this disease as perfectly quiet as possible. In all cases of throat affections, it is essential to note the onset of difficulty of breathing, and to report it as speedily as possible to the doctor in charge of the case, because once this begins, it may rapidly extend to a condition of extreme danger.

*Tracheotomy.*—This, the lecturer defined as an artificial opening made in the windpipe below the larynx for the relief of dangerous obstruction. The details of the operation are very simple, and consist in an incision in the middle line of the neck through the skin and through the cartilaginous rings of the trachea, and then the insertion of a curved silver tube through these rings so as to permit the free ingress and egress of air from the lungs. The treatment after the operation, so far as the Nurse is concerned, varies somewhat according to the nature of the case, but as a general rule resolves itself into keeping the tube clear and clean, so that no obstruction to the entrance or exit of the air through the tube can take place. The lecturer described the preparations which were necessary for making the patient ready for the operation. He emphasised the necessity of care and gentleness in the removal and re-introduction of the inner tracheotomy tube, and of cleanliness of the wound, especially as to the removal of any membrane which might form upon it in diphtheritic cases, and the application to the raw surface of an antiseptic lotion; all mops and removed secretions being burnt at once so as to prevent the chance of infection spreading.

The lecturer finally drew attention to the fact that cocaine-poisoning, in a greater or lesser degree, might suddenly occur in patients upon whom the drug had been used, even although they had previously shown no idiosyncrasy to the drug. In the slighter forms, the toxic effect shows itself in faintness and a disposition to vomit—in other words, the symptoms of heart failure. The graver signs are actual fainting, palpitation, and very rapid breathing, the heart beating quickly and feebly, and the respiration becoming very frequent and shallow. The sight becomes hazy, and surrounding objects dim and obscure, and the patient experiences the feeling which is known as "the fear of impending death," and then death may actually occur from syncope. The Nurse will, therefore, observe that stimulants in some form or other are strongly indicated to revive the weakened heart. For slight cases, smelling salts, or a small dose of sal volatile is sufficient; but in the graver forms, one or two ounces of neat brandy is the most useful and the quickest remedy. At the same time the patient ought to be kept perfectly quiet, on his back, and with his head low. As soon as the stimulants have improved the heart condition, a cup of hot soup is advisable, as it will maintain the restorative effect commenced by the brandy. It is, therefore, a practical point, which all Nurses should remember, that before cocaine is used, it is well to have the patient in as good a condition as possible, and in view of its action on the heart, and the fact that poisonous symptoms are most apt to occur in patients who are very ill or who have fasted for a long time, it is better to use the drug after the patient has had a good meal or, at any rate, after he has had some form of stimulant.

[previous page](#)

[next page](#)