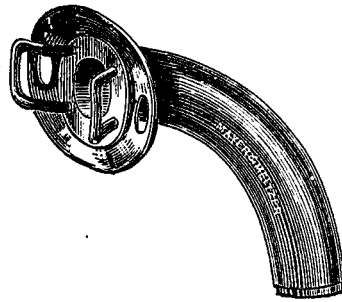


be immediately obtained, she should keep the child absolutely quiet, so as to prevent, as far as possible, the chance of an attack of spasm of the glottis, or suffocation from the obstruction in the larynx. But, above all things, she must be careful not to give the child any nourishment or medicine. If, for example, the child were sick, the metallic instrument, being violently vomited, would probably lacerate the gullet or the mouth in its passage. On the other hand, an aperient is never ordered in these cases, because that would produce a detrimental pressure of the instrument upon the tender walls of the intestines. The rule, therefore, which holds in all cases when hard, metallic, or sharp bodies have been swallowed, by accident or design, must be followed in the case of a swallowed intubation tube. Plenty of milk, of bread and of other farinaceous foods are given, because by this means a soft, pultaceous mass is formed in which the foreign body becomes embedded, and is therefore safely conveyed through the intestinal canal without any danger to its walls. And this is probably, therefore, the treatment which would be directed by the doctor in the case of the accident mentioned.

At the same time, it sometimes happens that children who have swallowed foreign bodies begin, and continue, to retch violently, and this is probably due to the foreign body becoming lodged in the opening of the œsophagus into the stomach. A common-sense treatment which I have directed in several such cases, may be useful for you to remember. The patient was made to drink as quickly as possible at least a pint of milk. This washed the obstruction down into the stomach, and the milk rapidly curdling into a soft, semi-solid mass, probably enveloped the foreign body and prevented it therefore from further irritating the stomach walls. At any rate, in every case except one the retching immediately ceased, and the foreign body was in two or three days safely evacuated. In the one exception, a nail—which was the offending body—was vomited in about an hour, firmly and safely imbedded in a lump of curdled milk.

We now come to the special Nursing of tracheotomy cases, and it is not too much to say that upon this depends, in great measure, the life of the patient. There are two main facts to be remembered: the first is that the operation has been done in order to supply the necessary air to the patient's lungs, and therefore to prevent his suffocation; the second is that the disease, or accident, for which it has been performed, is one, almost without exception, in which the general health and strength of the patient has been materially affected. And therefore the principles to be kept steadily in remembrance are that the tracheotomy tube must not be allowed to become blocked by the

mucus or false membrane expectorated by the patient, and that sufficient nourishment and stimulant must be given to maintain his strength. These principles being remembered, it is easy to understand that tracheotomy patients require incessant attention. The tracheotomy tube—as shown in the appended



TRACHEOTOMY TUBE.

diagram—consists of two parts, an inner, and an outer, tube, or *canula*; the inner one being removable by the Nurse for purposes of cleansing. But as the removal, however gently effected, may cause some irritation and tenderness in the throat wound, it should not be done more frequently than necessary. It is possible to keep the inner tube fairly clear by the use of a bent probe covered with wool, or better still, by a feather. This should be dipped in carbolic oil, unless some special preparation for the purpose has been ordered by the doctor. And, in either case, it should be gently introduced only as far as the canula extends, and must not pass beyond it into the trachea and so irritate the canal. Being introduced, it should be gently rotated round the tube so as to cleanse its sides, and then withdrawn, being immediately placed in a small basin containing a strong solution of perchloride of mercury. The Nurse must be very careful not to get any of the false membrane, which is the infective source of diphtheria, upon her hands or dress, and if such an accident happens she must immediately disinfect the soiled part by sponging it with the strong solution already mentioned. In bending over the patient, she must also be careful to avoid inhaling his breath, and must especially guard against the danger that—in the convulsive attacks of coughing from which the patient suffers, and which frequently occur when the Nurse is bending over and cleansing the tube, or lifting the patient up—some of the false membrane may be expectorated into her face. This accident, however, may happen in spite of all precautions, and many cases are known in which Nurses have thereby become infected with diphtheria. (To be continued.)

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