Tracheotomy.

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Few operations of surgery have been the means of saving more lives than tracheotomy, and few operations have been, and are, done under more varied circumstances. To the surgeon it may be one of the greatest ease or the greatest difficulty; for, in an adult, quiet under good anæsthesia, it is as straightforward as one could wish; whilst, performed on a short, fat-necked, struggling, gasping child in the dim watches of the night, and by the uncertain light of a single candle, it becomes of equal difficulty.

Tracheotomy is one of the emergency operations and the nurse should not only know something about it and the circumstances under which it may be required, but she should know its after-treatment as she does her native language. Indeed no nurse can be considered a competent one who has not striven to make her knowledge upon the subject as good as possible.

The future of a tracheotomy case depends so largely upon careful nursing that no apology is needed for dealing with its after-treatment in detail. This may be taken under three heads—the management of the tube, the feeding, and the general surroundings of the patient. Whenever possible, there should always be two nurses to look after the case, so that one may always be on duty, for the patient cannot, without danger, be left a moment alone. Nor should the nurse forget the grave responsibility committed to her charge. It has been most truly said that no selfish or careless woman ought to have the care of a tracheotomy case.

(1) *The Management of the Tube.*—Expectoration is encouraged by keeping the patient in a warm, moist atmosphere, and to do this some surgeons prefer to use the tent; others, however, consider the unvarying rule of the cot-tent and steam as disadvantageous. There is a good deal of reason in their objections, for children suffering with membranous laryngitis are not in a condition to stand the seclusion from fresh air that the tent system involves, and which has a tendency to promote sepsis and asthenia. The admission of plenty of fresh air to the child, whilst the bed is properly screened from draughts, and steam can be used if needful, is more rational and hygienic. A uniform temperature (65 degrees to 70 degrees) can be quite as easily preserved by this method as by a cot-tent. The nurse in charge should keep a double fold of fine gauze wrung out of warm sterilised or antisepticised water over the mouth of the tracheotomy tube to filter the air; this requires careful watching in order that any clots, membrane, or mucus which may be ejected can be at once dexterously brushed away. Sudden obstruction of the tracheotomy tube is usually due to inspissated mucus rather than to diphtheritic membrane; and this thick mucus is secreted some 24 hours after the operation, becoming thinner and more puriform after three or four days.

At intervals of about twenty minutes the nurse must remove the inner tube and clean it, and should it be coughed out between times it should be cleansed before it is replaced. The cleansing is done with warm carbolic lotion, but if the secretions dry and cling to it they must be removed by means of a warm solution of ten grains of bicarbonate of soda to the ounce of water. To clean the lumen of the tube a feather is generally used; indeed, it has become almost a classical instrument for that purpose; ordinary poultry wing-feathers, washed in carbolic and with all loose parts removed, being employed.

These manipulations can be very easily overdone, and there is harm in over attention as well as in neglect. Here I cannot do better than repeat what I have said elsewhere* on this subject.

"A nurse should endeavour, when engaged in the care of such cases, to be guided by her common sense. To sit by the side of a child and stuff feathers down its throat at intervals of from one to two minutes, varying the performance by extracting, cleansing, and reinserting the inner tube every ten minutes and finally dropping off to sleep from the exhaustion consequent upon such incessant labour, is not the common sense method of nursing a tracheotomy case. If the nurse will remember that she has to prevent the tube from becoming obstructed, that she must therefore exercise unceasing vigilance without exhausting the patient by meddlesome interference, that she must on no account allow herself to fall asleep and that she must never, on any pretext or under any consideration, remove the outer tube,

* "Nursing in Diseases of the Throat, Nose, and Ear." London: 1899.

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