

SOUTH AUSTRALIA.

Miss A. Bidsmead.

NEW ZEALAND.

Miss J. M. N. Williamson.

We note with pleasure that the Matrons' Council and the League of St. Bartholomew's Hospital Nurses are both represented on this list. The former Society by Miss Sidney Browne, a staunch and honoured member of the Council from its foundation, the latter by Miss Skillman (Sister Hope), Miss Beadsmore Smith (Sister Sitwell), and Miss Jessie Southwell. Miss Edith Pretty and Mrs. Eugénie Ludlow (*née* Barton) also received their training in the Nursing School of St. Bartholomew's Hospital.

It will be remembered by our readers that Sister Louise Watson Tulloh, of the Army Nursing Service, has already received the Royal Red Cross for her services in Egypt in 1897. The fact has probably been overlooked. We should imagine that the award of this decoration twice to the same person is a unique occurrence.

We heartily congratulate all the above-mentioned Sisters on their well deserved honour.

The Nursing of Tuberculous Laryngitis.

BY MACLEOD YEARSLEY, F.R.C.S.
Surgeon to the Royal Ear Hospital, etc.

Before entering upon the nursing of cases of tuberculous laryngitis, it will be as well to give some outline of the nature and symptoms of the disease, one of the most distressing complications of pulmonary tuberculosis.

There are several forms of the affection, which pass from one to the other, but may be spoken of separately here. In the pre-tuberculous stage the larynx is often the seat of patches of local anæmia; these, with frequent attacks of laryngeal catarrh, sometimes lead to excoriations of the mucous membrane, important because sputum, with its contained tubercle bacilli, may lodge in any of them and thus allow of the entry of the micro-organisms at these weak spots. Another form of early tuberculous laryngitis is that of a small nodule, usually growing between the posterior ends of the vocal cords in what is known as the interarytenoid space. Sometimes the first sign of the disease is a sudden loss of voice, due to tubercular inflammation of the muscles which

are concerned in the movements of the vocal cords. Superficial ulceration is another method by which the malady attacks the larynx. This at first tends to spread but slowly, but later it may become deeper, giving rise to inflammation of the membrane covering the cartilages (perichondritis).

The most common and distressing form of the disease, is however, that in which the whole of the upper opening of the larynx becomes involved by tuberculous infiltration. When this occurs, the mucous membrane and the tissues beneath it are very lax, and are liable to become œdematous. Small tubercles grow and join together, until the whole larynx becomes irregularly ulcerated, and has a worm-eaten appearance, together with much swelling and œdema.

Passing now to a short review of the symptoms which may occur in this distressing malady, those in the first-named varieties may be and often are but slight. The voice is hoarse or completely lost, a condition due to tuberculous disease of the small laryngeal muscles or to the incomplete closure of the vocal cords from the presence of a small tuberculous nodule in the interarytenoid space. When there is ulceration, coughing and speaking become painful, but there is usually no pain on swallowing. The patient's health is, generally speaking, fairly good.

It is in the last-mentioned of the varieties that the patient suffers most, his condition becoming one of great misery. The most prominent symptom is that of dysphagia, or pain on swallowing. As the swollen state of the tissues of the upper opening of the larynx does not permit of it being properly closed when the act of swallowing is performed, this pain is more especially noticeable when the attempt is made with liquids. As ulceration becomes more pronounced, this painful swallowing becomes extreme, the saliva dribbles from the mouth, and the patient requires treatment or he may starve rather than go through the ordeal of feeding.

Similarly, coughing and all attempts at speaking are equally painful.

When perichondritis occurs, abscesses may form either in the larynx or neck, followed by necrosis of the cartilages. Dyspnoea, or difficulty of breathing, does not often occur, because the upper opening of the larynx is its widest part, and because ulceration extends so rapidly. There is, however, danger of its

[previous page](#)

[next page](#)