duration with a full-strength applicator unscreened.

If the ulcer occupy a large superficial area—say, 20 sq. cm. and upwards—an unscreened application over the whole area at the same time is inadvisable in view of the severe systemic disturbance which would follow such a procedure, and the lesion should be treated by two, three, or four applications made in rotation to different parts of its surface, at intervals of three weeks or a month.

When a mucous membrane is affected rodent ulcers prove much more refractory, though exception should perhaps be made in regard to the palpebral mucosa, as small rodent ulcers in this situation often respond well to exposures of strong unscreened apparatus of fifteen to twenty minutes' duration given consecutively for three days.

Amongst other conditions found to receive benefit from treatment with radium are keloid, parotid tumours, lichenification of skin, pruritus, chronic eczema and psoriasis, and arthritis deformans.

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A CASE OF TRACHEOTOMY AND WHAT IS YOUR PRACTICE IN REGARD TO THE CARE OF INSTRUMENTS AND TRACHEOTOMY TUBES IN EACH CASE?

We have pleasure in awarding the prize this week to Miss A. D. Fairbank, Bury Road, Thetford, for her paper on the above subject.

PRIZE PAPER.

It is usual to nurse a case of tracheotomy in a steam tent, but some doctors do not advocate this, as it has the disadvantage that ventilation cannot be carried on sufficiently to keep the air pure, therefore a nurse would consult the wishes of the doctor. If a tent is ordered, a thermometer must be hung at the head of the bed, and as nearly as possible on a level with the patient's head, the temperature of the tent being kept about 70° F. The steam kettle must never be filled more than two-thirds full, and great care must be taken that the spout is not directed in front of the patient's face. If, however, a tent is not ordered, the temperature of the room must be kept up to 70° F., and some doctors like it up to 80° F. This temperature is chiefly maintained by the fire and by preventing the entrance of cold air, so it is important to prevent people from coming in and going out as much as possible, and a screen should be placed between the door and the patient.

A very important point is to keep the air of the room moist; this is done by means of steam kettles; one or two are required, according to the size of the room. If two are in use, it should be arranged that both do not require re-filling at the same time, and they should then have boiling water put in them, and the lamp must not be allowed to go out.

The wound in the trachea must, of course, be kept aseptic. Over the tube should be placed a layer of antiseptic gauze, wrung out of warm sterile water or antiseptic lotion; this also acts as a filter by preventing the entrance of any particles of dust. The gauze must be changed every few minutes, as it cools very rapidly, and fresh gauze will be needed as often as it becomes soiled. Anything rejected by the tube must be at once brushed away by a light sweeping movement across the opening, so as to catch the mucus immediately it appears, and so prevent it being sucked down again into the trachea. Any membrane coughed up should be burnt, unless it is to be preserved, when it should be placed in a test-tube and the tube plugged with cotton wool. The inner tube should be removed every hour, or every half-hour if necessary, and washed in a solution of salt and water or some antiseptic lotion, swabbed out with a feather, or a piece of cotton wool wound round a probe, then placed in a receiver or sterilizer, and boiled. The outer tube must not be removed by the nurse except under the most urgent circumstances. Before replacing the inner tube the outer one must be cleaned with a swab to remove mucus that collects around it. Great care must be taken when removing the inner tube that the outer tube is not dragged out; it is as well to steady the outer one by the thumb and forefinger of the left hand. Should an accident occur and the outer tube come out, the dilators must be very carefully inserted and medical assistance sent for.

The dressing which is usually applied to the wound is boracic ointment spread on a circle of lint and cut in two halves, so that it may be changed without removing the tube. In changing the tape the new one should be put in before the old one is removed, so rendering it impossible for the tube to be coughed out in the middle of the process. A nurse should always endeavour to gain the confidence of her patient, especially little children, as some are very nervous.

Feeding should be frequent at first, the nourishment consisting of beef-tea and milk, with brandy if ordered, as it usually is. Occasionally there is some difficulty, especially when the tracheotomy tube is finally removed. Fluids sometimes get into the larynx, and are coughed out of the wound. This is serious, as it may

previous page next page