OUR PRIZE COMPETITION.

DISCUSS THE MANAGEMENT OF A PATIENT WHOSE TONGUE HAS BEEN EXCISED.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

This operation is most frequently performed for cancer, and there is usually an ulcer in the mouth, which is in a very septic condition.

The mouth must be as thoroughly cleansed as possible. For three days before the operation it should be washed out with a mild antiseptic lotion, such as carbolic acid 1-80, every three hours, and after each meal. The patient must, of course, be allowed to have a good night's rest.

The teeth should be cleaned with a soft tooth-brush and carbolic tooth powder, whilst the ulcer itself must be cleaned with pieces of lint soaked in the disinfectant approved by the surgeon, and applied with forceps.

This cleaning should be repeated about an hour before the operation, and it should be explained to the patient that similar manipulations will have to be carried out after the operation, so that he may be prepared for them. The method of feeding after the operation should also be explained.

After extensive operations on the tongue, the patient should be placed in bed lying on the less injured side, and this position should be maintained until he is quite conscious, and shock has passed off.

The further nursing can be done with the patient propped up in the sitting position, or the position on the side may be maintained. In the case of feeble elderly patients the lateral position is perhaps the better, but if the patient has borne the operation well, the sitting position is the more comfortable, and the patient is more readily attended to in this attitude.

There is usually some little oozing from the wound immediately after the operation, and with the patient lying on the side, the blood and mucus collects in the cheek. It can readily be removed by gentle swabbing. If the bleeding is more profuse, the patient should be kept on the side, and the surgeon informed at once. The hæmorrhage can sometimes be stopped by firmly pressing a swab against the bleeding point, and this should be done whilst waiting for the surgeon's arrival.

Wounds in the mouth want as careful aseptic treatment as wounds in other parts of the body. All instruments, swabs and dressings should be sterilised, and the nurse's hands carefully cleaned.

The wound in the mouth must be kept clean by swabbing, syringing, or sponging, with some weak non-poisonous antiseptic. Immediately after the operation the wound will want constant attention, but as the oozing of blood and serum lessens it should be thoroughly cleaned every two hours, and after each feed. The cleaning must not be overdone so that the patient is being constantly worried, and he must have intervals for sleep.

If the surgeon has plugged a cavity in the mouth with gauze, it should not be disturbed until orders are given to remove it.

The food at first should be fluid, and may be given in any of the following ways :—

1. If the patient can swallow, milk or albumen water is given from a feeder, to which is attached an indiarubber tube, so that it passes far back into the throat. The patient can learn to feed himself in this way.

2. *Pharyngeal feeding.*—A tube to which a glass funnel is attached is passed into the œsophagus from the mouth, and the fluid poured down.

3. *Nasal feeding.*—An indiarubber tube is attached to a small glass funnel, and the whole is sterilised by boiling. The tube is passed along the nose into the pharynx, and thence into the œsophagus, about twelve inches of tubing being passed. The milk (peptonised) is then slowly poured down the funnel. If the tube passes into the larynx instead of the œsophagus, cough will be excited, and the tube should at once be removed.

4. *Rectal feeding.*—Some surgeons prefer this for the first few days, so that the wound may not be interfered with, and risk of sepsis be avoided. After shock the great danger to be feared in this case is the onset of septic bronchopneumonia, owing to septic particles being inhaled into the lungs from the wound in the mouth.

This is avoided by nursing the patient in the sitting position, or lying on the side, and by keeping the mouth scrupulously clean.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss A. Phipps, Miss E. M. Streeter, Miss D. Vine, Miss M. Jennings, Miss G. Atkins, Miss M. Dale, and Miss H. J. Pryer, who suggests that the patient should be taught to drink from a feeding-cup, with rubber tubing, before the operation.

QUESTION FOR NEXT WEEK.

Mention the most delectable drinks for invalids, and how to make them.

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