

of course, coagulates this, and therefore makes its removal more difficult. It is always well to make sure that the sponge or brush or cotton wool is firmly secured, as awkward accidents happen from their detachment while being applied to the throat. If the case be an infectious one, such, for example, as diphtheria, any membrane or mucus removed must at once be either burnt or disinfected, and it is, therefore, well, in such cases, to use cotton-wool rather than a brush, and to burn this after being used.

Syringing the throat is often employed where there is infectious disease or much swelling in the affected parts. The best instrument to use is a four or six-ounce syringe with a piece of rubber tube three or four inches long attached to the nozzle. The patient should lie on his side, with his head low, and the fluid should be gently injected on the affected part, one or two ounces at a time, the patient allowing it to run out of the mouth, or spitting it out, into a basin. In some cases of diphtheria or of quinsy the greatest relief is often given by syringing the throat with as strong a solution of bicarbonate of soda as can be made in hot water. In some of these cases when the tonsils are greatly swollen, feeding has to be performed through the nose, and a soft rubber catheter can be inserted through the nose and slipped down into the œsophagus, through which fluid nourishment can be given.

In cancer of the throat, syringing with Condy's fluid gives great relief and comfort.

Removal of the Tonsils has often to be performed for chronic enlargement, especially in strumous children. The Nurse should stand behind the patient, who is seated in a chair, facing the doctor, and, fixing the patient's head against herself, presses her thumb under the angle of the jaw on the side from which the tonsil is to be removed, thus projecting that organ in towards the middle line, and making it more readily removed. As a rule, the bleeding from this operation is very trifling, but in rare cases it may be so great and so prolonged as to be dangerous. If it continues after a few minutes, an alum gargle should be tried, or, if necessary, a tannic or gallic acid paste is painted over the cut surfaces. If it becomes very profuse, and the Nurse is alone with the patient, the thumb should be placed on the tonsil inside and the fingers outside on the angle of the jaw, and this will always control the hæmorrhage until the doctor arrives.

Removal of the uvula is also done in the sitting position, the Nurse fixing the patient's head as before explained. In this the hæmorrhage is always trivial. For a few days, after both these operations, cold fluids should be given so as to prevent bleeding and assist healing. An antiseptic mouth-wash should be frequently used until the wounds are healed.

Fish bones often stick in the tonsils and require sometimes the help of a doctor or, at any rate, of a pair of forceps to secure their removal. To relieve the subsequent discomfort, and irritation, nothing is so useful as a cocaine lozenge.

The author then briefly described quinsy, follicular tonsillitis and malignant diseases of the throat with the customary methods of their treatment.

## Nursing Echoes.

\* \* \* *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith.*



THE following is the Pass List of Probationers who have completed three years' training at St. Bartholomew's Hospital, and, having passed the final examination, have been awarded a certificate:—1, Sodon (gold medal); 2, Southwell; 3, Beadsmore-Smith; 4, Bryan; 5, Gibson; 6, H. M. Smith; 7, Clark; 8, F. Anderson; 9, C. Malcolm; 10, Douglas; 11, B. Jones; 12, Cowley; 13, Plumbly; 14, Parry and Walkingshaw; 16, Butterfield; 17, Easton and Davies; 19, Fawcus; 20, Fuller; 21, Carruthers.

\* \* \* THE following is the Pass List of Probationers who, having completed one year's training, have passed the preliminary examination:—1, McCane (prize); 2, Skinner; 3, Edwards; 4, Hay; 5, Smythe; 6, Reynolds; 7, Cox-Davis; 8, Beigner and Laing; 10, Coleman; 11, Roberts; 12, Fowler and Shipman; 14, Brogdon; 15, Alsop, Donach, Garnet and May; 19, Dolton; 20, Harcourt; 21, Withington.

\* \* \* LAST week a meeting was held in the Town Hall, Glasgow, to form a branch of the Queen Victoria Jubilee Institute for Nurses. A statement on the duties of Institute Nurses was made by Miss Guthrie Wright, hon. secretary of the Scottish Branch, after which the Rev. George K. Heughan proposed, and Mr. D. M. West seconded, the following resolution:—"That this meeting agrees to form an Association to be called the Pollokshaws District Nursing Association, and to make application to the Scottish Council for the services of a Queen's Nurse and for affiliation."

\* \* \* THE Queen Victoria Nurses' Institute, which provides for the gratuitous Nursing of the sick poor in their own houses by well-trained Nurses, has just issued the Fourth Annual Report of its Welsh Branch. The work in this neighbourhood is still increasing by leaps and bounds. In 1893, there were 762 cases nursed from the Cardiff Home, necessitating 20,240 visits at the patients' houses. This represents an increase of about 100 cases over 1892, and 200 more cases than were taken in 1891. The centre at Cardiff is the training school for Wales, and as the demand for District Nurses is

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