# Motices.

### OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page VIII.

In consequence of innumerable complaints, we would advise our readers in provincial towns to order their NURSING RECORD through Messrs. Smith & Son's Bookstall at the Railway Station. In case they have any difficulty in obtaining it in this manner each week, we shall be glad if they will write a post card to the Manager, at the NURSING RECORD Office 11, Adam Street, Strand, W.C.

**Comments and Replies.** Charge Nurse, London.—The proper method of syringing the throat is fully described in "Practical Nursing," by Miss Isla Stewart and Dr. Herbert Cuff, as follows :—"The best form of springs to use is the a unreal of the phone be best form of syringe to use is the 4-ounce india-rubber ball best form of syringe to use is the 4-ounce india-rubber ball syringe. The nozzle should only be  $1\frac{1}{2}$  inches long. If a long 3 inch nozzle is used there is more risk of damaging the back of the child's throat with it should the patient be restless. . . If it is likely to struggle a sheet is wrapped closely round the child so that it cannot move its arms. It is then sat up in bed. The nurse seats herself on its right hand, and, placing her left arm round its neck, keeps its head firmly pressed against her left side, while at the same head firmly pressed against her left side, while at the same time she bends it forward over the basin in front of her. She then takes one of the full syringes from the porringer of lotion, passes the nozzle between the child's back teeth into the mouth and forcibly compresses the ball. Having given the child time to regain its breath she empties the syringe, and replaces it in the porringer to fill again. She must be

careful not to inject the lotion while the child is drawing in its breath, otherwise it may suck some of the fluid into its larynx. By passing the nozzle between or behind the back teeth there is less risk of the tongue intercepting the lotion on its way to the inflamed throat; by bending the child's head over the basin the chance of fluid getting into the air passages is very considerably diminished. . . No patient who is seriously ill ought to be made to sit up for the purpose of having his throat or nose syringed, if he is sensible enough to submit to the operation without struggling. It can be done equally easily in the recumbent posture, the head being brought to the edge of the pillow, so that the mouth hangs over the basin." You would do well to obtain this useful book, of which the first volume is published by Blackwood and Sons.

Mrs. G. M. P. London.—All the medical staff at the New Hospital for Women, 144 Euston Road, N.W. are women practitioners,

X. Y. Z.—(1) A midwife should always acquaint the Coroner's Officer if the death of an infant takes place in a case which she is attending before medical assistance can be obtained. The Coroner will then decide whether he you that at present the lack of registration of still births may easily lead to grave abuses. We hope the day is not far distant when their registration will be required by law.

Staff Nurse, Birmingham.—A private nurse is ill equipped if she has only a general knowledge of medical and surgical nursing. She should add to this special training in fever nursing, and, if possible, in maternity nursing and massage. A nurse who is accustomed to the work of a hospital ward has much to learn in regard to private nursing, where patients naturally expect an attention to trifles which it is impossible to pay in hospital life, but which private patients have a right to receive.

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[Sept. 7, 1901



