

judicious interference. Hæmorrhage is free, but usually ceases quickly. No attempt should be made to stop the bleeding by syringing the nose with iced water, etc., as has been recommended by certain alarmists. The application of ice or ice-cold water to the forehead is, however, a valuable method for stopping hæmorrhage from the post-nasal space, and may be used with impunity. After operation, the patient should be placed in bed on his side and allowed to sleep off the effects of the anæsthetic. This is the time he wants watching, in order that his breathing passages may be kept quite free. Vomiting of the blood which he has swallowed often occurs, but need not be cause for alarm.

The naso-pharynx takes, on the average, ten days to heal completely and during this time care is necessary. Bed should be kept for the first one or two days, and the patient should be confined to the house for the next four days, the temperature of the room being kept equable, and draughts prevented. Provided hands, sponges, and instruments are aseptic, and the naso-pharynx left to itself after operation, there is no reason to expect any case of post-nasal growths to do other than heal quickly and without complications. Out of an experience of over 1,000 operations for tonsils and adenoids in my clinic at the hospital alone there has been only one death, and that was a very exceptional case. The meddling practice of douching the nose or naso-pharynx with the idea of keeping the parts antiseptic is not only useless but decidedly harmful. It is thus that acute middle ear inflammation is usually set up.

The two great points in the after-treatment of this operation are proper feeding and the avoidance of meddling interference. The first day liquid nourishment only should be given, and for the next two days soft foods.

Welcome Home.

On Monday Miss Isla Stewart returned to duty at St. Bartholomew's Hospital after a prolonged holiday in Italy, and all her numerous friends will rejoice to know that the rest and delightful change has entirely restored her wonderful vitality. Few women are permitted to do thirty years' hospital work, but blessed with unusual mental and physical vigour, it is to be hoped, for the sake of trained nursing and the welfare of nurses, that Miss Stewart may for many years take the lead in all that makes for efficiency and progress. The BRITISH JOURNAL OF NURSING warmly welcomes her home.

Gastric and Intestinal Disorder.

A Lecture Delivered at the Infants' Hospital, Vincent Square, S.W.

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Let us now come to the treatment of these conditions. Firstly, as regards regurgitation of a small amount of food soon after feeding. It may be due to too much food. The remedy in such cases, of course, is a very simple one, and that is to reduce the amount. But another very common cause is that the food is taken too quickly. In the natural method of feeding the baby, the infant experiences considerable difficulty, or has to make considerable effort to obtain its food. That means that every now and again the infant relaxes its efforts, the food is not continually passing into the stomach, so that the stomach has a much better chance of accommodating itself than if the food is poured rapidly into the organ. Unless substitute feeding is properly controlled, the common tendency of the baby is to get the food too quickly. I may draw your attention to the precautions we take in this hospital to prevent that. The tube we use in this hospital has no valve; it is simply a tube with a small orifice at one end. On this end is placed the mouthpiece, and it is pressed down for about one inch over the shoulder. The tube is then elevated, and care is taken to secure that the neck of the bottle is always full of milk, so that there is no air space between the milk and the neck of the tube. When a baby is sucking it creates a partial vacuum; it removes some of the milk, and air cannot replace the milk while it is sucking. The result is that it becomes increasingly difficult for the baby to obtain milk, and a vigorous baby will go on till he is compelled to release the teat, because he cannot get the milk. The teat then collapses and shrinks into the bottle, the air passes into the bottle, relieves the vacuum, and allows him to proceed. This is an important detail in feeding a baby. We must replace in some way the natural resistance. One of the greatest mistakes is to have a bottle fitted with a valve which allows the air to come in at one end, while the baby gets the milk at the other. In breast feeding there is no such valve.

Various other important points are worth our attention. A feeble baby, of course, has to be considered. You must allow a larger hole in the teat for a feeble baby. A baby should

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