a larger quantity of fluid may be ordered. The pulserate is recorded hourly during the first day, and 4-hourly subsequently.

As soon as possible, depending on the patient's condition, she should be propped up with a knee pillow to prevent her slipping down (Fig. 2).

As soon as swallowing is possible, the patient's usual dose of Lugol's solution should be administered by mouth. Fluids should be given freely, *e.g.*, iced water, glucose water, orangeade or lemonade with glucose.

Mucus in the throat is sometimes troublesome, and the patient should be encouraged to give one good cough occasionally and to try to get it up. For this reason occasional doses of heroin have been used successfully to control restlessness without causing a deep sleep and loss of the coughing reflex.

A mixture containing aspirin gr. x and phenacetin gr. v (without caffeine) is invaluable in relieving the pain of swallowing, and during the first few days is usually

ordered half an hour before the principal meals of the day. Luminal gr. j is usually given about 6.30 p.m. on the eveningof the operation day. An injection of heroin gr. $\frac{1}{24}$ is usually required at 8 p.m. or 9 p.m., and may be repeated when necessary.

Patients vary considerably as regards the food which they can manage to take on the day following the operation. Some will have fluids only, and so long as an adequate quantity is taken one is satisfied. Most of them enjoy ice cream or jelly at this stage, while others feel

hungry and will eat minced chicken, mashed potato and gravy, custard and thin bread and butter. In a very short time this is gradually increased until the preoperative diet is reached.

If necessary, a mild aperient is given on the evening of the second day after operation.

The first dressing is done on the evening of the operation day, to make the patient more comfortable and to observe if there is any discolouration or puffiness of the flaps indicative of oozing.

On the evening of the day after the operation the drainage-tubes are removed, and on the third evening the stitches are removed. The only exception to this rule is the uncommon case in which the operation has been performed in several stages, when it may not have been possible to suture the platysma. Under such circumstances the skin sutures should be left for five days.

GENERAL MANAGEMENT.

In a general ward it is advisable to arrange the beds so that patients with hyperthyroidism are not near one another. Quietness and avoidance of any excitement are essential. Visitors tend to agitate these patients to a marked degree, and the co-operation of the relatives is very necessary in the attempt to remove all exciting factors.

I am indebted to Miss Vaughan for the accompanying photographs. M. B.

The initials are those of Miss M. O. E. Bonthron, Sister of Lawrence Ward.

BABY'S IMITATING LITTLE WAYS.

When my baby was thirteen weeks old he made his first clear attempts to imitate. Certain sounds were made before him, and on the recurrence of two of the sounds, he made a feeble effort to reproduce them.

Eight weeks later he tried to sing when I switched on the wireless, and before he was a year

old he imitated a cough, a sneeze, and various actions such as putting on a hat, winding wool, and pretending to disappear inside his perambulator.

Yet according to textbooks of child psychology children do not make imitative movements before the second half of the first year, and these movements do not become frequent or numerous until the second half of the second year.

But whether a baby imitates early or late in babyhood, the fact remains that the child does copy sounds and actions around him; that clightly older brother or

Fig. 2.—Patient on the day after Operation.

is why a baby who has a slightly older brother or sister develops more rapidly than an older child.

The important point for parents to realise is that this copying instinct in babies can be turned to good account and can be used to train the child in good habits.

For instance, nothing is more unhealthy for babies than to be kissed constantly by relations and friends. By means of the imitative instinct my baby has been taught to shake hands when leaving anyone, and would probably be bewildered if anyone tried to kiss him. So keen is he on shaking hands that he bids farewell in this manner to shop assistants in stores, and then wants to shake hands with all the customers within range.

The imitative instinct can be used to encourage clean and pleasant table habits, to persuade the baby to go to bed with pleasure, to sit in his chair or on the rug instead of being nursed, and to be friendly with all comers.

When my baby refuses to drink or eat when it is time for him to do so, the cup or plate is placed in front of one of his toy dogs, and the dog made to move as if





