

other than that ordered. The patient should be sponged with a little warm water and sanitas each evening, special attention being paid to cleansing the buttocks and anus. The back must be kept scrupulously clean to prevent bedsores, and it may be rubbed night and morning with spirit, then dried and powdered. The child's mouth may be cleaned with a paint brush dipped in boroglyceride, or a mixture of lemon-juice and glycerine.

If the temperature continue high the cold pack or cold bath may be ordered by the doctor, but the nurse, as a routine should, besides the daily washing, from time to time in the course of the day bathe the face and hands with tepid water, as it greatly relieves the symptoms. The patient must, of course, not be allowed to sit up for any purpose whatever, nor should he lie too long flat on the back, but should, if possible, be turned and propped on one side or the other. This prevents the tendency to bed sores, and also to congestion of the lungs.

All cups, spoons, bed pans, etc., must be kept exclusively for the patient's use, and all linen used by him must be put at once into a pail containing one in twenty carbolic or one in five hundred perchloride of mercury, and well covered over.

Some of the same solution should be placed in the bed pan before use, and afterwards it must be well covered, fresh disinfectant being added before it is removed to the lavatory; the urine must be disinfected in a similar manner. A basin of a non-poisonous disinfectant should stand by the patient's bed, and the nurse must always dip her hands after attending to him; and be most careful not to infect herself with the excretions. The temperature should be taken every four hours, and any sudden rise or fall be reported to the doctor at once.

(To be continued.)

### Meat Rations in the Tropics.

Egan, surgeon to the United States Army, in the *Boston Medical and Surgical Journal*, March 21st, 1901, contradicts the prevalent idea that meat should not be eaten in the tropics. The writer has found that tuberculosis and anæmia abound in Porto Rico, where the people live on rice, beans, maize, dried codfish, and fruits. The people in the towns eat meat and are far healthier.

### The Care of Children's Ears.\*

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(Continued from page 310.)

The back of the nose communicates, as we have said, with the upper part of the pharynx. This pharynx is the top of the gullet, being that part of the digestive tract which is common to both the air and food passages. Besides the orifices of the two nasal cavities and the two Eustachian tubes it also has opening into it the *mouth*, and just below the root of the tongue, the *larynx* or voice box, which is the upper part of the wind-pipe, and the *œsophagus* or gullet. The larynx is protected by a little lid, called the *epiglottis*, which shuts down over the entrance to the air-passage when food passes.

If you look into a person's mouth when it is widely opened and the tongue is held down you will see the opening from the mouth to the pharynx, and this orifice has several features of interest about it which concern us here. Above you see the *soft palate*, with the *uvula*, which shuts off the nose when you swallow. At each side this soft palate divides into two pillars, which enclose the *tonsil*. It is these two tonsils which must occupy our attention for a short time.

Round the entrance to the food and air passages is a ring of what is called *lymphoid tissue*, placed there originally as a protection from micro-organisms and such-like enemies. When, however, this ring becomes inflamed it no longer forms a protection but is rather a harbour for enemies. The chief portions of this ring of lymphatic tissue are situated in four places, the two tonsils, one on either side, the base of the tongue (called the *lingual tonsil*), and in the roof of the pharynx. The last named is highly important, it is sometimes called the *pharyngeal tonsil* and when enlarged gives rise to the "adenoids" of which you have all no doubt heard. In the diagram (Fig. 2†) I have indicated the position of this pharyngeal tonsil, when enlarged, by the dotted line. We shall consider this matter again in due course.

Now that we know something of the anatomy of the ear, the nose, and the throat, we can proceed to the consideration of the chief diseases affecting them in children.

Of these the most important is *abscess of the*

\* A lecture delivered to the Nursing Division at Wembley of the St. John's Ambulance, April 2nd, 1901.  
† Inserted in last week's issue.

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