

a little light soup may be taken at eleven. The child should be undressed and his bed ready. A table should be prepared as for any other surgical proceeding, and plenty of hot water, with one or two bowls and sponges provided. There should also be a supply of cold water at hand, as one of the best methods of arresting the bleeding is the bathing of the forehead therewith. It is a good plan in a private house when an operation is to be done to spread the floor with old newspapers, as they effectually preserve the carpet and can be burnt afterwards.

When the operation is finished the child should be put to bed on his side, with a handkerchief or soft towel under his head to avoid soiling the bedclothes. He may very likely bring up some blood after a time, but this need cause no alarm, as it is merely the blood which he has swallowed during the operation.

For the first day he should be kept in bed, and for the next two or three confined to one room. This should be kept warm and free from draughts. For the remainder of the week he should be kept indoors, and care exercised until ten days have elapsed after the operation, as it takes that time for the naso-pharynx to heal perfectly. Nothing need be done to the nose, unless the doctor expressly orders it, and in my experience the only cause of untoward results is useless meddling and interference. If the tonsils have been removed at the same time, as often has to be done, the patient should, if he is old enough, be encouraged to wash his mouth out with a little weak warm Condy's fluid and water several times a day.

The feeding is of importance. For the first few hours after the operation this should be restricted to a little milk or milk and water, given cold or luke-warm. The day after, he may take bread and milk and soft milk puddings. When I say bread and milk I mean that the bread should be soft and shorn of all crust. The third day soft fish may be given and after that, as a general rule, he may resume ordinary food. When the tonsils have been removed as well, soft foods should be kept up a little longer, and the child should not be allowed to talk too much. This precaution is, however, more important in adults after removal of the tonsils, as too much talking and the too early giving of hard food may cause bleeding and delay the process of healing. If these simple directions are followed there need be no anxiety whatever, and the

little patient will rapidly recover and improvement be early manifest.

Before leaving this subject, I should like to say a word as to what is meant by confinement to a warm room free from draughts. This means that the temperature should be kept even but plenty of fresh pure air allowed. Too often those who have charge of the patient seem to consider the order means confinement to a hot, stuffy chamber, in which ventilation and fresh air are conspicuous by their absence.

Lastly, if the child has been a confirmed mouth-breather for long before the operation, the habit will continue, although the cause has been removed. In this case it must be met with education, and the child be continually told to keep the mouth shut. As a rule, he will keep it shut during the time he is sleeping, for nasal breathing is natural breathing, and we always revert to natural methods during sleep. At times, however, habit even overcomes nature, and it is occasionally necessary to tie a child's jaws together during sleep to break him of that of mouth-breathing. Similarly, he must be taught to speak properly and to get out of the way of talking that I have pointed out as one of the adenoid symptoms.

*(To be continued.)*

## Appointments.

### MATRON.

Miss Jessie Calder has been appointed Matron of the Dumfries and Galloway Royal Infirmary. Miss Calder was trained at the Royal Infirmary, Edinburgh, and for the last nine years has been Matron of Chalmers Hospital, Banff.

### SISTER.

Miss Constance MacCarthy has been appointed Sister at St. Bartholomew's Hospital, Rochester, in charge of a male surgical ward and of the operating theatre. She was trained and certificated at the East Lancashire Infirmary, Blackburn, and has worked on the private nursing staff of this institution. She has also had experience in fever work.

### NIGHT SISTER.

Miss Ella M. North has been appointed Night Sister at the General Hospital, Croydon. She received her training at the Hospital for Diseases of the Heart and Paralysis, Soho Square, and at the Great Northern Central Hospital. She also holds the certificate of the London Obstetrical Society.

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