

the albumen has disappeared from the urine, the diet consisting chiefly of milk and milk food, such as arrowroot, rice, or custard puddings. Meat must be avoided as long as any albumen remains in the urine. The bowels and skin must be kept freely acting, and as a rule some form of iron will be prescribed to counteract the anæmia, which is almost a constant symptom.

Incontinence of Urine.—The infant for the first few months of life has no control over micturition. When the bladder contains a certain amount of urine it is emptied reflexly without the will of the child taking any part. Towards the end of the first year the child may be trained to wait till held over a chamber before passing its water, and this control gets more and more complete till a child over two years old ought hardly ever to wet his clothes day or night. Frequent micturition may be a habit, or due to some imperfection of the urinary organs; in the latter case it occurs equally night and day, in the former it may show itself as nocturnal incontinence, which is by far the most frequent variety. If a child over two years of age frequently wets his bed at night the nurse should try to anticipate matters by lifting the child out to pass its water at least twice during the night, and it should not take any fluid for an hour or two before going to bed. If the child be a male the penis should be examined, and if the foreskin cannot be pulled well back a doctor should be sent for, as underneath this irritating matters are apt to collect, leading to frequent micturition as a symptom. If, however, the foreskin can be pulled well back over the glans penis the parts should be carefully washed, especially before the child goes to bed at night.

If this does not prevent the incontinence some other source of irritation should be looked for. Threadworms are a common cause, or the urine may be too acid and cause irritation of the bladder. In these cases the urine is often high-coloured depositing high-coloured urates or red crystals of uric acid. This is often due to digestive disturbances and to a large amount of meat. So the latter must be curtailed and the diet carefully supervised, while a few grains of citrate of potash as medicine will help to render the urine less acid and irritating. The bed clothes must be light and the habit of sleeping on the back avoided; this may be prevented by a simple device, viz., tie an

ordinary bobbin in the centre of a piece of tape and fasten this round the child's waist so that the bobbin is over the spine; then if the child unconsciously turns on its back during the night, the pressure of the bobbin will waken it, and it will gradually become accustomed to lying on the side.

In some cases care and attention to all the above points does not cure, and then the physician may prescribe belladonna or occasionally strychnine, and these, with perhaps sea air and general tonics, will effect a cure.

A nurse must always bear in mind that nocturnal micturition is a disease, and cannot be cured by harsh treatment, in fact, as the children are often highly nervous and excitable, such methods may increase the trouble.

(To be continued.)

The Nursing of Ear Operations.

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In the number of the NURSING RECORD for April 7th, 1900, I wrote upon certain points in the nursing of ear-cases, in which I described the various methods of treatment in otology which the nurse might be called upon to carry out, and in which space did not allow me to enter into any discussion upon the after-care of aural operations. In this article I propose to complete the remarks which I then made, and to speak of the nursing of ear operations.

In these operations it may be said that the general preparation of the patient does not materially differ from that for any other surgical procedure. The local preparation of the ear itself, however, is a matter of great importance, for upon its proper purification depends to a great extent the success of the undertaking. The ear is not an organ which can be treated with *asepsis*, most of the operations are done for suppurative conditions, and, consequently, *antiseptics* is what is most needed. Fortunately, the ear will stand very strong antiseptics, a fact made use of in purifying it for operation. One need not describe the various methods employed by different surgeons, and that in vogue at The Royal Ear Hospital, which I shall here detail, is one which will be found very efficient. This method is as follows:—The ear is first syringed out with warm antiseptic solution—preferably one in forty carbolic—to clear away all discharge, dead epithelium, and similar débris, and then the auricle and

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