

glass tube. When the throat is gargled with iron, the teeth should be brushed after each application, or washed off with salt water.

In the course of a lecture to the  
**To Examine** nurses of the Victorian Trained  
**a Child's** Nurses' Association, Dr. Atkinson  
**Throat.** Wood said:—

The anatomy of the throat, especially in a child, is an important part of a nurse's knowledge.

Foreign bodies are very liable to lodge in the gullet, on a level with the lower part of Adam's apple. In a child the finger can easily reach down as far as this and may hook the offending body up.

The epiglottis is a sort of fan-shaped body attached to the back of the tongue, which fits over the opening of the larynx when the tongue passes to the back of the throat, as in swallowing, or when it falls back, as it sometimes does when the patient is under an anæsthetic, as the tongue is attached to the lower jaw it can be drawn forward by pulling the jaw forward. In passing an intubation tube, the epiglottis is hooked forward with the left finger while the tube is passed into the larynx with the right hand.

Nurses may be called upon to wash a stomach out, and this is a comparatively simple operation if the tube is kept well to the back of the throat when the child begins to swallow the tube; it then must go down the gullet and into the stomach. It is possible, however, to pass the tube into the larynx, and water has thus been poured into the windpipe with disastrous results.

To examine a child's throat is not always an easy matter, unless you go the right way about it. Seat the child facing you, on the mother's knee. Tell the mother to grasp the child's left elbow with her right hand, keeping her right elbow to guard the child's right hand. The mother's left arm is then brought round the child's neck, and the hand against the forehead holds the child's head firmly against the mother's chest. In private, when it is often difficult to get a good light, an excellent reflector can be improvised by holding a tablespoon behind a piece of lighted candle in the left hand, and by using the handle of a dessertspoon with the right, and gently getting it between the teeth, then gradually passing it to the back of the throat; the child then suddenly opens his mouth owing to a reflex spasm of the muscles at the back of the throat, the spoon then presses down the back of the tongue, and an excellent view of the throat is obtained. Note quickly if there is any white, and, if so, if it is confined to the tonsils; a white growth spreading away from the tonsils is most likely to be diphtheria.

The tonsils are two almond-shaped bodies, one on each side of the throat, situated between two curtains of mucous membrane (enclosing muscles). They are sometimes enlarged, and may even meet across the middle line, or they may be so poorly developed that you cannot see them.

A French pharmacist states that  
**To Administer** a good way to administer quinine to  
**Quinine** children is to mix 1 gramme (15  
**to Children.** grains) of the sulphate in a mortar  
 with 8 grammes (2 drachms) of olive  
 oil. Twenty drops of this mixture will contain 5  
 centigrammes ( $\frac{3}{4}$  grain) of quinine. The mixture is  
 poured into a tablespoonful of sugared milk, and will  
 be easily swallowed.

## Nursing Echoes.

*\*\* All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.*



Under the revised regulations issued for Queen Alexandra's Military Nursing Service for India the Senior Nursing Sisters are now made a distinct grade, the Nursing Establishment consisting of Lady Superintendents, Senior Nursing Sisters, and Nursing Sisters. The chief point of interest in these regulations is the official statement that before admission to the Service candidates "must satisfy the Nursing Board at the India Office, in a personal interview, as to their general suitability." Thus the qualifications of candidates are now investigated by experienced members of their own profession. This is as it should be, and no doubt eventually the same arrangement will be adopted in all Government Departments dealing with the nursing of the sick.

With regard to the rates of pay of Indian Nursing Sisters, the salaries are as heretofore. For a Lady Superintendent, 300 rupees; for a Senior Nursing Sister, 200 rupees; and for a Nursing Sister, 175 rupees a month. But an additional local allowance of 50 rupees (£3 6s. 8d.) a month is authorised for the Senior Lady Superintendent; an allowance of 60 rupees (£4) for the provision of uniform is also made to Nursing Sisters and Senior Nursing Sisters at the end of each completed year of service, and a grant-in-aid for the provision and maintenance of mess property is made at the rate of 50 rupees (£3 6s. 8d.) for each lady nurse on appointment and 12 rupees (16s.) annually afterwards.

On leaving the Service after a completed term of five years, each Senior Nursing Sister receives 70 rupees additional for each complete year's service in addition to the 500 rupees to which she is entitled as a Nursing Sister. After ten years, Nursing Sisters receive 1,500 rupees, with an additional 125 rupees for each complete year's service as Senior Sister. If compelled by sickness to leave India before completion of a five years' term, Nursing Sisters receive 75 rupees, and Senior Nursing Sisters 100 rupees, and under the same condition in the course of a second term of service Nursing Sisters receive 100 rupees and Senior Sisters 120 rupees.

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