

level of unscientific and meddling interference. Of the many causes of tonsillar enlargement there are one or two to which attention must be drawn as being those in which the mistakes I have mentioned are most commonly made, and in which it is desirable to indicate some definite line of treatment."

The conditions enumerated are:—

1. *Simple enlargement and hypertrophy of the tonsil.*

2. *Enlargement due to continued irritation.*—This includes two classes of tonsil, viz., that in which the inflammation is in an early stage, and that in which the changes are produced by chronic inflammation—i.e., not a *hypertrophied* but a *hyperplastic* tonsil.

3. *Enlargement accompanied by lacunar inflammation.*—Here again the writer pleads for a systematic consideration of each individual case, which will well repay the time and trouble expended. "It has been too commonly the rule to suppose that such a state of the tonsil can only be met by its complete eradication. Equally one may say that conservative treatment may have been applied to cases for which it was wholly unsuitable."

"The method of greatest use in this disease, from a conservative point of view, is that of cauterisation, gargles, douches, and local applications, being, I believe, absolutely useless except as subsidiary methods, for it is easy to see that since the trouble lies in the lacunæ themselves, many of which are as much as half an inch in depth, and many of which are filled with foul-smelling, inspissated secretion, none of these applications ever reach the lacunar epithelium where lie the *fons et origo mali*, and the treatment thus resolves itself into a senseless waste of good drugs."

The conditions in which tonsillectomy is indicated in lacunar disease is, we are told—(1) where the whole tonsil is extensively diseased; (2) where the crypts involved are situated at the upper part of the tonsil, and open upon the mouth of a deep supra-tonsillar fossa; (3) where the crypts occur upon a hard, anæmic, and rugose tonsil, and contain lacunar plugs which are cretaceous and foul—such tonsils are the result of old-standing hyperplasia and are quite unsuited to treatment by the cautery; (4) when the disease occurs in young children who will rarely admit any prolonged manipulation in the mouth; (5) where there is cervical glandular enlargement; (6) where cauterisation has been tried and failed.

## Appointments.

### MATRON.

Miss Annie Smith has been appointed Nurse-Matron of the Cottage Hospital, Ashbourne. She was trained at the Royal Southern Hospital, Liverpool, and has held the positions of Assistant Nurse at the Cottage Hospital, Wantage, and the General Hospital, Loughborough, and of Nurse at the Boston Hospital.

### SUPERINTENDENT.

Miss S. M. Masters has been appointed Superintendent of the Paddington and Marylebone District Nursing Association. She was trained at the Norfolk and Norwich Hospital, and has held the positions of Matron of the Cottage Hospital, Mildenhall, District Nurse in connection with the North London Nursing Association, and of Superintendent of the Hampstead District Nursing Association.

### CHARGE NURSE.

Miss Jessie M. Akehurst has been appointed Charge Nurse at the Workhouse Infirmary, Brighton, in which institution she received her training.

## Progress of State Registration.

We are glad to observe that the medical papers have been devoting considerable space recently to the discussion of the question of the State Registration of Trained Nurses. The *Medical Times and Hospital Gazette* has an admirable leading article on the subject in its last issue, and the correspondence on "Nursing as an Occupation," aroused by a leading article in the *British Medical Journal* of August 8th, and still proceeding briskly, has turned upon the Registration question.

Three admirable letters appeared in the last issue, and nurses will read with pleasure the liberal views of Mr. C. A. Douglas Bryan, of Leicester, and of Dr. Berry, Senior Honorary Medical Officer to the Royal Albert Edward Infirmary, Wigan, who have done the nursing profession service in espousing their plea for an educational standard and professional control. We are much in sympathy with the position taken up by Mr. Bryan, who asserts that "the medical profession have no wish to be the scavengers of the nursing profession; nurses generally would be the last to expect it, for their aim ought to be to eradicate that which is bad from their profession, and endeavour to produce only that which is good and serviceable." This is in accordance with the classical pronouncement of Miss Nightingale that the control and discipline of women nurses must be in the hands of women.

We are anticipating the pleasure of studying the annual report to the New Zealand Parliament of the Department which includes the work of Registration of Nurses as we hear that "the Nurses' Registration Act is working smoothly and effectively."

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