

ideas, grew suspicious, easily offended, irritable, and profane. He consulted different authorities, who recommended relief in change of scene by travelling; but the headache and depression only increased. He suffered also from obstinate constipation, persistent insomnia, and had sensory disturbances in the left arm. In the spring of 1905 he had symptoms of word blindness, and a transient attack of paralysis of the right side of the face and the left half of the body. The depression and headache increased, and all medical treatment failed to cure him. Believing in the possibility of localisation of mental functions, and hoping for relief from operation, he came to London. When seen on October 3rd, 1905, he appeared depressed, emotional, showed strong suicidal tendency, and complained of intense headache on the right side, and a burning sensation just posterior to the right parietal eminence.

When trephined on October 9th, 1905, on cross-incision of the dura mater, a stream of clear fluid escaped. The membrane was opaque and thickened, but the brain appeared normal.

During convalescence the patient still had occasional attacks of depression, and irritability, but with the closing of the wound all symptoms disappeared.

The interest of this case lies in the fact that not only was the patient temporarily relieved, but permanently cured. On February 20th, 1907, 16 months after the operation had been performed, he reported himself absolutely well. The obstinate constipation which had been present throughout his illness had disappeared. Mentally he had completely lost his morbid suspicion, as well as all suicidal thoughts, and mental depression, and had resumed his interest in the affairs of life. The history of this case seems to afford a hopeful outlook in similar cases, and to show that asylums should be regarded as mental hospitals for the cure of disease, rather than as refuges for the hopelessly afflicted.

Scientific Temperance Teaching.

A meeting of Members of Parliament interested in promoting the introduction of scientific temperance teaching into the elementary schools was held in one of the Parliamentary Committee Rooms on Tuesday evening, under the presidency of Mr. George White.

Addresses were delivered by Sir Victor Horsley, Dr. Sims Woodhead, Sir L. Brunton, and others, after which it was resolved to form a committee to press the Government in favour of the object in view, and that a Parliamentary memorial on the subject should be promoted.

Nursing Duties with Regard to the Operation for Removal of Tonsils and Adenoids.

The operation for the removal of tonsils and adenoids is of such frequent necessity, especially among children, that almost all nurses have occasion to render assistance at it even before they have spent very much time in the nursing profession. It is generally looked upon as a minor operation, of no very marked interest from any point of view, but the nurse has no unimportant part to play towards its after success. So much depends upon the parents thoroughly understanding, and therefore being able to carefully carry out, the simple rules laid down for their guidance, which must be persisted in for some time after the patient has left the doctor's care, and a little careful explanation of the surgeon's orders given with tactful interest, goes a very long way towards insuring success, and the health and therefore happiness of the children being procured. As a rule, patients are not admitted into a general hospital for this operation only, although fairly frequently cases where it is found necessary crop up in the wards; the private nurse and the district nurse will meet a fair number of cases, but by far the greater number are dealt with in the out-patient department of hospitals. Mothers who bring their children for operation are generally, as they express it, "flurried," and although they listen carefully to the doctor's advice and instruction as to their after treatment of the children, they are apt to take away rather hazy conceptions of it, and they will eagerly welcome a few quiet words from the Sister or Nurse as to what they are to do with the children when they get them home.

A common objection raised by the parent to having a child's tonsils and adenoids removed is that "It makes them grow all the more," but in cases where the trouble recurs, it is nearly always found that the after treatment had not been carefully and conscientiously carried out.

The chief symptoms which point to the existence of enlarged tonsils and adenoid growths (often accompanied by elongated uvula) are familiar to all trained nurses: The inability to breathe with the mouth shut, thereby producing a somewhat vacant expression of face, the undeveloped upper jaw, with shortened upper lip, the noisy breathing, and unclear utterance, the snoring noise during sleep, more or less nasal discharge, often blood-stained, sore throat in the early morning, frequent colds in the head, often accompanied by deafness, and, as a rule, the patient

[previous page](#)

[next page](#)