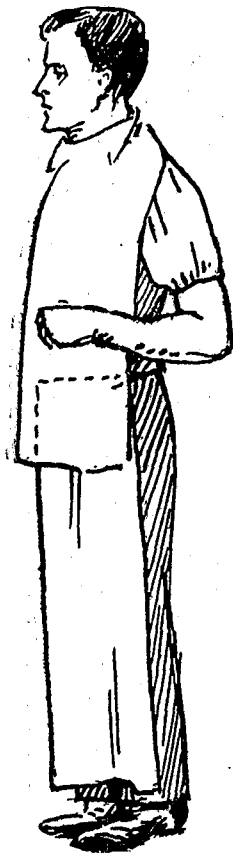


closed vehicle. Children are generally ordered to be kept in bed for a few days, the voice used very little, and all exposure to draughts and bad smells scrupulously avoided; the air of the room should be warm, but perfectly fresh, and any violent movements or stooping prohibited. The food given should be of a soft nature, and not of an extreme temperature, and the bowels should be kept well open; it must be remembered that the patient probably swallowed some blood during the operation,



The Surgeon. Fig. 2.

and the foul breath which is a frequent after symptom is generally caused by the stomach condition. Should the bleeding continue after arrival home, the patient should lie flat on his back with the arms extended over the head, and suck ice, and if it still continues unduly, the doctor should be sent for. The patient must now be taught to breathe through the nose with the mouth closed, and at first this will be found difficult, owing to the habit of mouth breathing which had been adopted, but if it is practised as a regular exercise several times a day, it will soon be done naturally. The nostrils must never be allowed to become blocked up, and especially on retiring to bed at night they must be quite clear, all sniffing should be prohibited, and nose blowing freely and frequently resorted to; with young children

will be found a great encouragement, and the exercise of trying to blow away a feather by breathing through the nostrils with the mouth closed, will be found of value. Any gymnastic or drilling exercises will be helpful, especially those which expand the chest. Moderate running, jumping, and skipping (with the backward rotation of the arms) may be encouraged, but all must be performed with closed lips; singing and reading aloud will also be found of benefit. By taking a little conscientious trouble (especially during the first week after operation) the desired result of regular nose breathing will soon be

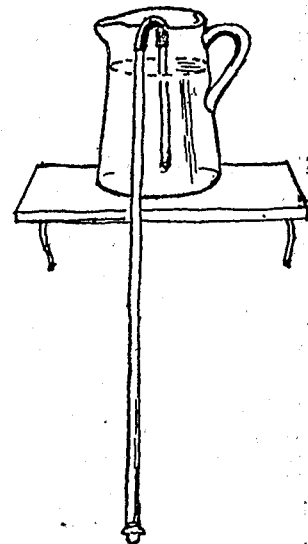
established; otherwise the full benefits of the operation will never be experienced.

In district or private work, where a long "theatre gown" is very likely not available, a very effectual covering for the surgeon may be made by the simple adjustment of two towels. The coat being off, and the sleeves rolled up to the arm pits, the short side of a towel is put round the neck, above the collar, and fastened behind with a safety pin, the short side of another towel is then fastened by safety pins to the free end of the first one, and also through to the waistcoat on each side, so that it is kept in position, and will reach just to the feet of the operator. Most district and private nurses carry jaconette half-sleeves in their kit, and these put on above the elbow, and safety-pinned just under the towel to the shoulder part of the waistcoat, will protect the rolled up shirt sleeves (see Fig. 2).

A cheap and convenient sponge approved by many surgeons for these operations is the kind strung on to cards, and generally called "nursery sponges," and sold at 1s. for a card of 12. These can be thoroughly washed in hot, soapy water, and, when quite clean and well rinsed, cut into halves and rendered sterile by boiling.

Some surgeons order throat gargling and nasal douches as a routine treatment after the operation, it is then advisable to get the child used to such treatment a few days beforehand.

Private or district nurses may easily and cheaply produce a nasal douche apparatus by obtaining from an ironmonger's a small piece of lead piping, bent to a U shape, and a yard of rubber tubing one size smaller. Eight or ten inches of the rubber is passed through the metal tubing, which is adjusted on the rim of a jug, and by filling the tube and jug with lotion, a satisfactory syphon action may be set up; the outer end of the rubber tube should be fitted with a small glass nozzle (see Fig. 3).



Nasal Douche Apparatus. Fig. 3.

E. S. FOUNTAIN.

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