

are those usually used), a porringer, and a hot mouth-wash of Sanitas (1 in 20).

The patient is propped up in bed, and a large mackintosh pinned around the neck. The nurse stands at the back of the patient, holding the head firmly between both hands. The physician holds down the tongue, and with the other hand inserts the forceps sharply into the tonsil at its lowest aspect, or at some point where it will drain easily; he then opens the forceps widely, and the pus escapes. The nurse must be ready to tilt the patient's head forward over a porringer at the right moment. The patient then gargles, and washes out his mouth with the hot Sanitas. The throat will then be syringed with hot coll. alk. sacch., as hot as can be borne—about 120 degrees. For this a sterilized Higginson syringe with glass nozzle is used. The tongue is held down with a Tranket's tongue depressor, and the patient instructed to keep the head over a bowl. The nozzle of the syringe is pointed at the opening in the tonsil, and the lotion is then syringed on to and into it; some force is necessary, and it must be done quickly, leaving time in between each syringeful for the patient to breathe. In this way the pus is cleared out, and the hot lotion is found to be very cleansing and soothing to the throat. The syringing is continued four-hourly until the pus has ceased, and then continued twice a day until the tonsil has healed. It will be necessary to keep the incision open until all the pus has escaped, and for this purpose the nurse will have to insert the forceps into the wound gently and open them twice a day before syringing. If this has been efficiently done, the temperature will drop to normal in about 48 hours, the pain and difficulty in swallowing will diminish, and the adenitis subside. In some cases the abscess may open before an incision has been thought necessary, but the treatment would be the same.

As soon as the temperature becomes normal a soft diet may be given, gradually getting on to full diet. The medicine will be altered to an iron tonic, and some stimulant may be ordered, usually port wine or Burgundy.

In about ten days' time, if everything is satisfactory, the patient will be allowed up. Formamint tabloids will be substituted for syringing. The fomentations will be discontinued as soon as the adenitis subsides, and a piece of dry wool worn for the first day or so.

While convalescing, the chief points to bear in mind will be the care of the mouth and teeth; feeding up with plenty of plain, nourishing food, extra milk, plenty of fruit.

As much fresh air as possible without fatigue is most necessary.

## OUR PRIZE COMPETITION.

### WHAT CAUSES VOMITING IN EARLY PREGNANCY AND WHAT NURSING CARE MAY BE GIVEN TO RELIEVE IT?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, the Royal Halifax Infirmary, Halifax, for her paper on the above subject.

#### PRIZE PAPER.

It is but very seldom that a pregnancy is entirely free from vomiting throughout its course, and very commonly the first sign to follow conception is retching.

The change of position when rising from bed seems to bring on the trouble, which in early pregnancy is due to the close connection between the womb and stomach. The functions of the uterus have been developed and it has become sensitive and irritable, and it acts indirectly through the nervous system on the stomach.

The patient feels sick and uncomfortable whilst dressing, and consequently begins retching—vomiting only a clear watery fluid, or, if after breakfast, the food she has just taken. Usually after a rest the patient feels quite comfortable, the sickness having passed over; she is able to take her food for the remainder of the day.

This is a simple case of "morning sickness," and may be regarded as a normal condition, commencing in early pregnancy, and usually disappearing after quickening.

A sick pregnancy is usually a safe one, but sickness has been known to have been so severe as to bring about exhaustion and ultimately death; but fortunately these cases are very rare indeed.

If a patient vomits directly after breakfast her meal has done her no good whatever—otherwise, harm—acting only as an emetic, and in these cases a few hours' fasting is often found to be a very good remedy, allowing the stomach to have an entire rest in the early morning, when in most cases the patient is quite well throughout the day. Some women can avoid an attack of early "morning sickness" by taking a light breakfast in bed, and resting for an hour or two afterwards, then rising very leisurely.

If the breakfast is not taken in bed, an early cup of strong tea or coffee may be well recommended.

Diet is of very great importance, and, if well attended to, is sufficient to keep the trouble under control.

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