

The whole subject of adenoids and their treatment is rather interesting historically. Adenoids are popularly supposed to be a new disease, because our grandfathers never heard of them. This is true, in that attention was not drawn to them until 1870 or thereabouts; but one has only to look at some of the portraits of children in the National Gallery to see that the disease was really in existence in the Middle Ages, for very many children in the mediæval religious pictures, for instance, would serve as illustrations for a text-book on the disease! Nowadays the pendulum has swung rather the other way, and the attitude of the modern school inspector rather resembles that of a terrier after rats! Still, there can be no doubt that much of the backwardness of "dull" children is due to the adenoids which he pursues with so much vigour to their destruction in the throat departments of our general hospitals.

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### THE COLOGNE CONGRESS.

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We are glad that the invitation sent out through the National Council of Nurses to kindred societies to appoint representatives to attend the International Congress of Nurses at Cologne in August is being well responded to. The Fever Nurses' Association has appointed Miss Bann, Matron of the Brook Fever Hospital, Shooters Hill—a member of its Council, and one of its five delegates on the Central Committee for State Registration of Nurses. The Nurses' Social Union has nominated Miss Beatrice Kent, a member of the Union, and an active member and worker of the Society for State Registration of Trained Nurses, who has been invited by the National Council of Nurses to present the very important paper at the Congress on "Nurses and Social Work." The Catholic Nurses' Association (Ireland) has appointed Miss R. M. McLaughlin its Hon. Secretary. The Scottish Matrons' Association will be represented by Miss Melrose, Matron, Royal Infirmary, Glasgow, and Miss Graham, its Hon. Secretary, and other societies have the invitation under consideration.

Miss Beatrice Kent has consented to act as Hon. Secretary of the Nursing Exhibition Committee, and will be in Cologne in time to help to arrange the exhibits in the Marzel Gymnasium, which will be opened at 11.30 a.m. on Saturday, August 3rd.

### OUR PRIZE COMPETITION.

#### WHAT IS THE RIGHT METHOD OF NASAL FEEDING?

We have pleasure in awarding the prize this week to Miss Agnes M. Welchman, 4, Chesterfield Place, Clifton, Bristol, for her paper on the above subject.

#### PRIZE PAPER.

When nasal feeding a patient, for whatever reason, two things are absolutely essential, *i.e.*,

1. Perfect cleanliness.
2. Extreme gentleness.

If either of these two things are neglected the operation becomes at once dangerous.

*To proceed:*—Prepare a tray containing a long nasal catheter attached to a glass funnel, or an ordinary rubber female catheter attached to rubber tubing and glass funnel, all of which should be sterilized. A bowl of small swabs, sterilized and placed in a weak antiseptic solution, and a sterilized towel, the latter to be placed around patient, under the chin. The nurse's hands should be as surgically clean as possible, and, finally, the patient's nostrils should be gently and thoroughly swabbed out with the swabs prepared, as otherwise, in the event of the catheter accidentally entering the larynx, septic germs may be introduced.

*Position.*—The patient should be in bed in the dorsal position. In almost all cases it is necessary to have assistance, especially so when feeding during puerperal mania. Extreme gentleness is necessary, as in every case it is an unpleasant experience, and any carelessness in passing the catheter may give great pain, besides being likely to injure the delicate structures at the back of the nasal orifices.

When the patient is a baby or a small child a capable nurse can often manage the nasal feeding alone.

*Method.*—It is a good plan to place the child's arms down at its sides and to securely wrap the whole of the body and legs in a blanket, leaving only the head free.

Standing on the right side of the patient, the nurse should with her left hand keep the child's head steadied. Placing the apparatus on the sterilized towel, she should take the catheter in her right hand and, after lubricating it with glycerine or pure olive oil, insert it into the right or left nostril, gently passing it very slightly upwards and then directly backwards. The tube is passed for about 10 inches (it is not necessary for it to reach the stomach, but only that it should be well past the opening into the larynx), watching closely for any sign of its entrance into the larynx, such as cough-

[previous page](#)

[next page](#)