lows: As soon as the nausea permits give the patient ice chips to hold in the mouth. They not only tend to prevent hæmorrhage, but allay the thirst and mitigate the pain which follows the operation. If the child is old enough, a gargle of one part peroxide of hydrogen and three parts of ice water repeated every two hours is very valuable. These two things are about all that one can do in a prophylactic way.

If, however, the bleeding is beginning to be at all profuse, if the patient is spitting blood, or if, as before stated, the third vomitus still contains reddish blood, the nurse, if the doctor is not immediately available, should herself examine the throat. Secure an extension light with a reflector, if possible. Hold it above the head, touching your forehead, and with a tongue depressor hold the tongue firmly down. If the child struggles, don't try to fight it out alone, but have the patient firmly held. Do not place the depressor farther back than the middle of the tongue, for you will gag the patient and be unable to see anything. You will now see at the sides of the throat two dark cavities where the tonsils have been removed. One will be dark and dry and the other show the bright blood or the whole cavity filled with clotted blood. If the bleeding is profuse, wrap the middle finger of your left hand for the left tonsil, the middle finger of your right hand for the right tonsil, with two layers of gauze, and sit on the edge of the bed facing the patient. Now insert the gauze-covered finger into the tonsular wound and press with considerable force. If the patient is a child you can exert counter-pressure with the thumb of the same hand. If the patient is an adult you must use the other hand.

At first the patient will gag, but in a few minutes he will become more or less accustomed to the finger, and if the head is bent over to the bleeding side most of the mucus and blood will run out. The finger should be kept in place at least five minutes before the second examination is made, and then, if the bleeding still continues, the finger must be replaced and held in place indefinitely or until the physician in charge arrives. Naturally, the effect of the pressure would be greatly increased if the nurse could place a small pledget of iodoform or plain gauze under her finger, but this is sometimes difficult for a nurse to do alone, and there is some danger that it might slip down into the throat.

This procedure, when properly carried out, will always stop a bleeding, and lucky indeed is the surgeon who has a nurse skilful enough and quick enough to hold his patient for him in safety until he arrives. A sponge on the end of a long abdominal holder pressed in place is also good, but I have found that for the nurse the first method is always safer.

Severe post-operative bleeding from the adenoid operation is very rare, and always without exception due to an incomplete removal of the growth. There is only one proper treatment, and that is a second and thorough curettment at the hands of the surgeon. Generally speaking, any bleeding from this region will show itself coming from the nose.

In conclusion, it may be well to suggest that the nurse ask the attending physician what special instructions he has in case a hæmorrhage should take place, and from which side the bleeding is likely to come. The main point is careful watching for the preliminary symptoms of trouble. One of my friends makes it an invariable rule to have the nurse turn the child on its stomach every fifteen minutes to see if any blood runs from the mouth. This is a good plan and is one that can be highly recommended. Above all keep cool; get the physician as soon as you even suspect trouble.

NURSES AND THE NATIONAL INSURANCE ACT.

From Wednesday last, the 15th inst., any nurse who has been insured for 26 weeks is entitled to the medical, sanatorium, sickness, and maternity benefit provided under the Insurance Act.

Certain formalities must be conformed to. Members of approved societies should receive from the secretary a pink ticket and Declaring-on-Form. The former must be taken to the doctor selected from the list at the nearest post office, who will supply the requisite medical certificate when a member falls ill. The Declaring-on-Form must then be filled in and forwarded to the secretary of her society, together with her insurance book, her current contribution card, and the doctor's certificate. Sickness benefit is the name given to periodical payments of 7s. 6d. weekly to the insured whilst they are rendered incapable of work by disease or disablement. This begins on the fourth day after the disablement and may be continued for 26 weeks. Disablement benefit is a periodical payment of 5s. weekly so long as disablement lasts, and is made after the term for sickness benefit has run out. It does not, however, begin until the insured person has been in insurance 104 weeks and has paid 104 weekly contributions.

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