

NURSES TAKE RANK AS OFFICERS.

It is with great pleasure that we draw attention to the announcement in the regulations for the members of the Royal Air Force Nursing Service published on pages 139 and 140, that honorary rank as officers is to be granted to the members of the Service, the Matron-in-Chief as major, Matrons and Superintending Sisters as captains, Sisters as lieutenants, and Staff Nurses as second-lieutenants.

Nothing could make the Service more popular, or conduce more to its efficiency by attracting a high type of nurse. The thanks of the nursing profession are due to the Air Ministry for conferring on the members of the newest Nursing Service the rank which has so far been withheld from the members of the sister Services.

A DEVICE FOR PREVENTION AND TREATMENT OF ADENOIDS.

Dr. Isabel Ormiston, Medical Inspector of Schools, Tasmania, gives in the *Lancet* the following interesting description of a device for prevention and treatment of adenoids:—

When in 1914 a non-operative method of treating adenoids, discovered by Mrs. E. Handcock, was brought under my notice I was not merely sceptical, but openly scoffed at the idea. I was bound to admit, however, that after two years' residence in a children's hospital and three years' medical inspection of school children I was not satisfied with the results of the usual operative treatment; as such a large percentage of cases remained mouth-breathers and continued to suffer from nasal catarrh. In many cases also the growth returned.

DESCRIPTION OF METHOD.

This new treatment consists in the production of a sneeze by lightly touching the nasal septum near the tip of the nose with a slightly irritant adhesive powder, made from powdered iris root and soap. The powder is not sniffed up into the nose.

The effect of the sneeze is to expel the catarrh or muco-pus from the nose and the adjacent sinuses. This stimulation should be repeated till a "dry" sneeze results. The free flow of lymph which accompanies the sneeze acts as a most efficient washout, and no doubt acts, too, as a natural protective fluid against the bacterial invasion present in adenoids.

The children who are old enough to blow their noses are then taught a handkerchief drill. They stand in line, and at the word of

command they grasp the bridge of the nose and raise the elbow to the height of the shoulder, and then blow forcibly. The position of the elbow automatically expands the lungs and ensures a strong current of air being forced through the nose, which is held at the bridge to prevent pinching of the nostrils.

RESULTS.

Under the supervision of Dr. Octavia Lewin an experimental clinic of this nature has been in existence for six months at the Roll of Honour Hospital for Children, Harrow Road. The committee is so satisfied with the results that it is to be continued as part of the hospital routine.

I have been observing this simple method of treatment for the past four years, and have found the results most gratifying. The first marked improvement is, curiously enough, in the digestive system. The dyspepsia and constipation, which are so common an accompaniment of adenoids, are the first symptoms to disappear. Perhaps some student of reflex action could explain this. We know that the nose is an early indicator of indigestion, alcoholism, and gout; so perhaps it is not surprising if the digestive system can be reflexly affected by a nasal stimulus.

Deafness due to the blocking of the Eustachian tube also disappears quickly.

The time taken for the shrinkage of the growth varies. Generally speaking, the younger the child the quicker the results. A great deal depends on the intelligence of the mother, as the treatment must be carried out every day. In older children and adults with nasal obstruction a certain amount of manipulation of the head and neck is necessary to stimulate the lymphatic circulation.

One of the chief advantages of this form of treatment is that large numbers of school children should be treated simultaneously at little cost. School nurses could be quickly trained to carry out the treatment under the supervision of the medical inspectors of schools. At the present, when, owing to the shortage of staff, the out-patients' departments of the various hospitals find it impossible to cope with the number of cases from the board schools, it seems the ideal moment to introduce the system into our schools.

A clinic has lately been started at the Westminster Health Association, Greek Street, Soho, where the enthusiasm of the mothers over the improvement in their children is most encouraging.

[previous page](#)

[next page](#)