THE CARE OF THE BED-PAN.

Miss Grace G. Grey, R.N. Instructor, writes in the *Pacific Coast Journal of Nursing:* "One of the most commonly abused articles, as to hygienic and intelligent care, is the indispensable bed-pan. I have yet to find an ideal plan worked out for their use.

"In one hospital, the leading one in a fair-sized city, rubber sheeting cut in squares was used for covers. These would probably have served their purpose if given the proper treatment, but after use, instead of being cleansed, were simply put away for future use. These rubber covers were filthy, and reeking with infected material, yet everyone concerned seemed blind to the fact. A few moments under the faucet would have produced a clean cover. These few moments were not taken, and covers were used for weeks without any attempt at cleansing them. Bed-pans and urinals were merely rinsed.

"In the hospital an attempt at certain intervals was made to sterilise and cleanse the pans, but this was sporadic. No direct supervision was given of this most important of hospital problems, and head nurses seemed oblivious of their condition.

"Is it not queer that intelligent and highly trained individuals could allow such an important item to escape their notice? Is it because most women are as sheep, following blindly their predecessors in all vital as well as inconsequential matters, or is it sheer laziness?

"Why should not bed-pans, urinals, and douche pans have their morning sterilisation and cleansing as well as other and less important utensils? Why should not racks filled with a disinfectant be utilised when they are replaced, instead of open iron racks, and why not have a sufficient quantity of neat bed-pan covers so that no soiled cover need ever be excused? Why not?"

One reason, we imagine, why bed-pans should not have their morning sterilisation is because at present hospital authorities have not provided sterilisers for the purpose. Many nurses can testify that one of their duties as probationers was to remove from the wards in the early morning the chambers used during the night, and to scald and wash them in the bath subsequently used by the patients. If bed-pans were subjected to the same treatment, there was no other place in which to scald them. It would be interesting to know what hospitals, if any, provide sterilisers for bed-pans, or what means are taken to disinfect them.

ADENOIDS OR NASAL OBSTRUCTION. THE CAUSE AND TREATMENT.

Lieut.-Colonel John Kynaston, R.A.M.C. (retired), gave an interesting lecture on the above subject at the Conference in connection with the Nursing and Midwifery Exhibition at the Royal Horticultural Hall on May 20th.

Colonel Kynaston strongly expressed the view that the place to cure adenoids was in the schools, the homes, and the clinics. It was not a surgical proposition, except in a few exceptional cases. He made a protest against the indiscriminate linking together of adenoids and tonsils. As a rule, when one was sentenced the other was executed at the same time.

Tonsils.

Some people spoke as if tonsils had been put into the throat in a malignant, sportive mood. That was manifestly preposterous. When he was a student it was taught that the pituitary gland was the remains of a third eye which, when we were worms, had grown out of the back of the head! Now we knew that this gland had a most important effect on growth. One authority, the speaker said, went so far as to maintain that every child should have its tonsils removed at the age of four. He claimed that there was no justification for removing a tonsil other than a septic tonsil, *i.e.*, one which produces symptoms which cannot be allayed.

The main primary cause of tonsil enlargement was bad teeth. The condition of a child's teeth depended on the food on which he was fed, and this frequently left much to be desired.

Enlarged tonsils were the natural reaction caused by a septic mouth. The proper treatment, therefore, was to clean the mouth.

Adenoids.

The symptoms of adenoids and of nasal obstruction were the same—the open mouth, the falling-in of the nostrils, the sucking-up of the palate, snoring, dullness, etc. How did nasal obstruction arise? What was the ætiology of the disease? We were told that it was due to exanthematous disease, to sucking dummy teats, and other causes. All this meant that it was due to some source of bacterial infection. Colonel Kynaston contended that adenoids did not begin as adenoids, but finished as such. They began with discharge from the nose or throat.

It was important to ascertain in a case of suspected adenoids if the soft palate could be seen to move. In 60 to 80 per cent of the cases

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