nurses and mothers who sometimes experience a difficulty in managing their little charges. He pointed out that there is something in the juvenile temperament which finds a distinct pleasure in taking the contrary view to that of the grown-up in charge. For instance, a want of appetite is rarely found amongst children of the poor. The mother does out the food, probably saying as she does so, “That’s all you will get.” Consequently the child at once develops a desire for more. On the other hand, in the wealthier classes, where food is plentiful and the mother shows a keen anxiety that her boy or girl should develop a really healthy appetite, she finds a great difficulty in getting the food eaten at all. Dr. Cameron’s cure for this is original and practical. Make the first helping so small, so very small, that the child is obliged to ask for more. Not perhaps the first time, because pride will stand in the way, but without doubt the second or third. Then the request should be acceded to only after a due show of reluctance on the part of the distributor.

Another mother found that none of the remedies tried seemed to avail to break her four-year-old girl of sucking her thumb, a habit which was naturally spoiling the shape of the child’s mouth, as well as being by no means cleanly. Dr. Cameron instructed the mother to institute thumb-sucking drill. The wise woman carried out the remedy most carefully, and three times in a day summoned the child in a commanding voice, “Now then, thumb-sucking time.” The result was a complete cure in less than a week.

MAINTAINING THE TEMPERATURE OF SOLUTIONS.

BY ELSIE C. BARNARD, R.N.

(From The American Journal of Nursing, July 1925.)

The efficacy of intravenous, subcutaneous or proctoclysis injections depends largely upon the temperature of the solution. Up to the present time, the method adopted has been to place hot bottles about the glass irrigator containing the solution to maintain the temperature of the solution. This method, however, has been subject to objections for several reasons:—first, the hot water bottles, when filled, do not fit closely enough to the glass irrigator to supply sufficient heat to maintain the temperature; second, the fact that the solution must pass through several feet of tubing before entering the body, thus allowing the temperature of the solution to cool to a certain degree, is of great importance. Recently it was discovered that the temperature of the solution could be maintained more satisfactorily if the tubing were allowed to pass through hot water just before reaching the body. The necessary articles are a glass jar filled with hot tap water and placed on a bedside table, the same side as the irrigator; an extra foot of rubber tubing will be necessary, to allow sufficient tubing to pass through the solution in the jar in order to prevent a pull on the needle or lowering of the irrigator which should be two feet above the patient. Any kind of basin would do instead of the jar, but the water would not cool so quickly in a narrow necked vessel. The duties of the nurse are 1st to change the water in the glass jar as often as is necessary in order