

Isle of Wight, run by Miss Burgess, R.R.C., who has captured the spirit of home and has added those dainty touches so dear to the heart of most nurses. Thoughts of the French windows looking towards the sea, the battling-but and the green house for tomatoes and cucumbers make one wish one's furlough were due.

The *American Journal* gives a practical suggestion for cracked nipples. The following unique method is useful in caring for fissured nipples. Have the mother recline for the nursing. Place the baby on a pillow, with his feet towards the mother's head, and so arranged as to put him on a suitable level. The novel position will not embarrass the baby in the least, and the mother will be greatly relieved because the pull or traction of the nursing baby will be exerted in a different direction from that in which the fissure occurred.

In a small article on Perseverance in the *Nursing Times* Miss Escombe tells the following rather interesting little fact.

On the west wall of King's College, Cambridge, among the wealth of sculpture and heraldic devices which ornament the building, one giant-petalled flower differs from the rest. While the stone carving was being executed, an Italian craftsman, true to his creed, wished to introduce an image of the Madonna. He was forbidden. Determined not to be outdone, and to add his own personal offering to the scheme of decoration, with exceeding minuteness and skill he buried the figure of the Mother and Holy Child deep in the heart of a rose! For centuries they have eluded the casual glance, but the memory of one solitary "inexorable soul" lives on when that of every other workman has perished.

NON-SURGICAL TREATMENT OF HEMORRHOIDS.

BY ALEX. S. WILSON, M.D.

From the *M. M. I. Journal*.

The enormous number of persons in India suffering from hemorrhoids, and the very small number who are willing to submit to the ordinary surgical proceedings is my reason for presenting a very simple and effective method of treatment. I was led to investigate this particularly because of a very painful personal experience with the clamp and cautery operation. Going on furlough just at that time I made it my business to investigate the best work that was being done along this line, and of course saw all the usual surgical procedures. My attention was then called to the injection treatment which I am about to describe, and I approached it with all the usual surgical prejudice. A prominent physician told me, however, that while the physicians of the city were still sending their hemorrhoid patients to the surgeons for operation, he had noticed that an increasing number of them preferred the non-surgical treatment for themselves. It certainly was a revelation to me to see scores of these patients treated without pain, without more than ten or fifteen minutes'

detention from their ordinary occupations, and without diet or rest in bed. The troublesome symptoms and bleeding are relieved at once. All swelling has disappeared within a week. The entire hemorrhoid is reduced to a fibrous cord in about six weeks. I recently examined several hemorrhoids I injected two years ago. Obliteration is complete. The patients had, however, developed new ones which called for the same treatment.

The method of treatment is simple, but calls for careful observance of certain details. The patient lies on the right side, with the legs well drawn up. The upper end of the hemorrhoid is exposed through a Brinkerhoff speculum, and injected through a long needle with fifteen to thirty minims of a solution of phenol one drachm and oleum amygdal. dulc. one oz.; or the five per cent. quinine-urea-hydrochloride may be used. The site of the injection may be cleansed with iodine, but this application of iodine causes more discomfort than the injection itself. This portion of the bowel is so poorly supplied with sensory nerves that the injection is far less painful than the ordinary anti-typhoid inoculation in the arm. The injection should be made slowly and should not discolor the tissues. It is well to record accurately the site of each hemorrhoid treated for future reference.

Inflamed hemorrhoids must of course be treated until inflammation has subsided before an injection can be given. This form of treatment is not applicable to external hemorrhoids, and in no cases should the injection be made low down or within the action of the sphincter. The low injection is invariably followed by sloughing.

The number of cases I have treated by this method is not large, but they have been uniformly successful, and only two of the hemorrhoids have required a second injection. This is such an easy method of treatment, and so simple to carry out in dispensary practice that it ought to be extremely useful here in India.

The following by M. Adelaide Waterman, R.N., appeared in *The Pacific Coast Journal of Nursing*. It is so simple and direct an account of our "Patron Saint," we feel many nurses may like to have it, so reprint it here.

Florence Nightingale was born on May 12, 1820, in Florence, Italy, and died August 16, 1910, having rounded out more than 90 years of a useful life, 60 years of which were spent in the life work she had chosen.

She was quietly buried, by her own wish, in the little churchyard at East Wellow, though she might have rested in Westminster.

Her parents were Mr. and Mrs. William Shore Nightingale of Lea Hurst, Derbyshire and Embley Park, Hampshire. She had one sister, Frances, a year old than herself, who afterwards became the wife of Sir Henry Varney, Bart. of Claydon, Buckinghamshire.

Her mother was a beautiful, cultured gentlewoman of the old school, who were notable for excellent housekeeping and charming hospitality. She was noted for her kindness and benevolence to the poor, and trained her daughter in this direction.