be arranged as comfortably as possible. A bed for a stone case is better put together in the following way:—A hair mattress, and under-clothing as usual; then a circular bed-pan, with an open circular water-cushion on it, feather pillows at the head and feet, so as to make the surface level for the child to lie on. The water-pillow will need a circular napkin over it, and if the patient is accurately placed in the bed, all the moisture will flow into the bed-pan, and the child be kept comparatively dry; the pan is easily withdrawn.

The difficulty of moving a child *in situ* is, naturally, not so great as a patient of larger growth. It is essential that the child should trust itself entirely into the hands of its bearer. The Nurse will stand on the sound side of the patient; then, supposing the leg is diseased, she will pass her hand under the sound limb, and grasp the diseased limb firmly below the knee. She will then pass the other hand under the small of the back, rather above than below, and instructing the child to put his arms round her neck, she will be enabled to lift the whole body steadily, and in the right line. If the arm is diseased, then the arm that passes under the body is available for steadying the diseased limb; but the thing to remember is, to have the diseased side away from the bearer.

Cleft palate children are very trying patients to nurse. The Nurse who is to have the charge of the child will take her patient in hand from the day of admission, teach him not to talk or to cry, not to put his fingers in his mouth, and to attach himself to her with an undivided attention. When all this is taught, then the child is ready for the Surgeon. After the operation, the patient will be the Nurse's exclusive charge. Whilst doing her work about the Ward, she must still have this child in her mind, to see that he is amused, that he has no temptation to cry, and above all that he does not investigate the roof of his mouth with his fingers. As it is the rule that the child's mouth is not looked at for a week, she will take care that the child does not open his mouth until that time has expired. His food will require some little care, as it is essential that the diet be of a nourishing, generous nature; the simple precaution of passing pounded meat, bread, and vegetable through a fine sieve will remove any particle that might destroy the new palate. After the meal gently rinse the mouth, to remove the small particles of food that might irritate. At the end of the week, if all has gone well, it may be possible to relax the incessant vigilance. As the age at which the operation is usually done is from three to seven years, it will be understood that to have the child under such control, is a proof of good management on the part of the Nurse.

It is hardly possible to leave the subject of Surgical Nursing without glancing at tracheotomy cases. As these patients require incessant vigilance, and demand that the Nurse be equal to any emergency, for on her promptitude may turn the question of life or death, it goes without saying that such patients would not be handed over to some young, inexperienced Nurse; indeed, it seems to me that this is work for a careful, steady, well-tried Nurse, for, indeed, the life of the little one hangs on a thread. The essentials of the good nursing of a tracheotomy case are to keep the tube clear, and yet not to be over-fussy in using the feather, bearing in mind that the trachea is a thin tube, and that the violent or over-active use of the feather may lead to disastrous results, and certainly keeps up the irritation. The best way is to induce the child to cough, and to keep the air-passages moistened by the use of steam in the bed. All shreds of membrane coughed up, or brought up on the feather, will be carefully saved for inspection. The responsibility of changing the tube is one that will be confided to the Nurse, or not, at the discretion of the Surgeon; but in no case will she remove the outer tube; but she must be skilled in the use of the dilators, and in the removal and replacing of the inner tube. The Surgeon may order the patient to be enclosed in some kind of a screen. The simplest is made of sheets, pinned on to a frame of rods round the cot. If the steam is introduced into the bed, a form of kettle heated by methylated spirit will be found most efficient; Dr. Robert Lee's steam-blast kettle has stood the test of years, and has the merit of going four or six hours without needing attention, and of being very safe. A bib, made of waterproof with linen over it, pinned over the neck of the child's night-dress, will keep the moisture from chafing the skin, and a shaped piece of lint, put under the collar of the tube, will add much to the patient's comfort.

HOSPITAL SKETCHES.—No. 5.

A WORD ON THE ROUTINE DUTIES OF THE STAFF-NURSE AND PROBATIONERS.

TIME-TABLE FOR NURSING STAFF ON DAY DUTY.

BREAKFAST:—Sister, 7 30 a.m.; Staff Nurse, 6.30 a.m.; Probationers, 6.30 a.m.; Ward Maid, 6 a.m.

DINNER:—Sister, 7.45 p.m.; Staff Nurse, 1.15 p.m.; Probationers, 12.30 p.m. and 1.15 p.m.; Ward Maid, 11 a.m.