climate this can only be done during the summer months, and even then some of our patients will not allow us to keep the window open.

There is another consideration besides the temperature of the room that affects the well-doing of our patients—that is its aspect. An ideal (?) exposure would be S.S.E., as by that we should gather all the precious beams of the winter, spring, and autumn sunshine, and not have too much in the summer; for after the meridian the sun would leave us behind him, and we should get none of his westering beams, which in the summer solstice are very oppressive. How often do we get this exposure? The room may have a *due* north aspect, and have to depend upon artificial aid to keep it warm, and we should not get the gladsome sunshine to help us on; and in the spring or autumn we might have to defer the "getting up" for a day or two, as the absence of sun warmth might make our patient more apt to feel "chilly" after leaving her bed for the first time. It is always more favourable to have the lady's bedroom in a sunny aspect; but, of course, we must accept circumstances, and adapt ourselves to them. Every Nurse knows how much sunshine aids convalescence, and should bear that fact in mind if she has any voice in the choice of the bedroom.

In addition to temperature and aspect, there is weather to be thought about. If the day is wet, especially in spring or autumn, we had better defer the much-longed-for getting up till the rain holds up. Again, if in the winter, and the falling thermometer outside the house shows that a sharp frost has set in, we must keep the lady in bed for a little longer than usual, to avoid giving her a "cold" at first starting on our homeward-bound voyage to "Port Recovery."

We must now retrace our steps a little. When you have comfortably positioned your patient, you must attend to the bed, and get the servants to help you make it, turn the bedding, and so on. It is a good plan to arrange to put on the clean sheets for this occasion. When you have had the bed made, turn the bedclothes back longwise from top to bottom, leaving the right side open, and ready to put the lady back into bed as soon as she feels in the least tired. Have a clean absorbent sheet, or draw-sheet, placed ready. It is a good plan to have a piece of absorbent sheeting on the couch when you move your patient on to it. It is as well for her to sit up to her dinner. She may possibly fall asleep on her couch soon after, in which case do not wake her up to get into bed, but cover her where she is. See that she is covered up and protected from draughts from open doors, and, if you can, from intruders, who will come abruptly into the room, wake her up, and set her head aching. In order to protect her patients from intrusion, when repose or privacy were required, one of my Nurses hit upon a plan that found much favour in exalted circles, and holds good throughout the whole social scale. (And here I do not hesitate to say that the more illustrious the rank of your patients the more do you find them *obedient* and more winsome generally to have anything to do with.) It was simply this: Nurse went to a ticket-writer, and had two placards, on which were written in large letters, "Asleep!" and "Engaged!" respectively; and one or other of these tickets, as occasion required, was fastened to the *outside* handle of the bedroom door with a piece of ribbon. In the well-ordered households of the great those words were law. Woe worth the wight who disregarded them! and in a quiet way Nurse became mistress of the situation, and thoroughly safeguarded her patient from all intruders.

(To be continued.)

PRACTICAL LESSONS IN ELECTRO-THERAPEUTICS.

By Arthur Harries, M.D.,
and
H. Newman Lawrence, Member Institution Electrical Engineers.

(Continued from page 271.)

BARE or surgical electrodes may be broadly defined as electrodes whose application brings the metal into direct contact with the skin or other tissue which it is desired to influence, and which are, therefore, *bare* of any intermediary. They may be classified into (*a*) cutting and (*b*) non-cutting instruments, and their number is legion. A detailed description of each of the developments of the bare electrode would carry us far beyond the scope of these lessons; and though it may be as well to mention in Class *a* single and multiple needles (straight and curved), knife and trocar electrodes, wire electrodes and the galvano-cautere; and, in Class *b*, rectal, œsophageal, vesical (or urethral), eustachian and uterine electrodes, we intend to illustrate only in—

a.—(1) The straight needle electrode (Fig. 37).
(2) The nœvipunct (Fig. 38).
b.—(3) An œsophageal bougie electrode (Fig. 39).

a.—(1) This consists of a straight platinum needle (*n*), an inch or more in length, and as thick as an ordinary sewing needle. Its point is fairly fine, and its base sufficiently stout to give it the requisite stiffness (platinum bends easily). This, when in use, is fixed into a metal stem (*st*) by

previous page next page