dinner; and if at all fatigued, it is better for her to go to bed at once than to get over-tired. The first time of leaving the room tries her strength, and it is not desirable for her to sit all day to begin with. As days go on, so does improvement; and the greater part of each day can be spent out of the bedroom.

And here I must remind you that the semi-recumbent position must be maintained for at least a month after delivery, and the patient recline on a couch in the daytime; and if you have a bed-table to place across it, she can read, write, work and eat with comfort, without getting up. This is an important aid to convalescence that every mother should fully understand and observe.

About mid-convalescence, when our patient is well enough to leave her room, we are apt to get a "drawback" from visitors. They range from "lively to severe," and I do not know which is the more disturbing element. The former are generally the young friends or relations of the lady. They are very pleased and gracious; praise everything—especially the "new arrival"; give animated descriptions of some social function that has taken, or is about to take, place; and wind up by saying, "We are so sorry, dear, you cannot be [or were not] present." If the patient is young, she is sorry too, and it "worries" her. The "severe" are mostly worthy, middle-aged ladies—near relations of the patient. One of these last, for instance, calls one afternoon. She is decidedly depressing; she takes negative views of everything; nothing is right. "I am so sorry, Lina, you could not have Mrs. B.'s Nurse; she is such a *very* nice woman!" in a tone that leads our patient to the conclusion that her Nurse is *not*. "You should just see her baby. He is such a fine boy!" *We* have a *little* girl under our care, which inferentially is also the fault of the Nurse! The visitors in due time depart, and patient and Nurse are alone. "My head *does* ache, Nursey," says the former. "I wish those people had not come." So does Nurse, devoutly! Under these circumstances it is better for the patient to retire to rest at once, or she may become *seriously* fatigued by sitting up too long. Give her some *sustaining*, but *not stimulating* nourishment, such as a cup of strong beef-tea or chicken-broth, and, if these are not obtainable, a basin of milk gruel (especially if she is nursing her infant) as soon as she is in bed. She will most likely get some refreshing sleep; but it is quite possible the patient may not feel well enough to leave her room on the following day, for *very* little things upset a sensitive lying-in woman; hence all excitement should be avoided, pleasurable or otherwise.

We have now gone through the duties demanded during two out of the three periods into which I divided convalescence, viz., (1) from the Completion of Delivery to the Commencement of Lactation; (2) Lactation. (3) The Lochial Period will form the subject of my next chapter, and, in a nursing point of view, will be of more interest than any that has preceded it, as we shall have to enter into some of the most critical and anxious conjunctures that fall within the range of Obstetric Nursing.

(To be continued.)

PRACTICAL LESSONS IN ELECTRO-THERAPEUTICS.

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(Continued from page 281.)

LESSON VIII.

Physiological Action (a) of Continuous Current; (b) of Interrupted Current; (c) of Alternating Current.

(a) Of Continuous Current.

In Lesson IV. some of the physical and chemical functions of the continuous current were described under the headings of Cataphoresis, Electrolysis, and Catalysis. We have now to carry our investigations a little further than the purely experimental stage, and note the results of the application of some of these powers to the problems presented by living tissues. Most of these results are capable of being explained on ordinary scientific grounds. Others can scarcely be said to be satisfactorily accounted for even theoretically.

It will be convenient in the first place to mention very briefly the phenomena of catalysis, for it is these that chiefly concern us in the use of covered electrodes.

The first visible consequence of the application of a sufficient continuous current to the human skin is a reflex jerk, which is not repeated until or unless the current is varied in strength, or is suddenly broken. Very soon the part in contact with the electrode becomes reddened (physiologically congested), and this is due, probably, to the two factors of vessel-nerve paralysis and stimulation of the blood-stream. Thus the blood-current becomes more rapid, and the small vessels through which it passes being no longer controlled by their motor (or contractile) nerves, the current area is at the same time increased. The larger

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