pubis, leading to inflammation and swelling, which renders micturition at once difficult and painful. In this case the following method will afford relief:—Put a drachm of purified borax into a pint of boiling water, into which dip and wring from as dry as possible a piece of clean soft flannel or small sponge, and apply either *over the orifice* of the urethra, not merely over the vulva, as usually done. If these fomentations are continued for an hour of two, the water may flow from the bladder without any more trouble. If not you must pass the catheter in the way I described to you in a former paper. I generally run a little carbolated oil, or vaseline, along my catheter before inserting it, and I find this antiseptic subdues the swelling and pain. Parturition will sometimes weaken the muscular power of the bladder, and by over-distention of its walls by retention of urine its natural contractibilty is impeded; and I particularly impress this fact upon my young nursing readers, for if overlooked it may lead to serious consequences.

The trouble occurs most frequently in primapara, and as the retention is not in this case accompanied by the painful pressure symptoms we have just adverted to, a Nurse must exercise vigilance on behalf of her patient. The signs that mark over-distention are to be found out by palpitation. Place the palm of your hand over the pubis, and you can distinctly make out the fundus of the bladder, and a slight amount of pressure on it will give rise to pain. You must at once evacuate the bladder by catheterism. Palliatives are of no use here, and delays are hazardous, and you must impress these facts upon the mind of your patient and her friends. I have frequently rescued women from this peril, and in the teeth of opposition had to insist upon catheterism in lieu of a half-a-dozen proposed remedies of no use at all.

Let us return to the subject of "waste," and what Nature does with it. The urine contains a constant and solid constituent called *urea*, and if you refer to your text-books and read down an analysis of it, you will see that it contains, amongst other things, nitrogen, which also exists in all the albuminous compounds of the body, called the azotised tissues. Urea *in* the blood is injurious to health, and often fatal to life; but in the bladder, which is made to contain the urine, innocuous, and it suffers no ill effects from it, though to other organs of the body it would act poisonously. *Albumen* also is, as all Nurses know, frequently found in the urine; that substance also does no harm *in* the bladder, but *in* the blood produces disease and death from the blood disease called albuminuria. Hence we see one poison exists normally in the urine, the other abnormally, but both are fatal to life when absorbed into the blood; and it is with these two organic poisons that we have to do in our portion of nursing work, and they both are strained off as it were by the kidneys and passed along the "tubuli," through the ureters, into the bladder for elimination. Whence come these deadly "waste" products that Nature with infinite complexity and unresting vigilance takes such pains to get rid of?

Nature never uses her materials twice over, and like a prudent economist provides rather more than she wants, in order to make sure of enough. Every vital act involves the using up—shall we say rather the breaking up—of the tissue involved in it, which is at once replaced by new material, and this marvellous balance of waste and renewal constitutes vital force or life. For instance, every muscular act involves the destruction of a portion of muscular tissue, the most highly organised of all tissues. The stimulus to muscular contraction is given by the motor nerve-fibre, and nerve tissue is the most unstable of tissues, hence we see "waste" nerve and muscular products are being continually removed from the system. As regards the latter, it is effected by what physiologists call "a retrograde metamorphosis of muscle substance into urea," which, roughly speaking, means it has been converted into a *lower* substance, bearing *no* resemblance to the higher substance from which it has been "cast out."

Albumen, when detected in the urine, may be regarded as a "waste" substance. Nature, from some cause or another, has more of it on her hands than she wants, and if from some cause or another the kidneys cannot dispose of it *all*, a portion gets absorbed into the blood, and that dire disease albuminuria results, and every Nurse knows convulsions are one of the results of it, sometimes called "uræmic convulsions." During gestation, Nature has a new structure to build up, requires more materials, and is apt to have more "waste," and the peculiar blood conditions of pregnancy are due to this cause. Let us bear one clinical fact in mind, when diagnosing for albuminuria in pregnant women: it is *not* the *albumen* that we detect in the urine drawn from the bladder that does harm (it is perfectly safe there), but that which is retained in the kidneys, and thence absorbed into the blood; and if we could feel sure that the whole of the albumen had been safely passed by the kidneys our fears would be calmed, but we cannot have any assurance of this, and hence are watchful and anxious for the symptoms that may confirm them, which I will touch upon in my next paper.

(*To be continued.*)

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