in the destruction of the bacilli present, and in the separation of the false membrane from the air tubes. It is, therefore, a good plan to make a tent by means of sheets or blankets placed on a large clothes-horse or screen around the patient's bed, and to draw this close to the fire on which a kettle with a long spout is placed, so that medicated steam can be easily propelled into the tent; and, by this means, the patient is maintained in an atmosphere of even temperature and the required antisepticism. Then, with regard to the diet, these patients, and especially if they be children, are usually most averse to taking food, and it therefore requires considerable tact and patience on the part of the Nurse to persuade them to take sufficient nourishment. It is necessary that she should clearly understand the fact that the patient's recovery from this exhausting disease often largely depends upon his strength being maintained, in order to make her prove obdurate to the petitions frequently made by the patient, and even by his friends, that she shall not persist in forcing nourishment upon him.

The most common complaint to which the lungs are subject is BRONCHITIS, or inflammation of the mucous membrane of the air-tubes. It almost invariably follows either a chill or some local irritation; in the former case, the attack usually begins with what is popularly known as a "cold in the head." The next day, the throat becomes uncomfortable, then irritable, and then painful; then a dry troublesome cough commences, and after much exertion a little hard black phlegm is expectorated. Under proper treatment, the expectoration becomes more easy, and then in a simple case the cough and expulsion of mucus from the lungs will gradually lessen and cease. If the attack occurs in children or in old people, or in those enfeebled by other illnesses, the condition which is known as *capillary* bronchitis may occur; in other words, the finest divisions of the air tubes become inflamed; then, as you will readily understand, the swelling which is caused in these narrow passages may be sufficient altogether to close them, and thus to prevent the access of air to the air vesicles, and consequently there will occur the deficient oxidation of the blood which we have already seen to be so dangerous. Bronchitis, therefore, at the two extremes of life, or in the enfeebled, may be a very serious complaint. It is rarely, or never, one which can be treated with contempt, because, if neglected or if it becomes of frequent occurrence, it leads to the permanent dilatation of the air vesicles from constant straining and coughing, and so the condition of EMPHYSEMA—or as it is popularly called, ASTHMA—is produced. In capillary bronchitis, good Nursing is essential, because the strength of the patient requires to be most carefully maintained by proper nourishment and stimulant, and in these cases, also, the use either of steam or of oxygen, or of both, is frequently required.

It will be worth while to pause here for a moment to insist upon the necessity that Nurses should understand how to administer inhalations of oxygen, because this is a remedy which is being increasingly used whenever there is interference with the proper oxidation of the blood, and it is important to remember that only a small amount is contained in the iron cylinders in which this gas is usually supplied, so that it should be economically used. You will remember that ordinary air only contains a proportion of oxygen mixed with nitrogen and other gases, and that the blood only sucks up the oxygen for its purification. By giving the pure oxygen, therefore, the blood obtains what it needs with less effort and trouble, and consequently one breath of oxygen is equivalent to three breaths of ordinary air. So, wherever the lung surface is diminished by disease, as, for example, in those cases of pleurisy which we considered last week, and where an effusion of fluid presses upon, and so renders useless, part of the breathing space, oxygen is invaluable, inasmuch as it furnishes in the most concentrated form the essential element which the lungs require. It is impossible to teach the details of practical administration in a lecture, but it should be remembered that oxygen is, as a rule, most useful if it is given intermittently. If the nozzle is inserted up one nostril and the patient breaths naturally, with the mouth shut, while the Nurse, by turning the screw of the cylinder, permits the oxygen to escape, the gas can be inspired with less exertion than if the patient holds the nozzle in his teeth. And there is also less waste of the gas. After about a dozen deep breaths the blood will have become thoroughly oxygenated, the breathing will probably be found to be less rapid than before, and the patient will express himself as much relieved. Then it is generally well to reverse the screw and shut off the gas, waiting for a few minutes, and then, as the difficulty of breathing seems to return, resuming its administration. This is not only the most economical, but also the most common-sense method of using oxygen, because it assists the natural function of the lungs, without partially relieving them of the necessity of deep expiration and inspiration, which is almost invariably the case if the oxygen is constantly given. And sometimes it is found that if the oxygen is continued for an hour or so without intermission, and is then removed, the patient immediately experiences extreme oppression from the want of the concentrated gas.

(To be continued.)

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