though by some operators glass tubes are employed in preference. In the former case, the tube being oiled and well warmed so as to be perfectly flexible, is gently passed up the rectum and colon, and giving exit to great quantities of flatus often affords the most remarkable and immediate relief. In those cases, in which no distension occurs, and these are generally patients in whom the starvation method has been most carefully carried out, there is usually no need to give an aperient until the fourth day. As a general rule, then, the operator will order some mild saline draught, and this is usually followed, on the following morning, either by a glycerine suppository or a soap and water enema. As a general rule, one of the latter measures is repeated every morning afterwards for the first fortnight, so as to save as much exertion as possible to the abdominal muscles.

With regard to the symptoms which usually occur after abdominal operations, Pain is perhaps the most important. Sometimes it is extreme, but it usually ceases after the first forty-eight hours if it be due to the operation itself, that is to say, if it arises from con-striction of the nerves of the ovary in a ligature, or is due to the tearing through of adhesions between the tumour and its adjacent parts. Thirst has already been referred to, at length, as its importance demands.

The nurse should always record the pulse and temperature most carefully, every three hours. The former is especially valuable as a danger signal. In the first twenty-four hours, it is often the best index to the presence of internal hæmorrhage. In such a case, for example, the pulse will rise from 80 to 100, then to 120, and then to 140. As it increases in rapidity, it will diminish in volume, and, instead of being full and bounding, will become small and thready and difficult to distinguish. At the same time, the temperature will gradually fall to 97° and 96° and the skin will become bathed with a cold, clammy These are the classical signs of sweat, internal hæmorrhage, and, taken together, their significance is extreme. After the first twenty-four hours, the risk of hæmorrhage is comparatively small, and then a change in the pulse becomes even more important. There is nothing an experienced operator dreads so much as a rising pulse. It always means difficulty, and often means danger. It may be only due to distension, as has already been said, and with the removal of that cause the

pulse may subside; but the pulse which begins to rise in the first forty-eight hours, and continues to do so, without any obvious cause, is a symptom to be reported at once, because its importance as a danger signal cannot be exaggerated.

.... Medical Matters.

1979 - 18 - 18 - 18

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MUSHROOM POISONING.

THE dangers of poisonous mushrooms are so well known that cases are now compara-tively rare; but there has recently been placed on record an account of the manner in which a whole family were poisoned by eating these fungi, which is of much interest.

Three children, boys of ten, eight, and five, years old, eat small parts of one mushroom for their supper, and on the following morn-ing were found to be in a torpid state and difficult to rouse. They vomited after the administration of castor oil, and each had a little diarrhoea with slight pain. They then became increasingly drowsy and gradually comatose, dying in eighty hours, forty hours, and twenty-nine hours respectively, after eating the mushroom. A little girl, aged four, and the mother, each eat about a sixth part of a mushroom, but had no symptoms beyond slight vomiting. The father, who eat nearly two mushrooms, suffered from extreme vomiting and dysentery, and was more or less drowsy for two days, with small rapid pulse, perspiring skin, and quick shallow breathing. All the patients, with the exception of the youngest boy, were given sulphate of atropine every two hours, and the failure of the treatment in the case of the children is probably explained by the fact that it was not commenced until thirty-six hours after the mushrooms had been eaten,

CINNAMON IN CONSUMPTION.

THIS old-fashioned remedy for consumption has recently been tried extensively again in the treatment of these cases. It appears to be of undoubted benefit in relieving both expectoration and cough, and it is claimed that in cases for which it was most extensively tried, after these symptoms had been relieved, the temperature gradually fell to normal, and then the weight of the patient began, and



