diarrhœa by itself. Another patient will bring a history of regular stools; but a careful inquiry will show that the daily evacuations are so small as to be almost worthless—the body is not getting rid of its refuse matter. A third patient gives an account of easily-moved bowels, and to him an ordinary hospital aperient is a misery. Quite recently such a case came under my notice. A man received a dose of two ounces of sulphate of magnesia, resulting in thirteen evacuations in twelve hours, so that he felt "pulled to pieces." The frequency, character, amount, and, if possible, the colour of the stools of her patient should be one of the first things inquired into by the nurse in charge. She should know what medicines the patient has been in the habit of taking, if any. By ascertaining the facts of her case she can make herself a valuable assistant to the doctor, and mitigate the patient's troubles to an appreciable degree.

2. It must be remembered that illness is against Nature, the result for the most part of some violation, voluntary or involuntary, personal or congenital, of her laws. This is nowhere better exemplified than when an adult accustomed to exercise of body and mind takes to his bed. Nature has not intended man to remain inactive, and bed accordingly, with accessory complications, renders the bowels sluggish. This is a state of affairs often overlooked until it forces itself to the front in the shape of troublesome constipation, which could have been easily prevented by careful use of laxatives, but which has then to be met by large doses, and resultant pain and straining. A safe rule is that no patient should be allowed to go beyond twenty-four hours without a satisfactory evacuation of the bowels. In saying this, all special cases where the doctor's directions are obviously required, and operation cases, are necessarily excluded. If the patient is on a milky diet, expect constipation and treat it prophylactically. If iron tonics, or bismuth corrigents are being given, be at once upon your guard against the same difficulty. Your patient develops a temperature unexpectedly, with sore throat. Do not fly to the conclusion that he or she is "in for something." Make inquiry into the condition of the bowels, and in the majority of cases a simple aperient, repeated if necessary, will have set matters straight and corrected your mistaken laxity within twenty-four hours. Headaches of the ordinary type should be a danger signal pointing to immediate action as regards aperients, and should emphatically not be treated with phenacetin, anti-pyrin, or caffein. Ill-temper and petulance in a usually good-tempered patient is often an indication of insufficient activity of the bowels So also are flushed face, sore tongue and mouth lassitude, misty vision, a heavy feeling in the head, legs and abdomen, "water brash," flatulence, a hard pulse, straining at stool, and many others, which a nurse must learn from her own observation.

3. The junior probationer's work is the bedpans. "Of course you will report anything unusual." But without careful teaching of a definite nature the probationer will very naturally fail to recognise what is or is not unusual. I have found nurse after nurse with a full hospital training incapable of giving any satisfactory report of the evacuations for the twenty-four hours of a patient with whom the treatment largely depended upon such a report. What is the character of the stool? Is it passed in one or more masses, in hard lumps, in rounded balls, in long or short flattened pieces? Is it loose, or merely softened in consistency? Is there mucus, blood-stained, or pure? Were curds of undigested milk or lumps of undigested food present? Did you observe traces of hæmorrhage, and if so were they in clots or bright red and liquid? How much blood is there? What is the quantity of fæces passed at one time? How often are the stools passed? Is there pain, either abdominal or rectal before, at the time of, or subsequent to defecation? These things are too commonly passed over, and with them the tarry-coloured hæmorrhage of old standing, thread-worms, foreign bodies, and other equally important points. I recollect a report of "nothing unusual" being followed by the discovery in the bedpan of a complete tapeworm, measuring eighteen feet. "Well, I thought it was a little bit of paper!" was the injured remonstrance of the probationer. And small blame to her. She had been told to be on the look-out for worms, and anything beyond earth-worms was above her ken.

From these very important details the capable nurse may deduce, and the doctor, upon her report, certainly should deduce facts having an intimate bearing upon the patient's condition. It is essentially the nurse's province to know how to observe, how to group, and how to present to the doctor all facts connected with this side of Nature's waste. One point remains to be dealt with. The bowels may be regularly opened, but the liver may for all that not be furnishing its requisite contribution of bile. And where persistently light-coloured stools are passed, the patient not being on milk only, the doctor should be informed and permission for a dose of grey powder, calomel, or podo-

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