in insisting on trained Nurses for the Infirmaries, which have been passed by some zealous Roman Catholic Guardians, who are anxious that the nuns shall retain in their own hands the care of the Irish sick poor.

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MISS C. S. GILLETT, M.R.B.N.A., Lady Superintendent of the Hospital for Sick Children, Brisbane, writes:—

"An article in the NURSING RECORD of July 27th 1895, on Intubation is so contrary to my own personal experience that I thought your many readers might be interested to know the results of nearly five years' work in the Diphtheria Ward of the Children's Hospital, in Brisbane. Till about the middle of 1892, tracheotomy was performed on diphtheria patients when operation was necessary. In a total of 112 cases, 68 were operated on, and of this number, 45 died. Since the middle of 1892 intubation has been employed and the results are, at least, encouraging—of a total of 234 cases, 114 needed operation; of these 64 died, which gives a mortality of 10 per cent. less. In every case intubation was only resorted to when the patient was in urgent need of relief and operation was absolutely necessary. In a Hospital intubation has distinct advantages. Fewer Nurses are required in the ward, as there is no work in connection with the tube. The operation taking but a few minutes much time is saved by doctors and Nurses. There is no need of chloroform, no shock to patient and much less fear of bronchitis &c., as instead of air going directly into the trachea, the patient breathes through the natural organs. At first we had some prejudice against intubation and were nervous about feeding and somewhat alarmed at the unusual sounds caused by mucus in the tube, but the Nurses soon became accustomed to the new method and learned to manage the patients skilfully and well. I do not think intubation can ever become general in private cases, as in the event of choking the patient would probably die before a doctor could be summoned. Of course, leaving the silk in obviates this difficulty, as the Nurse can readily remove the tube. Our present Resident nearly always does this and we use a very thick strong kind of silk, which is seldom bitten through before the fourth day, when it can generally be left out—the silk is very apt to cause a good deal of coughing and retching the first few hours, but the irritation soon ceases and probably the patient appeciates the relief so much that the slight discomfort of the thread is willingly borne. Nor does it interfere at all with the fluid nourishment taken. For a considerable time after intubation became general here all medicines, &c., were stopped while the tube was in and the food was thickened and the patient's head thrown well back over the pillow during feeding, as we shared the general impression that food would enter the trachea, but we have long since returned to our usual method of treatment, and the patients have their hourly medicine and local applications as ordered by the doctors, and ordinary fluid while the tube is in. I fear to have already taken up too much of your valuable space or would like to give some hints to Nurses on managing these cases. So often the apparently petty details of Nursing patients are of value to those who take real interest in Nursing. Trusting you will not publish this unless you think it will interest Nurses. , ."

Medical Matters.

CHLORINE WATER.

CHLORINE water has been largely employed in the treatment of typhoid fever in the United States. It is given with the object of disinfecting the intestinal canal, and thus of healing the ulcerated surfaces of the intestine more rapidly than would be possible under ordinary circumstances. It is stated that it can be safely administered, well diluted, in doses of from a teaspoonful to a tablespoonful every two, three, or four hours; that under its use the tongue quickly becomes cleaner, the appetite and digestion better, the temperature lower, and the dejecta odourless; that the general, and especially the mental, condition of the patient improves, the normal course of the disease is shortened, and the recovery is rapid and complete. Certainly, beneficial effects have been observed in this country from the use of this method of treatment, even if the results have not been so universally excellent as appear to have been obtained in the United States. The great precaution to be observed is that the chlorine should be well diluted before being administered.

HICCOUGH.

HICCOUGH is due to a spasm of the muscles of the diaphragm which, suddenly contracting the chest cavity, causes a sudden closure of the glottis with a characteristic choky sound. It is usually due to some irritation, and is most commonly found when the nerve supplying the diaphragm—the pneumo-gastric—is affected. It is therefore most common in cases of indigestion or of lung disease, but is also frequently found in patients who are said to be suffering from "suppressed gout," that is to say, who have no external manifestation of gouty inflammation, but who are ready for an acute attack. Cases are known in which people have suffered for days from persistent hiccough, preventing them from taking nourishment or from obtaining sleep, and thus reducing them to a state of extreme exhaustion, and then, although rebellious to all forms of medical treatment, an acute attack of gout in the great toe has appeared, and simultaneously the hiccough has departed. In such patients, if the exhaustion caused by the constant hiccough becomes dangerous, an old-fashioned form of treatment is sometimes pursued. The patient's feet are put into hot mustard and water, so as, if possible, to bring on an attack of gout. In a case recently

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