because they affect the constitutional condition from which the nerve affection has arisen.

Cases of neuralgia are often important, especially when they occur in women, from a moral aspect. Doctors long ago discovered the extreme danger of giving injections of morphia to such patients to relieve neuralgia. The effect, of course, was only temporary, but it was so complete that immediately on the return of the same pain, or any other pain, the patient demanded a further dose of the narcotic; and after a very short indulgence in the drug in too many cases the craving for morphia became uncontrollable, and the patient in fact, became a slave to the morphia habit, with the degradation of body and mind which that habit inevitably brings about. It is almost a golden rule, therefore, with most doctors, never to give morphia to patients suffering from simple neuralgic attacks; and this is a matter which the nurse should keep constantly before her in private nursing; the more so, because she has probably been accustomed in hospital work to see extreme pain, due to cancer or some other incurable disease, relieved by hypodermic injections of morphia. The patients' condition being hopeless, the doctors probably felt no hesitation in giving morphia, and thus affording immediate, if temporary, relief to their sufferings.

Convulsions are spasmodic irregular movements of the body, and usually occur while the patient is more or less unconscious. They are, therefore, due to some disturbance of the central nervous system. Anything, for instance, which causes irritation of the brain to a sufficient extent to produce irregular muscular contractions in any part may go on to produce an attack of general convulsive muscular movements of the whole body. This is a matter which it is of the utmost importance that the trained nurse should clearly understand; and it will, therefore, be time well spent if we consider it at some length. Those who have read the preceding lectures will remember that every nerve can be traced back to its point of origin in the spinal cord or in the brain on the one side, and on the other to its ending, whether in muscle, skin, or elsewhere. So when a muscle is found to have lost its power to contract and relax, or to be acting irregularly and in a purposeless manner, it is obvious to the doctor, first that there is disease or injury of the nerve which supplies that muscle; and secondly, tracing the nerve back to its origin, he can locate the spot where the nerve is affected, and can, therefore, decide in most cases, as to the cause of the trouble, and the prospect of its cure. It is, therefore, in these cases of brain and nerve disorders that the assistance of the thoroughly trained nurse, as a skilled observer, becomes often of the utmost value to the doctor. For instance, anybody could report that a patient became unconscious and was convulsed. But the trained nurse would be expected to notice and report where the convulsive movements were first observed, whether they affected both sides of the body or only one; were the eyes affected and how; did the pupils dilate or contract; did the eyes turn upwards or outwards or inwards. Was the head drawn to one side or the other; was the arm or the forearm or the hand first or chiefly affected; or did the movements seem to be general, and to affect the whole body. It is, in fact, especially in observation that the nurse has to train herself and to be trained to extreme and most scrupulous accuracy. There is no room for fancy or imagination in noting and reporting scientific facts, and it is always a golden rule never to leave one's impressions to the mercy of one's memory. A scientific fact when observed should be noted at once in writing.

It is not sufficient, therefore, for a nurse to say that some time in the morning "the patient had a fit." She may find it necessary, for example, to report, that at 10.5 a.m. on a given date the patient made a sobbing noise, and fell on the floor; the right arm and forearm and hand were convulsed; the movements also affected the right thigh, leg, and foot, but to a much less extent; the movements continued till 10.10 a.m., when they ceased, first in the lower limb, and then in the upper. The patient during this time seemed quite unconscious, and his lips became rather blue; at 10.15 he sighed very deeply, and at 10.16 he opened his eyes, and appeared to be recovering consciousness; at 10.20 he apparently went to sleep, and slept till 4 o'clock, snoring heavily the greater part of the time. This, in brief, is what is meant by an accurate observation; and too much stress cannot be laid upon that fact.

Convulsions are of various kinds and degrees, varying from slight, or it may be severe, attacks in children due to some peripheral or reflex irritation, such as teething or worms, to the convulsions which are caused by incurable disease of the brain. The nursing, of course, differs according to the nature of the disease; but, as a general rule—and certainly as an invariable rule, when convulsions are associated with unconsciousness, as they most commonly are—the patient must be kept very quiet, and care must be taken that he does not hurt himself by the violence of his movements, striking, for example, his head against the floor, if he has fallen thereon, in which case a pillow or some other soft substance should immediately

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