direction in this respect occasions much confusion to an Obstetric Nurse (and in other things besides Condy), but in the absence of any orders to the contrary from the Doctor, put a fluid drachm (tea-spoonful) of the fluid to every pint of water for daily douching.

I strongly advise every Nurse to use an enamelled measuring spoon for her disinfectants, for by no other plan can you be *sure* of your proportions; a *tea-spoonful* is no direction at all. For instance, I am the possessor of some Queen Anne tea-spoons, that have stirred our tea for many generations; also metal kitchen ones. The fluid capacity of a K.S. to a Q.A. is as one to four—and yet they are both *tea-spoons!* And we are not much better off with other spoons. Obstetric Nurses have been reproached for the careless way in which they use antiseptics, but how about the *careless* directions they so often receive from the lips of their medical chief? The moral of my homily is—use a graduated measuring spoon; they are very cheap.

To go on with our work—we have a busy morning before us. You will, of course, require a syringe for the vaginal douche—one of Higginson's, or any other of equal merit. Put the vaginal tip firmly on to the nozzle end of the syringe, place the feeding tube at the lower end of the bed-bath, and keep it *well under* the water; do not forget this, or you will draw air into your syringe. Before placing the bath in the bed *charge* the syringe, so that the tube is ready for insertion. Before douching you will have washed and changed the patient, but not have removed the soiled dress from the waist. Take off the binder and the napkin, keep the soiled night-dress above the hips, and now place the bed-bath, remembering the instructions I have given you in previous papers to do so by turning the bed-clothes back *long*-wise, and as little as possible. Requesting the patient to draw up her knees and raise herself up, you quickly put the bath into position well under her. Having previously dipped both your hands up to the wrists in the Condy's solution in the bath, pass the tube gently into the vagina, and having the syringe charged as I told you; *gently* work the ball of the syringe with your *right* hand, keeping the vaginal tube in position with your *left*; you are *not* to remove your right hand from the ball during the time you are douching. Three or four injections are sufficient; these done you remove the vaginal end of the syringe, and take away the bath. Then press firmly with your left hand on the uterus and lower part of the abdomen, and let the draw-sheet remain until the sheets are changed before taking it away; thoroughly dry the vulva and adjacent parts, draw down the soiled night-dress over the hips and as far as the knees, and there leave it, draw-sheet and all, and apply yourself to making the bed and putting on the clean bed-linen, which will form the subject of our next paper. *(To be continued.)*

PRACTICAL LESSONS IN ELECTRO-THERAPEUTICS.

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and
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(Continued from page 100.)

Resistance.

Any obstruction offered to the flow of electricity is called resistance, and is somewhat analogous to the resistance to flow of water offered by friction in the pipe, or by other obstructions, partial or entire.

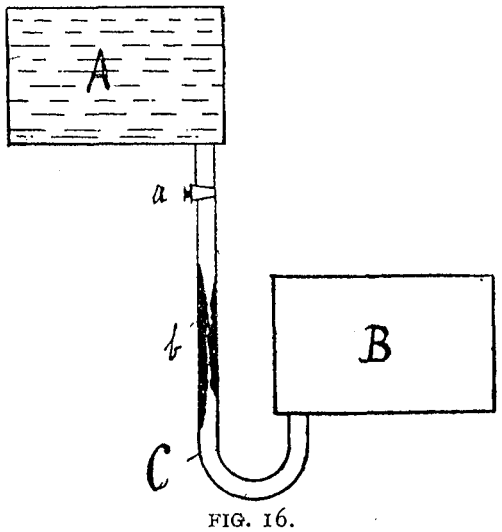

Fig. 16.

Fig. 16 represents an obstruction in a water-pipe, which is analogous to electric resistance. A and B are water vessels as before. C is the connecting pipe, and *a* the tap; *b* is an obstruction in pipe C, which obviously hinders the free flow of water from A to B, so that though the *pressure* due to difference of level between A and B remains as before, only a small *quantity* of water will pass at any given time. The presence of obstruction *b* does not alter the pressure, but it does considerably alter the quantity which can flow.

Fig. 17 represents an electric circuit, of which a human arm forms a portion. The arm offers resistance to the flow of electricity, and corresponds to the obstruction *b* in the water-pipe arrangement of Fig. 16. A and B are the

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