to chance the harm arising from the saturation of the clothing, and moisten the air of the room with steam from a kettle. In unskilled hands a kettle usually does more harm than good. Sometimes the steam in the inhaler is medicated with sedative drugs, but the main factor is the warmth and moisture of the steam itself.

Next, when secretion has been established, we want to liquefy it as far as possible, and stimulate the power of coughing. For this purpose we use such drugs as chloride of ammonium, which has mainly a liquefying action, carbonate of ammonium and ipecachuana wine, which also strengthen the power of cough. Many other drugs are also employed, but the object is the same. Lately a tendency has arisen to belittle the efficacy of drugs given by the mouth in pulmonary affections, partly, no doubt, on account of the many "elegant" but quite useless preparations which the enterprising chemists have so freely distributed of late, but there can be no doubt that drugs properly used have turned the scale in the patient's favour in very many cases of bronchitis.

Thirdly, if cyanosis appears, we want to ensure that the little air that passes to the patient's alveoli shall be as useful to the blood as possible, and we therefore add pure oxygen. We do this by letting him breathe the gas through a tube connected with a cylinder containing the gas.

In addition to these measures, we often find that hot poultices or fomentations applied to the back of the chest give the patient much relief, but unless these are applied—and constantly changed—by a skilled nurse they do much more harm than good. Rubbing the back with an irritating liniment is free from the drawbacks of wet applications and—in small children especially—is often very efficacious. In fact, the vigorous maternal application of camphorated oil, at the mention of which the nose of the modern nurse is apt to become somewhat upturned, is not without its advantage to a bronchitic baby.

Then, when the heart shows signs of failing, we use stimulants such as alcohol, or cardiac tonics such as strychnine and digitalis.

So far, we have spoken only of an acute attack, but this does not always clear up completely, and we get what is known as chronic bronchitis, where the patient suffers from a perpetual cough, which may be either dry and irritating, or deep and accompanied by profuse expectoration, but inasmuch as the sufferer from this complaint only comes under the care of the nurse when he has an acute attack on the top of his chronic trouble, we need not dwell on this type now.

From the foregoing remarks it might, perhaps, appear that the treatment of a case of bronchitis, as far as the nurse is concerned, resolves itself mainly into administering the drugs prescribed by the physician, but, as a matter of fact, the issue of the battle is very often decided mainly by the nursing. Something has to be done almost every minute; now a little nourishment has to be given, now a change of position has to be made to ease the restlessness, or even to enable the patient to get rid of accumulated secretion. Often a life can be saved in the case of cyanosed children by holding them up by the heels so that the mucus can run out by itself, or a failing heart can be resuscitated by holding a hot sponge over it. Then there is the indescribably soothing effect which the ministrations of a well-trained nurse have, not only on the patient, but also on the anxious relatives. All these count for very much in deciding the ultimate issue of the case, though they cannot be described on paper or learnt from a text book.

The Flushing of Enteric Fever Patients.

The Budapest correspondent of the *Lancet* has sent to that journal an account of a paper read by Dr. Mayer on Water Drinking as a Treatment for Typhoid Fever. He said that medical men have for long recognised the value of the free administration of water in this disease, and it is common to ask the patient to drink at least one litre in the day. He has recently, however, made an interesting trial of the effects of giving greatly increased quantities of water during the course of typhoid fever. By the regular administration of about five ounces of water every 15 minutes during waking hours (as first suggested by Dr. H. Cushing in America) he was able to give each patient from 8 to 14 pints of water per day, in addition to about 3 pints of other fluid, which usually consisted of milk and albumin water, the water used being filtered river water. These apparently enormous quantities of fluid were taken with ease. Under this system Dr. Mayer says that headache is much less common; the general comfort of the patients is increased; the tongue and mouth remain clean, and nausea is unusual. Restlessness, sleeplessness, and delirium cause less trouble. He considers the system worthy of a wider trial.

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