happens that a nurse may have to decide whether one of these groups should be continued or replaced by others.

There are several points nurses should be on the outlook for in order to report them at the earliest opportunity to the physician on duty.

Of these the principal are:—

(1) Signs of cyanosis or pulsation of veins of the neck, which may be the first signs of impending heart failure.

(2) Irregular, quick, and small pulse, developing rather suddenly in old people. This also indicates a weakness of the circulation, due to cardiac exhaustion.

If the patient sinks down in bed and efforts at expectoration cease, this indicates that the respiratory centre in the medulla is becoming blunted and is a sign of extreme danger.

(4) Signs of mental wandering or delirium, especially if associated with clammy perspiration are of grave importance.

PNEUMONIA.

We may now pass to the case of pneumonia. In this disease the symptoms change rapidly, constant watchfulness is called for, and the nurses' attention should always be directed to the following points:—In the circulatory system watch the state of the pulse, for here one often has the first indication of the commencement of some grave complication. For instance, a small and irregular pulse with increased dyspnœa frequently heralds pericarditis, whilst changes in the ratio that exists between the rate of the pulse and the blood pressure may be of far-reaching importance. Near the time of the crisis it often happens that the pulse rate falls: this is a good sign provided the blood pressure rises at the same time, but a rising pulse rate associated with a falling blood pressure occurring at this period is an almost certain sign of a fatal termination to the disease. On the other hand, if the blood pressure rises decidedly whilst the pulse rate diminishes one is justified in giving a favourable prognosis. In order to determine the blood pressure the simplest way is to place two fingers of left hand upon patient's wrist, using one of these fingers to block any return pulsation that may pass through the hand from ulnar artery, whilst the other feels the radial pulsation. The index finger of the right hand is then applied a shade higher up the arm, and pressure is gradually increased on the artery until the middle finger ceases to detect a beat. The pressure thus determined can be compared with the pressure of the nurses' own pulse, and so a standard of measurement is readily available.

The following cerebral symptoms are of serious import:—

(1) Delirium if it occurs during the day, or resembles delirium tremens.

(2) Sleeplessness.

(3) Twitching of the tendons, especially those of the wrist and fingers.

(4) Persistent hiccough.

There are several signs in the abdomen which also demand serious attention; the first is persistent vomiting, the second tympanites, and the third, any indications of peritonitis. On the other hand, many patients who suffer from jaundice or from diarrhœa seem to get on perfectly well in the end.

In the respiratory system cyanosis and shallow breathing, with absence of all effort at coughing, has the same grave significance which has already been noted under bronchitis. Changes from the typical sputum of pneumonia are also causes of anxiety, especially if the expectoration becomes somewhat of the appearance of "greengage jelly," for this means that the lung changes have reached a very advanced stage; or, if it presents a "prune juice" aspect, as this often, though not always, indicates commencing gangrene of the lung. Bleeding from nose is usually serious in aged people, especially if frequently repeated.

(To be concluded.)

The Alleviation of Thirst after Abdominal Operation.

Our Prize Competition on the question, "How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation," brought many excellent papers in addition to that of Miss Simpkin, which gained the prize.

Miss Emily Marshall considers:—"The very best friend we have in alleviating discomfort and thirst after abdominal operations is the normal saline solution injected per rectum, prepared by using ordinary table salt (not Cerebos), about 80 grains to a pint of water previously boiled, and cooled down to a temperature of 100 degs. Fahr. This is not only useful to lessen thirst, but to combat shock and in cases of collapse the temperature of the normal saline solution should be 105 degs. Fahr. . . The skin also is always ready to receive moisture, and so we may sponge the patient with warm water (if no collapse). Even the palms of hands and the face and neck sponged over at intervals is of great comfort, and will do much towards