text books and anatomical plates, and trace the tortuous course of the veins, and the position of the lymphatic vessels, to say nothing of nerves of the (left) lower extremity, they will be able to form some idea of the vastness and destructive tendency of the lesion we are now considering. There is no cure for the malady, but precautions may lessen its evil results, and care help on recovery; for the want of them it is just as though, when after much patience and skill we had unravelled a tangled skein of silk, some heedless, reckless hand lost us the clue, and all our trouble had to come over again.

The time to select for getting up is, as usual, after the routine morning bed-side duties, including the application of the flannel roller to the limb. We shall have no dressing; all the clothes we require will be woollen stockings, a knitted or eider-down petticoat, and one or two under skirts, according to the season of the year. The night-dress must be *kept on*, and in lieu of the bed-jacket we shall require a long, loose cashmere or flannel wrapper, and all these articles of attire must be put before the fire to air an hour before they are wanted. The room must be cleared and tidied, the fire made and fuel brought up. Near the fire-place we put an easy chair, with cushions and large woollen shawl to put across the lady's knees; also the foot-rest we had at first. Close to the bed-side we bring a bedroom chair, with a *rail* in preference to a saddle back, and having a cross rail between the two back legs of it; and a strong walking stick, with a *crutch* handle preferably to any other form.

You must now put on the patient's clothes. First the stockings and slippers. She must then be assisted into a *sitting position* on the *right* side of the bed, and the *left* leg gently lifted on to the *lower* rail of the chair. You then slip off the night-jacket and slip on the under-skirts and the wrapper without *altering her position*. The next thing is to get her into an *upright position*, and to do this you will require assistance. In many cases the lady's husband (and we all know what capital Nurses (?) some of them are) lends a helping hand; and, as *all* Nurses do not run to five feet ten inches, and height is useful to us here, we find him a valuable ally. Now, this standing up for the *first* time is an important point, as we must avoid *all downward* pressure upon the affected limb, and we do it in this wise. The lady's *left* foot is where you placed it on the chair-rail; her *left* hand grasps the top rail at the back; her right foot rests on the floor, her right hand on the trusty stick; her husband places his right forearm *under* her left arm. Thus supported the patient rises up. You adjust the clothes as they fall into their place. She pauses for a few seconds to get well into the upright position. You can understand by these arrangements (that are done in half the time it takes me to describe them) we are putting all the weight of the body on to the *right* leg and the walking-stick in the *right* hand. You stand on her *right* side, ready to render any aid that may be required.

We are now ready for the eventful "start." Standing on her right leg, and resting her right hand on her walking stick, the patient pushes the chair before her, on the lower rail of which her *left* foot rests, with her *left* hand on the top rail, just at a pace to suit herself, and receiving a little, but only a *little*, support under her left arm; in this way she makes fair progress towards her easy chair, the end of our "voyage," or if so disposed may prolong her "tour" round her room. I can speak from personal experience in this matter, if that lends any weight to my directions, for I have been lamed myself more than once, and a year ago was executing those little manœuvres I have just described to you, and I really think we had as many laughs as "hops" over the performance; the Mark Tapleyian philosophy is not *altogether* wrong. My nursing readers may ask, *Why* not have the patient carried from bed to chair without all this "fuss"? Because that plan would not answer the end we have in view, which is to *test* the affected limb by an attempt at *locomotion*—we will not call it *walking*—and we shall draw some important deductions from the humble "progress" I have just described to you. When the lady is seated in her chair, place the leg-rest on the front of the chair, and the left leg on it, as you did when in the bed; a foot stool will be sufficient for the right; place the woollen shawl across her knees and pack the cushions comfortably. Bring the bed table up to the easy chair, and fix it as you did over the bed; it is just as useful as ever, as the lady can have the table in *front* of her, which is so much more convenient than at her side.

The patient may feel somewhat fatigued by these exertions, and you must have some refreshment ready for her. When the lady feels tired, even though early in the afternoon, she must at once return to her bed, repeating the morning performances, *unless* she is too weak to do so; in that case the easy chair must be wheeled up to the bed-side, her feet being held up the while—or, at any rate, the affected limb must *not* be allowed to hang down. Undress her in the easy chair. With the aid of her stick she can rise up on to her right leg, and placing her *left* foot on the chair-rail, she can be assisted into bed. When the patient is well enough to get up the bed chair can be dispensed with altogether.

We have now entered upon the path of con-

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