The results of that organization are far too marvellous to mention here in detail. Suffice it to say that through its good influence, we have now vigorous National Associations of Nurses whe.ever trained nursing is estimated at its true value. Each of these Associations has its official organ in the press, circulating around the world; with few exceptions inspired and managed by trained nurses themselves, who are placing the highest ideals before those tending the sick; practical in detail, and excellent in make up. No wonder that the mother of Nursing Journals, The British Journal of Nursing, is vastly proud of her children.

One has but to remember the inchoate and helpless condition, in which nurses found themselves in 1893, to realise how their splendid response to the call of Duty and Humanity, has advanced the dignity of their profession in 1913.

E. G. F.

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE OF ENTERIC FEVER.

We have pleasure in awarding the prize this week to Miss Anne Simpson, Royal Infirmary, Leicester.

PRIZE PAPER.

Typhoid fever requires most careful and attentive nursing, quiet and absolute rest are essential to the patient, he must be kept in a recumbent position, with preferably only one pillow. Not many coverings will be required, a typhoid patient seldom feels cold. Sheet, one blanket, and light counterpane are usually sufficient. He must not be allowed to sit up, and all lifting and moving done very carefully, as any extra strain or exertion may cause heart failure, hæmorrhage or perforation. Take temperature, pulse, and respiration 4-hourly, and measure urine, as partial retention often occurs.

Scrupulous cleanliness is necessary. Wash all over at least once a day, and locally after each movement of the bowels. Typhoid patients are especially liable to bedsores, because of their protracted high temperature, toxic condition, and extreme emaciation and debility, so especial attention must be paid to shoulders, heels, back and elbows, rubbing well with methylated spirit and powdering every four hours. Keep the position changed as frequently as possible, propping the patient on his side with a pillow behind the shoulder.

Keep the excretory organs active to lessen the toxic condition, give plenty of water and barley water. Some doctors order a daily cleansing enema, this must be given very slowly and carefully.

The mouth needs frequent and careful attention. It quickly gets into a dry and cracked condition: it must be cleaned before and after nourishment is given, *before*—to guard against the entrance of germs into the stomach, *after*—to prevent sordes collecting. Carelessness here may lead to re-infection and a relapse, to the formation of ulcers, or development of otitis. Hydrogen peroxide vol. x is very useful for swabbing out a dirty mouth, followed by a mixture of glycerine and borax, with or without a little lemon juice.

The dieting of a typhoid patient depends on the doctor; some allow a mild case of typhoid to have semi-solid, easily digested food during the whole course of the disease; others give fluids only until the temperature becomes normal, then food is begun very cautiously, junket, jellies, custard, beef tea and whipped eggs usually being given first, followed by "typhoid bread and milk," pounded fish, chicken, bread and butter without crust. Rich or indigestible foods, and anything crusty, must be avoided for some weeks. Feeds should be given regularly. A good deal of ingenuity and tact is often required on the nurse's part to get the patient to take his full quantity of nourishment when on fluids only; milk alone soon becomes monotonous, "milk" tea, or coffee, cocoa and Bovril made with milk will often be taken quite readily. Sickness may be checked by adding a little lime water to the milk, or diluting with barley or plain water.

Complications to be feared are principally (i) hæmorrhage caused by the ulcer sloughing into a blood vessel, it may occur any time after the first week, and is indicated by an increased rate and decreased strength of pulse, with a sudden fall of temperature, and tarry or dark red stools, the patient being very pale, with cold extremities if the quantity of blood lost is large; (ii) perforation, indicated by a low temperature, and quickened pulse, with a sudden severe localized pain and tenderness, quickly changing to signs of peritonitis; (iii) pneumonia, by rise of temperature, quickened respirations and dyspnœa. Phlebitis may occur during convalescence.

Tepid or cold sponging may be ordered to reduce the high temperature in the second and

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