carpin administered hypodermically (if ordered by the doctor) acts upon the sudoriferous glands. A bowl and towel should always be at hand if this drug is used, as increased salivation and sometimes vomiting takes place. Shock or collapse must be carefully watched for during any of the above treatment.

Diuresis is assisted by free liquid diet, which should be of a light, demulcent nature to avoid irritation of the renal system, barley water being generally given. If honey be given in small quantities it will be found sufficient with barley water to keep up metabolism for quite a prolonged period, the chief advantage of the honey being its easy assimilation.

Croton oil and jalap are the purgatives commonly used—these producing liquid stools in from six to eight hours, or sconer. The blood pressure is usually high, and blood-letting by venesection is often performed, and from ten ounces to one pint withdrawn. Pulmonary symptoms are often relieved by steam inhalation, e.g., steam kettles in tent; this also assists in keeping up diaphoresis.

Bed clothing should be light but warm, with blankets next to patient.

When sweating has been produced, if the patient's general condition permits, the skin should be quickly rubbed down with *hot* towels, and warm, dry garments given. During the hot-air bath or pack hot drinks may be given, unless there be nausea from the administration of pilocarpin.

The mouth should receive special attention, and a few grains of tartaric acid added to the preparation used for cleansing it will be found to keep same moist by stimulating the salivary glands.

During convalescence red meats and any article of diet that might tend to increase the blood pressure must be avoided. Draughts must be guarded against, as chill to patient in this condition might prove fatal.

All urine passed must be measured, and amount recorded daily.

Specimens should be taken from the 24-hourly bulk for examination purposes.

HONOURABLE MENTION.

The following competitors receive honourable mention :---Miss Adeline Douglas, Miss M. Cullen, Miss S. A. Cross, Miss Alice Overshott, Miss Eliza Noble, Miss J. Bevis, Miss M. White.

QUESTION FOR NEXT WEEK.

How would you recognise perforation in a case of enteric fever? What immediate action would you take, and how could you temporarily relieve the patient?

NURSING ECHOES.

The resignation by Miss Beatrice Cutler of the position of Assistant Matron of St. Bartholomew's Hospital, which she has held for thirteen years, means a very great loss to the hospital generally. A genial and progressive woman, with plenty of moral courage, her colleagues recognise that her place will be hard to fill. We learn, however, that the appointment of Miss Helen T. Baines, who at present holds the position of Matron's Office Sister, to succeed Miss Cutler, has given great pleasure to her fellow nurses, with whom she is very popular. She is a "Bart's" woman, and a Gold Medallist of its Nursing School, and has given faithful service to the hospital and the school for eleven years. Miss Baines was recently elected Secretary to the League of St. Bartholomew's Hospital Nurses-evidence of her personal popularity. She has consistently supported the principle of State Registration of Trained Nurses by Act of Parliament, and will, let us hope, live to see the organisation and uplifting of her profession as the result of the legal status recently bestowed upon its members.

We hope our review of "The Life of Sir Victor Horsley" will be read, and his fine work appreciated. He was one of the consistent registrationists who fought valiantly for us, as he did for all unpopular movements, the value of which he was convinced was for the good of mankind. What a champion for progress he would have been as a member of the General Nursing Council! Alas! we shall not have the benefit of his help, but let us not forget how much he did in life to win for nurses legal status and power to help themselves.

May we remind our kind correspondents that this journal is edited by two trained nurses— Mrs. Bedford Fenwick and Miss Margaret Breay—not by a "Dear Sir." No "Sir," however "dear," is qualified to control the ethical standards and voice the aspirations and policy of a profession to which he does not belong.

We learn from the 147th Annual Report of the Leicester Royal Infirmary that the Board is considering how this fine hospital can be enlarged, and has given instructions to its architect to prepare plans for increasing the available accommodation for nurses as well as for patients to meet its future needs. Several munificent contributions are acknowledged.

The executors of the late Mr. T. G. Langham,



