If the fluid is purulent and septic, it must be removed and the pleural cavity washed out with disinfectant.

A spontaneous Pneumothorax calls for special treatment. The immediate distress is often severe, and the patient must be put to bed and may need morphia. He must be kept quite still and warm.

When the initial pain has disappeared, the dyspnœa may still be distressing. It is then highly probable that a valve-like action is set up, causing increased pressure. This will necessitate drawing off air with an A.P. apparatus at frequent intervals.

If the opening to the air passages remains patent, purulent fluid will form in the pleural cavity, and although this can be washed out, the chances of recovery are small. A thoracoplasty should be thought of before the patient becomes too ill.

If the fluid is sterile, it should be withdrawn and the pneumothorax maintained in the usual manner providing there is little disease on the other side.

The next complication is a comparatively common one, named Tuberculous Laryngitis. It occurs in approximately 30 per cent. of cases, and is always very serious.

The most important treatment is rest of the larynx by completes ilence. Coughing must be reduced to a minimum. The patient should be instructed to write down all he wishes to say in a notebook. Respirators of the Burney Yeo type are useful; they relieve cough and keep the patient quiet.

In slightly painful conditions, sprays containing chloretone, and menthol, or powders of anæsthesin and orthoform, are useful, but the sheet anchor of active treatment is the galvano-cautery. In addition to this, I have obtained good results with pure lactic acid, and also from injecting the superior laryngeal nerve with alcohol.

Another serious and difficult complication is Peritonitis, accompanied by Enteritis. The patient suffers firstly from alternating constipation and diarrhœa, accompanied by mild dyspepsia and slight pain. Now, the first thing to do is to put the patient on a light nourishing diet; then to aid his digestion by ferments, such as Tryptase and Diastase, and maybe relieve any discomfort with alkaline carminatives or external heat, of which turpentine stupes are valuable.

Intestinal disinfectants are of only moderate value, but creosote and ichthyol can be used with success. I have also obtained some striking results by treatment with ultra-violet rays, alternating with X-rays. All exposures must be short, the U. V. about 2-7 min. from the mercury vapour lamp, and the X-ray about ½-½ pastille dose. These are given alternatively every other day.

So we come to the end of the important complications and also to end of my series of talks.

(Concluded.)

A TRUE TALE WITH A MORAL

We once knew a private nurse whose services were dispensed with by a patient who wrote: "I am parting with nurse's services because she treats my well-bred dog with derision, laughing in his face, and making fun of him, which he bitterly resents. Please replace her with a woman who loves and understands animals (beginning with myself) as without this virtue no woman can be a *true* nurse."

The request was easily complied with as the majority of nurses are devoted to animals. The one sent won the old lady's heart by recognising her devoted canine companion as "a man and a brother," and inviting his protection on her daily walks.

"Far superior to humans," she told his old mistress—an opinion on which they agreed.

Years after this nurse, then retired, said to us: "I can't think why Mrs. —— left me £100."

PATIENTS' WAKING HOURS IN LONDON VOLUNTARY HOSPITALS.

The management committee of King Edward's Hospital Fund for London has circulated, for the consideration of the hospitals concerned, a report of a sub-committee of the distribution committee, of which Mr. Walter Spencer, F.R.C.S., was the Chairman, on the subject of patients' waking hours, in the hope that it may assist the hospitals, so far as their different circumstances may permit, to fix an hour not earlier than the time suggested in the report.

A summary of hospital visitors' reports, dated July, 1930, on the hours of waking, gives the following results, classified under the earliest hour mentioned by the visitors:—

		Hospitals
(*a*)	4, 4.30 or 4.45 a.m.	4
(*b*)	5 or 5.15 a.m.	40
(*c*)	5.30 or 5.45 a.m.	22
(*d*)	6 a.m.	44
(*e*)	6.30, 6.40 or 6.45 a.m.	8
(*f*)	7 a.m.	6
(*g*)	Average of teaching hospital group	5.55 a.m.
(*h*)	Averages of other general hospital groups	5.10 to 5.35 a.m.
(*k*)	Averages of special hospital groups	5.30 to 5.55 a.m.

Among the hospitals where the hour is after 6 may be specially mentioned the Middlesex, where the recent change of hours has drawn a good deal of attention to the general question. The male patients are awakened at 6.30 and the female at 6.45.

The report points out that the question is much more complicated than it might seem at first sight to those who think only of the actual hour of waking. In the London voluntary hospitals 6 o'clock is at present the official hour of waking more often than any other hour. There is also a good deal of evidence that hospitals which have already made a change to 6 o'clock from some earlier hour, or which would be prepared to consider the possibility of such a change as a practical question, would nevertheless regard the difficulties in the way of the adoption of so late an hour as 6.45 or 7 as insuperable.

After taking various facts into account, the sub-committee are of opinion:—

(i) That, unless there is some exceptional and adequate reason to the contrary, the most suitable hour for the waking of patients is 6 o'clock; bearing in mind the fact that, in a hospital, work closes down for the night long before the hour at which the patients are accustomed to go to bed when at home;

(ii) That, while the adoption of any later hour would probably require an addition to the nursing staff, a change to 6 o'clock on the part of most of the hospitals which now have an earlier hour could probably be effected without any material increase of staff or expenditure;

(iii) That, at some of the hospitals where the present hour is exceptionally early, it may well be impossible to change to 6 o'clock without any increase of staff, but that nevertheless in those hospitals a change is so desirable that the question should be considered;

(iv) That breakfast should be served as soon as possible after the hour of waking; and that work involving the disturbance of the patients before breakfast should be limited as far as possible to what is necessary for their comfort;

(v) That, whatever the official hours may be, no patient should be washed before having either breakfast or early morning tea;

(vi) That the rules and the practice should be such as to avoid as far as possible any noise in the wards before 6 o'clock.

A Circular on mental hospital accommodation has been issued to Local Authorities by the Board of Control. We hope to refer to it again in our next issue.

In our last issue we alluded to the Whipps Cross Hospital as under the authority of the London County Council. We understand this is not the case, but that the Local Authority is responsible for its arrangements.

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