and hypodermic injections as ordered, strophantin, camphor in oil, etc.

Thrombosis of veins with pain and swelling of limb (often the left leg).—Wrap in cotton wool and rest on pillows. Avoid movement as clot may separate and cause embolism.

Pulmonary.—Pneumonia, sputum will be rusty. Treat generally as pneumonia.

Pleurisy and congestion of the lungs in elderly people. Prop them up a little in the bed.

Digestive.—Parotitis. Avoid by proper cleansing of the mouth.

Diarrhœa: Less milk, less food, Enemata. Astringent mixtures.

Distension of abdomen and constipation: Enemata. Rectal tube. Routine enema every second day.

Hæmorrhage from bowel: Absolute rest. Great care with bed-pan or allow motion into pad around buttocks. Ice bag to abdomen. Restrict food, or withhold for 12 hours. Injection of morphia.

Perforation: Operation the only hope.

Nervous. Insomnia, delirium, etc.: Tepid sponging, cold compress to head. Constant watching. Injections of morphine.

Hyperpyrexia in tropics: Cold sponging frequently. Wet pack.

Other complications may occur such as ulcers of mouth, laryngitis, appendicitis, myocarditis, pyelitis, cystitis, arthritis, typhoid spine, hepatitis, cholecystitis, congestion of meninges, psychoses, loss of memory, etc.

Nursing.—Patients are best nursed in hospital. If in their own house, isolate. Choose a quiet room, free from draughts and well ventilated. No carpets or needless furniture. The bed should be narrow and not facing the window, with a hair or rubber mattress covered with blanket, two folds, and a waterproof sheet, over it a sheet and under the hips a long drawsheet. Clothes should not be too heavy. Feeding utensils should be kept in the room. In hospital each patient should have his own utensils. Nurse and doctor should wear gowns which should be put on on entering and taken off on leaving the room.

Infection should be guarded against in every reasonable way. Use a nail brush when washing the hands and wash every time after handling the patient. Keep the finger nails short. Have a bowl of disinfectant solution for the hands in the room. Keep separate the feeding and sanitary utensils and disinfect frequently with Cresol (1 in 50) or other disinfectant lotion.

In private nursing a foot bath in some convenient near place is useful. It can be filled with disinfectant solution such as lysol 1–100, izal 1–100 and all the soiled bed and body linen from the patient placed in it.

The stools and urine should be inspected, the former for non-digested food, curds, etc., and blood and sloughs, the latter for amount, colour, etc. As they are highly infectious, strong disinfectant solutions (such as carbolic) of equal bulk should be added and mixed into the excreta before being emptied away. Should the lavatory seat get accidentally splashed use disinfectant on it too. In the tropics where native attendants empty the utensils, instruct them and use some disinfectant (Izal) in the utensils when brought back. Some hospitals soak all the bed-pans in crude izal. Books, toys, games, letters and newspapers should not be passed from one patient to another.

Patients are nursed in the recumbent position.

Owing to wasting particular care is needed to avoid bed sores. Change the position of the patient from time to time, first one side, then the other. Retain the position in bad cases by means of pillows. Changing position reduces the liability to lung congestion. Move patient with care and gentleness. Too rough movement may dislodge a clot from an ulcer causing hæmorrhage or even cause perforation of the thin bowel. In exhausted patients use a pad for the motion rather than a bed-pan. After each motion buttocks should be sponged, dried and powdered. The usual toilet on pressure points to avoid sores should be carried out without remission. The draw sheet should be changed at once when soiled.

Cleanse the mouth frequently and always after a meal. The teeth, gums, tongue, roof and sides of the mouth can be carefully brushed with strips of wet lint wrapped around a dressing forceps and dipped in some antiseptic solution.

Take temperature and pulse four hourly and daily inspect the abdomen. Hæmorrhage due to slough separation may occur, usually about the third week. Increasing pallor, faintness, rising pulse and falling temperature suggest this even if no blood is in the stool. Perforation may show with a sudden pain, rapid pulse with rigor and collapse. In very ill patients there may be no obvious symptoms. Any abdominal pain should be reported at once to the doctor. Peritonitis which follows perforation is suggested by intense abdominal pain and tenderness, vomiting, anxious face, etc. Rapid operation after perforation sometimes saves the patient's life. For abdominal pain fomentations or turpentine stupes may help. Apparatus should be ready for intravenous fluids or blood transfusions in collapse or severe bleeding.

Sponging is carried out in frequency according to the height of the fever or other indications. In the tropics where chill need not be feared it can be done frequently and often induces sleep. In hyperpyrexia cold sponging is indicated. Tepid sponging is sometimes done four hourly as a routine, doing head and shoulders only when the temperature is not above 102.4° F. Eau de Cologne or spirits of lavender may be added to the water. Should the patient perspire, don't leave in damp clothes, sponge, dry with warm towel and put in fresh clothes.

Baths when ordered should be such as will cover the patient completely except the head; 15 to 20 minutes is spent in the bath, the patient is then wrapped in dry sheet and covered with a blanket. The first bath should not be given at night. Food can be given afterwards. Baths help the circulation, often aid the nervous system by lessening delirium and tremor and reduce toxic features.

Diet.—In these days the prevailing tendency is to use high calorie diets, a contrast to years ago, and the patient is restricted to liquid food until several days after the temperature has become normal. The old rule was that no solid food was given until the temperature was normal for ten days.

Milk in various forms is the mainstay.

A well-proved method is to give milk 5 oz. with water 3 oz. two-hourly, aiming at three pints daily. Drinks of water with glucose being allowed in between. If the stools show curds, citrate the milk. If the curds still persist then peptonise the milk. If the patient is doing well milk jelly made with isinglass instead of gelatine can be given, then as progress is made Benger's food, arrowroot, cornflower can be added watching every change carefully as distension, flatulence, diarrhœa, relapse may all follow food changes. Food may have to be restricted or the milk changed to whey and albumin water if the diarrhœa is severe. This scheme has worked well in countries abroad.

The greatest care must be taken to prevent bowel perforation. All semi-solid foods should be strained through muslin, and foods must all be cool; hot liquids are not given.

Many diet schemes are in use to-day including such items as egg nog, fruit juices, ice cream, honey, chicken jelly and clear soup—these latter two are only stimulants, but provide fluid and variety—egg in ice cream, junket,

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