

given with it. Essence of peppermint, 20 drops on a lump of sugar, slowly sucked, gives relief sometimes. Strong coffee, or lumps of ice swallowed whole, sometimes given. If none of these arrest the vomiting the doctor may order the stomach to be washed out by means of a stomach tube; or mustard leaf may be applied to the epigastrium.

The patient must be kept dry. Dressings changed frequently as required. The bladder will probably be drained by glass and india-rubber tubing into a basin by bedside. Bladder may be syphoned out once or twice daily, more often if tubing becomes blocked. Towards end of week tube may be removed. Record of temperature, pulse, and respiration must be kept. Fluid diet for first few days; light food, as milk puddings, etc. later. Doctor's orders carefully carried out. Complications, as cellulitis and uraemia, looked for.

No. 2.

"Instruments required for operation for appendicitis"—

Two scalpels, one pair angular scissors, one pair curved scissors, one needle-holder, six needles of various sizes, two retractors, two blunt hooks, one probe, one director, three aneurism needles, one blunt dissector, twelve Spencer-Wells artery forceps, one sinus, one pair toothed dissecting forceps, one pair plain dissecting forceps, four sponge holders, bladder sound and catheter, pedicle needle, intestinal clamps, intestinal needles, two pairs large hæmostatic forceps, eye curette, hernia needle often useful.

No. 3.

Have bed ready, with fracture board and fracture mattress. Put patient on to bed, moving the injured limbs as little as possible. Remove clothes from broken leg: first by splitting the trousers along the seam, and slipping them from under the leg; cut off the boot and sock if not able to remove them easily.

Arrest hæmorrhage, if any present, by pressure; ligature, etc. Sterilise wound and surroundings by washing round wound with ethereal soap. The doctor would probably flush out the wound with some strong antiseptic—1-1000 perchloride of mercury, or 1-2000 biniodide of mercury—then dressing would be applied to wound. Some sutures might be required, or drainage tube inserted if wound large.

While this was being done the leg must be held in position by assistant, to prevent the ends of the bone doing further damage. The doctor would now set the fracture, probably using back and side splints with foot piece; or box splint might be used. The leg would then be supported by a pillow, and steadied by sandbags on either side. Care must be taken to see that the splints are properly padded, and that there is no pressure on the heel or malleoli, or splint sores will result. The splints and bandages are so arranged that the wound can be easily inspected. If the wound can be made aseptic, it will heal about as quickly as a simple fracture.

The bandages must be watched for the first few days to see that they are not too tight, afterwards to see that they are not too loose.

Care must be exercised when examining the leg, during bed-making and use of bed-pan, that leg is not disturbed by too much movement. Bed-sores must be watched for and avoided, also splint sores.

In about three weeks to a month, if the bone has united satisfactorily, the leg may be put up in plaster of Paris, and the patient allowed to get about on crutches. Usually well united by end of two months; but patient must take care of it for some time. Wasting of muscle treated by electricity massage and stimulating liniments.

If the wound becomes septic boracic fomentations will be applied frequently; doctor may order wound to be syringed with some antiseptic: as peroxide of hydrogen. Symptoms of sepsis: Rise of temperature about second or third day, with pain and throbbing in wound. Inflamed appearance of edges on wound itself.

No. 4.

Shock is a severe depression, or lowering of the vital powers, due to excessive nerve energy, and is more severe when the sympathetic nerve system is affected. The depression is chiefly caused by exhaustion of the vaso motor nerves centre.

Symptoms of Shock: Increasing pallor of face, cold perspiration, extremities cold, pupils dilated, pulse and respirations rapid and feeble. The senses are dulled, or there may be unconsciousness.

Nursing and Treatment: Place in warm bed. Hot bottles. Foot of bed raised on blocks, no pillow under head. Saline enemata 1dr. to a pint of sterile water at a tem-