water. Not even in private nursing should a bed be changed after hemorrhage without the sanction of the physician, and then the greatest care should be exercised. To keep a patient lying on his back in soiled linen for twenty-four hours may encourage hypostatic pneumonia and a bed-sore, but neither of these complications is necessarily fatal, while arterial hemorrhage is of the greatest possible danger. In changing the bed-linen have two assistants, and on no account turn the patient from side to side. Sew the edge of the clean draw-sheet to the edge of the soiled one. Arrange the clean sheet in the usual manner. Instruct one assistant to place hands beneath the buttocks, putting both hands in from one side, and the second assistant to place hands under the shoulders and back. Have the patient gently raised or eased off the bed while the clean draw-sheet is pulled through. In this way the patient is caused little disturbance. From the first appearance of hemorrhage it is well to be prepared for future escape by packing a good quantity of cotton wool and absorbent cotton in and about the buttocks, thus saving much soiling of the linen.

Sudden collapse or heart-failure in typhoid fever may be called an emergency, and as such the nurse must be prepared to meet it. The heart-action may not respond to the applied heat and elevation of the lower extremities. It is best to rely upon the hypodermic for heart and respiratory stimulants, and not to give them by the mouth, for the stomach refuses to absorb, and the effort of vomiting tends to waste the flickering strength of the patient. Strychnine and brandy may be called the standard heart stimulants, but from one-eighth of a grain of morphine and one hundred and fiftieth of a grain of atropine, given hypodermically, we get three results—we quiet the patient, slow the heart-action, and stimulate the vasomotor system. You will know in ten minutes' time if the result is satisfactory. There is less danger of a recurrence of the collapse if the patient is ra'lied gradually, so it is better to repeat whatever stimulants are employed rather than to give the larger dose at one time.

Phlebitis may occur in any stage of the disease. When a pain of a severe or aching character is complained of in the limbs, it is well to suspect phlebitis and act accordingly. Remember, there is as great a danger of dislodging the clot while it is forming as when it is already formed; under no circumstances, therefore, should you massage the part, but at once elevate the limb, apply dry or moist heat, and let the application be kept in position by a "many-tailed" bandage, not a roller, as the latter necessitates too much disturbance.

Of perforation little can be said, except to guard against this most fatal of all accidents of typhoid fever. Perhaps the best