

hot or cold, should be made of a sufficient size to cover the crests of the ilia, as the bony prominences then help to bear the weight of the poultice, stupe, or ice-coil. In using an ice-coil place a piece of flannel between the coil and the skin, and keep the whole in place by a binder fastened down the centre with a perforation on either side to allow the ends of the coil through. The patient can then be turned from side to side, thus preventing hypostatic pneumonia, bed-sores, and all other inconveniences and dangers of the one position, without displacing the coil. Let your poultice be hot, light, well-beaten, and spread not more than one-half inch in thickness. That may also be kept in place with a binder. In using turpentine on either stupe or poultice it is better to lightly vaseline the whole surface of the part before making the first application. The skin is then much more tolerant of heat and does not blister or redden quickly. An ice-coil is much better for cold application than an ice-bag on account of its light weight and the little difficulty of keeping an even temperature. If an ice-bag is used, suspend it from a cradle and do not allow its full weight to rest on the abdomen in either tympanites or hemorrhage. To reduce tympanites an enema of soapy water, one pint; glycerine, four ounces; spirits of turpentine, one dram, given slowly and low down, produces increased peristaltic action and expulsion of feces and gas. Or the abdomen may be gently massaged twice a day, the course of the colon being followed from the right groin, with olive oil, one ounce; spirits of turpentine, one dram. The enema must not be "suddy," as too much soap causes irritation and tenesmus. Only add sufficient soap to make the water a milky color. If the distention is great, be careful to relieve the weight of the bedclothes by a cradle. One can be readily made from a barrel-hoop cut in two and crossed.

Hemorrhage is, with the exception of perforation, the most dangerous and the most alarming of the accidents of typhoid fever and calls for the greatest skill and good judgment on the part of the nurse. Here absolute physical rest must be rigidly enforced. Although it is the custom to raise the foot of the bed on the first indication of hemorrhage, I think it is a proceeding that may bear some discussion. We raise the foot of the bed in collapse, heart-failure, and syncope to stimulate the circulation by sending more blood to the heart and brain. But the intestinal organs are situated so near the centre of circulation that in strengthening the circulation the amount of blood at the point of hemorrhage may be increased instead of decreased. In my opinion it is better not to elevate the foot of the bed till the *pulse* gives the indication. Apply cold by means of the coil or ice-bag already referred to, and if ice be inserted into the rectum, make the pieces conical in shape by dipping in hot