your hand upon him. The sound of a voice he is accustomed to is less apt to startle him than the touch of a hand. We cannot emphasize the fact too strongly that the diet of a typhoid patient should never be left within his reach. There is no greater waste of strength than allowing a patient to reach out and help himself.

To bring your patient successfully through the febrile stage of typhoid fever is but one-half the battle. We might almost call the long, slow convalescence a disease in itself. Generally speaking, in the febrile stage we have the accidents to guard against, and in the convalescent stage the complications. With the decline in temperature we get the heavy sweats and great muscular wasting. There is the sub-normal temperature, weak heart-action, and frequently an impaired mental condition. To prevent chill, to build up the tissues, and to give the patient cheerful hygienic surroundings should be our effort in convalescence. With the first sweat change the clothing from cotton to flannel; protect the chest with a light layer of wool or fold of flannel. Sponging for the reduction of temperature is no longer a necessity, but there is the morbid condition of the skin to deal with, indicated by the profuse sweats and sometimes severe desquamation. During the sweat, dry the patient off under the clothing. When it is over, give him a quick, warm alcohol rub and put on dry, warm clothing. Give him the soap-and-water bath at night and a salt-and-water sponge in the morning. The salt has a general tonic effect, and on that account is better administered in the morning than at night. When severe desquamation is met with the salt and alcohol must be omitted, but cocoa-butter or olive oil may be well rubbed in at night over the whole body and a thorough bath given in the morning, using castile soap and a little borax in the water. By giving the skin careful hygienic treatment we tend to reduce the waste of tissue, assist desquamation, overcome the susceptibility to cold, and add greatly to the comfort of the patient, both physical and mental. To keep the convalescent free from excitement and give him cheerful surroundings will materially benefit his mental condition.

It is a wise plan to move the patient as soon as possible from the room in which he has spent the febrile stage of the disease, and when he is sufficiently strong to allow him to spend the morning in one room and the afternoon in another with a different exposure, getting the benefit of the sun in both.

In this paper I have not attempted to cover the whole field of nursing in typhoid, but only to touch upon some points which I have found by experience to be of much importance, and which are not always sufficiently brought out in our text-books or lectures.—Published also in the *American Journal of Nursing.*