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to all human probability, he ought to have recovered. The surgical nurse must be ever on the watch, ever on her guard, against want of cleanliness, foul air, want of light, and of warmth.

Nevertheless let no one think that because *sanitary* nursing is the subject of these notes, therefore, what may be called the handicraft of nursing is to be undervalued. A patient may be left to bleed to death in a sanitary palace. Another who cannot move himself may die of bed-sores, because the nurse does not know how to change and clean him, while he has every requisite of air, light, and quiet. But nursing, as a handicraft, has not been treated of here for three reasons: 1. That these notes do not pretend to be a manual for nursing, any more than for cooking for the sick; 2. That the writer, who has herself seen more of what may be called surgical nursing, *i. e.* practical manual nursing, than, perhaps, any one in Europe, honestly believes that it is impossible to learn it from any book, and that it can only be thoroughly learnt in the wards of a hospital; and she also honestly believes that the perfection of surgical nursing may be seen practised by the old-fashioned "Sister" of a London hospital, as it can be seen nowhere else in Europe. 3. While thousands die of foul air, &c., who have this surgical nursing to perfection, the converse is comparatively rare.

To revert to children. They are much more susceptible than grown people to all noxious influences. They are affected by the same things, but much more quickly and seriously, viz., by want of fresh air, of proper warmth, want of cleanliness in house, clothes, bedding, or body, by startling noises, improper food, or want of punctuality, by dulness and by want of light, by too much or too little covering in bed, or when up, by want of the spirit of management generally in those in charge of them. One can, therefore, only press the importance, as being yet greater in the case of children, greatest in the case of sick children, of attending to these things.

That which, however, above all, is known to injure children seriously is foul air, and most seriously at night. Keeping the rooms where they sleep tight shut up, is destruction to them. And, if the child's breathing be disordered by disease, a few hours only of such foul air may endanger its life, even where no inconvenience is felt by grown-up persons in the same room.

Cardiovascular System

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Cardiovascular (CV) System

- Cardio: heart
- Vascular: blood vessels
- Central circulation: blood flow through heart
- Systemic circulation: blood flow through body
- Pulmonary circulation: blood flow through lungs

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What is already known about this topic? methamphetamine is a highly addictive central nervous system stimulant; in recent years, the availability of methamphetamines and damage related to methamphetamines have increased in the United States. What is added by this report? during 2015-2018, it is estimated that 1.6 million adults of the USA aged ≥18 years, on average, reported methamphetamine use last year; 52.9% had methamphetamine use disorder and 22.3% reported injected methamphetamine last year. The prevalence of co-occurring substance use and mental illness were common among those who used methamphetamine in the last year, what are the implications for public health practice? efforts are needed to build the capacity for state and local prevention and response, increase care links and improve public health and public safety collaborations to combat the growing availability of methamphetamines and related damage. methamphetamine is a highly addictive central nervous system stimulant. The use of methamphetamines is associated with a variety of health damage, including psychosis and other mental disorders, cardiovascular and renal dysfunction, transmission of infectious diseases and overdose (1,2). Although the global population rates of methamphetamine use have remained relatively stable in recent years (3), the availability of methamphetamines and the damage related to methamphetamine (e.g. the involvement of methamphetamines in deaths by overdose and the number of treatment hospitalizations) increased in the United States* (4,5); however, the analyses that examine patterns and characteristics of ophthalmic use. This report uses data from national surveys on drug and health consumption (nsduhs) from 2015 to 2018 to estimate the rates of use of methamphetamines in the United States and characteristics associated with the use of methamphetamines last year. It is estimated that rates (for 1,000 adults aged ≥18 years) for use of methamphetamines in the past, by demographic, demographic, by State. The frequency of use and prevalence of other uses of substances and mental diseases among adults who reported use last year was evaluated. Multivariable logistic regression examined characteristics associated with last year's use. During 2015-2018, the estimated meth usage rate last year among adults was 6.6 per 1,000. Among the adults who reported the use of methamphetamine last year, it is estimated that 27.3% were reported using in ≥200 days, 52.9% presented methamphetamine use disorder and 22.3% of injected methamphetamine. Controlling for other factors, higher proportions of odds were found adjusted for last year's use among men; people aged between 26 and 34 years, 35 and 49 years and ≥50 years; and those with lower schooling, annual household income

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