



MANUAL
FOR
HOSPITALS




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A MANUAL
FOR
ATTENDANTS



IN

HOSPITALS FOR THE INSANE.

BY JOHN CURWEN, M. D.

Superintendent and Physician of the Pennsylvania State Lunatic
Hospital.

“WHATSOEVER YE WOULD THAT MEN SHOULD DO TO YOU, DO YE EVEN SO
TO THEM.”

PHILADELPHIA:

WILLIAM S. MARTIEN,

144 CHESTNUT STREET.

1851.

15716

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CONTENTS.

	PAGE		PAGE
PART I.	3	BLISTERS, DRESSING	
		OF,	47
PART II.			
MEASURES,	37	ENEMATA.	
		Anodyne,	48
BATHS.		Oil of Turpentine,	48
Warm,	39	Salt,	49
Hot,	40	Administration of,	49
Salt,	40		
Gelatinous,	40	DIETETIC PREPARA-	
Emollient,	40	TIONS.	
Shower,	41	Essence of Beef,	50
Hip,	41	Extract of Beef,	50
Foot,	41	Beef Tea,	50
FOMENTATIONS,	42	Mutton Tea,	51
		Veal Tea,	51
POULTICES.		Chicken Water,	51
Bread and Milk,	42	Calves' Foot Jelly,	51
Flaxseed,	43	Gelatin,	52
Slippery Elm,	43	Blanc Mange,	52
Indian Meal,	43	Ground Rice Milk,	52
Oat Meal,	43	Panada,	53
<i>Medicated.</i>		Toast Water,	53
Yeast,	43	Boiled Flour,	53
Charcoal,	43	Milk Arrow Root,	54
Hop,	43	Arrow Root Pudding,	54
Oak Bark,	44	Sago Mucilage,	54
Peruvian Bark,	44	Compound Salep Pow-	
Alum,	44	ders,	54
Sugar of Lead,	44	Tapioca Jelly,	55
<i>Revulsive.</i>		Tapioca Pudding,	55
Mustard,	44	Decoction of Barley,	55
Black Pepper,	45	Mucilage of Gum Ara-	
Cayenne Pepper.	45	bic,	56
Clove,	46	Decoction of Carra-	
Spice Plaster,	46	geen,	56
		Oat Meal Gruel,	56

	PAGE		PAGE
Caudle,	56	Chocolate Milk,	61
Cold Custard,	57	Coffee Milk,	61
Rice Custard,	57	Rice Blanc Mange,	62
Infusion of Flaxseed,	57	Broma,	62
Rice Water,	57	Sage Tea,	62
Rice Gruel,	58	Mucilage of Starch,	62
Mulled Wine,	58	Vegetable Soup,	63
Port Wine Jelly,	58	Suet Ptisan,	63
Wine Whey,	58		
Simple Whey,	59	GARGLES.	
Vinegar Whey,	59	Alum,	63
Alum Whey,	59	Borax,	63
Brandy Mixture,	59	Galls,	64
Egg and Wine Mixture	60	Cayenne Pepper,	64
Lemonade,	60	Oak Bark,	64
Infusion of Malt,	60	Pomegranate,	65
Egg Nog,	60	Sage,	65
Sangaree,	61		
Chocolate,	61	Salted Towel,	40

PREFACE.

SHOULD this little work fill the place for which it was designed, and aid in some measure in relieving the labors of those having charge of Hospitals for the Insane, the main design of its author will be answered. Of its imperfections none can be more aware than himself, but towards these it is hoped some indulgence will be extended; and any suggestions which may be offered for its improvement will be duly considered, should the demand be such as to justify its re-issue in a more improved form.

MANUAL, &c.

PART I.

IN making application for the situation of an attendant in a Hospital for the Insane, you have no doubt fully considered the difficulties and responsibility, together with the nature of those duties which you will be called upon to perform. Unless you have made up your mind to submit to much self-denial and many privations; unless you enter on the discharge of your duties with a full determination to perform those duties with hearty good-will and a sincere desire to benefit those who may be placed under your care; unless you feel thoroughly imbued with the disposition to assist to the utmost of your ability in one of the most benevolent undertakings to which man can be called, it will be the part of prudence, as well as sound discretion, to retrace your steps, and turn your attention to some other vocation.

It is not to be disguised—indeed it is proper that you be made thoroughly acquainted with the fact—that the situation is arduous and far

from enviable, unless you are actuated by higher motives than those of obtaining a situation where you can earn your money by fulfilling the letter of your instructions, and totally disregard their spirit. You must have higher and holier motives; you must remember that those, to whose care you intend devoting yourself, labour under the severest affliction which an all-wise Providence permits to visit his creatures; that the disease is one to which every member of the human family is, at any moment, liable; that it is a disease to be treated like all other diseases, and that by the use of the proper means, in the execution of which you are to take an important part, the great majority of those afflicted will be restored to the full enjoyment of all those faculties which have been bestowed upon them, and may again be useful and honoured members of society. Mildness and kindness must characterize every action and every expression. Patience and forbearance under the many provocations and insults which will be daily and hourly occurring; gentleness in the performance of all those duties which are required, but to which patients frequently object; the avoidance of every harsh word and expression, and as far as possible of every harsh and unpleasant look; constant control over the temper, and particu-

larly over that unruly member, the tongue, which often inflicts a severer wound than the heaviest blow; a constant desire and readiness to perform any little favours which may be asked and granted without any infringement of rules and regulations; the manifestations of an interest in their welfare, and a willingness, so far, as may be in your power to promote it, together with numerous other things which do not come under the exact nature of duties, but which a feeling heart and a kindly disposed nature will at all times suggest—all these, and more than these, will be constantly required, and as constantly expected; and that person is very indifferently qualified for the situation of an attendant on the insane who is not ready to perform them with cheerfulness, good nature, and alacrity.

The fear and dread of the insane, so universal in the community, had their origin in the violence and exasperation produced by the former modes of treatment; but as the treatment has of late years so materially changed, and the cause of that dread is removed, the apprehension itself should also give place to the kindlier feelings. Constant intercourse with the insane removes by degrees fear, dread, and suspicion; but those who wish to devote themselves to the care of

the insane, should commence their duties with the express understanding that these feelings must be banished, and kindness, sympathy, and confidence, joined with unwearied watchfulness, take their place. All preconceived opinions and prejudices must be laid aside, and never allowed to influence the conduct in the intercourse which must necessarily exist between the attendant and the patient.

Cheerfulness without levity, good humour without frivolity, constant vigilance and watchfulness without obtrusiveness, unwearied attention to their wants, and the gratification of them so far as may be consistent with the rules of the Institution and the direction of the physician; confidence in the physician and the means used by him for the restoration of the patient, to be constantly and assiduously inculcated; the respect and deference which should always mark the intercourse of man with his fellow man, to be at all times shown; promptness, self-possession, and a conciliating disposition, must invariably characterize the intercourse between the attendant and the patient.

Dissimulation and deception must be most scrupulously avoided; and truth, candour and honesty, characterize all communications with the insane. Policy and expediency, not to say

morality and religion, dictate this as the most proper course. The insane are very often exceedingly distrustful, and disposed to doubt the truth of every statement which may be made, and if once deceived will never again repose confidence in the person by whom they have been thus deceived.

Particular care must be exercised in all conversation with, and before patients, that nothing be said which may have the least tendency to wound their feelings, or to create in any way an unfavorable impression on their minds. It must be constantly borne in mind, that the closest scrutiny is at all times maintained over the conversation, the actions, the expressions, and the looks of all who may come within the reach of their observation. No exception can be made to this remark as many individuals, who were apparently in a state of entire inattention and unconsciousness to what was passing around them, have detailed on their recovery with surprising minuteness and accuracy, not only the conversation, but also the tone of voice and the manner of expression. An additional motive for this caution may be given in the tendency, so frequently manifested, to pervert the meaning and intention of what may be said to an entirely different view, so that too much caution can

never be exercised to prevent misconception and misconstruction.

The greatest prudence and discretion are requisite in listening to the statements which may be made by the insane. Not that in all cases, they knowingly and intentionally deceive, but the delusions under which they labor, lead them to make representations which are in the highest degree exaggerated. Association and acquaintance will soon enable an individual to learn how far the statements made may be relied on. The most intimate acquaintance will not however, serve to guard against a certain class, who fabricate the most plausible stories, misrepresent the most simple statement, and pervert every thing to their own particular designs, unless the greatest wariness and watchfulness be maintained.

Constant association with the insane is very apt, in many persons, to lessen that watchfulness which should at all times, and under all circumstances be observed, and the exhortation to increased vigilance is often necessary for those who have been for a long time among them. To no source are so many unpleasant circumstances, and so many serious consequences occurring in hospitals for the insane, to be traced, as to the neglect of this simple but all

comprehensive direction:—“Never relax in vigilance.”

The opposite extremes of too great confidence and too much distrust in the intercourse with insane, must be equally guarded against, as both are alike prejudicial to the influence and usefulness of an attendant.

It is the imperative duty of the attendant to make use of every opportunity, which his position and relations to the patient place within his reach, to inspire confidence in the physician and in the means made use of by him for the restoration of the patient.

No opinion as to the curability of the disorder should in any case be expressed by the attendant to the friends of the patient, or to any other individual, unless in strict accordance with the known views of the physician.

The peculiarities of patients should never be made the subject of conversation with other patients; and particularly, should the attendant most carefully avoid speaking of patients, when he or she may be absent from the Institution. This caution is more necessary from the constant desire manifested to learn the history and the peculiarities of patients; and it is expected of attendants that they will always avoid making those things a general subject of conversation

which their position necessarily compels them to witness. Many individuals evince an extreme sensitiveness on the subject of their derangement, fearing that, should it be known, they would inflict a deep disgrace on themselves and their families. But while great regard should in all cases be paid to this feeling, by carefully avoiding the mention of the patient's name, or that of his or her family in the presence of strangers, the patient should be made clearly to understand that no disgrace can in any way attach to what he or she had no power to avoid or prevent; and that insanity must be considered, like all other diseases, as likely to attack any member of the human family.

The first impressions made on a patient upon entering an institution are often very influential on their future conduct, and it is therefore very important that every effort be made by the attendant to make those impressions as agreeable as the nature of the case will admit. In the intercourse with the insane the general principles which have been laid down are of universal obligation and application; in reference to the varieties of the disorder more specific directions are required, but it must not be expected that the particular details of every case which may arise can here be given. The object aimed

at is to give such a delineation of the course to be pursued, as any one in the exercise of judgment and discretion, and with the advice and direction of the physician, to whom in all cases, reference must be had, will be able, even in the most trying circumstances, to discharge the duties of an attendant in a proper and satisfactory manner.

The course to be pursued during the day will vary more or less with the arrangements of every institution. These peculiarities will be specified in the rules of each institution.

On rising in the morning every attendant should visit each patient entrusted to his or her care, should salute them cheerfully, give them any assistance they may require, and carefully attend and see that each is properly prepared for breakfast.

At breakfast, each must be properly served, all tendency to disorder or impropriety restrained, and particular attention given that each receives what is suitable, necessary and sufficient.—Breakfast finished, the next care is to put every thing in the ward in proper order, preparatory to the visit of the physician, and when he enters the ward, the attendant must always be in readiness to give all such information relative to the patients as may be required, and all directions which may be

given, are to be carefully and promptly executed.

The same care and attention are to be shown at dinner and supper which were enjoined at breakfast, and the interval between the different meals must be employed in such occupations and amusements as may be directed as most conducive to the comfort of the patient, and every thing done which can contribute to relieve the tediousness of confinement and the monotony which is so apt to follow a routine continued day after day.

When the hour for retiring arrives, the attendant will see that the patient has every convenience which may be required, and that they are comfortably provided for before leaving them for the night, which should always be done with a kind word and in a pleasant manner.

Much assistance may be derived by attendants from the patients under their care, if properly and judiciously managed; many are glad to engage in some occupation, such as they may have been accustomed to at home, and many more would do so if gently persuaded; many have been in this way much benefited, and their restoration materially promoted by constant but light occupation. It must be remembered however, that *assistance* only is to be expected from them, they are not to perform the labor of the

attendant, as many are too apt to expect them to do; and it must also be further recollected that they are not capable of continued labour, but they must be allowed to rest whenever they feel so disposed. The fundamental error connected with labor by the insane, consists in expecting from them that continuous application to labor which would be demanded of a man in the full possession of all his powers; they are not capable of such continuous application, and the object to be attained by occupation is entirely lost by endeavoring to exact what cannot be had.

Another error too generally committed by attendants, consists in expecting and exacting from patients the performance of certain things which belong especially to themselves. This is a subject to which it is impossible here to allude more particularly; but the attendant will bear in mind that, by the express nature of his or her duties, they are expected to perform all those offices which their position requires of them, and although many of these may not be, and indeed, are not pleasant, yet they must be performed by themselves, and not entrusted to or exacted from the easy and willing disposition of a patient. No class of patients require more gentle and careful treatment, and more constant attention, than those who are laboring under

excitement. Violent, noisy, careless, reckless, and often very destructive of furniture, and clothing, they demand the exertion towards them of all the kindness and gentleness of manner, the calmness and forbearance under difficulties and provocations of which human nature is susceptible, in order effectively to control them, and to bring them to the adoption of those measures which are deemed necessary to their restoration.

All the arts of persuasion should be exerted in the pleasantest manner to induce them, when unwilling, to yield to such measures as are deemed proper; and coercive measures should never be attempted until, after long and repeated trials, it is found that persuasion will not avail. And even when coercive means become necessary, they must be carried into effect in a mild and gentle manner, that the patient may be assured by the manner, that the profession of desire for his benefit is not unmeaning. Never make use of a threat of any kind for any purpose.

When a patient becomes very noisy, troublesome, and annoying to the other patients, it is very often necessary to separate the individual temporarily from the others. This will be generally resisted, and where resistance is anticipated, the attendant should always be careful to

have such assistance as to avoid a struggle. Most individuals will yield readily when they see resistance will be ineffectual; and prudence will therefore dictate, that when it becomes necessary to carry out any measure directed by the physician to which the patient may be opposed, a sufficient number of attendants should always be present to convince the patient of the utter uselessness of any resistance. These scenes may, however, almost always be avoided by tact and management on the part of the attendant.

It sometimes becomes necessary to take hold of a patient, who is much excited, to prevent injury to himself or others. The only mode in which this should be attempted, and the only one really effectual, relieving the patient and attendant from unnecessary struggling, is to throw the arms around the patient from behind so as to hold down the arms; then taking hold of the wrists of the individual in such a manner that, the arms being crossed on the breast, the left wrist of the patient shall be in the attendant's right hand, and the right wrist in the left hand. By this means the patient is easily and securely held, and the unpleasant effects so apt to arise by attempting to secure the patient, by approaching in front, are entirely avoided.

In those cases where it becomes necessary to shut a patient in high excitement in a room, care must always be taken to remove every article of furniture, and at the same time so to secure the room that the patient may neither commit nor receive injury.

Individuals laboring under high excitement are most generally influenced in their actions and conduct by some delusion; the varieties of delusion will be as great as the number of individuals affected, and very often they will vary at different times in the same individual; but by careful observation the predominant delusion may be discovered, and the mode of counteracting or governing it will then be easily learned. It must be remembered that the patient has no power to resist the impulse which is forcing him to the performance of all kinds of actions entirely contrary to his usual character, and that in this consists the very peculiarity of the disorder. So that although the actions very often bear such a character as to lead to the impression that the patient can control them, and that they are merely performed to annoy those about them, no such feeling must ever influence the conduct towards them; but on the contrary, a mild and conciliatory manner must be adopted and steadily but firmly persevered in, and the patient be

made to understand that all annoyances of other patients, and all offences against propriety, will be instantly checked.

No promise should ever be made which it is not intended fully and unequivocally to perform.

The proper method of checking the destructive propensities of some patients, and the offences against propriety in others, can be more particularly and more easily learned directly from the physician, as the means which may be necessary will depend almost entirely on the peculiarity of the case, and will vary with each case.

Towards that class of patients suffering from great depression and distress of mind, with delusions of the most painful and agonizing character, and whose bodily health is much disordered, the instinctive impulse is to act with mildness, sympathy, and considerate attention: and such should invariably be the uniform conduct towards them in all their wayward fancies, in their ingenious perversions of every act of attention, and in their continued adherence to the most singular and unfounded delusions. They act in all these cases under the firmest and most confident belief of the entire truth of what they assert, and no argument will be of any avail to convince them of the falsity of their ideas. A peculiarity of this class of patients is

the obstinate and persevering resistance which they make to all attempts to relieve them, and nowhere will the attendant feel the need of calmness, control of temper, and firmness directed by kindness, in a greater degree than in the necessary attention to this class; and this will be required not for one day, but often for many weeks or months without intermission. The feeling, "You can do better if you would," so often expressed in relation to this class particularly, is founded, as before stated, on a wrong impression of their condition, and must not be entertained even for a moment, as the opinion most prevalent among them is, that every thing done for them is part of a plan to injure them, or to add to their misery.

Attendants should always carefully avoid reasoning or arguing with patients on their delusions. Many patients are exceedingly fond of argument, and will use every means to draw the attendant into it; but care must be taken not to engage in any discussion which may have reference to the patient's own delusions, or those of any other patient; and in particular must all political and religious discussion be avoided.

It becomes then a necessary and very essential part of their treatment to remove every thing which can tend to increase or keep up their

wrong impressions, to surround them with every cheerful association, to endeavour to engage them in all the varieties of amusements and occupation, to draw their minds off from themselves in every possible manner, and to inspire them with hope, with confidence, and with faith in the means used for their restoration.

A class of patients, in many respects the very reverse of those just noticed, lively, active, filled with ideas of their own importance, happy in the contemplation of schemes for their own benefit and that of the race; cheerful, and most generally well disposed except when their favourite plans are opposed; fond of display and always anxious to proclaim their great attainments and abilities, requires the utmost care and consideration so to treat them as to maintain their confidence, and at the same time moderate and restrain, as far as possible, the extravagance of their ideas; and the duty of the attendant is to obtain as complete a knowledge of the opinions and dispositions of the patient as circumstances will admit; to gain the confidence and good will of the patient, and then to act agreeably to the principles already stated, subject in all cases to the more specific directions of the physician.

As a general rule, the majority of the inmates of every Hospital consists of those who have

been deranged for a number of years. Extreme carelessness in their habits, manners, and in regard to their clothing will be found in many of those who have been for a long time deranged, on account of the neglect and inattention of those who have had charge of them; and also in a class of recent cases in whom the mental powers seem to be entirely obliterated, and who have no control over themselves in any way. They require to be fed and attended to in all things as infants. The habits of this latter class will improve as the disorder under which they suffer is relieved; but in relation to those who have been long deranged, and who have been suffered to fall into habits of negligence and carelessness, constant care and attention steadily persevered in, will effect a change and break them of their unpleasant and careless habits. It is therefore incumbent on the attendant to be particularly careful and attentive to those who may be disposed to careless habits, and not to allow a little trouble to lead to the neglect of the first appearances of carelessness on the part of the patient; as it will be much easier to check such things at first than to attempt and effect their removal after the habit has been formed.

No class of patients causes greater anxiety to the physician, or requires more constant vigi-

lance on the part of the attendant, than those who have a disposition to commit suicide. Where an individual is known or suspected to have a determination to commit suicide, the utmost vigilance must be exerted to prevent the consummation of that desire; the disposition is sometimes particularly strong, and the patient makes no secret of the intention, while in others no expression makes known the deep design, and often the first evidence of its existence is the attempt to put into execution the long meditated plan. All classes of deranged persons are more or less subject to it, but it is most frequently found among the melancholy; and some will be found in whom no other symptom of disorder of mind is visible than the incessant inclination to destroy their own lives, the motive which influences them remaining a profound secret, not disclosed to any. An individual strongly determined to commit suicide, will resort to every means to effect the desired object which a perverted ingenuity can devise; and too often the attendant is deceived by professions, and led to believe the individual has relinquished the determination, while at that moment the plan is just ready to be put in execution. Even a moment's neglect may, in these cases, be attended with fatal consequences; and when it

is known or suspected that a patient has the disposition, every thing which can in any way aid in its execution must be most carefully removed, and the eye of the attendant not diverted even for one moment.

Should it be necessary for the attendant to leave the patient for any purpose, another must take the place, but no interval of time must be allowed to intervene between the change, as that will in all probability be the moment which will be made use of for the execution of the fatal purpose. Twilight, both morning and evening, just before or after meals, shortly after going to bed, or just before or after rising in the morning, or any other time when the patient may suppose the mind or attention of the attendant to be otherwise directed, will be the time most likely to be seized upon by the patient. Never be thrown off your guard by any professions of the patient, however earnest they may be; the more earnest, the greater need of suspicion. Many of this class are particularly fond of retirement and keeping out of view, and against this the attendant must carefully guard. It is very desirable and necessary, frequently to keep a close watch over a patient, and at the same time not excite any suspicions; this will require tact and management, and will often tax the

ingenuity of the attendant to the uttermost. The greatest caution and prudence must constantly be exercised, and every opportunity embraced to engage the patient in some amusement or occupation in order to divert the thoughts and give them a different direction.

In some patients a more dangerous disposition exists of seizing the first thing which falls in their way when the impulse seizes them, and making a violent attack on the nearest person. Where such a disposition is known to exist, every thing which a patient could use must be removed with the most scrupulous care, and every thing done to prevent annoyance and irritation to the patient. This class of persons is in general so quiet and inoffensive that the attendant is very apt to neglect the caution of the physician, thinking that so quiet a patient cannot commit such acts as may be ascribed to him. But where the caution is given, no conduct on the part of the patient must for a moment throw the attendant off the guard, as the impulse is very sudden, and entirely irresistible on the part of the patient, and will be bitterly lamented as soon as the paroxysm has passed.

Many patients are subject to periodical attacks of excitement, and the attendant must carefully

watch for any symptom which indicates the approach of the paroxysm, and give the earliest notice to the physician, in order that he may direct such measures as will divert the attack or diminish its violence.

In every Institution a certain number of patients will always be found who are extremely discontented, complaining constantly of the impropriety and injustice of their detention, and resorting to every expedient to effect their escape. Every thing connected with the interior arrangements which can give them any cause of complaint, must be particularly guarded against, and every thing done to promote their comfort and convenience; and their plans and attempts to escape must be baffled by the vigilance and ingenuity of the attendant.

In the present method of treatment of disorders of the mind, amusements and occupation of different kinds constitute a leading feature; and in nothing will the attendant show his ingenuity, management and fitness for his position more, than in the course which he pursues in engaging the different patients entrusted to his charge in such occupation or amusements as may be best calculated to excite the dormant energies of some, and moderate the restless energy and activity of others. The execution of

the general directions of the physician in all matters of this kind must, from the necessity of the case, be entrusted in a greater or less degree to the attendant ; and on the fidelity with which all directions are executed, and on the interest manifested in the welfare and restoration of those under his care will depend, in a great measure, the success of the treatment.

Whenever any patient manifests the least desire to engage in any occupation, or to take part in any amusement, every encouragement and assistance should be granted ; and very often where no such inclination exists, persuasion and exhortation may be the means of arousing it.

Many patients who were considered incurable have been again rendered useful members of society, by encouraging in them the early inclination to engage in some occupation ; and the attendant must always keep in mind the principle, never to neglect the first appearances of either a good or bad inclination ; if good, every encouragement should be offered to continue ; if bad, the sooner it is checked, the better.

Failure in the attempt to engage a patient in any particular occupation or amusement should never discourage, but something else should be proposed at another time, and perseverance, directed by judgment and discretion in relation

to the character and time, will eventually be crowned with the desired success. Patients who are very fond of any particular amusement, will often induce others to join them, and this disposition should be encouraged and cherished, as in this way, many may be persuaded to engage themselves, with whom the attendant has entirely failed in various attempts.

Where a patient shows a restless or irritable disposition, fretful and discontented, very great service will be rendered by inducing the individual to engage in some amusement or occupation, or better in some out-door exercise, if circumstances will allow.

The taste, the fancy or the inclination of the patient must, of course, in all cases, be consulted in the intended amusement or occupation; and an attendant should exercise particular care in not urging on a patient any amusement or occupation to which the patient may express any aversion, as it will have a tendency to excite a dislike to all kinds of amusement and occupation.

An attendant will always *approve* himself to the physician by his efforts in devising new and additional means of amusement for those under his charge, and his great object should be to furnish the greatest possible variety; never to rest satisfied with those which he may find

ready prepared to his hand, but to strive constantly after something new, something which shall engage the attention at the same time that it diverts the mind.

Many patients are very much opposed to the administration of medicine, and resist it with persevering determination. Their resistance may frequently be overcome by persuasion and firmness, and the attendant must always exercise the greatest gentleness and forbearance with this class of patients. Very often they think the medicine poison and many consider themselves so well as not to require it. Both classes must be made to understand their error, although they may not be convinced that it is an error. When a patient, after much objection, consents to take the medicine, the attendant must be careful to see that the medicine really is taken, as many patients consider themselves perfectly justified in deceiving the attendant in such cases, and will often hold the medicine a long time in the mouth, or in some other manner contrive to elude the vigilance of the attendant unless he is particularly on the guard.

Where the resort to coercive measures becomes absolutely necessary, the greatest mildness and gentleness must be shown, and these mea-

sure should never be attempted unless by express direction of the physician.

Unpleasant sensations after eating, giving rise on the part of the patient to suspicions of having had poison given to him, are often caused by disorder of the stomach, and of this the attendant should be mindful that he may be able to allay the suspicions which may have been aroused. Whenever patients are confined to their rooms for any cause, the attendant himself should always be careful to carry their meals to them and never trust to any of the patients to do it.

Many patients also manifest a decided disinclination for food, and often absolutely and for a considerable time refuse it. In such cases every effort should be made to coax the patient to eat, by placing tempting articles of food in his view, and taking care that those articles be such as the patient may relish, or may at any time have expressed a fondness for.

The error, frequently committed by attendants in such cases, is to place a large quantity before the patient; but the proper way is to place a little nicely prepared, and served up, and if that is relished, a little more may be added so as to encourage the appetite, rather than excite a loathing by a large amount.

Many patients will not eat if watched, or

others are looking at them ; in such cases it is well to place the food where they can obtain it and eat it without being observed by others. Where patients obstinately refuse all food, the proper course to be pursued will be indicated by the physician.

At the present time, very little restraint of a physical kind is used in any institution in this country, and in many it is entirely dispensed with.

Some physicians consider certain kinds of restraint occasionally beneficial, but it must always be distinctly understood that the restraint is for the relief and benefit of the patient and not of the attendant ; and that if, at any time, the physician should consider it necessary to use restraint with any patient, the care of the attendant is increased and not diminished, and no attendant should ever, under any circumstances, threaten the patient with restraint.

In the case of patients who, from excitement or other cause, may be obliged to remain in their rooms during part of the day, the attendant should always be attentive to the thorough ventilation and cleanliness of the room before night, as the comfort of the patient will be thus very much promoted, and the excitement, which is often increased by the closeness of the room, in some measure allayed.

Whenever it becomes necessary from any cause to place a patient temporarily in his room, the fact should be immediately reported to the physician, in order that he may be able to judge of the propriety of the continuance of the confinement.

The duties of the night watch are among the most responsible in an institution for the insane, and on the fidelity with which they are discharged, life or death may, in many instances, depend. Intrusted with the entire charge of the house, and with the care and supervision of the inmates, while all others are asleep, it is expected that every attention will be paid to the care, the comfort, and the security of the patients; their wants supplied so far as may be practicable; every effort made to calm the irritated and excited; the utmost vigilance be directed to the suicidal, the restless, and the discontented; the most careful devotion to the sick, and every proper assurance of safety and security to the timid and anxious.

The night watch should always be particularly careful to pass through the house in the most quiet manner, shutting all doors in the most gentle and noiseless way; never talking in such a tone as to be heard by those around; in no case to remain in the room of any attendant

longer than is absolutely necessary to obtain information relative to any particular patient, and never to be absent from the wards while on duty.

Should a patient be restless, with a disposition to noise, the cause of the restlessness should be sought, and if possible removed. This may often be done by opening the window and airing the room, by making up the bed anew, by giving a glass of fresh water to drink, by giving the patient a basin of water in which to wash the face and hands, by allowing the patient to bathe the head in cold water to relieve the heat from which he may suffer, or by various little offices of a like nature, which will be constantly presenting themselves. No complaint made by a patient should be disregarded, but carefully inquired into, and as far as possible relieved or removed.

Should a patient be taken sick in the night, immediate notice should be given to the physician, that he may direct such measures as the case may require, and when any patient is under medical treatment, the night watch should be particularly careful that all the directions of the physician are strictly and punctually executed. When a patient becomes noisy, violent, or disposed to mischief, the night watch should in all cases call up one or more atten-

dants, as the case may demand, to his assistance, and in no case attempt to enter the room of a patient, in such circumstances, alone; but he should always carefully avoid calling up attendants for trifling causes.

Every part of the Institution should be regularly visited; every precaution taken to guard against fire, and every thing in his power done to insure the security and protection of the inmates.

In summer he should be careful that all parts of the house be freely opened and ventilated, and in winter that no part be allowed to become cold and uncomfortable.

The majority of those afflicted with insanity labour under some disorder of the general health, which may usually be regarded as the cause of the mental derangement. In these cases, however, the treatment required is such as to demand no more from the attendant than the steady and strict adherence to the directions of the physicians; but instances are constantly occurring in every hospital where a patient is admitted with serious disease, or where some of the inmates are attacked with some disorder, which requires careful and particular attendance and treatment.

Every attendant should carefully watch all the

patients under his charge, in order that he may detect any symptom of sickness, as the majority rarely make mention of their pains or of any disorder from which they may suffer; and this is more particularly the case with those who have been deranged for a length of time. By attention, the earliest symptoms may be detected and much subsequent care and labour saved, and the patient often guarded against a severe attack of disease. But should the patient be attacked with severe illness, more than ordinary attention must be paid, not only to the directions of the physician, but also to the condition of the patient. Any thing unusual in the appearance of the patient, any change in the symptoms or condition of the disease, or in the nature of any of the discharges, the effect of the medicine or the diet, the amount of sleep, its nature, whether quiet or disturbed, whether the patient appears refreshed by it or not, in fine, every thing relating to the patient or the disease must be carefully and particularly reported to the physician.

The room should always be kept as clean as possible, and every thing in the most exact order; the air should always be kept pure, and every thing likely to infect it must be instantly removed.

The attendant should make as little noise as

possible, doing every thing in the most quiet manner, never talking in a loud tone, treating the patient in the gentlest and most soothing manner, never conversing before the patient of his disease, permitting none to enter the room except those who may be needed to assist; and while engaged about the patient, he should always wear slippers.

Medicine should never be left within reach of the patient, but should always be carefully locked up, and as few things kept in the room as possible, never allowing the table to be cumbered with a variety of things which are too apt to be allowed to accumulate, and whatever may displease the patient, or have a tendency to irritate, must as far as possible be kept out of sight.

In the diet of the patient care must always be taken to accommodate, as far as possible, within the prescribed directions of the physician, the tastes and peculiarities of each individual, and those things provided for which a preference may be expressed.

Never present to a patient, who has little disposition to eat, a large quantity at a time, as he will in such a case conceive a loathing, when he might be induced to eat if only a small quantity were offered. Particular attention should be paid to this point, as it is very important; and

many individuals, otherwise judicious, are often in this matter very injudicious and thoughtless. Where the appetite is returning, or where it may not be much affected, but restriction is necessary, care must also be taken that the patient does not eat too much at a time, and a little and often must be the practice. The patient should not be confined to any one article, unless specially directed, but a change should be frequently made to other articles of a like nature; and this is often absolutely necessary in the capricious appetites of the sick.

In the administration of medicine, all the tact and ingenuity and persuasive powers of the attendant will often be brought into requisition, as many patients are much opposed to medicine, and will do all they can to avoid taking it; but as it is absolutely necessary for their restoration, every effort must be made to induce them to take it. It must be presented in the least unpleasant form, and the taste may often be covered by substances agreeable to the patient, and not forbidden by the nature of the disease. Mixing the medicine with articles of diet should be avoided, as, if discovered, the patient will be very likely to reject both medicine and food.

The clothing of the patient, and the bed-

clothes, should be changed as often as may be necessary to keep them pure and cleanly; and equal attention must be paid to the cleanliness of the patient himself.

PART II.



MEASURES.

IN all cases where accurate measure is required, the materials to be used in any of the preparations directed will be weighed out in the shop; but where accuracy is not particularly necessary, the following may be used as sufficiently correct for fluids:

A teacup is estimated to contain four ounces.

A wineglass, “ “ two ounces.

A tablespoon, “ “ half an ounce.

A teaspoon, “ “ one drachm.

BATHS.

Baths should be administered only under the direction of the physician, and the temperature should in all cases be determined by him.

The division of baths, practically adopted, is into cold, warm, and hot; and the temperature may be stated to be, of the

Cold Bath, between 60° and 75° F.

Warm Bath, “ 85° and 98° F.

Hot Bath, “ 98° and 108° F.

the temperature in all cases to be ascertained by the thermometer, and to be maintained at the same degree during the whole time the patient is in the bath.

The length of time during which a patient may be allowed to remain in a cold bath should in no case exceed *five minutes*, but if an unpleasant degree of chilliness should be experienced, or a bluish tint be perceptible over the body, the patient must be instantly removed, wiped thoroughly dry, placed in bed, warmly covered, and warm applications be made so as to restore the natural heat of the body as quickly as possible.

Warm Bath.

The warm bath being ordinarily used for the purposes of cleanliness, the length of time during which a person may continue in it, will vary from ten to fifteen minutes; but when it is prescribed for medical purposes the physician will, in all cases, direct the length of its continuance.

Where the warm bath is used simply for cleanliness, the temperature need not exceed 92° ; but where it is directed for medical purposes, it should be understood that the temperature indicated is 98° , and that that degree must be steadily maintained during the whole time of the bath. It is important that this direction be carefully attended to, as injury, instead of benefit, will otherwise result.

The patient must never take a bath immediately after a full meal.

Cold to the head, being generally directed, may most conveniently and properly be applied by means of a large roller towel several times doubled and laid on the head; this is easily kept cold by pouring cold water on it from a cup held by the attendant. Where, on account of the restlessness of the patient this cannot be properly done, the water may be poured directly on the head in a steady stream. The towels,

to be used when the patient leaves the bath, should be warm and thoroughly dry.

The patient should be kept as quiet as possible for at least an hour after the bath, in order more fully to insure the beneficial operation. The length of time for the bath is generally *half an hour*; but should the patient manifest any symptoms of faintness, nausea, or sickness of stomach, he must be immediately removed from the bath, wiped thoroughly dry, and put to bed. Care must be taken to prevent exposure to draughts of cold air in all cases.

The directions above given will apply equally to the *Hot bath*, which is not, however, much used.

Salt baths may be made by adding one pound of common salt to five gallons of water; this will resemble very nearly sea water.

The *Salted Towel* is prepared by saturating the towel with a strong solution of salt and water, drying the towel, and then using it as directed.

To prepare a *Gelatinous* bath, one pound of gelatin or isingglass should be boiled in ten pints of water, and the compound be added to an ordinary bath.

An *Emollient* bath may be prepared by tying

loosely in a cloth four pounds of bark of slippery elm and half a pound of flaxseed, boiling them in two gallons of water, and after squeezing the bag, add the decoction to the water of the bath.

Special directions for the use of the *Shower Bath* will in all cases be particularly given by the physician when it is prescribed.

Hip Baths should be of the same temperature as the warm bath, and continue for the same length of time, unless where special directions are given to the contrary.

The temperature required for the *Foot Bath* being generally higher than is comfortable to the feet when first immersed, the water should be of a moderate temperature, and gradually increased by successive additions of hot water until the required temperature is obtained, and maintained the whole time of the bath. Mustard is most generally added to increase the efficacy. The proper method of obtaining the strength of the mustard is to mix the quantity required for a foot bath, a heaping table-spoonful, with sufficient cold water to form a thick paste, let it stand ten minutes, then put it in the foot bath tub, and add the hot water. Without this precaution, no good effect can be expected from the mustard. In the majority of persons, the feet when taken from a foot bath thus prepared, will

be of a deep red colour; but there are many in whom no such effect will be perceived. The time of the continuance of a foot bath should be from twenty to thirty minutes.

FOMENTATIONS.

Fomentations are warm applications to any particular part, the intention being to convey heat combined with moisture. Coarse flannel cloths, wrung out of boiling water, form the best fomentations. If they be shaken up, and laid lightly over the part, they involve a considerable quantity of air, which retains the heat in them for a considerable time. In every process of fomenting there should be two flannels, and the one flannel should be prepared while the other is applied.

Warm dry applications may be made by bottles containing hot water, heated bricks, salt heated and enclosed in flannel, stone-cutters' sand used in the same manner, and a variety of other similar means.

POULTICES.

Poultices should never be heavy, nor very bulky, but they should be frequently repeated. The most common form of poultice is made of bread boiled in either water or milk, with which

a little fresh lard should be mixed before the poultice is applied.

The *Flaxseed* poultice is made by adding to a pint of boiling water sufficient flaxseed meal to make the poultice. They should be made soft, and only a small quantity of meal will be required.

The *Slippery-Elm Bark* poultice is made by adding together ground slippery-elm bark and hot water in quantities proportioned to the size required. Poultices of Indian-meal and Oat-meal may be made in the same way.

Medicated Poultices.

The *Yeast* poultice is made by taking a pound of wheat flour and half a pint of yeast, mixing, and exposing the mixture to a gentle heat until it begins to rise.

Charcoal poultice is prepared by taking a sufficient quantity of wood charcoal red hot from the fire, and having extinguished it by sprinkling dry sand over it, reducing it to a very fine powder, and incorporating it with the flaxseed poultice in a tepid state.

Hop Poultice.

Take of Hops, one pound,
 Flaxseed meal, two ounces,
 Beer, sufficient to make the poultice of
 the proper consistence.

Oak Bark Poullice.

Take of Powdered Oak-Bark,
 Catechu,
 Barley meal, each, one ounce.
 Water, sufficient.

Boil to the proper consistence.

Peruvian Bark Poullice.

Take of Flaxseed meal poullice, one pound,
 Powdered Peruvian Bark, four ounces.

Mix well together.

Alum poullice may be made by rubbing the whites of eggs briskly in a saucer with a lump of alum till the liquid coagulates.

Sugar of Lead Poullice.

Take of Crumb of Bread, one pound,
 Milk, four pounds.

Boil together, and add
 Solution of Subacetate of Lead, one fluid ounce.

Revulsive Poullices.

Mustard Poullices, or Sinapisms, are made by mixing the flour of mustard with warm water into the consistence of a paste. The water should be tepid, or merely warm, as boiling water destroys the active properties of the mus-

tard. Vinegar never increases the energy of the preparation. The poultice should be thinly spread on a rag, and covered with gauze or tissue paper, so as to prevent adhesion to the skin. When thus prepared it should never be allowed to remain on after the skin has been reddened, or the burning sensation experienced, or the patient complains much of the pain. In cases where the patient is insensible, it must be carefully watched, or unpleasant consequences will ensue, as it will give rise to a very severe blister. In cases where it is desired to obtain the action of the mustard, but not so speedily, wheat flour or flaxseed meal may be added in the proportion of one-third or one-half, according to the indications to be answered.

Black Pepper Poultice.

Take of Flour of Mustard, half a pound,
 Black Pepper,
 Ginger, each, one drachm,
 Syrup, sufficient to make a soft paste.

Cayenne Pepper Poultice.

Take of Powdered Cayenne Pepper, one ounce,
 Ground Mustard,
 Common Soap, each, three ounces,
 Alcohol, sufficient to make a soft paste.

Clove Poultice.

Take of Rye Flour, six or eight spoonfuls,
 Red Wine, sufficient to make a poultice,
 add Powdered Cloves,
 Rasped Nutmeg, each, a teaspoonful.
 Mix well.

The mustard poultice is that most generally used, but the others may be substituted where any objection exists to the mustard. Individual peculiarities in this, as in many other things, must be respected.

Spice Plaster.

Take of Powdered Cloves,
 Cinnamon,
 Red Pepper, each, half an oz.
 Mix, and add Flour,
 Brandy, each, sufficient to
 make the plaster.

Take of Powdered Ginger, two ounces,
 Cloves,
 Cinnamon, each, one ounce,
 Red Pepper, two drachms,
 Tincture of Ginger, half an ounce,
 Honey, sufficient.

Mix the powders; add the tincture, and sufficient honey to make of proper consistence for a stiff poultice.

DRESSING OF BLISTERS.

Before applying a blister, the part on which it is to be placed should be well washed with soap and warm water, and thoroughly dried, the hair shaved off, and the skin irritated by being rubbed with a coarse towel, or, if this is not sufficient, with warm vinegar, &c. The blister should be in perfect contact with the skin, but should not, as is too often the case, be subjected to much pressure, for this retards vesication, and is a source of uneasiness to the patient. If, on examination, the skin beneath the blister be found reddened, the rising of the blister may be hastened by the application of a warm bread and milk, or flaxseed poultice, which effectually answers the object, and at the same time relieves the patient from the distressing pain and burning caused by the continuance of the blister.

The dressing of a blister requires some skill, and much pain and inconvenience will be saved to the patient by careful attention and tender handling. Every thing necessary for the operation, as the plaster spread, &c. should be ready before commencing. Each of the vesicles is to be carefully nipped, with the points of a pair of sharp scissors, at their most depending part, and the serum evacuated. If the blister have pro-

perly risen, the whole surface will be detached from the skin beneath in one or at most two or three large vesicles, and the loose cuticle must be removed. The particular dressing will be ordered by the physician. The plaster for the dressing should not be larger than the blistered surface.

Issues and setons should be washed twice daily with warm water, and carefully dressed in accordance with the direction of the physician.

ENEMATA, OR INJECTIONS.

Anodyne Injection.

Take of Laudanum, a drachm,
 Infusion of Flaxseed, 2 to 4 fl. ounces.
Mix.

Take of Decoction of Starch, four fl. ounces,
 Laudanum, a drachm.
Mix.

Oil of Turpentine Injection.

Take of Oil of Turpentine, 1 fl. ounce and a half,
 Yolk of one egg,
 Tepid Infusion of Flaxseed, one pint.
Mix them well.

Take of Oil of Turpentine,
 Castor Oil, each, one fl. ounce,
 Tepid water, one pint.
Mix them well.

Salt Injection.

Take of Common Salt, a tablespoonful,
 Sweet Oil,
 Molasses, each two tablespoonfuls,
 Warm water, a pint.

This is the form of laxative enema most generally in use in this country.

Great care should always be observed in the administration of enemata, lest any injury should result from the use of the instrument. The fore finger, well oiled, should always be first introduced, and the pipe of the instrument passed on it until fully introduced, when the finger may be withdrawn. The injection must be thrown up slowly and regularly, and the patient requested not to resist; should resistance be made by the bearing down of the patient, it is better to stop until the bearing down ceases, and then carefully continue. After the administration, the patient should be requested to retain it a short time in order to its more efficient operation. This is more particularly necessary in the case of anodyne injections, whose efficacy depends entirely on their continued retention.

DIETETIC PREPARATIONS.

Essence of Beef.

Take of lean beef, sliced, a sufficient quantity to fill the body of a porter bottle, cork loosely, and put it in a pot of cold water, attaching the neck, by means of a string, to the handle of the pot. Boil for an hour and a half to two hours, then pour off the liquid and skim it.

Extract of Beef.

Take one pound of lean beef, free of fat, chop it fine, mix it with its own weight of cold water, slowly heated to boiling, and strain the liquid, after boiling briskly for a minute or two, through a towel.—*Liebig.*

Beef Tea.

Take of lean beef, cut into shreds, one pound ; water, one quart. Boil for twenty minutes, removing any scum that rises. When it has become cold, strain.

It may also be made after the following recipe :

Take half a pound of good rump steak, cut it into thin slices, and spread these in a hollow dish ; sprinkle a little salt over them, and pour upon the whole a pint of boiling water. Cover the dish, and place it near the fire for half an

hour; then remove to a pan, and boil for fifteen minutes; strain through a fine sieve.

The quantity of water is too small for the strength of the tea for invalids, but is sufficient to extract all the soluble parts of the beef, and the tea can be reduced to the proper strength by the addition of boiling water.

Mutton Tea and *Veal Tea* may be made by taking a pound of each and a pint and a half of boiling water, in the manner directed for beef tea, and boiling half an hour.

Chicken Water.

Take half a chicken, divested of all fat, and break the bones; add to this half a gallon of water, boil for half an hour, strain and season with salt.

Calves' Foot Jelly.

Take two calves' feet, and add to them one gallon of water, and boil down to one quart; strain, and when cold, remove all fat; then add the white of six eggs, well beaten; half a pound of loaf sugar, and the juice of four lemons, and mix well. Boil for a few minutes, constantly stirring; then strain through a flannel bag. Wine may be added to the above in such quantity as the physician may think proper.

Where the calves' feet cannot be obtained, the following may be substituted:

Soak three ounces of gelatin in cold water for two hours; then drain and add two quarts of water, put into it the white of three eggs, the juice of three good sized lemons, the peel of one, and spice to suit the taste; stir all the ingredients well, and boil for five minutes; then pour it through a jelly-bag into glasses. The jelly-bag is made of flannel eight or ten inches across the opening, and about half a yard deep, narrowing to a point at the bottom. The liquid that runs through first, should be poured back into the jelly-bag until it runs through clear.

Blanc Mange

May be made by adding two ounces of gelatin to two quarts of milk or cream, the peel of two lemons, sugar and spice to suit the taste; boil the whole, strain it, and when nearly cold, stir it well to mix the cream that will rise while cooling.

Ground Rice Milk.

Mix in a bowl two tablespoonfuls of ground rice with sufficient milk to make a thin batter. Then stir it gradually into a pint of milk, and boil it with sugar, lemon peel, or nutmeg.

Panada.

Stale wheat bread, one ounce; cinnamon, one drachm; water, one pint; cover up and let stand for an hour; beat up and boil for ten minutes, adding a little grated nutmeg and sugar. Wine may be added, if required.

Toast Water.

Toast thoroughly a slice of stale bread, put it in a jug and pour over it a quart of water, which has been boiled and cooled, and in two hours decant; a small piece of orange or lemon peel put into the jug with the bread improves the flavour greatly.

Boiled Flour.

Take of fine flour a pound, tie it up in a linen cloth as tight as possible, and after frequently dipping it into cold water, dredge the outside with flour till a crust is formed round it, which will prevent the water soaking into it whilst boiling. Boil for a long time and permit to cool, when it will become a hard, dry mass. This is to be grated, boiling water to be poured over it, constantly stirring; then boil for five minutes, sweeten with white sugar, and flavour with lemon juice or a little wine.

Milk Arrowroot.

Take of Arrowroot, a tablespoonful,
 Sweet Milk,
 Boiling water, each, half a pint.

Rub the arrowroot with a little cold water till well mixed, then pour over it the milk and boiling water, constantly stirring; boil for five minutes, sweeten with white sugar, and flavour.

Arrowroot Pudding.

Rub a tablespoonful of arrowroot with a little cold water, and add to it, stirring constantly, a pint of boiling milk; with this mix one egg and three teaspoonfuls of sugar, previously beaten together. This may be boiled or baked.

Sago Mucilage.

Take of Sago, one ounce,
 Water, one pint.

Macerate by a gentle heat for two hours, then boil for fifteen minutes, stirring continually till all the grains are perfectly dissolved; add sugar, or flavouring, according to circumstances.

Compound Salep Powders.

Powdered salep, tragacanth, and sago, each, four ounces; cochineal, half a drachm; prepared oyster shells, one ounce. These are to be care-

fully mixed and divided into powders of one drachm each. Stir one of these into a pint of milk, and boil for ten or fifteen minutes. These are generally called Castanello's Powders.

The following may be used as a substitute:

Powdered gum-arabic, tragacanth, arrowroot, sago, and tapioca, each two drachms. Mix them well together, boil in a pint of milk flavoured with nutmeg, &c.

Tapioca Jelly.

Take of Tapioca, two tablespoonfuls,

Water, or (Milk,) one pint.

Boil gently for an hour, or till it becomes gelatinous; flavour with sugar, wine, &c.

Tapioca Pudding.

Take of Yolk of two eggs,

Sugar, half an ounce.

Beat together, and stir the mixture with one pint of tapioca jelly. Bake in a slow oven.

Decoction of Barley.

Take of Pearl Barley, two ounces,

Water, four pints and a half.

Wash the barley in cold water, drain, pour on it half a pint of the water, boil for a short time, drain off this water, add the remainder in a boiling state, and boil down to one-half, and strain.

Mucilage of Gum Arabic.

Take of Powdered Gum Arabic, four ounces,
 Boiling water, half a pint.

Add the water gradually to the gum, and rub together till the mucilage is formed.

Decoction of Carrageen.

Boil a pint and a half of water with half an ounce of the moss down to a pint. Sugar and lemon juice may usually be added to improve the flavour. Milk may be substituted for water when a more nutritious preparation is required. It is recommended to steep the moss for a few minutes in cold water before submitting it to decoction.

Oat Meal Gruel

May be prepared by boiling an ounce of the meal with three pints of water to a quart, straining the decoction, allowing it to stand till it cools, and then pouring off the clear liquor from the sediment. Sugar and lemon juice may be added to improve its flavour; raisins may also be boiled with the meal for the same purpose.

Candle.

Into a pint of thin gruel, put, while it is boiling hot, the yolk of an egg beaten with sugar,

and mixed with a tablespoonful of cold water, a glass of wine, and some nutmeg; mix them well together.

Cold Custard.

Take the yolk and white of an egg, and a tablespoonful of sugar; beat together till the tenacity of the white of the egg is entirely destroyed; add gradually, constantly stirring, half a pint of cold water, two teaspoonfuls of rose water, and a little grated nutmeg.

Rice Custard.

Boil half a cupful of the best ground rice in a pint of milk, until dissolved; then mix it with a quart of cream; flavour with nutmeg, mace, and a little brandy.

Infusion of Flaxseed.

Take of Flaxseed, half an ounce,
 Liquorice, bruised, two drachms,
 Boiling water, one pint.

Macerate for four hours in a covered vessel, and strain.

Rice Water.

Take of Rice, (well washed,) two ounces,
 Water, two quarts.

Boil for an hour and a half, then add sugar and flavouring as may be required.

Rice Gruel.

Take of Ground Rice, one ounce,
 Cinnamon, one drachm,
 Water, one quart.

Boil for forty minutes, adding the aromatic near the close; strain and sweeten.

Mulled Wine.

Take a quarter of an ounce of bruised cinnamon, half a nutmeg grated, and ten bruised cloves; infuse them in half a pint of boiling water for an hour, strain, and add half an ounce of white sugar; pour the whole into a pint of hot port or sherry wine.

Port Wine Jelly.

Melt in a little warm water an ounce of ising-glass; stir it into a pint of port wine, adding two ounces of sugar candy, an ounce of gum arabic, and half a nutmeg grated. Mix all well, and boil it in ten minutes, or till every thing is thoroughly dissolved; then strain it through muslin, and set it away to cool.

Wine Whey.

Take of Boiling Milk, half a pint,
 White Wine, one to two fl. ounces,
 Sugar, sufficient.

Boil for ten minutes, constantly stirring, then strain.

Simple Whey.

Wash a small bit of rennet about two inches square, in cold water, to get off the salt. Put it into a teacup and pour on it sufficient lukewarm water to cover it. Let it stand all night, and in the morning stir the rennet water into three pints of warm milk. Cover it, and set it near the fire till a firm curd is formed. Pour off the whey, and use it.

Vinegar Whey.

Take of Milk, one pint,
 Vinegar, half a fluid ounce.
 Boil a few minutes, and separate the curd.

Alum Whey.

Take of Clear Whey, one pint,
 Alum, two drachms.
 Dissolve.

Brandy Mixture.

Take of Brandy,
 Cinnamon Water, each, four fl. ounces,
 Yolks of two eggs,
 Sugar refined, half an ounce,
 Oil of Cinnamon, two drops.
 Mix them.

Egg and Wine Mixture.

Take of Yolk of two eggs,
 Oil of Cinnamon, twenty drops,
 Mix, and add
 Madeira Wine,
 Cinnamon Water, each three fl. ounces,
 Water, two fl. ounces.
 Sugar, two drachms.

Mix them.

Lemonade.

Take of Lemon-juice, four ounces,
 Fresh Lemon-peel, half an ounce,
 Sugar, four ounces,
 Boiling water, three pints.

Mix, and let it cool.

Infusion of Malt.

Take of Ground Malt, one pint,
 Scalding Water, three pints.

Infuse for two hours, strain, and add sugar or lemon-juice, if required.

Egg Nogg.

Beat separately the yolks and white of six eggs. Stir the yolks into a quart of rich milk, or thin cream, and add half a pound of sugar. Then mix in half a pint of brandy. Flavour it with a grated nutmeg. Lastly, stir in gently the

beaten white of an egg. It should be mixed in a china bowl.

Sangaree.

Mix in a pitcher, or in tumblers, one-third of wine, ale, or porter, with two-thirds of water, either warm or cold. Stir in sufficient loaf sugar to sweeten it, and grate some nutmeg into it.

Chocolate.

Put milk and water on to boil; then scrape the chocolate fine, one or two squares to a pint, as will best suit the stomach; when the milk and water boils, take it off the fire, throw the chocolate into it, mix it well, and serve it up with the froth. The sugar may be mixed with the scraped chocolate, or added afterwards. It should never be made before it is wanted.

Chocolate Milk.

Dissolve an ounce of scraped chocolate in a pint of boiling new milk.

Coffee Milk.

Boil a dessert-spoonful of ground coffee in a pint of milk, for a quarter of an hour; then clear it with white of egg or isingglass, let it boil for a few minutes, and set it by the side of the fire to fine. Sweeten according to taste.

Rice Blanc Mange.

Ground rice, two ounces; milk, one pint; lump sugar, three ounces; a little lemon-peel and cinnamon; dissolve the rice in the milk, by boiling reduce it to a proper consistence, then add the spice and sugar; boil for a few minutes, strain, and let cool. The rice should be rubbed up with a little water before adding it to the milk, to prevent it from being in lumps.

*Broma.**

Dissolve a large tablespoonful of broma in as much warm water; then pour upon it a pint of boiling water and milk in equal proportions, and boil it two minutes longer, stirring it frequently. Add sugar at pleasure.

Sage Tea.

Take of Dried leaves of Sage, half an ounce,
 Boiling Water, one quart,
 Infuse half an hour, and strain.

Mucilage of Starch.

Take of Starch, one ounce,
 Powdered Cinnamon, one drachm,
 Gum Arabic, one ounce,
 Boiling Water, three pints.
 Boil until reduced one-third, and strain.

* A combination of Cocoa-nut with other ingredients.

Vegetable Soup.

Take One turnip,
 One potatoe,
 One onion.

Let them be sliced and boiled in one quart of water for an hour. Add a *little* salt, and pour the whole upon a piece of dry toast.

Suet Ptisan.

Take of Sheep's Suet, two ounces,
 Milk, one pint,
 Starch, half an ounce.

Boil slowly for half an hour.

 GARGLES.
Alum Gargle.

Take of Alum, (powdered) half an ounce,
 Water, one pint.

Dissolve, and use twice a day.

Borax Gargle.

Take of Borax, one drachm,
 Tincture of Myrrh, half fl. ounce,
 Clarified Honey, one fl. ounce,
 Rose Water, four fl. ounces.

Mix.

Gargle of Galls.

Take of Infusion of Galls, seven fl. ounces,
 Alcohol, one fl. ounce.
 Mix.

The infusion of galls is made by taking one drachm of powdered galls and one pint of boiling water; mix them and let stand for half an hour, and then strain.

Cayenne Pepper Gargle

May be made by infusing half a drachm of powdered cayenne in a pint of boiling water.

A much stronger gargle is the following:

Two tablespoonfuls of the powdered pepper, with a teaspoonful of common salt, are infused for an hour in a pint of a boiling liquid composed of equal parts of water and vinegar. Strain when cool through a fine linen cloth.

Oak Bark Gargle.

Take of Decoction of Oak Bark, one pint,
 Powdered Alum, half a drachm,
 Brandy, two fl. ounces.
 Mix.

Decoction of oak bark is made by boiling eight drachms of the bark in two pints of water down to one pint, and strain.

Pomegranate Rind.

Take of Pomegranate rind, half an ounce,
 Red Roses, two drachms,
 Boiling water, six fl. ounces.

Infuse, strain, and add

Clarified Honey, one fl. ounce,
 Alum, two drachms.

Sage.

Infuse one ounce of sage leaves in a pint of
 boiling water, and when cool, strain, and add

Clarified Honey, one fl. ounce,
 Alum, two drachms.



