

COOKING BY TROOPS,
IN
CAMP AND HOSPITAL,
WITH
TAKING FOOD & WHAT FOOD,
BY
FLORENCE NIGHTINGALE.

J. W. RANDOLPH, Richmond, Va.



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DIRECTIONS

FOR

COOKING BY TROOPS,

IN

CAMP AND HOSPITAL,

PREPARED FOR THE ARMY OF VIRGINIA, AND PUBLISHED
BY ORDER OF THE SURGEON GENERAL:

WITH ESSAYS ON

“TAKING FOOD,” AND “WHAT FOOD,”

BY FLORENCE NIGHTINGALE.

J. W. RANDOLPH:
121 MAIN STREET, RICHMOND, VA.
1861.



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Directions for Cooking in Camp.

No. 1.

COFFEE FOR ONE HUNDRED MEN, ONE PINT EACH.

Put 12 gallons water into a suitable vessel (or divide if necessary), on the fire; when boiling, add 3 lbs. ground coffee, mix well with a spoon; leave on the fire a few minutes longer; take it off, and pour in $\frac{1}{2}$ a gallon cold water; let it stand till the dregs subside, say from 5 to 10 minutes; then pour off, and add 6 lbs. sugar. If milk is used, put in 12 pints, and diminish the water by that amount.

No. 2.

FRESH BEEF SOUP FOR ONE HUNDRED MEN.

Take 75 lbs. beef; cut into pieces of about $\frac{1}{4}$ lb. each; 15 gallons water; 8 lbs. mixed vegetables; 10 small tablespoonfuls salt; 2 small tablespoonfuls ground pepper; some cold bread, crackers, or 3 lbs. rice, to thicken; place on the fire; let it come to a boil; then simmer for 3 hours. Skim off the fat and serve.

No. 3.

SOYER'S STEW FOR ONE HUNDRED MEN.

Cut 50 lbs. fresh beef in pieces of about $\frac{1}{4}$ lb. each, and with 18 quarts of water put into the boiler; add 10 tablespoonfuls of salt, two of pepper, 7 lbs. onions, cut in slices, and 20 lbs. potatoes peeled and sliced: stir well, and let it boil for 20 or 30 minutes; then add $1\frac{1}{2}$ lbs. flour previously mixed with water; mix well together, and with a moderate heat simmer for about two hours. Mutton, veal or pork can be stewed in a similar manner, but will take half an hour less cooking. A pound of rice or plain dumplings may be added with great advantage.



No. 4.

SUET DUMPLINGS.

Take 10 lbs. flour, 15 teaspoonfuls of salt, 7 of ground pepper, 7 lbs. chopped fat pork or suet, 5 pints water: mix well together: divide into about 150 pieces; which roll in flour, and boil with meat for 20 or 30 minutes.— If no fat or suet can be obtained, take the same ingredients, adding a little more water, and boil about 10 minutes. Serve with the meat.



No. 5.

TO FRY MEAT.

Place your pan on the fire for a minute or so: wipe it clean; when the pan is hot, put in either fat or butter

(fat from salt meat is preferable); then add the meat you are going to cook; turn it several times, to have it equally done; season to each pound a small teaspoonful of salt and a quarter of pepper. A few onions in the remaining fat, with the addition of a little flour, a quarter pint of water, two tablespoonfuls of vinegar, or a few chopped pickles, will be very relishing.

No. 6.

TO COOK SALT BEEF OR PORK.

Put the meat, cut in pieces of from 3 to 4 lbs., to soak the night before; in the morning wash in fresh water, and squeeze well with the hands to extract the salt; after which, put in your kettle with a pint of water to each pound, and boil from 2 to 3 hours.

No. 7.

SALT BEEF OR PORK, WITH MASHED BEANS, FOR ONE HUNDRED MEN.

Put in two vessels $37\frac{1}{2}$ lbs. meat each; divide 24 lbs. beans in four pudding cloths, loosely tied; putting to boil at the same time as your meat, in sufficient water; let all boil gently for two hours; take out the meat and beans; put all the meat into one boiler, and remove the liquor from the other; into which turn out the beans; add to them two teaspoonfuls of pepper, a pound of fat, and with the wooden spatular mash the beans, and serve with the meat. Six sliced onions fried and added improves the dish.

[NOTE.—In cooking all kinds of meat, be careful to preserve the grease, which can be easily done by putting the liquor in which it is boiled, by till it cools; then skim off and place in a clean covered vessel. It is an excellent substitute for butter; is useful for cooking purposes, and will burn in a common lamp or tin plate with a piece of old cotton twisted up for a wick.]

Directions for Cooking in Hospital.

No. 1.

MUTTON STEWED AND SOUP FOR ONE HUNDRED MEN.

Put in a convenient sized vessel 16 gallons water, 60 lbs. meat, 12 lbs. plain mixed vegetables, 9 lbs. pearl barley or rice (or $4\frac{1}{2}$ lbs. each), $1\frac{1}{2}$ lbs. salt, $1\frac{1}{4}$ lbs. flour, 1 oz. pepper. Put all the ingredients, except the flour, into the pan; set it on the fire, and when beginning to boil, diminish the heat, and simmer gently for two hours and a half; take the meat out and keep warm: add to the soup your flour, which you have mixed with enough water to form a light batter; stir well together with a large spoon; boil another half hour; skim off the fat, and serve the meat and soup separate. The soup should be stirred occasionally while making, to prevent burning or sticking.

No. 2.

BEEF SOUP.

Proceed the same as for mutton, only leave the meat in till serving, as it takes longer to cook than mutton. The pieces are not to be above 4 or 5 lbs. weight each.

No. 3.

BEEF TEA, SIX PINTS.

Cut three pounds lean beef into pieces the size of walnuts, and break up the bones (if any); put it into a convenient sized kettle, with $\frac{1}{2}$ lb. mixed vegetables (onions, celery, turnips, carrots, or one or two of these, if all are not to be obtained), 1 oz. salt, a little pepper, 2 oz. butter, $\frac{1}{2}$ pint of water. Set it on a sharp fire for 15 minutes, stirring occasionally, till it forms a rather thick gravy at the bottom, but not brown; then add 7 pints of hot water; simmer gently for an hour. Skim off all the fat, strain through a sieve and serve.

No. 4.

THICK BEEF TEA.

Dissolve a teaspoonful of arrow-root in a gill of water, and pour it into the beef tea twenty minutes before passing through the seive, or add $\frac{1}{4}$ oz. gelatine to the above quantity of beef tea, when cooking.

Mutton and veal will make good tea, by proceeding the same as above.

No. 5.

ESSENCE OF BEEF.

Take 1 lb. lean beef, cut fine; put it into a porter bottle with a tea cup of water, $\frac{1}{2}$ teaspoonful of salt, a little pepper, and 6 grains allspice: cork loosely, and place in a saucepan of cold water; then with a gentle heat let it simmer till sufficient quantity of the essence is obtained. Serve either warm or cold.

No. 6.

CHICKEN BROTH.

Put in a stew-pan a fowl, 3 pints water, 2 teaspoonfuls of rice, 1 of salt, a little pepper and a small onion, or two ounces of mixed vegetables; boil the whole gently for one hour (if an old fowl, simmer for two hours, adding one pint more water.) Skim off the fat and serve.

A light mutton broth may be made in the same way, taking $1\frac{1}{2}$ pounds mutton—neck if convenient.

No. 7.

PLAIN BOILED RICE.

Put 2 quarts water in a stew pan with a teaspoonful of salt; when boiling, add to it $\frac{1}{2}$ pound rice, well washed; boil for ten minutes; drain off the water and slightly grease the pan with butter; put the rice back, and let it swell slowly for about twenty minutes, near the fire. Each grain will then swell up, and be well separated. Flavor with nutmeg or cinnamon, and sweeten to taste.

No. 8.

SAGO JELLY.

Put in a pan with 3 pints water, 3 oz. sago, $1\frac{1}{2}$ oz. sugar, half a lemon peel, cut very thin, $\frac{1}{4}$ teaspoonful of ground cinnamon, or a small stick of the same, and a little salt; boil about 15 minutes, stirring constantly, then add a little port, sherry or madeira wine, as the case will admit.

No. 9.

ARROW-ROOT MILK.

Put in a pan 4 oz. arrow-root, 3 oz. sugar, the peel of half a lemon, $\frac{1}{4}$ teaspoonful of salt, $2\frac{1}{2}$ pints of milk; set it on the fire; stir gently; boil for ten minutes, and serve.

If no lemons at hand, a little essence of any kind will do.

When short of milk, use half water—half an ounce of butter is an improvement.



No. 10.

ARROW-ROOT WATER.

Put in a pan 3 oz. arrow-root, 2 oz. white sugar, the peel of a lemon, $\frac{1}{4}$ teaspoonful of salt, and 4 pints water; mix well, set on the fire, and boil for ten minutes. Serve hot or cold.



No. 11.

RICE WATER.

Put 7 pints water to boil: add 2 oz. rice, washed, 2 oz. sugar, the peel of two-thirds of a lemon. boil gently for three quarters of an hour. or till reduced to 5 pints. Strain and serve—use as a beverage.



No. 12.

BARLEY WATER.

Put in a saucepan 7 pints water, 2 oz. pearl barley; stir now and then when boiling; add 2 oz. white sugar,

the rind of half a lemon, thinly peeled; boil gently for two hours, and serve, either strained or with the barley left in.

No. 13.

CRIMEAN LEMONADE.

Put in a basin 2 tablespoonfuls of white or brown sugar, $\frac{1}{2}$ a tablespoonful of lime juice, mix well together, and add one pint of water.

No. 14.

CITRIC ACID LEMONADE.

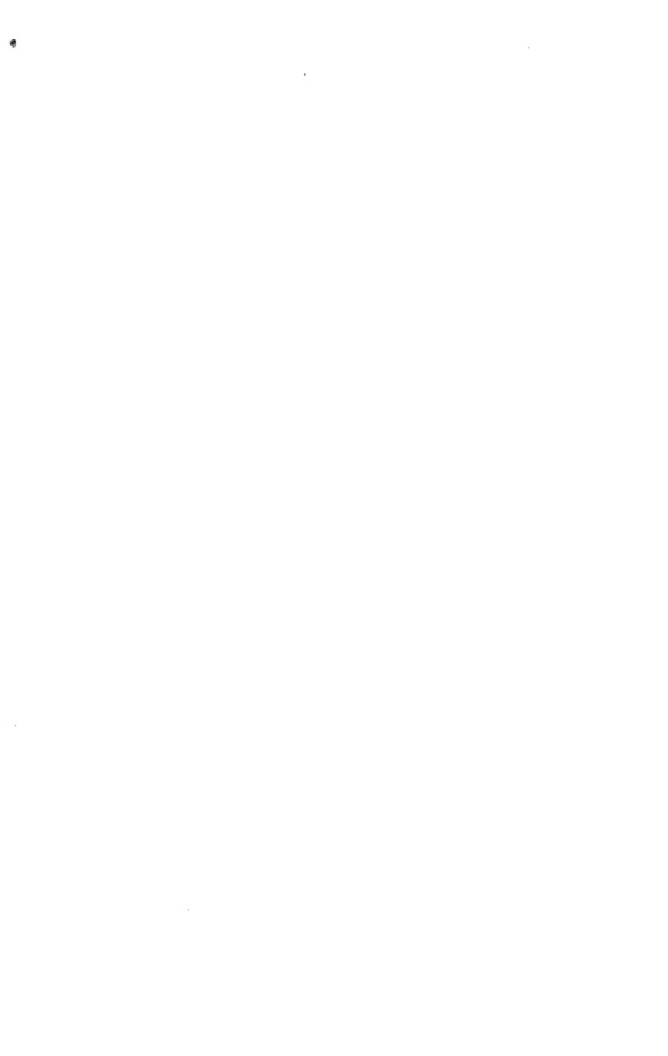
Dissolve 1 oz. citric acid in one pint of cold water; add 1 lb. 9 oz. white sugar; mix well to form a thick syrup; then put in 19 pints cold water, slowly mixing well.

No. 15.

TOAST AND WATER.

Cut a piece of crusty bread about $\frac{1}{4}$ lb.; toast gently and uniformly to a light yellow color; then place near the fire, and when of a good brown chocolate, put in a pitcher; pour on it 3 pints boiling water; cover the pitcher, and when cold, strain—it is then ready for use. Never leave the toast in, as it causes fermentation in a short time.

A piece of apple, slowly toasted till it gets quite black, and added to the above, makes a very refreshing drink.



“TAKING FOOD.”

“TAKING FOOD.” •

Every careful observer of the sick will agree in this, that thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food. This want of attention is as remarkable in those who urge upon the sick to do what is quite impossible to them, as in the sick themselves who will not make the effort to do what is perfectly possible to them.

For instance, to the large majority of very weak patients it is quite impossible to take any solid food before 11 A. M., nor then, if their strength is still further exhausted by fasting till that hour. For weak patients have generally feverish nights, and, in the morning, dry mouths; and, if they could eat with those dry mouths, it would be the worse for them. A spoonful of beef-tea, of arrowroot and wine, of egg flip, every hour, will give them the requisite nourishment, and prevent them from being too much exhausted to take at a later hour the solid food, which is necessary for their recovery. And every patient who can swallow at all can swallow these liquid things, if he chooses. But how often do we hear a mutton-chop, an egg, a bit of bacon, ordered to a patient for breakfast, to whom (as a moment's consideration would show us) it must be quite impossible to masticate such things at that hour.

Again, a nurse is ordered to give a patient a tea-cup full of some article of food every three hours. The patient's stomach rejects it. If so, try a table-spoonfull every hour; if this will not do, a tea-spoonfull every quarter of an hour.

I am bound to say, that I think more patients are lost by want of care and ingenuity in these momentous minutæ in private nursing than in public hospitals. And I think there is more of the *entente cordiale* to assist one another's hands between the Doctor and his head Nurse in the latter institutions, than between the doctor and the patient's friends in the private house.

If we did but know the consequences which may ensue, in very weak patients, from ten minutes' fasting or repletion (I call it repletion when they are obliged to let too small an interval elapse between taking food and some other exertion, owing to the nurse's unpunctuality), we should be more careful never to let this occur. In very weak patients there is often a nervous difficulty of swallowing, which is so much increased by any other call upon their strength that, unless they have their food punctually at the minute, which minute again must be arranged so as to fall in with no other minute's occupation, they can take nothing till the next respite occurs—so that an unpunctuality or delay of ten minutes may very well turn out to be one of two or three hours. And why is it not as easy to be punctual to a minute? Life often literally hangs upon these minutes.

In acute cases, where life or death is to be determined in a few hours, these matters are very generally attended to, especially in Hospitals; and the number of cases is large where the patient is, as it were, brought back to life by exceeding care on the part of the Doctor

or Nurse, or both, in ordering and giving nourishment with minute selection and punctuality.

But in chronic cases, lasting over months and years, where the fatal issue is often determined at last by mere protracted starvation, I had rather not enumerate the instances which I have known where a little ingenuity, and a great deal of perseverance, might, in all probability, have averted the result. The consulting the hours when the patient can take food, the observation of the times, often varying, when he is most faint, the altering seasons of taking food, in order to anticipate and prevent such times—all this, which requires observation, ingenuity, and perseverance (and these really constitute the good Nurse), might save more lives than we wot of.*

To leave the patient's untasted food by his side, from meal to meal, in hopes that he will eat it in the interval, is simply to prevent him from taking any food at all. I have known patients literally incapacitated from taking one article of food after another, by this piece of ignorance. Let the food come at the right time, and be taken away, eaten or uneaten, at the right time; but never let a patient have "something always standing" by him, if you don't wish to disgust him of everything.

On the other hand, I have known a patient's life saved (he was sinking for want of food) by the simple question, put to him by the doctor, "But is there no hour when you feel you could eat?" "Oh, yes," he said, "I could always take something at — o'clock and — o'clock." The thing was tried and succeeded. Patients very seldom, however, can tell this; it is for you to watch and find it out.

* A patient should never be asked if he will have any particular article of food; let it be prepared, and brought to him, without any questioning on the part of the nurse.

A patient should, if possible, not see or smell either the food of others, or a greater amount of food than he himself can consume at one time, or even hear food talked about or see it in the raw state. I know of no exception to the above rule. The breaking of it always induces a greater or less incapacity of taking food.

In hospital wards it is of course impossible to observe all this; and in single wards, where a patient must be continuously and closely watched, it is frequently impossible to relieve the attendant, so that his or her own meals can be taken out of the ward. But it is not the less true that, in such cases, even where the patient is not himself aware of it, his possibility of taking food is limited by seeing the attendant eating meals under his observation. In some cases the sick are aware of it, and complain. A case where the patient was supposed to be insensible, but complained as soon as able to speak, is now present to my recollection.

Remember, however, that the extreme punctuality in well-ordered hospitals, the rule that nothing shall be done in the ward while the patients are having their meals, go far to counterbalance what unavoidable evil there is in having patients together. I have often seen the private nurse go on dusting or fidgeting about in a sick room all the while the patient is eating or trying to eat.

That the more alone an invalid can be when taking food, the better, is unquestionable; and, even if he must be fed, the nurse should not allow him to talk, or talk to him, especially about food, while eating.

When a person is compelled, by the pressure of occupation, to continue his business while sick, it ought to be a rule **WITHOUT ANY EXCEPTION WHATSOEVER**, that no one shall bring business to him or talk to him while he is

taking food, nor go on talking to him on interesting subjects up to the last moment before his meals, nor make an engagement with him immediately after, so that there be any hurry of mind while taking them.

Upon the observance of these rules, especially the first, often depends the patient's capability of taking food at all, or, if he is amiable and forces himself to take food, of deriving any nourishment from it.

A nurse should never put before a patient milk that is sour; meat or soup that is turned, an egg that is bad, or vegetables undone. Yet often I have seen these things brought in to the sick in a state perfectly perceptible to every nose or eye except the nurse's. It is here that the clever nurse appears; she will not bring in the peccant article, but, not to disappoint the patient, she will whip up something else in a few minutes. Remember that sick cookery should half do the work of your poor patient's weak digestion. But if you further impair it with your bad articles, I know not what is to become of him or of it.

If the nurse is an intelligent being, and not a mere carrier of diets to and from the patient, let her exercise her intelligence in these things. How often we have known a patient eat nothing at all in the day, because one meal was left untasted (at that time he was incapable of eating), at another the milk was sour, the third was spoiled by some other accident. And it never occurred to the nurse to extemporize some expedient,—it never occurred to her that as he had had no solid food that day he might eat a bit of toast (say) with his tea in the evening, or he might have some meal an hour earlier. A patient who cannot touch his dinner at two will often accept it gladly, if brought to him at seven. But some how nurses never "think of these things."

One would imagine they did not consider themselves bound to exercise their judgment; they leave it to the patient. Now I am quite sure that it is better for a patient rather to suffer these neglects than to try to teach his nurse to nurse him, if she does not know how. It ruffles him, and if he is ill he is in no condition to teach, especially upon himself. The above remarks apply much more to private nursing than to hospitals.

I would say to the nurse, have a rule of thought about your patient's diet; consider, remember how much he has had, and how much he ought to have to-day. Generally, the only rule of the private patient's diet is what the nurse has to give. It is true she cannot give him what she has not got; but his stomach does not wait for her convenience, or even her necessity.* If it is used to having its stimulus at one hour to-day, and to-morrow it does not have it, because she has failed in getting it, he will suffer. She must be always exercising her ingenuity to supply defects, and to remedy accidents which will happen among the best contrivers, but from which the patient does not suffer the less, because "they cannot be helped."

One very minute caution.—take care not to spill into your patient's saucer. in other words, take care that the outside bottom rim of his cup shall be quite dry and clean :

* Why, because the nurse has not got some food to-day which the patient takes, can the patient wait four hours for food to-day, who could not wait two hours yesterday? Yet this is the only logic one generally hears. On the other hand, the other logic, viz: of the nurse giving the patient a thing because she *has* got it, is equally fatal. If she happens to have a fresh jelly, or fresh fruit, she will frequently give it to the patient half an hour after his dinner. or at his dinner, when he cannot possibly eat that and the broth too—or, worse still, leave it by his bed-side till he is so sickened with the sight of it, that he cannot eat it at all.

if, every time he lifts his cup to his lips, he has to carry the saucer with it, or else to drop the liquid upon, and to soil his sheet, or his bed-gown, or pillow, or if he is sitting up, his dress, you have no idea what a difference this minute want of care on your part makes to his comfort and even to his willingness for food.

“WHAT FOOD.”

“WHAT FOOD.”

I will mention one or two of the most common errors among women in charge of sick respecting sick diet.— One is the belief that beef tea is the most nutritive of all articles. Now, just try and boil down a lb. of beef into beef tea, evaporate your beef tea and see what is left of your beef. You will find that there is barely a teaspoonful of solid nourishment to half a pint of water in beef tea; nevertheless there is a certain reparative quality in it, we do not know what, as there is in tea;— but it may safely be given in almost any inflammatory disease, and is as little to be depended upon with the healthy or convalescent where much nourishment is required. Again, it is an ever ready saw that an egg is equivalent to a lb. of meat,—whereas it is not at all so. Also, it is seldom noticed with how many patients, particularly of nervous or bilious temperament, eggs disagree. All puddings made with eggs, are distasteful to them in consequence. An egg, whipped up with wine, is often the only form in which they can take this kind of nourishment. Again, if the patient has attained to eating meat, it is supposed that to give him meat is the only thing needful for his recovery; whereas scorbutic sores have been actually known to appear among sick persons living in the midst of plenty in England, which could be traced to no other source than this, viz.: that the nurse, depending on meat alone, had allowed the patient

to be without vegetables for a considerable time. these latter being so badly cooked that he always left them untouched. Arrow-root is another grand dependence of the nurse. As a vehicle for wine, and as a restorative quickly prepared, it is all very well. But it is nothing but starch and water. Flour is both more nutritive, and less liable to ferment, and is preferable wherever it can be used.

Again, milk, and the preparations from milk, are a most important article of food for the sick. Butter is the lightest kind of animal fat, and though it wants the sugar and some of the other elements which there are in milk, yet it is most valuable both in itself and in enabling the patient to eat more bread. Flour, oats, groats,* barley, and their kind, are, as we have already said; preferable in all their preparations to all the preparations of arrowroot, sago, tapioca, and their kind. Cream, in many long chronic diseases, is quite irreplaceable by any other article whatever. It seems to act in the same manner as beef tea, and to most it is much easier of digestion than milk. In fact, it seldom disagrees. Cheese is not usually digestible by the sick, but it is pure nourishment for repairing waste; and I have seen sick, and not a few either, whose craving for cheese showed how much it was needed by them.†

* "Groats," or *grits*, a coarse ground corn meal. or *very* small hominy, fanned and sifted. This can be prepared at any country corn mill, is a cheap and valuable article of diet for the sick. It can be boiled or baked. In the latter form, a sauce made with a little sugar, butter and lemon juice, or vinegar, renders it very palatable. When boiled it is usually eaten with a little butter and salt.

† In the diseases produced by bad food, such as scorbutic dysentery and diarrhœa, the patient's stomach often craves for and digests things, some of which certainly would be laid down

But, if fresh milk is so valuable a food for the sick, the least change or sourness in it, makes it of all articles, perhaps, the most injurious; diarrhœa is a common result of fresh milk allowed to become at all sour. The nurse therefore ought to exercise her utmost care in this. In large institutions for the sick, even the poorest, the utmost care is exercised. Wenham Lake ice is used for this express purpose every summer, while the private patient, perhaps, never tastes a drop of milk that is not sour, all through the hot weather, so little does the private nurse understand the necessity of such care. Yet, if you consider that the only drop of real nourishment in your patient's tea is the drop of milk, and how much almost all English patients depend upon their tea, you will see the great importance of not depriving your patient of this drop of milk. Buttermilk, a totally different thing, is often very useful, especially in fevers.

In laying down rules of diet, by the amounts of "solid nutriment" in different kinds of food, it is constantly lost sight of what the patient requires to repair his waste, what he can take and what he can't. You cannot diet a patient from a book, you cannot make up the human body as you would make up a prescription,—so many parts "carboniferous," so many parts "nitrogenous" will constitute a perfect diet for the patient. The nurse's observation here will materially assist the

in no dietary that ever was invented for sick, and especially not for such sick. These are fruit, pickles, jams, gingerbread, fat of ham or bacon, suet, cheese, butter, milk. These cases I have seen not by ones, nor by tens, but by hundreds. And the patient's stomach was right and the book was wrong. The articles craved for, in these cases, might have been principally arranged under the two heads of fat and vegetable acids.

There is often a marked difference between men and women in this matter of sick feeling. Women's digestion is generally slower.

Doctor—the patient's "fancies" will materially assist the nurse. For instance, sugar is one of the most nutritive of all articles, being pure carbon, and is particularly recommended in some books. But the vast majority of all patients in England, young and old, male and female, rich and poor, hospital and private, dislike sweet things, —and while I have never known a person take to sweets when he was ill who disliked them when he was well. I have known many fond of them when in health who in sickness would leave off anything sweet, even to sugar in tea.—sweet puddings, sweet drinks, are their aversion: the furred tongue almost always likes what is sharp or pungent. Scorbutic patients are an exception. They often crave for sweetmeats and jams.

Jelly is another article of diet in great favor with nurses and friends of the sick; even if it could be eaten solid, it would not nourish; but it is simply the height of folly to take $\frac{1}{8}$ oz. of gelatine and make it into a certain bulk by dissolving it in water and then to give it to the sick, as if the mere bulk represented nourishment. It is now known that jelly does not nourish, that it has a tendency to produce diarrhœa,—and to trust to it to repair the waste of a diseased constitution is simply to starve the sick under the guise of feeding them. If 100 spoonfuls of jelly were given in the course of the day, you would have given one spoonful of gelatine, which spoonful has no nutritive power whatever.

And, nevertheless, gelatine contains a large quantity of nitrogen, which is one of the most powerful elements in nutrition; on the other hand, beef tea may be chosen as an illustration of great nutrient power in sickness, co-existing with a very small amount of solid nitrogenous matter.

Dr. Christison says that "every one will be struck

with the readiness with which" certain classes of "patients will often take diluted meat juice or beef tea repeatedly, when they refuse all other kinds of food." This is particularly remarkable in "cases of gastric fever in which," he says, "little or nothing else besides beef tea or diluted meat juice" has been taken for weeks or even months, "and yet a pint of beef tea contains scarcely $\frac{1}{4}$ oz. of anything but water,"—the result is so striking that he asks what is its mode of action? "Not simply nutrient— $\frac{1}{4}$ oz. of the most nutritive material cannot nearly replace the daily wear and tear of the tissues in any circumstances. Possibly," he says, "it belongs to a new denomination of remedies."*

It has been observed that a small quantity of beef tea added to other articles of nutrition augments their power out of all proportion to the additional amount of solid matter.

The reason why jelly† should be innutritious and beef too nutritious to the sick, is a secret yet undiscovered, but it clearly shows that careful observation of the sick is the only clue to the best dietary.

Chemistry has as yet afforded little insight into the dieting of sick. All that chemistry can tell us is the

* Chicken broth, with the fat well skimmed off, is, to most patients, more palatable than beef tea.

† Another most excellent dietetic article is biscuit jelly, made according to the following formula:

BISCUIT JELLY.—*Biscuit*, crushed, 4 oz.—cold water, 2 quarts: soak for some hours: boil to one half; strain; evaporate to one pint; then flavor with sugar, red wine and cinnamon.

Parched Corn, powdered and sweetened to suit the taste, is recommended as a pleasant and nutritious diet for invalids.

In a Southern convalescent, one of the most desirable things that can be given them is *thin* corn meal, ground, well boiled, seasoned with salt, and presented while hot.

amount of "carboniferous" or "nitrogenous" elements discoverable in different dietetic articles. It has given us lists of dietetic substances, arranged in the order of their richness in one or other of these principles; but that is all. In the great majority of cases, the stomach of the patient is guided by other principles of selection than merely the amount of carbon or nitrogen in the diet. No doubt, in this as in other things, nature has very definite rules for her guidance, but these rules can only be ascertained by the most careful observation at the bed-side. She there teaches us that living chemistry, the chemistry of reparation, is something different from the chemistry of the laboratory. Organic chemistry is useful, as all knowledge is, when we come face to face with nature; but it by no means follows that we should learn in the laboratory any one of the reparative processes going on in disease.

Again, the nutritive power of milk and of the preparations from milk, is very much undervalued; there is nearly as much nourishment in half a pint of milk as there is in a quarter of a lb. of meat. But this is not the whole question or nearly the whole. The main question is what the patient's stomach can assimilate or derive nourishment from, and of this the patient's stomach is the sole judge. Chemistry cannot tell this. The patient's stomach must be its own chemist. The diet which will keep the healthy man healthy, will kill the sick one. The same beef which is the most nutritive of all meat and which nourishes the healthy man, is the least nourishing of all food to the sick man, whose half-dead stomach can *assimilate* no part of it, that is, make no food out of it. On a diet of beef tea healthy men on the other hand speedily lose their strength.

I have known patients live for many months without

touching bread, because they could not eat bakers' bread. These were mostly country patients, but not all. Homemade bread or brown bread is a most important article of diet for many patients. The use of aperients may be entirely superseded by it. Oat cake is another.

To watch for the opinions, then, which the patient's stomach gives, rather than to read "analyses of foods," is the business of all those who have to settle what the patient is to eat — perhaps the most important thing to be provided for him after the air he is to breathe.

Now the medical man who sees the patient only once a day, or even only once or twice a week, cannot possibly tell this without the assistance of the patient himself, or of those who are in constant observation on the patient. The utmost the medical man can tell is whether the patient is weaker or stronger at this visit than he was at the last visit. I should, therefore, say that incomparably the most important office of the nurse after she has taken care of the patient's air, is to take care to observe the effect of his food, and report it to the medical attendant.

It is quite incalculable the good that would certainly come from such *sound* and close observation in this almost neglected branch of nursing, or the help it would give to the medical man.

A great deal too much against tea* is said by wise

* It is made a frequent recommendation to persons about to incur great exhaustion, either from the nature of the service, or from their being not in a state fit for it, to eat a piece of bread before they go. I wish the recommenders would themselves try the experiment of substituting a piece of bread for a cup of tea or coffee, or beef tea, as a refresher. They would find it a very

people, and a great deal too much of tea is given to the sick by foolish people. When you see the natural and almost universal craving in English sick for their "tea," you cannot but feel that nature knows what she is about. But a little tea or coffee restores them quite as much as a great deal, and a great deal of tea, and especially of coffee, impairs the little power of digestion they have. Yet a nurse, because she sees how one or two cups of tea or coffee restores her patient, thinks that three or four cups will do twice as much. This is not the case at all; it is, however, certain that there is nothing yet discovered which is a substitute to the English patient for his cup of tea; he can take it when he can take nothing else, and he often can't take anything else if he has it not. I should be very glad if any of the abusers of tea would point out what to give to an English patient after a sleepless

poor comfort. When soldiers have to set out fasting on fatiguing duty, when nurses have to go fasting in to their patients, it is a hot restorative they want, and ought to have, before they go, not a cold bit of bread. And dreadful have been the consequences of neglecting this. If they can take a bit of bread *with* the hot cup of tea, so much the better, but not *instead* of it. The fact that there is more nourishment in bread than in almost anything else has probably induced the mistake. That it is a fatal mistake there is no doubt. It seems, though very little is known on the subject, that what "assimilates" itself directly, and with the least trouble of digestion with the human body, is the best for the above circumstances. Bread requires two or three processes of assimilation, before it becomes like the human body.

The almost universal testimony of English men and women who have undergone great fatigue, such as riding long journeys without stopping or sitting up for several nights in succession, is that they could do it best upon an occasional cup of tea---and nothing else.

Let experience, not theory, decide upon this as upon all other things.

night, instead of tea. If you give it at 5 or 6 o'clock in the morning, he may even sometimes fall asleep after it, and get perhaps his only two or three hours' sleep during the twenty-four. At the same time you never should give tea or coffee to the sick, as a rule, after 5 o'clock in the afternoon. Sleeplessness in the early night is from excitement generally, and is increased by tea or coffee; sleeplessness which continues to the early morning is from exhaustion often, and is relieved by tea. The only English patients I have ever known refuse tea, have been typhus cases, and the first sign of their getting better was their craving again for tea. In general, the dry and dirty tongue always prefers tea to coffee, and will quite decline milk, unless with tea. Coffee is a better restorative than tea, but a greater impairer of the digestion. Let the patient's taste decide. You will say that, in cases of great thirst, the patient's craving decides that it will drink *a great deal* of tea, and that you cannot help it. But in these cases be sure that the patient requires diluents for quite other purposes than quenching the thirst; he wants a great deal of some drink, not only of tea, and the doctor will order what he is to have, barley water or lemonade, or soda water and milk, as the case may be.

Lehman, quoted by Dr. Christison, says that, among the well and active, "the infusion of 1 oz. of roasted coffee daily will diminish the waste going on in the body by one-fourth," and Dr. Christison adds that tea has the same property. Now this is actual experiment. Lehman weighs the man and finds the fact from his weight. It is not deduced from any "analy-

sis" of food. All experience among the sick shows the same thing.*

Cocoa is often recommended to the sick in lieu of tea or coffee. But independently of the fact that English sick very generally dislike cocoa, it has quite a different effect from tea or coffee. It is an oily starchy nut, having no restorative at all, but simply increasing fat. It is pure mockery of the sick, therefore, to call it a substitute for tea. For any renovating stimulus it has, you might just as well offer them chestnuts instead of tea.

An almost universal error among nurses is in the bulk of the food, and especially the drinks they offer to their patients. Suppose a patient ordered 4 oz. brandy during the day, how is he to take this if you make it into four pints with diluting it? The same with tea and beef tea, with arrowroot, milk, &c. You have not in-

* In making coffee, it is absolutely necessary to buy it in the berry and grind it at home. Otherwise you may reckon upon its containing a certain amount of chicory, *at least*. This is not a question of the taste, or of the wholesomeness of chicory. It is that chicory has nothing at all of the properties for which you give coffee. And therefore you may as well not give it.

Again, all laundresses, mistresses of dairy-farms, head nurses, (I speak of the good old sort only---women who unite a good deal of hard manual labor with the head-work necessary for arranging the day's business, so that none of it shall tread upon the heels of something else,) set great value, I have observed, upon having a high-priced tea. This is called extravagant. But these women are "extravagant" in nothing else. And they are right in this. Real tea-leaf tea alone contains the restorative they want; which is not to be found in sloe-leaf tea.

The mistresses of houses, who cannot even go over their own house once a day, are incapable of judging for these women. For they are incapable themselves, to all appearance, of the spirit of arrangement (no small task) necessary for managing a large ward or dairy.

creased the nourishment, you have not increased the renovating power of these articles, by increasing their bulk, you have very likely diminished both by giving the patient's digestion more to do, and most likely of all, the patient will leave half of what he has been ordered to take, because he cannot swallow the bulk with which you have been pleased to invest it. It requires very nice observation and care (and meets with hardly any) to determine what will not be too thick or strong for the patient to take, while giving him no more than the bulk which he is able to swallow.

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