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HOME NURSING

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HOME NURSING

MODERN SCIENTIFIC METHODS FOR
THE CARE OF THE SICK

22805

BY

EVELEEN HARRISON

New York

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**“Ask God to give thee skill
In comfort’s art—
That thou may’st consecrated be
And set apart
Unto a life of sympathy.
For heavy is the weight of ill
In every heart,
And comforters are needed much
Of Christ-like touch.”**

A. E. HAMILTON.

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PREFACE

THIS little work is published in the hope that it will be a help and comfort in the home life.

It is composed of the simplest rules and remedies to be used in the care of the sick, and some general directions regarding the nourishment that should be given, more especially during convalescence, and always subject to the approval of the physician in charge of the case.

A few pages of simple recipes for invalid cooking — which for convenient reference have been grouped under the headings of the various diseases in which they will be found most useful — have been added, and as they have been tested by actual experience, it is believed that they will be found of real service.

There are many cases of slight illness where the services of a trained nurse are not required,

and also many homes where that "expensive luxury" (as I have heard her called) is quite out of reach of the purse strings, and her place has to be supplied by the loving ministrations of mother, wife, or daughter.

It is for these home nurses that I have gathered together the suggestions and ideas in this little book, with the sincere hope that it will prove of real assistance to them in the care of the loved ones at home.

E. H.

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HOME NURSING

CHAPTER I

22805

Choice of room for the sick

The keynote of a sick-room is cheerfulness; therefore it should be the most attractive room in the house, so far as brightness, cleanliness, plenty of sunshine, and fresh air can make it.

It is not always possible to choose the most suitable apartment for sickness; as a rule, when a member of a family is ill, he prefers to remain in his own room. In cases of infectious fevers, however, it is necessary to prepare a room in an especial manner, and to isolate the patient from the other members of the family. A room on the top floor is to be preferred, or one in an extension that can easily be shut off from the other parts of the house.

A room without a carpet is always best, especially during fevers and severe surgical cases; but in ordinary attacks of illness it is wiser not to disturb the usual appearance of the room more than is absolutely necessary, as it might have a depressing effect on the patient, and give him reason to fear that he is seriously ill.

By the same reasoning a single iron bedstead is best and most convenient from the nurse's point of view, but in a simple case of sickness it is neither wise nor necessary to make a change. Do not have the room overloaded with furniture,—only to be in the way, and to be constantly moved around, to the annoyance of the patient. A bed, bureau, washstand, small table by the bedside, and two or three comfortable chairs are really all that is required; and the chairs are much better without rockers, as constant motion is sometimes very irritating to a nervous patient. A sofa or lounging chair will be needed during convalescence. Bright pictures on the walls, dainty muslin curtains, that can easily be washed, some interesting books and photographs, and a few fresh flowers will assist in making the room bright and comfortable.

Arrangement of the bed

The first thing to be considered is the bed. A firm hair mattress should always be used, with a thin blanket or covering of some kind under the lower sheet.

After long service all mattresses are inclined to sink in the middle and become very uncomfortable to lie upon for any length of time. A blanket folded lengthwise and placed under the mattress in the middle of the bed, or two flat pillows, will overcome this difficulty. When there is much fever, a hair pillow, though harder, will be found much cooler than a feather one.

I cannot too strongly recommend the use of a number of small pillows, of all shapes and sizes, more especially during long cases of illness, when they will prove of the greatest comfort, for you can tuck them in odd corners, under the back and shoulders, as a help to keep up the knees, and thus take all strain from the back, forming comfortable resting-places for injured limbs, and supporting the weight of the clothes from sensitive parts of the body. I heard of a confirmed invalid lately who found such comfort out of an assort-

ment of pillows that she made use of no less than thirty all the time, and by changing them round in different positions she found the greatest rest and refreshment.

Small pillows may be made of cotton or wool, covered with cheese-cloth or old linen, and will answer the purpose quite as well as the more expensive ones of feather or down.

It is much wiser to use cotton sheets in sickness instead of linen, unless perhaps in summer time, as there is a certain chilly feeling about linen which is not comfortable to a delicate person.

In making the bed, three sheets are required, also as a rule a piece of rubber sheeting about three-quarters of a yard wide to be used under the draw sheet. In cases of slight illness, where there is no danger of the patient soiling the mattress, the rubber sheeting may be dispensed with, as it causes unnecessary perspiration, and if it becomes wrinkled under the patient may even lead to bed-sores. It requires real art to arrange a bed for a sick person, so that it will be thoroughly comfortable and free from wrinkles.

The under sheet must be drawn very smoothly and well tucked in. If your patient

is heavy or inclined to restlessness, you will find it of great advantage to pin the under sheet at the four corners with safety pins. Over the under sheet and across the middle of the bed, lay the rubber sheet, pin it at the corners and cover with the draw sheet, which is a small sheet folded to the width of the rubber and tucked firmly over it on both sides of the bed. The advantage of the draw sheet is that it may be changed as often as may be required without disturbing the patient, and it serves to keep the under sheet clean for a much longer period.

In putting on the upper sheet leave a good margin turned over at the top to cover the blanket. Instead of a heavy white spread, place over the blanket another sheet or a dimity counterpane. The heavy bedspreads have no real warmth in them, and only give additional weight to the bedclothes, which is most undesirable while your patient is weak and requires all his strength. I will explain later how a bed can be changed without disturbing the patient.

The three great points to be observed about a sick-bed are perfect cleanliness, no crumbs, and no wrinkles. Should the supply of linen

be limited, as it often is during a long illness, a clean pillow case can be made to do duty for a double period. Change it at night and hang it out to air until the morning, when it will be fresh for the day. The upper sheet, which is often only crushed and not really soiled, can be straightened, folded, and used for a draw sheet.

Crumbs should be brushed off after every meal with a little whisk broom, and the draw sheet pulled tightly and smoothly two or three times during the day, to avoid wrinkles.

Light

Sunlight is one of the necessities of a sick-room. Even should the windows have to be darkened at the commencement of an illness, as soon as your patient is convalescent plenty of sunshine will be of inestimable value, both mentally and physically. It is a great purifier and healer, and should not be excluded unless for especial reasons. If the light is too strong for the eyes, you may tone it by drawing down the shades or by placing a screen between the windows and bed. If you keep the room dark, or with a "dim religious light," your patient's eyes will be weak and delicate for a long time.

Never allow a bed to face a window, as light falling directly on the eyes is very distressing. At night darken the lamp or gas, by means of a small shade; a newspaper fastened with a bent hairpin on the side of the globe nearest the patient answers the purpose, or a pretty flower shade can quickly and easily be made with bright colored tissue paper cut in the shape of large rose leaves and fastened with mucilage on a piece of stiff net. The leaves must be very full and graduate toward the centre, and this inexpensive little shade may be fastened by wire on the globe, and will look bright and dainty both day and night.

Heat

In very cold weather it is sometimes difficult to keep a sick-room at an even temperature, and when there is no open fireplace, a small gas stove should be on hand in case of emergency.

A thermometer must hang near the middle of the room, at some distance from the window or fireplace, so as to record the exact temperature, which should be carefully regulated. In ordinary cases a temperature of 70° F. is the best, but where there is much fever, as in

typhoid or scarlet fever, etc., the room should not be warmer than 65° F. In the early morning hours, between three and five o'clock, the atmosphere is colder than during any other part of the day, and as the vitality of the body is always lower at that time, care must be taken to have extra blankets on hand for the invalid, and if necessary give a hot drink and apply a hot water bag to the feet. This is especially to be noted with elderly people and in very serious cases of illness.

Open fireplaces are delightful in a sick room, for besides their bright, cheery appearance, and the heat they give forth, they are a great help in regard to ventilation. Coal may be renewed at any time without disturbing your patient, by carrying it in, wrapped in a newspaper, and placing paper and coal together on the fire. A poker made from a piece of wood will cause no noise, and will be found quite as useful as one of iron or brass. In summer time, when there is no need of fire, a lighted candle placed in the fireplace will have the same effect as a fire in the way of ventilation, by causing a draught up the chimney.

Ventilation

The bed should stand a little out from the wall on all sides, so that the air may circulate around it; and when the weather becomes very warm, much comfort will be found by placing the bed in the middle of the room, with a screen to protect the head from draughts.

At all times it is most important that the sick-room be well ventilated; indeed, more fresh air is needed during sickness than in health, as the body is weak, and the lungs require an additional supply of oxygen.

Even during very cold weather it is possible to have thorough ventilation in the room, without exposing your patient to draughts. There are different ways of providing for this, according to the size of the room and the number of windows in it. Should there be two windows facing each other, both of them may be left open two or three inches at the top, thus causing a continuous current of air, but high enough above the head of the bed to prevent a draught. If there is only one window in the room, open it at the top instead of the bottom, so that the air should not blow in directly on a level with the bed. Hot air always rises, and cold air descends, so that the

impure air will escape through the top of the window, and the fresh air gradually find its way down through the room. Another good method of airing the room is to open the window about three or four inches from the bottom, and place a piece of cardboard, or thin strip of wood six or eight inches wide, over, but a little away from, the opening. Then the air will not blow directly into the room, but is permitted to enter gradually in an upward direction. The bed should always be protected from draughts by a screen, and when the door of a room is left open a screen must be placed between the bed and the open door. Some people prefer the method of ventilating through an adjoining room, either by first filling the next room with fresh air and allowing it to warm gradually and then open the door into the sick room, or by leaving the window open top and bottom in the adjoining room all day, and allowing the fresh air to enter the sick room through a partly open door. This is the wisest course to follow in cases of bronchitis or pneumonia, where a breath of fresh air is likely to increase the cough.

Every morning and evening the window should be opened wide for a few moments,

but you must cover the patient very carefully with extra blankets, placing a shawl over head and mouth.

Should there be an unpleasant odor in the room at any time, take a towel or newspaper in each hand, waving them gently to and fro while the window is open. This is a good method to use in summer, when there is little wind, as it helps the air to circulate rapidly and makes the room cool and fresh.

In fever cases it is absolutely important to have a current of fresh air passing through the room all the time; when the temperature is high, it is almost impossible for the patient to catch cold, and plenty of fresh air will hasten the recovery very materially by lowering the temperature.

It is not always possible for the invalid to know when the air of the room needs changing, as one becomes accustomed to a close atmosphere after breathing it for any length of time. But if you enter the room from the open air, or from another part of the house, you will notice at once the difference in the atmosphere. Opening the window for a moment before meals will help to stimulate the appetite, as it is impossible to feel hungry in a

close hot room. I was called to a case in the mountains one summer ; it was a case of diphtheria in the family of one of the mountain guides, and upon arriving, though it was a very hot day in August, I found all the windows firmly closed, not only in the room where the sick girl lay, but throughout the house.

My first move was to open a window in the sick-room, taking care to shield my patient from any draught. The family were horrified, and begged me to shut it at once, saying that no window had been opened in the house since the beginning of the disease, although the brother of my patient and her little niece had died of the disease a few days before my arrival.

However, I persuaded them to trust to my knowledge of what was best ; and ere long I had a window open in every room of the house. I am sure it was largely in consequence of the abundance of fresh air that my little patient was soon on her feet again ; and that the three other members of the family, who developed the disease within the next two days, had much lighter attacks and no serious complications.

They told me afterward that the country doctor in charge of the case would not allow

the windows to be opened for fear of spreading the disease to the village half a mile away. He has yet to learn that fresh air is one of the best disinfectants we have.

Putting the sick-room in order

An hour spent each morning tidying the sick-room will make it pleasant and attractive for the day.

After the daily bath is given, hair brushed, teeth and finger-nails cleaned, bed changed, and all soiled clothing removed, brush off the carpet either with a carpet sweeper or a broom having a damp cloth tied over it to prevent the dust rising. Then dust round softly, without any unnecessary disturbance, using a cloth slightly damp.

A feather duster is an abomination in a sick-room, sending most of the dust into the patient's throat. Perfect cleanliness should be the rule. To prevent all bad odors, do not allow any soiled clothing to remain in the room a moment longer than necessary, and remove all evacuations as quickly as possible. Bed-pans and urinals should be washed with soap, hot water, and ammonia, and in fever

cases rinsed off with a disinfectant solution ; if possible, never keep these vessels in the sick-room, but in a dressing-room or bath-room near at hand.

Empty dishes and glasses lying about have a very untidy appearance and only serve to attract flies. All medicine bottles or surgical appliances should be kept out of sight of the patient. Blood stains may be removed from the bedclothes or carpet by Javelle water, or a little paste made with starch and water, applied thickly on the stains, and, when dry, washed off with soap and water.

Nervous patients have frequently told me that it makes the greatest difference to them how the sick-room looks, as they cannot rest quietly if anything in the room is in the slightest degree out of order.

Flowers

Growing plants and flowers are charming in a sick-room, and their bright loveliness has a good moral and cheering effect. Plants should be watered daily, and the water in which cut flowers are placed should be changed each morning. At night it is better to remove the flowers out of the room, for besides keeping

them fresher, it leaves the air of the room purer during the night.

To keep flowers fresh for a long time, take them out of their vases at night, cut off a tiny piece of the stem in a slanting direction, and put them in a large bowl with plenty of water, or lay them in a box sprinkled with water, cover tightly, and put it outside the window. Flowers are most refreshing to the sick, and, as a rule, are appreciated as a gift more than any amount of broth or jelly.

Screens

A screen of some kind is invaluable in a sick-room, especially one of the lighter kind that can easily be moved about the room. Should there be no suitable screen in the house, it is very easy to manufacture one from a clothes-horse, with a few yards of art muslin or cheese-cloth sewed neatly over it.

Refrigerators

Small bedroom refrigerators, or ice-boxes, which can be purchased for a small sum, are of great service if the illness should be a long one. They have one compartment for ice, another for fruit and jellies, and a third for

milk and broths. They save many steps up and down stairs ; and after being replenished every morning, the supply of dainties is on hand all the time fresh and cold.

In cases of infectious diseases these little refrigerators are of great value, as all eatables for the sick one should be kept apart from the general supply.

When the illness is of short duration, or if these little ice-boxes are too much of a luxury, the best way to preserve the ice is to wrap it in a piece of flannel, and place it on a bowl or cup turned upside down inside a large hand-basin. You may then place the broths, milk, or jellies in the basin resting against the ice, and cover all with a towel or table-napkin and stand the basin near a window. For cracking the ice, miniature ice-picks may be purchased, or an ordinary pin serves to break it very nicely. When necessary to crack a large quantity of ice for an ice-bag or ice-cap, put the ice in a towel and break it with a hammer or iron. If it is absolutely necessary to keep water or milk in the room, always have it carefully covered. Sometimes broth or milk is needed during the night, and where there is no ice on hand, you will be able to keep it cool by

wrapping the pitcher or bottle in a damp towel and standing it outside the window.

Arrangement of pillows

The pillows should be turned frequently, as they soon get hot and uncomfortable, and they also need a good shaking occasionally, which, however, must not be done on the bed, as it jars the patient.

In order to raise a sick person while changing the pillows or to draw him up in the bed, let him clasp his arms firmly around your neck, then place one hand well under his back, and lift gently and slowly, while with the other hand you slip out the soiled pillow and put in the clean one. When the patient is too sick to help himself, get some one to assist you, and with one person on each side of the bed, clasping each other's wrists firmly under the shoulders and back of the patient, you can raise and draw him up in bed without any strain or fatigue.

Bed-sack

A loose flannel jacket or nightingale is very comfortable in bed, worn over the nightgown, as it allows the arms to be kept from under

the bedclothes without taking cold. This should always be removed at night before going to sleep.

During the hot weather, if the flies prove troublesome, you will give great relief to the patient by making a canopy over the bed with a large piece of mosquito netting fastened to a hook in the ceiling, over the centre of the bed, and long enough to reach to the floor on all sides.

Change of position

This can be accomplished when the bed is a double one by keeping one side for the day and the other for night. You can easily move your patient by drawing him over on a sheet, if he is too feeble to roll over alone, and it is almost as restful as moving on to a fresh bed. Should there be two small beds in the room, the same change can be made by putting a large sheet across the two beds and allowing the patient to roll over, or draw him with the sheet. When the illness extends over a few weeks, the change from one bed to another will be of the greatest rest and comfort to the sufferer.

Nightgowns

I always find it most refreshing to keep on hand two nightgowns and undervests (if they are worn), one for day duty and the other for night, changing the last thing at night and after the morning bath. It may be possible to have a clean nightgown on every day, but if not this change will be very delightful, and it will be found very restful as well as refreshing to change the clothes that have been worn for twelve hours. Another consideration is that the gowns are kept cleaner, and thus the washing, always a serious item in sickness, is much lightened.

How to change the sheets

With regard to changing the sheets on a bed when the patient is in it, you may easily manage after a little practise. Have the clean sheets ready, well aired and warmed, and shut the door and windows, so that the room may be comfortable. The under sheet is changed first. Turn the patient over on one side, away from you, fold the soiled sheet tightly, in flat folds, close up to the patient. Lay the clean sheet on the side of the bed near you, half of it

folded up against the roll of the soiled sheet, so that they can both be slipped under the body at the same time. Tuck in the clean sheet on that side of the bed, then cross to the other side, turn your patient back on the opposite side, gently pull out the soiled sheet from underneath, and afterward draw the folds of the clean one. Pull straight, firmly, and tuck in neatly. It is quite easy in this way to change the draw sheet, rubber sheeting, and under sheet all at the same time. To change the upper sheet without exposing your patient, loosen all the clothes at the foot of the bed, and spread the clean sheet and a blanket on top of the other bedclothes. Then with one hand hold the clean sheet and blanket up to the neck of your patient, and with the other slip down the soiled clothes underneath right over the foot of the bed; tuck in the fresh bedclothes and put on the counterpane. All this may be accomplished in almost as short a time as it takes to tell it, and without any especial fatigue to the invalid.

Sitting on the side of the bed or leaning heavily against it ought not to be allowed, as it is very trying to a nervous patient.

**Support for
the bedclothes**

If any part of the body is injured and unable to bear the weight of the bedclothes, you can manufacture a support to take the place of the iron cradles used in hospitals. Two or three barrel hoops will answer the purpose, or a round band-box large enough to slip the injured limb through. Sometimes pillows laid on each side of the bed will answer as well by keeping the clothes a couple of inches from the sensitive part of the body.

Bed-rests

Bed-rests, which are of such great service when the patient first sits up in bed, are not as a rule on hand in private houses. But one may easily be contrived from a chair with the legs turned upward on the bed, when the long sloping back will form a capital support for pillows piled in one behind another to the top. Then if you put a small pillow under the knees, to prevent the body from slipping down in the bed, your patient will be made very comfortable, and will probably want to remain sitting up in bed longer than the prescribed time.

Bed-sores

It is very necessary to be on your guard against bed-sores, even during a short illness, as some people have very sensitive skins, and a continual pressure, even for a few days, may cause trouble.

The back, elbows, knees, and heels, but more especially the back, are the places where the bed-sores will be found, and when the vitality is weakened by fever or from other causes, it takes very little in the way of pressure, moisture, or continued dampness, and even wrinkles in the sheets, or crumbs, to produce these dreadful sores.

To prevent as far as possible any appearance of them, bathe the parts with warm water and soap every day, rub briskly with alcohol to harden the skin, and dust on some simple powder, such as talcum or bismuth powder, to remove all moisture. Do not allow crumbs or wrinkles in the nightgown or under the sheet, and persuade the patient to turn in different positions every few hours so that there will not be any long-continued pressure on one spot. With unconscious patients the greatest watchfulness is required, and when there are involuntary evacuations, the clothing must be changed

immediately, and the body thoroughly washed and powdered. It is far easier to prevent bed-sores than to cure them. In paralytic cases, and with elderly people, they are most difficult and sometimes impossible to heal. The first symptoms of a bed-sore are a redness of the skin with a pricking, burning sensation.

It should be watched very closely, and all pressure taken off the part by the judicious use of air cushions, soft pads, which may be made from cheese-cloth and cotton and can be boiled every week, hair pillows, or rubber rings. When the skin becomes broken, stop using alcohol and apply a little dressing of oxide of zinc ointment or balsam of Peru on a piece of gauze covered with a pad. If it does not heal immediately, it is better for you to consult the family doctor and let him prescribe further treatment.

Visitors

One of the unsolved problems of the sick room is what to do about visitors. If people would only use a little common sense when visiting their sick friends, their visits would do good to the patient instead of sometimes causing trouble.

Do not allow a visitor to enter the sick-room straight from the open air on a cold or wet day. Ask him to wait in an adjoining room for a few moments until his clothes lose their dampness and become warm. Visitors should be warned to put aside all depressing news, and be as bright and cheery as possible, bringing in with them a little sunshine and news of the outside world, instead of retailing to the patient the sorrows, sickness, or death of mutual friends.

It is necessary to discriminate carefully as to whom you admit to visit the invalid, as sometimes a visit from a relative who is fussy and irritating will do your patient a great deal of harm, while a loving, sympathetic friend may have it in her power to refresh and strengthen the sufferer.

After a serious illness when the doctor allows visitors to be seen, one friend during the day is sufficient for the first few days, and his visit should be limited to a very few minutes. At the end of the prescribed time, if the visitor has not the tact to leave, you should not hesitate to request him to do so. Unless one has been through a serious illness, it is impossible to realize how exciting it is to see even a very

intimate friend, after being shut out from the busy everyday world for days or weeks. A nervous patient should never be allowed to see two visitors at the same time. It fills one with the deepest sympathy for the invalid to see two friends, seated on opposite sides of the bed, talking across at each other, while the poor sufferer lies in the middle, trying not to look distressed and tired with the effort he has to make to watch and listen to them both at the same time.

Have a chair placed facing the invalid, and near enough for him to hear what is said without an effort, and the first indication of weariness should be the signal for the immediate departure of the visitor.

Household worries of all kinds ought to be kept outside the door as far as possible, and only the bright side of life allowed to cross the threshold. It is only human nature that when we are sick little things affect and worry us, which we would scorn to notice in perfect health.

Convalescence

The convalescent period is very trying both to nurse and patient. As soon as the invalid

begins to sit up every day, he will require a great deal of encouragement to brace him up, as it is then he will realize his great weakness.

It is not wise to allow the patient to sit up long at a time; half an hour the first day will be found quite sufficient, and after the first day sitting up for a short time, twice in the day instead of a longer period at one time, will be found far less tiring. Turn the mattress and allow the bed to air while your patient is out of it. The pleasure of being up at first is so great, that people are apt to go beyond their strength, not realizing that a reaction will come afterward, so you must insist upon the invalid returning to bed before the slightest weariness is felt. Sitting up in an easy chair is better than reclining on a sofa, as it is a complete change from the bed, and helps to restore the strength more rapidly.

After the first day or two, unless the doctor gives special directions about it, a few steps should be taken, increasing them slowly each day until the limbs have regained their strength. Some invalids lose all desire to walk, and have to be coaxed and encouraged to commence. In one case I found it neces-

sary to put the chair a little farther from the bed each day, and insist on my patient walking to it, so that by slow degrees she was persuaded to walk across the room.

When the patient is well enough to sit up, though unable to go out of doors, you may give him a great deal of pleasure and fresh air, by wrapping him in blankets and shawls, taking care to cover the head completely, and then open wide the window and close the door to prevent draughts. Let him sit near the window or walk round the room for half an hour. This will be found almost as refreshing as a drive through the streets. After shutting the window, do not remove the extra wraps for a few minutes until the room becomes warm.

Reading aloud is a delightful way to pass away the time, but a little tact must be exercised in selecting the books to be read, and do not tire your patient by reading too long without intermission. The strain of listening for more than an hour at a time is very tiring to the nerves. Simple little games that are not too exciting make a pleasant variety in the long day. Do not allow the invalid to read or write for more than half an hour without rest-

ing, if the eyes are weak, as using them while in a recumbent position is likely to strain them. As soon as possible get your patient out into the open air. This can be done ever before he is able to walk downstairs, by having him carried to the carriage seated in an ordinary chair. There is great healing property in the open air—healing to both mind and body, and a drive of even fifteen minutes or half an hour in God's glorious sunshine will often do more than any medicine.

During convalescence it is especially necessary to tempt the appetite with dainty dishes, nicely served. Some patients try to get well too quickly, and have to be held back, as they run the risk of having a relapse by drawing too much on their newly acquired strength. Tact is of the utmost importance in nursing the sick. Sometimes it is necessary to insist upon their doing things to which they strongly object, and it is only by gentle persuasion that they will yield. Ordering or insisting upon the fulfilment of your object will be of no avail and only excite and annoy them. If, for instance, you cannot persuade them to take a disagreeable medicine, do not urge the point, but lay it aside for a time. Upon returning

to it a little later, you will generally find that your patient has changed his mind. Infinite patience is needed to put up with all their little whims and fancies. It is not always wise to keep asking an invalid what he would like, or what he wishes you to do, whether it be a drink, a pillow changed, a blind closed, a little reading, or any other attention. Do what you think best at the time, unless it is absolutely necessary to consult him, and in nine cases out of ten, what you do will be appreciated much more than if he had to decide the question.

Anything in the shape of a little surprise, either something dainty to eat or drink, a few flowers, a new book or magazine, a pretty picture, or simply some cheery bright words of sympathy and comfort, will go a long way in brightening the weary days, and will bring a gleam of sunshine into the shut-in life.

CHAPTER II

Temperature

The temperature of the body is a very important factor in the treatment of disease. When any part of the system is out of order, it is at once shown by a rise or fall of temperature; and if there should be a difference of more than a degree above or below the normal mark, without any apparent cause, such as sudden alarm or intense nervous excitement, you may take it as a sign that trouble is brewing somewhere.

It is not difficult to take a person's temperature, and at least one member of every family should be able to use a little clinical thermometer.

The normal temperature of the body is 98.4° F., the normal pulse 72 beats to the minute, and the respiration 18 breaths to the minute. These are considered the average marks, but it must be remembered that there is apt to be a slight variation above or below the average, according to the temperament of the individual.

For instance, an easy-going, placid person will have a slower pulse, and frequently a lower normal temperature, than one of a nervous excitable disposition. A rise in temperature, or an increase in the pulse and respiration, is not as important in a child as in an adult, and as a rule they have a higher normal mark. It must also be remembered that women are apt to have a slightly higher normal temperature than men.

How to use a thermometer

Before using a clinical thermometer shake it carefully (holding the bulb end downwards), until the mercury falls below the mark 97° , then insert the bulb end in your patient's mouth, well under the tongue, make him close the lips firmly so that no air will enter, and leave it there for a full three minutes. Unless the lips are kept tightly closed all the time you will not get the true temperature of the body. At the end of three minutes remove the thermometer and note carefully the exact position of the mercury, that is to say, at what number on the thermometer the mercury stands. Before using the thermometer it is always neces-

sary to wash the bulb in cold water, and after you have finished dip it in a little alcohol, or some disinfectant solution, to guard against any chance of infection.

In fever cases the thermometer, which is frequently used during the twenty-four hours, should be kept standing all the time in a glass containing $\frac{1}{1000}$ corrosive sublimate, or in alcohol. A piece of cotton wool in the bottom of the glass will prevent the thermometer breaking, and it should be rinsed off in plain water before inserting in the mouth. Perhaps you are not aware of the fact that the temperature of our bodies varies at different hours of the day, being always higher in the afternoon than it is in the morning, generally reaching the highest point between 4 and 6 P.M., and the lowest between 2 and 4 A.M.

It is necessary, therefore, to take your patient's temperature about the same hour every morning and evening, so that you will be able to note exactly any changes that may take place from day to day. Stimulating meats and drinks tend to elevate the temperature of the body, and therefore half an hour or an hour should elapse after meals before using the thermometer. Do not allow hot or cold drinks

or ice to be taken for at least fifteen or twenty minutes before using the thermometer by mouth, as it will prevent your getting the exact temperature.

Temperature by rectum

In the case of a child under four or five years of age it is almost impossible to take the temperature by mouth as it is difficult to prevent the child biting the thermometer, and impossible to make him keep his mouth closed firmly for even three minutes. The only safe way is to take it by the rectum. This is also necessary in the case of a delirious or unconscious patient, and in typhoid fever, where the temperature has to be closely watched, as the rectal temperature is considered more accurate. To take a rectal temperature, after shaking down the mercury, cover the bulb with oil or vaseline, and with the patient lying on the left side, insert the thermometer slowly and gently, about an inch and a half into the rectum, holding it there three minutes. Try and keep the child from crying, if possible, by distracting his attention, as crying would elevate the temperature. It is important to remember

that a rectal temperature always registers about half a degree higher than when taken by mouth.

Pulse

While the thermometer is being used you may at the same time take the pulse and respiration. The pulse is counted by placing the first and second finger of one hand lightly on the inside of your patient's wrist. After pressing gently but firmly you will feel in a few seconds the steady beat of the pulse. Then time the beat by a watch, counting either by the half minute, and doubling the result, or else counting the full minute. I find it is always best, when taking the pulse, to go over it twice for fear of making a mistake. The pulse can be counted on other parts of the body besides the wrist, but that is the easiest and most convenient place to get it except in especial cases. Sometimes when the patient is sleeping you will be able to count the pulse in the temple better than at the wrist without disturbing him. It is not necessary in this little book for home nurses to go into details about the different kinds of pulse beats and what they indicate; that can only be acquired by a great

deal of practise and study, and does not come within the sphere of home nursing.

A very slight cause will often be the means of increasing the pulse beat perceptibly, and in nervous or excitable people the pulse sometimes varies according to their feelings. I have had a nervous patient whose pulse would jump up to 120 when a knock sounded at the door or the doctor entered unexpectedly. When the temperature and pulse rise at the same time, and do not show any signs of going down again within a couple of hours, it is almost certain that there is trouble somewhere, and you will do well to consult the family doctor.

Respiration

If possible, count the respiration without the knowledge of your patient, because if he is conscious that you are watching his respiration, it will be impossible for him to breathe naturally. You can easily see the rise and fall of the chest with every breath, and if not distinct enough during sleep you can feel it by placing your hand lightly on the chest. Respiration below twelve or above thirty should always be watched and reported. Temperature, pulse,

and respiration will be found more accurate if you take them when your patient is lying down in a restful position instead of sitting or standing. Lying flat on the back is a great rest and refreshment to the system, and generally relaxes and soothes the nerves. A well-known physician writes that a woman should never stand when she can sit, and never sit when she can lie down. During sleep the pulse is a little slower than when awake, but with delirious people and children it is necessary to count the pulse and respiration while they sleep, as it is almost impossible to take them accurately when they are awake.

Medicines

There is much to be learned about the giving of medicines, but I will only mention a few simple rules that can easily be followed, and are necessary to all who try their hand at nursing.

All medicine bottles and boxes should be most distinctly labelled and kept carefully locked away out of the reach of children. I have heard a pathetic story of a child who one day told his mother gleefully that he had given baby a pretty white candy he had found in a

little box, and that baby had gone to sleep immediately! On investigation the poor mother found that the child had given baby a morphine pill, and it was impossible to save the little one's life.

Never give a medicine of any kind, no matter how well you know the bottle, without first taking it to the light and reading the name very carefully. Some authorities go so far as to say that the label ought always to be read twice before giving the medicine, first before pouring it out, and then again after measuring it. So many dreadful accidents have occurred from unintentional carelessness regarding this important rule, that I cannot enforce it too strongly. Another error that must be carefully guarded against is the practise of mixing solutions or lotions in various bottles and letting them stand about without any label to show what the mixture is.

I had an experience in this respect with one of my patients that might have ended most disastrously. One morning when cleaning her teeth she asked for the listerine bottle, and I handed her a bottle which was standing on her washstand with the printed label on it, and apparently half full of listerine. She poured some

of it into a glass of water and took a mouthful to rinse her mouth. Fortunately she did not swallow it, but, noticing a peculiar taste, spat it out instantly and asked me where I had found the bottle. I told her it was on her washstand, and showed her the bottle distinctly labelled listerine and half full of a yellowish fluid of exactly the same color. She then admitted with dismay that she had made a strong solution of a poisonous acid that she was using for some purpose, and had put it in the listerine bottle without removing the label or marking it properly. Nearly all medicines need to be well shaken before being poured out, so as to thoroughly mix the ingredients, and if you pour the medicine from the side of the bottle away from the label, you will keep the name clean and prevent its being blotted out by drops falling from the mouth of the bottle.

Always replace the cork immediately after using. All tinctures should be kept in a dark place. Some drugs change character when kept many months, so the family medicine chest should be thoroughly gone over every six months at least, and the remedies no longer needed destroyed. Pills that have been kept any length of time get so hard that they will

not dissolve in the stomach, and pass out of the system without doing any good. In giving sleeping medicines wait until all is quiet for the night, and your patient comfortably arranged in bed. A hot drink given with a sleeping powder will hasten its effect. Medicine should always be given at exactly the time ordered, not half an hour earlier or later, unless the patient is sleeping and is not to be disturbed, and about half an hour should be allowed between medicine and food. Iron and cod-liver oil are amongst the medicines given after meals, and iron must be taken through a tube if in liquid form, as it is injurious to the teeth. When a course of iron is prescribed it will, as a rule, be found very constipating, and a laxative of some kind will be needed every few days. Lemon juice taken in the mouth before and after a disagreeable dose, or chewing a crust of bread or a clove, will be of great assistance in removing the taste. You may sometimes disguise the taste of medicine altogether in food or drink of some kind when you have a delirious patient or a child who refuses to take it. When that is impossible make the dose very small by not adding much water, and compress the nostrils, when the patient will be

obliged to open his mouth for breath, and you will be able to slip the medicine down his throat.

If a glass stopper refuses to come out of a bottle, it can generally be removed by holding under very hot water for five or ten minutes, or by allowing a few drops of oil to stand around the stopper. When it is especially obstinate, hold it over the flame of a lighted match, and the heat will soon loosen it. Some people find it very difficult to swallow pills. One of the easiest ways to manage is to place the pill under the tip of your tongue, instead of on top of it, take a drink of water, and the pill will disappear like magic! If you prefer, you may crush the pill into powder and give it dry on the tongue, or roll it in jam or bread. Other people object to powders, and this may be overcome by rolling them up in a little gelatine wafer. Then they will slip down the throat easily. These wafers may be bought at any druggists, and are inexpensive and useful. Another way to dispose of a powder is to dissolve it in water, and when it does not mix well, as, for instance, trional powder, use a little glycerine or whiskey first to moisten it, then add the water.

Medicines should be measured very care-

fully, as with some drugs even a drop more or less will make a great difference. The graduating glass will be found the most accurate for measuring, or a glass dropper with a rubber bulb at one end, when the dose has to be measured by drops. Children need much smaller doses of medicine than adults, and the amount must be regulated according to their ages. A child three years old takes one-sixth the dose of an adult. One teaspoonful equals a fluid drachm, and a tablespoonful equals half an ounce. In giving castor oil, it is very easy to disguise the taste completely. I have given it in orange juice to a child, and it was taken with delight; half the juice poured into a glass, then the oil, and afterward the remainder of the juice on top. The best way to mix it for an adult, is first a teaspoonful of whiskey in the glass, then a little cinnamon water or lemon juice, next the dose of oil, generally a tablespoonful, followed by more cinnamon water and another spoonful of whiskey. In this way it is impossible to taste the oil. Castor oil can also be completely disguised in soda water, with a good deal of flavoring.

When a prescription for medicine is given by a doctor it is always well to ask the drug-

gist for a copy of the prescription; you will then be sure that you are getting exactly what has been ordered, and if you need the medicine renewed at any time when away from home, you have the prescription to which to refer. It is also of great importance sometimes to know what you are giving or taking in the way of medicine, as drugs affect people differently. Some patients cannot stand even a small dose of certain medicines. I know of one family, no member of which can take the smallest amount of opium in any form, without showing signs of poisoning. It is not a safe thing to prescribe drugs for your friends without a doctor's direction, except in the most simple household remedies.

A lady told me once that having found ten grains of phenacetine very helpful when she had a nervous headache, she recommended it to her sister who was suffering in a similar manner. Shortly after taking it her sister went into a state of collapse, and it was hours before she recovered from the effects. They discovered that the girl had some heart trouble entirely unknown to herself or the family, and the phenacetine proved too depressing.

When giving medicine put it into a small dainty glass, perfectly clean, with a glass of ice water, and a piece of orange or lemon on a little tray covered with a snowy napkin, and thus by making the dose look attractive, you will lighten very much the disagreeable task of taking it.

CHAPTER III

Preventions of coughs and colds

The old-time adage, "Prevention is better than cure," if remembered and acted upon a little oftener than it is, would save a world of suffering and trouble.

Take for instance the coughs and colds that are so general in the early part of winter. When the weather commences to change, one of the family is sure to come home complaining of feeling chilly, sick, and miserable, with aching bones and all the first symptoms of a heavy cold. In nine cases out of ten, no immediate attention is paid to these symptoms, as they are considered too slight to be "doctored." Most people wait until the cold is in full swing before they try to stop it. Instead, if a little trouble is taken at the beginning to prevent it from really asserting itself, a great amount of unnecessary suffering would be saved, and in some cases an attack of bronchitis or pneumonia avoided.

I have heard a doctor declare that it is next to impossible for anybody to take cold if the body is in a perfectly healthy condition ; the system not loaded with too many rich foods, the bowels kept in good order, moving regularly every day, and a certain amount of exercise taken daily in the open air, which last is one of the most important rules of health.

Take for example two men sitting side by side in an office, both exposed to a draught from door or window ; one goes home perfectly well, and the other with all the symptoms of a heavy cold. If you make inquiries you will find that one man took good care of himself, was moderate in eating and drinking, and did not neglect a daily bath and plenty of exercise ; while the other had been careless in some way that put his system out of order.

One of the best precautions against taking cold is the plentiful use of cold water. A good plunge bath every morning, or at least sponging the throat, arms, and chest with cold water for a few moments, will cause the blood to circulate freely and brace up the system. Breathing through the nose instead of the mouth, when in the open air, will often prevent sore throat. Damp skirts and wet shoes should

be changed immediately, and if the feet are cold and wet, dip them into cold water for a minute, and rub briskly with a rough towel. The passages of the nose and throat should be kept thoroughly cleared so that the air can circulate freely through them, to prevent any clogging that might cause catarrh.

As to wearing flannels, each one must decide that for himself, as that which suits one person may not answer for his neighbor. The "linen mesh" underwear is recommended by many doctors as the healthiest as well as the most comfortable that can be worn, and is especially useful where there is any pulmonary weakness. We all know that sitting in a draught at any time, especially when overheated, is sure to invite a cold, and yet it is hard to keep our friends from doing it, and perhaps more difficult still to keep from doing so ourselves.

Care of coughs and colds

Once the symptoms of a cold really establish themselves, there are some simple remedies that can be tried to overcome it. The first thing all doctors recommend is a good cathartic to clear out the system and reduce the feverish

symptoms. This is always best taken at night so as to act the first thing in the morning. Almost every one has some simple home remedy he is accustomed to use, and it should be followed in the morning by a Seidlitz powder or one of the many mineral waters in general use. With children a dose of castor oil is the safest and best remedy to use, especially when there is any sign of croup. As a rule, I have found that calomel acts better with adults, in overcoming a cold; either in doses of one-tenth of a grain tablets, two taken every fifteen minutes until ten or twelve have been consumed, or one-quarter grain tablets, one every half-hour for four doses. Some people can stand larger doses than this, but as a rule one grain taken in the small doses will be found quite sufficient. Calomel should always be followed in a few hours by a mineral water or salts of some kind to prevent its resting in the system.

When there are any feverish symptoms with the cold, as headache, flushed cheeks, skin dry and hot, etc., a hot mustard foot-bath will draw the fever down from the head, and promote free perspiration. After the foot-bath, tuck your patient in bed and give him a hot

drink of any kind, heat being the principal object; either milk, bouillon, lemonade, or whiskey and water (if your patient does not belong to the temperance society). In the morning a cold sponge over arms and chest, and a generous dose of mineral water, will often be the final touch necessary to drive the cold out of the system. Camphor taken in some form at the very beginning of a cold is most helpful; it can either be taken in camphor pills or in the rhinitis tablets which contain a good deal of camphor. Spirits of camphor, ten drops on a lump of sugar, or in a little water answers nearly as well.

Five or six grains of quinine taken at bedtime, and again in the morning, is also of great service in some cases in the commencement of a cold. The best cough mixture, and the one that is now most extensively used by physicians, is a preparation of creosote.

Tonsillitis

Inflammation and swelling of the tonsils, or an ordinary sore throat, will soon disappear with the use of a gargle made from peroxide of hydrogen mixed with water, equal parts of both, used freely every one or two hours. A

friend of mine declares that she can always cure severe sore throat in twenty-four hours with this gargle used constantly. Inhaling menthol is also of great service. Sore throat is sometimes caused by indigestion, and when this is the case a good dose of medicine should be taken.

During an attack of tonsilitis the diet should be very light. Sometimes it is necessary to touch the tonsils with an astringent, but that would come under the doctor's treatment. A cold pack made by wringing a handkerchief out of ice cold water and applied to the throat at bedtime, a small mustard paste or an application of capsicum vaseline, will draw out the inflammation. Little pieces of ice mixed with glycerine, and allowed to melt in the mouth, cool the throat and are very soothing. Should your patient be troubled with a disagreeable little tickling in the throat, which obliges him to cough incessantly, especially when lying down, you will soothe it very much by the use of glycerine and whiskey, or glycerine and lemon juice, equal parts, adding a little water if the whiskey is too strong. This mixture is taken in little sips and allowed to go slowly down the throat. It is especially

useful at night, as it may be prepared at bed-time, and kept on a table near at hand.

When suffering from sore throat the throat should be kept moist by frequent drinks of very hot or ice cold liquids (the hot drinks are best), or by using some cough drops and letting them dissolve slowly in the mouth. A simple but useful little cough mixture is made by boiling some flaxseed and marsh-mallow root together, strain carefully, add the juice of half a lemon, and sweeten to taste.

Grippe

During the past few years grippe has become so universal in the winter season that it is well to know how to treat it when it enters the family. In the first place it has been proven beyond all doubt that it is an infectious disease, and even in some instances has been also contagious.

To prevent it spreading through the household you must keep the patient apart as much as possible from the other members of the family, and especially guard against any one inhaling his breath or sleeping in the same room. The first symptoms of grippe are usually severe headache, fever, often as high

as 102 or 103, heavy cold in the head, and a very tired, depressed, listless feeling, with aches in every bone in the body. These general symptoms are often followed by various complications, as grippe seems to have the faculty of attacking any part of the body that is at all weak or delicate.

If it is possible to do so, as soon as the first symptoms appear, put the sufferer to bed and keep him warm and quiet for a few days, and you will most likely be able to prevent the disease going further. But it is not possible always to indulge in the luxury of bed, as those engaged in business often feel obliged to keep on their feet until the last moment,

Almost any physician nowadays would prescribe calomel to be taken at the beginning, in the way I have already described. It will go far toward stopping the disease. A very hot tub bath at bedtime is most soothing to the aching bones, hot drinks and hot-water bags at the feet, and some counter irritant, as capsicum vaseline, oil of wintergreen, or vaseline and turpentine rubbed on wherever there are pains and aches, will be of great assistance. When there is intense pain in any locality, a mustard plaster will generally soothe it.

Quinine taken in two or three grain doses every three hours acts as a general tonic. Phenacetine and salol, two and a half grains of each in tablet form taken every three hours, is also most helpful.

Almost every one has some pet remedy he prefers to try before calling in the aid of a physician. But when the disease does not yield to simple remedies, you must perforce persuade your patient to take a holiday from business, and to spend it in bed or confined to one room for a few days under the doctor's directions. Keep the room at an even temperature and avoid excitement of any kind, the bowels opened freely every day, and a simple but nourishing diet of broth, eggs, rare beefsteak, milk in any form, and all other easily digested foods. A tonic of some kind helps to stimulate the appetite. For the rest, following out the doctor's orders carefully, and a complete rest of mind and body will bring about a speedy recovery. So many complications may come from even a slight attack of grippe, and it so often develops into bronchitis or pneumonia, that you cannot be too prompt at the outset in checking its course.

I have known of several cases of chronic

heart disease that developed after an attack of grippe, and even when there is no complication, after a severe attack the system is liable to remain weak and delicate for months. Grippe in the case of old people is specially dangerous, and frequently ends in pneumonia or heart failure. For this reason the necessity of preventing the disease or stopping it in the very beginning cannot be too strongly enforced. An ordinary cold may be the commencement of a very sad ending.

Bronchitis

Some of the first symptoms that appear in a case of bronchitis are, chill, fever, oppressed feeling in the chest, irritation in the bronchial tubes, which causes paroxysms of coughing, aching limbs and head, and a restless, nervous condition of the whole body. When these symptoms appear, a physician should be summoned, and his directions carefully carried out. One of the important things to be watched during an attack of bronchitis is the temperature of the room, which should be kept as even as possible, and never allowed to fall below 68°. A moist atmosphere is of great assistance, and this can be accomplished by

a kettle of water kept boiling in the room night and day.

Give light but nourishing food every two or three hours, such as milk, eggs, oysters, etc., and during convalescence feed the patient *well*. Be sure and keep the feet very warm, with hot water bags and bed socks, as cold feet will increase the tendency to cough. At the beginning of the attack a mustard foot-bath will be found most soothing and restful, and also plenty of hot drinks.

During the first few days there is generally a paroxysm of coughing in the very early hours of the morning, because during sleep mucus is apt to collect in the bronchial tubes, and cause a great deal of irritation. In order to stop the coughing, raise the head and slip two or three pillows under it, give a drink of hot milk with a dessertspoonful of glycerine, and should the cough continue, half a teaspoonful of paregoric will soothe it. When there is great oppression and difficulty of breathing, apply a mustard paste for a few moments, and give the patient a little whiskey and water. Inhaling steam from a kettle also gives the greatest relief, and it can easily be managed by surrounding the spout of the kettle with

paper, widening it out at the upper end to cover the mouth completely, then forming a tent over the patient's head with a sheet and letting him inhale the steam slowly and carefully.

Talking more than is necessary should not be allowed, as it irritates the bronchial tubes. Should the doctor order poultices of any kind, make them very light, so that they will not weigh heavily on the chest. Some doctors advise emetics in the early stages of bronchitis, and if the breathing becomes very difficult and oppressed, it will be greatly relieved by the use of oxygen.

Pleurisy

One of the principal symptoms of pleurisy is a sharp pain in the side, which is felt with every breath. The disease generally starts with a chill followed by fever, and there is a frequent dry cough. The respiration increases very rapidly.

While awaiting the physician's arrival, apply a linseed poultice or mustard paste over the seat of pain. The physician will prescribe a regular course of treatment, and the same general rules for nursing are to be followed, as in cases of bronchitis or pneumonia

Pneumonia

Pneumonia is generally, but not always, ushered in with a chill, high fever, with headache, and pain in the chest after coughing. The breathing is rapid, and the pulse gradually rises, accompanied by intense restlessness and nervousness. The room must be kept cool (68°). So long as the fever is high keep the patient as quiet as possible; no visitors should be allowed without the physician's permission. A fluid diet, given every two hours in small quantities, is necessary while the temperature remains high. The stomach is often weak in pneumonia, and different preparations of milk and broth have to be tried to ascertain what can most easily be retained.

Give the nourishment either very hot or ice cold, as anything lukewarm is very nauseating. Beef juice is especially useful during an attack of pneumonia, as it provides so much nourishment and strength in a concentrated form, and is easily digested. Frequently in the night, after the fever breaks, there will be a profuse perspiration, and the night clothes become cold and clammy with moisture. Remove all the damp clothes, rub your patient quickly with warm towels and alcohol, and put on fresh

clothes well aired and heated. Nourishment is needed during the night, and especially in the early morning hours, when the vitality will be found very low. It is wiser to waken your patient for nourishment than to allow him to continue sleeping when he is in a very weak condition. Keep his head low, and on no account allow him to get out of bed without the physician's orders, for fear of heart failure.

If the temperature rises to 106° or 107° — ice cold baths are sometimes given, and in some cases I have cared for they have had a splendid effect, but as a rule they are only resorted to in most extreme cases. Frequent sponging with alcohol and water, and very light covering will help to reduce the fever, also plenty of cold water to drink. Recovery depends greatly on faithful nursing and constant care. The physician's orders must be strictly obeyed; and it will assist him very materially if you keep a little record of the case, note the temperature, pulse, and respiration every three hours; the character and frequency of the cough and expectorations; amount of food taken, character of stools, and quantity of urine passed in twenty-four hours; and any

special symptom that may show itself during the physician's absence.

A pneumonia jacket is frequently ordered, and should not be removed while there is the slightest pain or tenderness left, and when it is advisable to remove it, the best plan is to cut off an inch or two from the bottom every day, so that the patient will gradually become accustomed to do without it.

Insomnia

Almost every one encounters a period in his life when sleep for a time deserts him, either through ill health, worry, or nervousness ; and, except when absolutely necessary, it is unwise to resort to sleeping powders or drugs of any kind, as the habit of taking them is easily formed, very hard to overcome, and may become a deadly foe to peace of mind and even life itself.

When obliged to endure real physical suffering an anodyne or narcotic of some kind is necessary ; but when sleeplessness comes from sheer nervousness, worry, or overtired brain, there are various little experiments that have been tried and have proved successful in promoting sleep. Take as much outdoor air and

exercise as possible, and do not allow yourself to sleep during the day or after dinner in the evening. Avoid all mental work or exciting reading after dinner.

Prepare for retiring about 10 P.M., by taking a tub bath in warm, but not too hot, water for about ten minutes. Warm water is much more soothing than very hot water, the latter being too stimulating for repose. After the bath, rub the body briskly with a flesh brush or rough bath towel; then get right into bed while the body is in a glow from the rubbing, and the nerves relaxed and soothed by the warm water.

Something hot in the way of nourishment should then be taken, as it is just as impossible to sleep when the stomach is empty as if you had overloaded the system with rich food. A little hot milk, broth, or cocoa, or even plain hot water, will be sufficient. If you get into the way of sleeping well the first part of the night, but waking about four o'clock and lying awake until the rising bell rings, you may be able to overcome this bad habit by taking some nourishment as soon as you wake.

Some people require food much oftener than others, as their digestive organs work more

rapidly, and so they may wake from sheer hunger, without being thoroughly conscious of the fact. A lady who had been a very restless sleeper told me that she overcame the habit by slipping the pillow out from under her head whenever she was wakeful, and the change of position invariably put her to sleep.

Another person's remedy when wakeful is to get up and rub the chest, arms, and back for a few moments with a towel wrung out of cold or lukewarm water. After drying briskly with a rough towel and jumping into bed again, he is asleep in five minutes.

A cold wet cloth applied at the base of the brain, and covered so that it will retain its moisture, is of great assistance when the brain is overtired and unable to stop working. Sometimes an alcohol rub at bedtime will invite the wished-for slumber when all else fails.

However, none of these remedies will be of the slightest avail, unless the bedroom is properly ventilated. Sleep taken in a room without having a window open a few inches, will be of little benefit, as you will awake in the morning feeling tired and unrefreshed. It is necessary, even in winter, to have good ventilation in the bedroom. Opening the window

an inch is sufficient, and with the bed well protected from draughts, you will be surprised to find how rested and invigorated you will feel in the morning. If you are accustomed to sleep with some one else, and are troubled with insomnia, try sleeping alone for a few nights; it is much more restful.

Children should on no account be allowed to sleep with older people, as much of the child's strength will be absorbed by the adult. Delicate or nervous people should, if possible, always sleep alone. Where it is really necessary to resort to a sleeping powder, "Trional" is the most harmless that can be used, and it leaves no bad after effects. About ten grains taken with hot milk, or hot water, will give some hours of refreshing slumber, but it is wiser to consult a physician before using sleeping medicines of any description.

A friend of mine who has suffered a great deal from insomnia declares that the moral effect of having a sleeping powder on the table beside her ready for use, should she need it, is frequently sufficient to cause her to sleep peacefully. Children require a great deal of sleep, especially when they are of a nervous disposition and are growing rapidly. They should

always be put to bed very early in the evening, at a regular hour every night, as the best sleep is that which comes before midnight.

Indigestion is one of the chief causes of insomnia in children, and some of them require an additional supply of warmth. Cold feet will keep them awake, as it often does older people. If their feet are cold at bedtime, a hot foot-bath and a pair of bed socks will soon remedy this trouble. Music is a great hypnotic with children, even after they have outgrown their babyhood, and a simple little story told to them in a monotonous voice without any exciting adventures will prove sufficient to enwrap even the most wakeful child in "Nature's sweet restorer balmy sleep."

CHAPTER IV

Baths

If every one understood thoroughly how helpful baths are in the prevention of disease, as well as how much they add to bodily comfort, he would never be satisfied to omit the daily bath, in health and sickness. A daily bath is necessary to keep the pores of the skin open, and remove the waste material from the blood that is brought to the surface by numerous little sweat glands. The man who boasted that water had not touched his back for forty years, must have been loathsome to himself and all his neighbors.

A bath once a week, usually on Saturday nights, was considered by our grandmothers to be all that any one could demand in the way of cleanliness. But in this progressive age we are learning the great importance of the daily bath, if we desire to keep our bodies in perfect condition. In times of sickness thorough cleanliness is a positive aid to recovery, and we all realize what a good moral effect is pro-

duced when we emerge from a tub-bath, conscious that we are as clean as soap and hot water can make us.

Cold baths

Cold water baths should always be taken in the morning before breakfast, and hot ones in the afternoon or evening, as the cold water braces up the system, while the hot water relaxes it so much that one is liable to take cold if exposed to the outside air immediately afterward. If possible, a cold plunge bath should be taken in the morning after rising. A quick plunge in the water, and a brisk rubbing down with a flesh brush or rough towel, will bring the blood to the surface, and cause a fine glow over all the body.

Should the cold plunge be impossible (and for some persons it is too great a shock to the system), substitute a thorough sponging of the neck, arms, and chest for five minutes, allowing the sponge to rest for a few seconds on the back of the neck which will strengthen the eyes. A very good suggestion in regard to cold baths, is to draw the water for the bath in the evening, allowing it to stand all night in the tub, thus removing the severe chill from

the water, and being enabled to jump right into the tub on entering the bath-room, without being obliged to wait in the cold until the bath is ready. You will find nothing more refreshing and invigorating than the use of cold water for the morning ablutions; it hardens the system and is one of the greatest safeguards against colds. Even when a cold bath is taken each morning, a hot bath is necessary once or twice a week, to remove the natural grease from the body, and to keep it perfectly clean. Some modern authorities recommend, instead of the cold bath, a tepid one, with a cold shower bath, or sponging off with cold water afterward.

Hot baths

There is a great difference between a tepid bath and a really hot one: the former is much more soothing than the latter; but the very hot water is better for thorough cleanliness, with plenty of Castile soap and occasionally a little ammonia added, to make the skin firm and white, and to remove all disagreeable odors arising from perspiration. After taking a hot bath it is a good plan to turn on the cold water tap for a few moments, before leaving the bath-

tub, so that the body may cool off slowly before being exposed to the air. The skin must always be rubbed thoroughly dry before dressing. A celebrated physician affirms that almost the greatest benefit of the bath is to be derived from the rubbing, as the friction thus caused makes the blood flow freely through every portion of the body. One strict rule should always be observed, viz. never take a bath of any kind immediately after eating, as it will check digestion and upset the whole system. I can speak from experience about this, as once I foolishly took a hot bath immediately after eating, thinking that because I had taken a very light meal, it would not injure me; but the next day I suffered agonies from a severe sick headache and nausea, which taught me a lesson I shall never forget.

At least one hour and a half or two hours must elapse between eating and bathing. Any one subject to headache should wet the forehead with cold water before getting into the bath-tub. When hot baths are taken every day, it is well to omit the bath one day in the week, because if continued without interruption, it may prove rather weakening to the system, unless the bath does not last more than

ten or fifteen minutes, and is followed by a brisk sponging with cold water.

Baths in bed

During sickness an extra need exists for the use of soap and water, specially when there is any high fever, as the pores of the skin need to be kept open. The daily bath is also most refreshing and stimulating when the system is weakened with sickness; beside this the muscles have no chance of working while lying in bed, so that a little brisk rubbing each day after the bath will be found to be of great service in keeping them in good shape.

Before giving a bath in bed, you should have everything needful at hand, so that you need not stop in the middle of the bath, leaving your patient half dried, while you run for extra towels, clothing, or other necessaries. If you intend putting on a clean nightgown or under-vest, hang them over a chair in front of the fire or register so that they shall not chill the patient. Should he be weak or liable to take cold easily, have a hot water bag filled ready to apply to the feet, and be careful that the room is warm and with no draughts that would be likely to reach the bed. Place a chair or

small table ready for the basin which is to be filled with very hot water, and a little extra hot water should be on hand, as it is apt to cool very quickly in a large wide basin. Two wash cloths are better to use than sponges, one for the upper and one for the lower parts of the body, also a bath towel and a couple of soft ones for the face and hands. Castile soap is the best and purest, and a little alcohol or salt in the water will be found very refreshing and is a safeguard against colds.

When all is quite ready and the room warm and comfortable, remove your patient's clothing and place him between two blankets, or, if you prefer it, use one blanket over and the bath towel underneath the portion of the body you are washing, moving it from one side to the other as you work.

The face is bathed first, then the neck, arms, chest, and abdomen ; turn the patient on one side and bathe the back, and finish with the legs and feet. Do not uncover the body more than is necessary to wash each particular portion. Dry each part carefully as soon as you wash it, remove the towels and blankets, and put on the fresh warm clothing. If the bath has proved exhausting, give a drink of hot

milk, broth, or an eggnog. After the bath, always clean the finger and toe nails, and brush the hair.

A bath in bed given according to these directions will only take at the outside from fifteen to twenty minutes, and will prove of great comfort to the invalid. Between ten and eleven o'clock in the morning is the best time for a bath, but it can be given before breakfast if desired.

When the water is hard, you can soften it by adding a little borax. It is surprising how many people there are in the world who are afraid of the touch of water, hot or cold, and some patients I have met decidedly object to having a bath in bed for fear of any exposure that may give them cold. But as a matter of fact there need not be any exposure of the person, as the whole bath can be given under cover of the blankets, and when one is persuaded to have a bath, he is quite surprised at the ease with which it can be given, and the comfort and refreshment resulting.

Foot-baths

During an illness, when there is severe headache and restlessness, and the feet are cold, a

hot foot-bath will be found very soothing and quieting to the nerves. It can easily be given even when the patient is unable to leave the bed. Fill the foot-tub half full of water, and, turning up the bedclothes from the feet to the knees, place the foot-tub on the bed, bend the knees up, and put the feet into the water, covering the feet and legs with a double blanket. The water must be as hot as can be borne, and the bath should last for about twenty minutes.

Mustard foot-bath

Where there is a good deal of fever, and the head is very hot and heavy, as in fever cases, sunstrokes, bronchitis, and sometimes in grippe, a mustard foot-bath is frequently ordered by the physician. A high pail or foot-bath is filled with very hot water, and the amount of mustard used varies according to the age of your patient. For an adult about a tablespoonful of mustard to every gallon of water is the usual quantity. The water should reach almost to the knees. Cover the patient's legs and the tub with heavy blankets to promote perspiration; for the same reason a hot

drink should be taken while the bath goes on. Add hot water every few moments to keep up the temperature, and at the end of twenty minutes, dry the feet gently, roll them in a blanket, and put your patient back to bed.

Sponge baths for reducing temperature

When caring for a typhoid fever case, in a private house, the regular hospital tub bath is seldom given, as it is not possible to have all the appliances, including a bath-tub on wheels, so that a sponge bath is generally substituted. These sponge baths should be given as quietly as possible so that the patient may not be disturbed more than is absolutely necessary. A foot-bath or pail is half filled with water at the temperature of 70° , and pieces of ice are added to the water as soon as the temperature rises. A bath thermometer is necessary to be sure that the water keeps at or below 70° . Two large sponges and a rubber sheet to protect the bed are required. Place the rubber with a sheet over it under the patient, remove the nightgown and cover with a sheet; then put a rolled-up blanket under

the edge of the rubber at each side of the bed, thus forming a hollow space around the body, and it will prevent the water from dripping over the mattress. Wring out a towel from the ice water to cover the head (but do not let it drip into the ears), and another to cover the abdomen, and change them every three minutes to keep them cold. Sponge the arms and chest first, with long even strokes, changing the sponge after every fourth stroke, and use plenty of water. After the arms and chest turn the patient gently on one side and sponge the back, then the legs. About five minutes should be given to each part except the legs, which do not require so much sponging as they grow cold quicker than the rest of the body.

Never under any circumstances rub or sponge the abdomen in typhoid fever, as there would be great danger of hemorrhage or perforation. Exposure to the air will not hurt the patient, and will reduce the temperature much more quickly than if you keep all the body covered during the bath. A sponge bath of this kind should last about fifteen or eighteen minutes, and plenty of cold water to drink ought to be given during the bath to cool off the inside of the body. Then, wrap the patient

in a blanket for ten minutes, to rest before replacing the clothing. Some doctors have a wet sheet wrapped around the patient and covered with blankets for half an hour after the bath, before replacing the nightgown.

The temperature should be taken by rectum before, and half an hour after the bath to prove exactly how much it has been reduced. As a rule stimulant of some kind is ordered before or after the bath. Of course these baths should never be attempted without the doctor's orders, and they are usually given under his directions, as there are many cases where the heart is weak and they would prove too exhausting to the patient. When the fever is not very high, and it is only necessary to give a light sponge bath, use alcohol and water, or vinegar and water, temperature about 80° with a little ice in the water and two pieces of gauze instead of sponges. Do not uncover the patient, but slip your hand under the sheet and go over each part in a slow, gentle manner, and your patient will be soothed and rested.

Salt baths

Salt baths are of great tonic value, especially in nervous cases, and they can be given either

hot or cold. About one-quarter of a pound of rock salt to every gallon of water is the amount used. Salt and alcohol mixed well together and rubbed into the body, commencing with the feet and working upwards, act most successfully in restoring the nervous system after a long illness.

Hot baths

Very hot tub baths are sometimes given during illness, to cause profuse perspiration. The temperature of the water may be as high as 98°, and slowly increased until as hot as the patient can stand it.

Cold cloths must be kept on the head, and after the bath wrap the patient in blankets, and give plenty of hot water to drink. The blankets are left on for about an hour, then the body rubbed dry, and a refreshing sleep will follow. When there is any eruption on the skin, such as prickly heat, hives, or a skin affection of any kind, especially during the hot weather, washing the body gently with bicarbonate of soda mixed in warm water will relieve the irritation immensely. Bisulphide of soda is also used frequently for the same purpose. When giving a bath to a very stout

person wash carefully under the breasts between the folds of the groins and the thighs, and powder well afterward, because if moisture is allowed to remain in these places the skin will become raw and irritated.

Bath mittens

For giving oneself a good stiff rub with soap and water I find nothing so useful as a pair of bath mittens. They are made from Turkish towelling cut in the shape of two bags with elastic around one end; the hands are slipped in and the elastic prevents the mittens from falling off, so that every part of the body can be well rubbed with ease and comfort. Some of these mittens are made with a little pocket inside to keep the soap in place. Horsehair gloves are also of good service for rubbing oneself before bathing, especially during the cold weather.

Chapped hands

When caring for a patient during cold weather it is very trying and irritating to have your hands rough or hard to the touch. The following recipe, if applied after the hands are washed, will keep them in good order, and

remove the roughness caused by the use of alcohol or when obliged to have your hands continually in a disinfectant solution. Equal parts of bay-rum, glycerine, borax, and spirits of camphor well mixed together.

Mouth wash

Almost every patient needs a good mouth wash after eating, especially when on a milk diet; when lying in bed the digestion is frequently out of order from want of exercise, and causes a disagreeable taste in the mouth. Glycerine, borax, lemon juice, and ice water mixed together make a pleasant and useful mouth wash. Should your patient be too sick to use a mouth wash, twist a piece of cotton wool or old linen on the end of a long pencil, dip it in the mixture and gently wash off the gums on both sides, and the tongue, doing it very cautiously so as not to cause nausea. In all fever cases, specially typhoid, the mouth must be carefully watched, and rinsed or washed every three hours, or it will become very sore and swollen, and a brown crust will form over the tongue and gums.

Care of the teeth

The teeth ought to be brushed twice a day in health and at least once in sickness. This is almost more necessary at night than in the morning, as small pieces of food remaining from the last meal might lodge in the teeth all night and soon lead to decay. It is not wise to use a very stiff tooth-brush as it has a tendency to loosen the gums around the teeth. Always brush from the upper gum downwards, and upwards from the lower gum, so that the gums will not be pushed away from the teeth. A dentist told me that many people injure their teeth by brushing too hard and in a wrong direction, as the gums recede and leave the sensitive bone exposed.

One of the simplest and purest tooth powders, the recipe for which was given to me by a first-class dentist, is : equal parts of camphorated chalk and orris root, with one-third the amount of bicarbonate of soda, all well mixed together.

After a long illness, or when troubled with indigestion, black heads or little pimples often appear on the face and are most irritating and hard to get rid of. A simple little wash made of one pint of rose water and one teaspoonful

of pure 95 per cent carbolic is most cleansing and very effective in removing the pimples. The rose water must be heated so as to melt the oil in the carbolic, and the wash is applied at bedtime.

CHAPTER V

Fevers

When a contagious fever enters the household, it is sometimes very difficult to know just from where the infection has come, as we daily run the risk of encountering it while travelling in street cars or trains, and also in large public gatherings.

Infection

As a rule, people are not half so particular as they ought to be, often going out of an infected room or house into a crowded conveyance or public building, without proper change of clothing. They thus carry numerous germs in the folds of their garments, and these germs are ready to fasten themselves on any one whose system is out of order, and consequently liable to contract disease.

Many cases of contagious fever could be traced in this manner, and where there is the remotest chance of causing suffering and perhaps death to other people, we cannot be too careful or particular as to what means we take to prevent it. Some doctors have linen coats

or suits that they leave at the house of a patient where there is a contagious disease, and slip them on over their cloth suits before entering the sick-room. It is certainly a wise precaution when they are obliged to go from one patient to another. The fever germs take root in the human body just as seed will in the soil, and develop gradually, between five and ten days elapsing before the disease shows itself.

Some fevers are contagious without being infectious, that is, they can only be contracted when in direct communication with the patient, as in cases of typhoid fever, malaria, pulmonary tuberculosis, etc.

There are others that are both contagious and infectious, that is, they can be carried through a third person, in the clothing, or by books, letters, or other personal belongings; such as scarlet fever, smallpox, diphtheria, measles, etc.

Some fever germs are carried in milk and water, more especially typhoid, tuberculosis, and diphtheria. Typhoid germs have been found in butter, oysters, water-cress, ice-cream, etc. When there is a suspicion of these fevers being in the neighborhood, the water and milk ought always to be sterilized before using.

Symptoms

In almost all cases of fever, the patient feels sick and miserable for two or three days before the disease really declares itself. He generally suffers from headache, nausea, aching limbs and back, and is in a depressed condition mentally.

In typhoid fever the first symptoms are a severe continued headache and backache, a tired listless feeling; sometimes nose bleed, and a rise in temperature every evening a little higher than the day before, although it may be normal in the mornings. Malarial fever is diagnosed by the heavy chills and fever, returning at regular intervals.

Scarlet fever does not declare itself decidedly until the rash appears, when it is easily distinguished from other eruptions, as it is of a bright red color and disappears on pressure; it first shows itself on the face and neck and around the joints. Sore throat is also one of the first symptoms of scarlet fever.

In smallpox the rash first appears around the roots of the hair in raised spots called papules, and soon spreads all over the body. The papules increase in size until about the eighth day, when they break. Pus runs from them

and forms scabs which gradually dry and disappear. Smallpox is easily mistaken at first for chicken-pox, as the rash in both cases is very much alike for the first few hours.

Diphtheria starts with a chill, fever, and sore throat. The diphtheritic membrane which forms on the tonsils, palate, and back of the throat is of a grayish white color, and forms in patches. The tonsils are very much swollen, and there is great difficulty in swallowing, and a very offensive breath.

Measles come with a rash formed in crescent-shaped patches, first appearing about the neck and face, with a copious discharge from the eyes and nose, and there is generally a slight cough.

As this little book is only intended to be a guide and help in home nursing, I will not enter fully into all the symptoms, or the treatment of fever cases ; but as soon as any of the above-mentioned symptoms appear, a physician must be summoned and all his directions carefully carried out.

Isolation

In all cases of fever strict isolation must be enforced for the benefit of outsiders, as well as

for the safeguard of the different members of the family. And even when the fever is only contagious and not infectious, it is necessary to keep the patient apart from other people. When it is advisable to nurse the sick one at home through a contagious disease, put him in a room at the top of the house or as far from the other members of the family as possible.

Take up the carpet, remove the curtains, and all upholstered furniture, and leave nothing in the room that might be hurt by the daily use of disinfectants. A great deal can be done to prevent the spread of disease by the careful use of disinfectants.

When the fever is smallpox or malignant scarlet fever, hang over the door of the room a sheet wrung out of a solution of $\frac{1}{20}$ carbolic, made by adding one part of pure carbolic acid to twenty parts of water.

Thorough cleanliness and good ventilation will go far toward preventing the spread of disease.

Contagion

Children are particularly susceptible to contagion, and should be at once sent out of the house when an infectious disease appears.

In the olden times, it was considered almost a necessary part of a child's life to go through the various stages of measles, scarlet fever, whooping cough, etc., with the mistaken idea that every child was obliged to have these diseases at some time in his life, and so had better get over them while young. Therefore they were not kept out of the way of infection as carefully as they ought to have been.

But we have learned wisdom in these days of scientific pathology, and we know that it is much wiser and safer to keep children out of the way of infection than let them run the risk of so much suffering and danger. It may not be generally known that whooping cough, which is called a child's disease, can be contracted by older people; but I lately heard of two cases where old ladies took this distressing disease from their grandchildren and had very severe attacks.

Smallpox is contagious even before the disease shows itself, while measles and whooping cough are most contagious in the early stages. The danger of infection in scarlet fever is greatest when the skin commences to peel off, which is usually about the end of the eighth day. To prevent the skin flying about the

room, and to allay the intense irritation, rub your patient all over with carbolized vaseline, or some other antiseptic liniment twice a day. In one of the most successful cases of scarlet fever that came under my care, the doctor ordered a bath twice a day of warm water and soap, with a little bichloride solution added to it. After the bath a good rub with alcohol, and to finish an application of an antiseptic liniment. The consequence was that when the skin peeled, it was rendered practically harmless, as it had been thoroughly disinfected each day on the body.

In cases of pulmonary tuberculosis, or, as it is generally called, consumption, the infection is carried in the sputum, which is full of tubercular bacilli. As long as the sputum remains moist, the germs are not able to do much harm; but when it is allowed to dry on the handkerchief, and is then exposed to the air, the germs fly round and are inhaled by thousands of people, and in cases of weak lungs soon find a fruitful soil to grow in. It would be safer to use gauze or old linen that could be immediately burned after using, instead of handkerchiefs, but people as a rule are not willing to do this, and when handkerchiefs are used they

should be rolled up tightly and put in a disinfectant solution until they are well boiled. It is hard to make every one realize how much this dread disease is spread for want of proper attention to this common-sense rule. Any one even suspected of having consumption should take strict precautions as to their personal cleanliness, and especially be careful about rinsing out the mouth frequently with an anti-septic mouth wash. They should also refrain from kissing other people, particularly children, as that is one of the surest ways of spreading the disease. If a member of the family develops consumption, he should always sleep alone, as it has been proven that in some instances the germs of the disease have been communicated to a member of the family who was accustomed to sleep with the patient.

Precautions to be taken by the nurse

If for any reason it is impossible to have a trained nurse to care for a fever patient, one member of the family should undertake the task of nursing. For the time being she must put everything else aside, especially in the way of social pleasures. She ought to feel herself

personally responsible for the care of the patient and the sick-room, and when relieved from duty, by the necessities of daily exercise, meals, and sleep, she should give careful directions to whoever takes her place.

A plain cotton dress must always be worn when nursing an infectious fever, so that it can be boiled and disinfected constantly; and the nurse's head must be covered with some kind of a cap or kerchief, to prevent germs settling in her hair. It is unwise to have too much starch in dress or petticoat, as the rustling caused by it is very irritating to a nervous patient, and perfumes or scented soaps should be avoided.

When nursing a fever case, if you take a good walk in the open air every day, regular meals outside the sick-room, at least six hours' sleep in the twenty-four, a thorough warm bath daily, besides obeying the common-sense rule, — never to enter the sick-room when tired without eating or drinking something to refresh the system, — there is very little danger of your contracting the disease. In stooping over your patient, be careful not to inhale his breath. When nursing cases of diphtheria, I have found it an excellent rule to cover the

mouth and nose with a handkerchief wet in a solution of $\frac{1}{5000}$ bichloride, while spraying the patient's nose and throat; so that, should he cough suddenly, you would be protected from the germs that fly out of his mouth. I followed out this rule when caring for four severe cases of diphtheria in the mountains one summer, keeping the handkerchief on as I went from bed to bed, every hour, spraying the throats and noses, and washing out the mouths of the patients, and I feel sure it was largely owing to this precaution that I escaped the disease.

One of the most important rules that the home nurse needs to remember is—never eat anything in the sick-room, as the air will be full of fever germs which are very fond of hiding themselves in food. Before going to her meals she should always rinse her mouth with an antiseptic mouth wash, such as listerine, or a solution of boric acid, to remove the germs that collect in the mouth, around the gums, and under the tongue, and to prevent their being washed down the throat and absorbed into the system.

A physician, in speaking on this subject, attached the greatest importance to this precau-

tion, so much so that he said he believed that in a few years people would not eat at any time without first rinsing out the mouth with an antiseptic mouth wash. Microbes of all kinds are continually flying round us, entering our mouths every time we open them to breathe or speak, and lodging there waiting to be absorbed into the system with the food we eat, where they often develop and cause disease.

The nurse's hands must also be dipped in a disinfecting solution each time after she has been caring for the patient, and the nails ought to be kept very short and scrubbed with a nail-brush, as they form a hiding place for germs. A solution of $\frac{1}{1000}$ bichloride is best for the hands, and should always be ready for the use of doctor and nurse.

Duties of the nurse

Perhaps it might be well if I give here a little plan of the duties to be accomplished during the early morning hours to put the sick-room in order for the day.

As soon as the patient wakes, temperature, pulse, and respiration must be taken and re-

corded. Then there is, as a rule, only time enough to bathe the face and hands, clean the teeth, and rinse the mouth before breakfast. Should the patient be on fluid diet, and thus not eating solids, it is unnecessary to wait very long after breakfast before giving the daily bath which is of such especial importance in fever cases. After the bath an alcohol rub is most refreshing if the fever is very high, or in the hot summer weather. When your patient is too weak for a daily bath, wash the hands, face, and back, and rub the back and limbs with alcohol. If the eyes should be weak and the lids red, wash them with a solution of boracic acid, one teaspoonful of the boracic to a pint of boiled water. Brush the hair, and when long braid it neatly; to prevent it from falling out, when it has not been shaved off, clip the ends regularly once a week and rub bay rum into the scalp daily. After the bath, slip on a clean, well-aired nightgown and fresh sheets, place a hot water bag at the feet, and give the prescribed nourishment, and your patient will probably fall into a refreshing sleep while you proceed to make the room tidy.

Care of the Room

The bed covering must be as light as possible in fever cases, a sheet and one blanket being sufficient. Instead of a spread, use a thin sheet, as it is only needed to keep the blanket clean. The oldest bed linen and night-clothes in the house should be used, so that they will not be hurt by frequent boiling and disinfecting. Instead of handkerchiefs, keep on hand a supply of cheese-cloth, which only costs five cents per yard, cut it up into small squares and burn them as soon as they are used. This is a very necessary precaution against spreading the disease, especially in cases of tuberculosis and diphtheria. In fever cases the bed linen and night-clothes ought to be changed as often as possible, as there is always a slight odor from the fever unless everything is kept immaculately clean. As soon as the linen is taken off the bed, roll it carefully so that the germs cannot fly about the room, and soak it for at least two hours in a pail containing a solution of $\frac{1}{20}$ carbolic, after which it may be taken downstairs and boiled in soap and water. Carbolic is better than bichloride for disinfecting clothing, as the latter is likely to turn the clothes yellow.

Each morning the floor needs to be wiped with a cloth wet in $\frac{1}{40}$ carbolic acid and fastened on the top of the broom. The new disinfectant "formalin" may prove to be better, as it is perfectly odorless. A solution of one per cent is generally used either in a spray or sprinkling it over walls and floors. The bichloride, or corrosive sublimate as it is sometimes called, is made from the tablets that come in small blue bottles. One tablet added to a pint of water makes a solution of $\frac{1}{1000}$. This may be increased or weakened as desired. It is important to remember that this as well as carbolic is a deadly poison and must be kept well out of the reach of children. Six teaspoonfuls of carbolic to a pint of water makes a $\frac{1}{20}$ solution; very hot water is needed to mix the oil in the carbolic, and it should stand for half an hour before using. The cloth that is used for dusting should also be dampened with a disinfectant, and if you fill some vessels with the two per cent formalin solution, and stand them in different parts of the room, it will purify the air by absorbing some of the germs floating about. These solutions must be renewed every twenty-four hours, as they lose their strength when exposed to the air for any length of time.

An open-grate fire is particularly useful in contagious cases. Apart from its cheery aspect, and help in ventilation, you can burn small pieces of gauze or linen which have been used around the patient, without removing them from the room.

The temperature of the room should not be higher than 68° F. In summer time the air can be kept cool by means of an electric fan. Standing bowls of ice around the room will also help to keep it cool. The ventilation must be carefully attended to night and day.

No food of any kind should stand in the room, as it absorbs the microbes sooner than anything else. When a bedroom refrigerator is not available, all eatables should be kept in another room, or outside the window. A wooden box securely fastened with cords outside the window would form a convenient cupboard for jellies, milk, and broths, etc.

All glass, china, or silver in service during the illness ought to remain upstairs, and not be returned to the family dining-room until properly disinfected.

Books and papers used during a contagious fever will have to be destroyed, as they may

never be thoroughly disinfected. Should it be necessary to write letters from the sick-room, write them with a pencil and then dip the paper and envelope in a solution of $\frac{1}{1000}$ bi-chloride, allowing it to dry outside the room. By doing this you will run little risk of conveying the disease to your correspondents.

There is generally a good deal of headache when the fever runs high, and it is best relieved by keeping the head cool with ice cloths. Keeping the feet warm will also help to cool the head, and a brisk rub with alcohol for a few moments will warm them quickly.

When the fever is very intense, the feet become dry and stiff, and much relief will be given by a daily application of sweet oil and menthol mixed.

Each time before the bed-pan is used, put a little carbolic solution in it, and before emptying the contents, cover it completely with carbolic or formalin and allow it to stand for half an hour, so that it will be thoroughly disinfected. These precautions are especially to be observed in the case of typhoid fever, as the germs of that disease are found in the stools in great abundance, also in the urine and sputum, and may be easily communicated

to any one nursing the case, unless particular care is observed. It is also necessary in typhoid fever, if there are involuntary movements, to steep the bed linen immediately in a strong solution of carbolic for a couple of hours.

Except when quite unavoidable, no member of the family should use the closet where the evacuations of a typhoid fever patient are emptied daily. If absolutely necessary to do so, plenty of disinfectants should be used all the time. Formalin is one of the best for this purpose, and the closet should be flushed with boiling water two or three times a day.

A daily record must be kept for the doctor, noting any little change during his absence that may be of assistance to him in his treatment of the case. The urine ought to be measured and recorded, especially during scarlet fever, as Bright's disease is one of the complications that sometimes follows this fever, and is first shown by the urine ; so that any particular change in the amount, color, or odour of the urine ought to be reported.

When there are any signs of delirium, which often accompanies high fever, it is very necessary that the patient should not be left alone for a moment, for fear of his injuring

himself in some way. If the nurse is obliged to leave the room, even for a few moments, she should take the precaution to have some one else remain with the patient.

In preparing for the night, rub the back and limbs with alcohol, and bathe the face and hands. The rubbing will soothe the restless feeling that comes after lying in bed many days, and it is also a great inducement to sleep. Always rub from the feet upward, in long quiet strokes. A little cold cream or glycerine and rose-water on the lips will prevent their chapping with the fever.

Absolute rest of mind and body are necessary to insure a quick recovery. A dim light should be kept burning all night, either in the room, well shaded from the patient's eyes, or outside the door, because while in a feverish condition the patient may have bad dreams, and wake up in the dark frightened and nervous.

When the fever breaks profuse perspiration is the result, and there is serious danger of contracting a cold. Rub the body with a warm, dry towel, put on a fresh, well-heated nightgown, and, if necessary, dry sheets. During some fever cases, I have had to change my patient two or three times in the night to pre-

vent a chill from the clothes wet through with perspiration.

Nourishment

In all fever cases the diet for the first stages of the disease is given in liquid form. This generally consists of milk and broths. When there is any nausea, peptonized milk, or milk and lime-water are preferred. About two or three ounces, at least, ought to be given every two hours while the fever is at its height, increasing the amount gradually when the temperature lowers.

Never give stimulants without the doctor's orders, unless in a case of collapse; but it would be well to provide for this beforehand by asking the physician exactly what you ought to do if such an emergency should arise during his absence.

All through the day give your patient plenty of water to drink, for which he will be most grateful. Do not wait for him to ask you, but give him a drink about every two hours, as it is a great help in reducing the fever. This drinking water must be boiled and then allowed to grow cold in the refrigerator, as it is much safer than using the ordinary ice-water.

In these days the physicians agree that a fever patient shall have all the water he desires, provided it be boiled. After each feeding, wash out the mouth with an antiseptic mouth wash.

In typhoid fever the tongue and gums become thickly coated with a dark brown coating, called "sordes," which if allowed to dry and crack will make the mouth excessively sore; this can only be prevented by frequent washing with an antiseptic solution and a small piece of gauze or cotton wool, which should be burned immediately.

It is generally advisable to give some nourishment during the night, and in most fever cases it is an absolute necessity, as a high temperature is a great strain on the system. But you must be guided by the physician as to whether it is necessary for you to arouse your patient at regular intervals; it will depend entirely on his condition.

Air

The sick-room in fever cases should be as large and airy as possible, and during warm weather, or if the room is a small one, it is advisable to remove all the furniture except the bed, a small table, and a couple of chairs, so that the air will be able to circulate freely.

When there is a great deal of delirium, a mustard plaster or blister applied to the back of the neck will soothe the patient.

In diphtheria the heart is often affected, so that it is not wise for the patient to make any sudden, quick movement out of bed. He should keep a recumbent position, and the pulse be watched most carefully.

Fresh air is of the greatest importance in the treatment of consumption; it is almost the only remedy that has proved of any avail in checking this dread disease. It has recently been demonstrated that climate itself is not of so much importance as plenty of fresh air, and that, so long as an outdoor life can be carried on entirely, consumption can be treated in almost any country.

Disinfection

As soon as you have received permission from the doctor to move the patient into another room, give him a good, hot bath, and then sponge him all over, including the hair, with a weak solution of bichloride, wrap him in blankets, and take him into an adjoining room that has previously been prepared and made comfortable. It is of great importance that after an

infectious disease the sick-room should be thoroughly and carefully disinfected, as the troublesome little fever germs have a disagreeable way of lingering round for months and even years in various nooks and crannies.

I have heard of a case where scarlet fever was contracted by a little boy whose family had moved into a house where the disease had been nearly a year before. The rooms had been disinfected, but a toy closet off the nursery had not been properly cleaned out. The little boy after playing there for a few days was stricken with scarlet fever.

As soon as you have moved your patient out of the sick-room, take all the bedclothes and put them into a pail of $\frac{1}{20}$ carbolic and let them steep for some hours. Wrap up the mattress and send it to one of the special establishments for sterilizing and disinfecting bedding, to be found in almost every city. Should there be no such place at hand, do not hesitate to burn up the mattress as it is impossible to disinfect it thoroughly at home.

A few years ago sulphur was deemed most essential in fumigating fever rooms, but it has been proven to be of little value in destroying the germs completely, though still used in con-

nection with bichloride. I have found it as a rule best to use both methods.

First, fumigating with the sulphur by putting a good quantity of lump sulphur (the candles are not so good as the ordinary lump sulphur) on a tin, place the tin in a larger one half filled with water, and, after tightly closing up doors and windows, set fire to the sulphur and let it burn for six or eight hours.

At the same time that the sulphur is burning have two kettles of water boiling in the room on a coal-oil stove to make the atmosphere moist. When the sulphur has burned itself out, open wide the windows for an hour or two to allow the dust to settle, and the air to clear before commencing the second stage.

Then take a pail of $\frac{1}{500}$ bichloride, and wash over everything in the room from the ceiling to the floor inclusive, with a plentiful supply of the solution. The walls and ceiling can be washed with a cloth tied over the broom, and all the furniture must be carefully gone over. The bedstead, if an iron one, should be washed with strong carbolic as the bichloride would rust it.

When the fever has been very severe and infectious, as in scarlet fever or smallpox, the room ought to be repapered and repainted before it is used again.

The latest method for disinfecting and sterilizing a room after an infectious disease, is the employment of Schering's formalin lamps and pastils to produce the pure formaldehyde gas. It is claimed to be a perfect disinfectant and purifier, and is now used extensively instead of sulphur or bichloride. These formalin lamps may be procured at any large druggist's, with full directions as to their use.

Complications

There are a great many complications to be guarded against after a case of fever, even a slight one; and when the temperature has been very high for any length of time, the whole body is consequently left in a very weakened condition, and is liable to develop any latent weakness or hereditary disease at the slightest exposure. So that the utmost care should be taken during convalescence to guard against over-fatigue or exposure to cold. It is also well to keep on taking the temperature night and morning for some days after it

is normal, especially in the case of typhoid fever, as a rise in temperature during convalescence may indicate some trouble that, if not attended to, might cause a relapse of the fever.

CHAPTER VI

Observation of symptoms

At all times children require a great deal of patient care and watchfulness. But especially when they are ill, it is necessary to combine with patience both tact and sympathy.

Children under four or five years of age are quite unable to describe their symptoms, and, indeed, older children very often cannot explain exactly where the trouble lies, or how it affects them. It is especially requisite therefore, with children, though also of great importance with older people, that we cultivate the habit of observation ; and the eye can very soon be trained to notice signs of illness, especially in those we love. "Soft infancy that nothing canst but cry," is very clearly illustrated when a child is sick, but even the manner in which a child cries is quite suggestive as to where the pain lies.

Crying immediately after coughing shows that the cough has caused pain in the chest.

Incessant crying in a very young child is a

sure indication of pain or hunger. If pain, the trouble will frequently be found in the ear, though the child may not be able to locate it.

When there is pain in the abdomen the cry will be very loud, and the child will draw his little legs up against the abdomen.

Sharp screams at intervals, followed by low moans, are a sign of brain disease.

A great deal can also be observed by watching the child sleep. The position he takes in bed is very suggestive, as he will unconsciously assume the position that gives him the greatest relief from pain. In lung troubles, the child will lie on the side affected, so that the air will have a better opportunity to enter the well lung, and thus enable him to breathe more comfortably.

Knees drawn up against the abdomen during sleep, and a twitching of the upper lip, often indicate peritonitis.

When suffering from colic, a child will turn over and lie on his stomach. Frowning and a continuous contraction of the eyebrows accompany pain in the head. Restlessness and twisting of the eyelids, while the thumb is flexed in the palm of the hand, is a beginning of convulsions.

Should a child complain frequently of headache, after he is old enough to commence studying, while his general health seems to be all right, you will often find that there is some affection of the eyes, even though the sight may not appear to be troubled. Dark rings under the eyes come sometimes from imperfect circulation.

If a very young child keeps putting his hand to ear, head, or throat, it often means inflammation or irritation of some kind in that locality. Many of these symptoms apply to grown-up people as well as children, but as a rule they can explain to you where the trouble lies and can describe the symptoms, while a child has to be treated almost altogether from observation, and it is of inestimable value to the physician, in making his diagnosis, if the mother, sister, or aunt, as the case may be, will note any little change or new symptom that appears during his absence.

Children are so often frightened or nervous while a doctor is making his visit that they seldom appear as natural as when alone with familiar faces.

Should the stomach or liver be out of order, you may tell it at once by looking at the

tongue, as it will appear to have a yellowish white coating at the back and down the middle.

A slight sore throat often comes from indigestion, and will soon disappear after a good dose of medicine.

It is a safe rule to follow, that, as soon as a child shows any symptoms of illness, such as sick stomach, diarrhœa, cough, accompanied by listlessness or irritability of temper, to put him in a good hot bath, and then to bed for a few hours, giving him a dose of castor oil or calomel. By doing this you will often be enabled to ward off an attack of biliousness, croup, or other ailment. If there is any concealed rash, the hot bath will help to bring it out and will reduce the feverish symptoms.

A child's temperature goes up to 102° to 103° F. with very little provocation. Sometimes constipation or indigestion will send it up rapidly in a few hours.

To keep a child in good health, very regular habits should be formed, as regards his sleep, food, daily bath, regulation of the bowels, and outdoor exercise.

It is a mistake to suppose that children will become hardened by exposure to cold; on the

contrary, a great deal of sickness will be prevented by dressing them with a flannel garment next the skin, both winter and summer.

Many of the ills of childhood arise from improper food, causing various intestinal disturbances. Gastro-intestinal irritation frequently leads to convulsions in young children.

When any particular form of food disagrees with a baby, he will lose weight, become restless, and often cry incessantly from pure hunger.

Constipation

If children are troubled with constipation, every effort should be made to overcome it by establishing regular habits. A very gentle massage over the left side of the abdomen, with a little vaseline on the hand, for eight or ten minutes twice a day after meals; or a small suppository made of Castile soap slipped into the rectum right after breakfast, will be of great service in overcoming this difficulty. Outdoor exercise, oatmeal porridge, plenty of cooked fruit and orange juice, will be found of assistance in promoting a regular action of the bowels every day.

The daily bath is of great importance to a

child, and should be given either before breakfast or at bedtime. As their skin is very sensitive and easily chapped, it must be dried very thoroughly, especially in all crevices, and a simple baby powder used to prevent moisture.

A very young child's mouth should be washed out after feeding, with a weak solution of boracic acid.

Wind colic

Wind colic is one of the baby's first troubles. To cure it, keep him very warm near the fire, lying on his stomach. Give him some peppermint and hot water, and rub the abdomen gently in a circular direction.

Croup

That disease so much dreaded by mothers sometimes appears without any warning, and almost invariably at night. The child wakes with a peculiar hoarse cough, which once heard is never forgotten. The breathing is labored and long drawn out, with a little whistle in every breath. In severe cases a hot bath should at once be prepared, or, if that is im-

possible, a mustard foot-bath, to relieve the spasms and promote a profuse perspiration. After the bath wrap the child in a blanket, put him to bed, wring a flannel cloth from very hot water, and apply it to the throat, changing it every three minutes to keep up a steady heat. Give a teaspoonful of syrup of ipecac, repeating in half an hour to cause free vomiting, and a simple soap-suds enema to relieve the bowels.

Should the child be subject to croup, you can frequently ward off an attack by giving a dose of castor oil in the afternoon, as soon as any symptoms of cold appear in the system. Protect the child well from draughts and cold feet, and keep him on a simple diet of milk, broths, and cereals for a few days.

In the case of membraneous or true croup, the membrane forms thickly across the throat and is exceedingly dangerous. The temperature may go up to 104° F., and great exhaustion is evident. A physician should be summoned at once, for if the child is unable to cough up the membrane, it must be forcibly removed, and sometimes an operation for intubation, or tracheotomy, will be found necessary to save the child's life.

Steam is of great service in croup, and it can be inhaled by the child from the spout of an ordinary kettle when no especial apparatus is at hand. Fill the kettle with boiling water, cut a piece of paper in the shape of a cone, fastening the narrow end around the spout of the kettle, and let the child draw in the steam through the wide end, making at the same time a tent over his head and shoulders with a sheet, so that all the steam will be directed toward his mouth. The moisture arising from the steam softens the membrane and prevents its forming across the throat.

Whooping cough

Though not dangerous in itself, whooping cough is a very distressing disease, and extremely infectious. The infection is contained in the sputum coughed up in large quantities during the paroxysms.

The disease generally commences with a feverish cold, cough, and free expectoration. After a few days the convulsive stage sets in, a very intense irritation of the air passages and throat, causing paroxysms of coughing, followed by a long gasp or whoop. The cough is generally more severe toward night, and the

disease, as a rule, lasts from five to eight weeks, disappearing very gradually.

Whooping cough sometimes comes as a sequel to other diseases, such as measles and scarlet fever. Syrup of ipecac and paregoric are of great assistance in soothing the cough. The room should be kept at an even temperature, and no draughts allowed to blow upon the child. The clothing should be warm, and quiet games without excitement allowed. After the first two or three weeks outdoor exercise of all kinds, and during convalescence a change of air, will be found most beneficial. Cod liver oil should be given for a month or two to build up the system.

The diet throughout the course of the disease should be light and nourishing, and a daily action of the bowels is necessary. Carbolyzed vaseline warmed and inserted up the nostrils with a small nasal syringe is of great service in keeping the air passages open, and thus allowing the child to breathe more freely.

Children should be taught at all times to breathe through the nose instead of the mouth when in the open air, especially during the winter. The habit serves to prevent sore throat.

One of my friends taught her little girl to gargle, and made her practice every morning with cold water, so that if at any time she had a sore throat and was obliged to use a gargle, there would be no difficulty about it.

Mumps

This disease is infectious, contagious, and very painful. It generally lasts from eight to ten days. Bed is the best place for the child—though mumps is not exclusively a child's disease—and the quieter you keep your patient, the better. The food must be administered in liquid form, as it is impossible to chew with the jaws stiff and swollen. The swelling reaches its height in three or four days, and then disappears gradually. Heat should be applied in some form, either in a liniment that will prove a counter-irritant, as chloroform liniment, or else in the form of moist heat with stupes made of flannel or small sponges wrung out of very hot water, and covered with a piece of oil silk to retain the heat.

Convulsions

Convulsions arise from various causes, and may be either a symptom of a disease not fully

developed, a complication in some severe illness, or they may be caused by indigestion, teething, or other diseases. When they occur in adults, it is almost always in connection with some severe illness or in poisoning cases. When convulsions are caused in children by some irritation of the stomach or bowels an emetic should be given, followed by an enema. Hot baths are also very soothing, but must be given very carefully and gently, and then they will generally put the little sufferer to sleep. The water should be deep enough in the tub to reach up to the child's neck. The physician will probably prescribe some soothing medicine, and the child must be kept warm and quiet.

When convulsions occur during teething, lancing the gums will give instant relief.

Delicate children are inclined to take cold in their bowels very easily, especially if the food is not assimilated properly, and they should always wear a flannel band over the abdomen.

Diarrhœa

Though not a disease of childhood, diarrhœa is more serious in a child than in an adult, as the child is quickly exhausted with the continual drain on the system.

A very slight cause will bring on diarrhœa, especially in delicate children, and during the warm weather, and if not checked it may very easily turn to dysentery. The first and most important symptom of dysentery is the appearance of blood and mucus in the stools, with severe griping pains. A physician should be at once summoned, as prompt treatment is necessary to check the disease. Rapid change of temperature or diet is sufficient to start diarrhœa, especially when there is want of care or knowledge in the treatment of a child with such a tendency.

Keep the child scrupulously clean, especially during the hot weather, give him plenty of fresh air, and guard against his taking cold while bathing, or his lying without covering at night. This care, in addition to the boiling all the water he drinks, will be of great assistance in preventing an attack. As soon as the diarrhœa appears, a dose of castor oil is the best remedy to remove any irritating substance that may have caused the trouble. It is wiser not to check the diarrhœa immediately, but if it does not stop after the oil has acted, a little bismuth powder will help to stop it. When it is possible to do so, keep the patient

in bed until the diarrhœa ceases. Burnt brandy helps to relieve the pain and is also slightly constipating. The best diet is boiled milk and arrowroot. I have found flour and water whipped to a thick cream, a dessert-spoonful taken every hour, most useful in stopping the disease, and sometimes a starch enema is necessary, but must never be given without the doctor's orders. Hot stupes or dry heat applied to the abdomen will be found very soothing. In the case of a child, if the temperature should rise very high, a cold pack will reduce the fever immediately.

If the diarrhœa shows no sign of disappearing after a few hours, the physician should be summoned.

Gastric catarrh

Very often about holiday time, or after any especial festival, it is not unusual for a child to have an attack of gastric catarrh or, as it is generally called, a bilious attack, caused by eating too many rich dainties. If this is not checked at once, it may develop into bilious fever.

The symptoms are a heavily coated tongue, offensive breath, nausea, sometimes accompanied by vomiting, languid feeling, headache,

and fever. The temperature sometimes rises to 103° F.

A good dose of castor oil should be given immediately. Then put the child to bed and sponge him off with alcohol and water.

Nothing but milk, broths, and cereals should be allowed for a few days, and great care should be taken to prevent him from contracting cold.

Fall or blow upon the head

Children frequently chance to receive a blow on the head by a severe fall or other accident. If the blow is severe enough to cause unconsciousness, a doctor must be sent for at once. While awaiting his arrival, take the child into a quiet room, unfasten the clothing around the neck, apply ice-cloths to the head, and hot water bags to the legs and feet; but on no account give any alcoholic stimulant. If the stomach is not nauseated, a drink of hot milk will be very reviving.

In some severe cases days may elapse before the child regains consciousness, and during that period nourishment must be given in the form of nutritive enemata.

St. Vitus's dance

This trouble is confined almost altogether to children with a highly nervous temperament, and to overcome it a great deal of patience and careful watching are required. Plenty of sleep is an absolute necessity, and when the nerves are too excited to allow of natural sleep, hypnotics must be resorted to. A quiet, easy life should be followed, with simple amusements and plenty of outdoor exercise, light but bountiful diet, without meat or stimulating foods, and a free action of the bowels daily. A shower bath or brisk sponge bath every morning, commencing with lukewarm water, and gradually making it colder, and gymnastic exercises to strengthen the muscles, are very beneficial.

A child should always urinate at least once in every six hours, and nervous children who cannot control the urine, especially at night, should not be punished, but taught as far as possible the power of self-control, and be treated by the family physician.

Loss of weight is sometimes one of the first signs of ill health in children, and it may be well to have them weighed often, especially when they are growing very rapidly.

Do not move a sick child more than is necessary ; it is a mistaken idea that it is wise to take them out of bed and rock them in your arms when they are suffering from pneumonia or other diseases. There is great danger of fresh cold, and besides that, children are so easily excited, and their temperature goes up so rapidly with the slightest cause, that the quieter you can keep them when sick, the better.

CHAPTER VII

Those of my readers who have passed through an illness will readily understand what a difference it makes at meal-time if the food is well cooked and daintily served, inviting enough to create an appetite, even where there is little desire to eat.

One of the first suggestions I should like to make is—never ask your patient beforehand what he or she would fancy in the way of food; for, even in health, if you are always aware what is to be placed before you, the chances are that you will go to the table without the ghost of an appetite. This is especially so in sickness, and sometimes when there is not the slightest desire to eat, a little delicacy nicely cooked, daintily served, and kept a profound secret until uncovered at the bedside will be received with favor and enjoyed thoroughly.

Preparing the food

The preparation of extra dishes ought not to be left in the hands of an ordinary cook, unless you are blessed with an exceptionally

good one. As a rule, they are too careless or indifferent to take any extra trouble to have everything piping hot and done to a turn. It does not take more than a few moments to broil a steak, bird, or chop, and if you superintend the cooking, you will always be sure that it is carefully done. I know of nothing more annoying than, after ordering some especial dainty for an invalid, to have it completely spoiled by careless cooking.

Leave directions with the cook to have everything in readiness for you, and then slip down to the kitchen ten or fifteen minutes before the meal-time, and either broil the meat or bird yourself or superintend its cooking. Broiling should be done over a very quick fire to retain the juice in the meat. Allow it to be a rich brown on the outside, and still remain slightly red and juicy in the middle. All hot meats must be served at once on hot plates straight from the fire to the bedside, without being kept standing round on the stove or in the oven getting hard and dry. Always cover dishes containing hot food while carrying them through passages and upstairs. Hot water plates arranged with a compartment under the plate to be filled with boiling

water, thus keeping the food hot all through the meal, are very useful in cases of long illness.

The tray

To make a tray look attractive is almost as important as having the food properly cooked. Cover it with a snowy napkin or tray-cloth (if possible you should use a fresh one for every meal). Choose the prettiest and daintiest china and glass in the house. Do not cling to the idea that it is necessary to use thick, cheap china in the sick-room for fear of breakage, for this can be avoided by careful handling, especially when washing the dishes, and your invalid will appreciate his meals twice as much when allowed the use of the best china. The cup to be used for tea, coffee, or bouillon, is first filled with very hot water so that it shall be thoroughly heated. Tea or coffee should be put in a little tea-pot or covered pitcher, and not poured into the cup, as it is sure to spill over into the saucer, and become cold before it reaches the bedside. Besides, it is of great interest to some people to pour out their own tea or coffee, adding just the amount of sugar and cream they desire. Lump sugar is needed in a dainty glass or silver bowl, and

cream or hot milk in a small pitcher. A glass of ice water must never be forgotten on the tray, as well as pepper and salt, as tastes differ in regard to seasoning, and for this reason, when preparing the food, do not put in all the pepper and salt that you think necessary, but leave room for the patient to add a little or not as he desires. Plates for hot meat must be very warm. Hot rolls or biscuits are placed between the folds of a table napkin.

One of the most important rules is not to crowd a tray with dishes and food, but to give very small portions of everything. Large, untidy pieces of meat swimming in greasy gravy will take away any invalid's appetite. Toast cut in "ladies' fingers" and also baked potatoes look very inviting peeping from the folds of a snowy napkin. Toast should be made from bread not fresh, cut about half an inch thick, the crusts removed, and toasted on a fork or broiler over a very hot fire, crisp and yet not burned, soft and yet not soggy, and served immediately. Graham or wheaten bread, rusks, or zwiebach, make a pleasant change from the ordinary white bread, and Huntley and Palmer's breakfast crackers, to be bought at any first-class grocer's, are most appetizing.

Jellies look best in glass dishes, and when serving an egg fill the egg-glass with hot water and roll the egg in a doily; do not open it before reaching the bedside.

A tiny sprig of parsley or water-cress used to garnish the meat dish, and a fresh-cut flower beside the table napkin, will help to make the tray very attractive.

Preparing fruit

Fruit should be placed on ice for a little while before meals to make it cold. Grapes need to be washed and put in a glass dish on small pieces of ice. If you wish to make the grapes especially dainty, remove the skins and the seeds. Oranges are sliced with sugar after being carefully peeled, or they are cut in half like grape-fruit, all hard fibres removed from the centre, the skin loosened around the edges, and served with powdered sugar. When preparing peaches, do not cut them until just before serving and then use a silver or plated knife. A steel knife will leave a taste on the peaches, and if they are prepared even half an hour before the meal, they will become dark in color and will not be half so attractive.

The following is a nice little dessert for a

hot day in summer, and is easily prepared; slice an orange, lemon, apple, and peach, in a saucer; add a few cherries and a little pineapple, and serve with cream and sugar; or, if you have some wine-jelly on hand, put it on the fire for a moment, then add to it the cut-up fruit, turn all together into a jelly-mould, and place it on the ice to cool. It will make a delicious dessert.

The more attractive you can make your tray look, and the more variety you arrange in the way of food, the greater will be your patient's pleasure and enjoyment in the meal; and you will find it takes very little more care and trouble to arrange a tray daintily, than to put it before the invalid in an untidy and slovenly manner.

Serving the meal

Before serving a meal, open the window for a moment to freshen the air. Wipe the patient's hands and face with a damp towel, and he will be ready to appreciate his food. After carrying the tray upstairs, place it on a table near the bed. If your patient is allowed to sit up, support his back with a bed-rest and pillows, and throw a shawl over his shoulders.

A bed-tray or bed-table is very useful, and almost a necessity in long cases of illness, as it takes all the weight off the patient. Should there be none at hand, you can improvise one by placing two or three books on each side of the bed and laying a tray or cutting board across them, making the books on each side high enough to prevent the tray resting on the knees. Cover the tray or board with a table napkin, and, even if the meal is a very simple one, serve it in courses, one dish at a time. With fastidious people, it frequently takes away any appetite they may have if all the food is put before them at the same time. In cutting up the meat and opening the egg, try and do so in the daintiest manner possible. I know of a lady who dispensed with the services of her trained nurse because when opening an egg for her patient at the bedside she put the salt in with her fingers instead of with a spoon! The lady was very particular about her eating, and could not take food that was not daintily served.

Cut up the bird or meat on a side-table, open the potato and season it, butter the toast, and when necessary pour out the tea and coffee; then, unless you have something jolly or inter-

esting to talk about, take up a book and read some bright little extract, or leave the patient alone to enjoy his meal. Do not sit down in silence and watch every mouthful he takes, thus causing him to hurry and taking away the enjoyment of the meal. It frequently happens that listening to some interesting story will divert your patient's attention from himself, and he will be likely to eat twice as much as if allowed to stop and consider every mouthful. Sick people have to be humored a little in their fancies, and anything likely to give them a dislike for food is to be carefully avoided.

As soon as the meal is ended, take all the empty dishes out of the room immediately, remove the extra pillows, brush out any crumbs that may have found their way under the bedclothes, and allow your patient to lie down quietly while you go to your own meal, and the chances are that on your return you will find him sleeping comfortably.

It is a good plan to serve the invalid's meals half an hour before those of the rest of the family, so that he can be properly cared for, and the food will be hot and comfortable. When the appetite is very poor, give only one

dish at each meal, instead of two or three, and solid food will be more appreciated, as a rule, and is more nourishing than sweets in any form. A tiny quail or squab, daintily cooked and served on a slice of crisp toast, a small finger of broiled steak, a chop, a tiny piece of the breast of chicken or sweetbread with cream sauce—any of these dainties, prepared without the knowledge of the patient, will not fail to tempt the appetite. Small pieces of crisp celery, served in a glass dish on pieces of ice, are a great addition to a meal, and celery is easily digested and considered very soothing to the nerves. Or a few tender leaves from the heart of the lettuce, crisp and cold, may be served with French dressing. When tomatoes are served, plunge them for a second into very hot water, and the skin will peel off easily; then lay them on the ice for an hour before the meal, so that they will be firm and cold before serving. Cut them in thin slices and serve with any dressing required.

Broths

Broths for sick people must be entirely free from the slightest appearance of grease. When possible, they should be made the day before

they are to be used, and allowed to stand in a cool place all night ; then the grease will rise to the surface and can be easily skimmed off before the broth is heated. If, however, there is the slightest appearance of grease after the broth is heated, run a crust of bread, or better still a piece of coarse blotting paper, over the top two or three times, and it will disappear.

To make chicken broth nicely, take an old chicken, clean it thoroughly, cut it in rather small pieces, and put it in a deep sauce-pan covered with water ; let it boil slowly for four or five hours, renewing the water, if necessary. Then strain and set it aside over night ; it ought to be formed into a thick jelly in the morning, and will keep for days. A little rice or barley, boiled very soft, added to the chicken broth, makes a nice variety.

The best way to cook beef-tea is in a bottle. Cut up a pound of beef into small square pieces ; put them in a preserve bottle, and add two cups of cold water ; stand the bottle on a saucer in a sauce-pan of hot water and let it come almost to a boil. After remaining there about two hours it will be ready for use, and when well seasoned is very good.

Mutton broth ought to cook for four or five

hours, and the grease should be most carefully removed before serving, as otherwise it is too rich.

Eggs

When poaching eggs for invalids use milk instead of water to poach them in, as it prevents their becoming watery and gives them a delicate flavor. Another idea in poaching eggs is to remove the pan from the fire the moment you have broken the eggs into the water, and thus allow them to cook slowly ; they will be much more delicate.

The nicest way to boil an egg, when you have plenty of time, is to place it in a bowl, cover with boiling water, and let it stand for exactly five minutes ; then pour off the water, fill up the bowl with fresh boiling water, and let it stand for five minutes longer, and you will find the egg cooked to perfection.

Scrambled eggs should be prepared at the last moment before serving. When allowed to stand, even for a few moments, they become hard and indigestible. If you beat up an egg to a froth, with the addition of a little milk and then scramble it on a very hot pan, it will be very delicate. An omelet can be made in a

few moments from the following receipt: break your eggs, whites and yolks together, into a clean saucer, add a little salt and pepper, and stir about fifteen or twenty times always in one direction. Have your pan hot and well greased, pour the eggs in and let them "set" before you touch them; then slip your knife under the corners and under the middle occasionally to prevent its sticking to the pan. While the middle is still soft, double one-half over the other, and roll it out on a very hot plate, cover with another plate, and serve immediately.

A chafing-dish or alcohol lamp is invaluable in cooking these little dainties, especially when travelling or living at a hotel, as you never can insure their being cooked properly in a large busy kitchen, and after being carried up three or four flights of stairs they will arrive cold and unpalatable.

Scraped beef

Scraped beef either made into a sandwich or served on toast is very nourishing and easily digested. Scrape the beef finely, and brown for a second on a tin plate over the fire, season nicely, and spread it between slices of thin

bread and butter, toasted crackers, or on toast. Or another method is to put the scraped beef between two thin slices of stale bread, and toast it between a fine wire broiler. The heat makes the bread nice and crisp, and sends the juice of the meat into it. Don't cook it too much. A little butter may be added if desired. It can also be made into the form of a ball, by the addition of the white of an egg well beaten to hold it together. Scraped beef is often ordered raw, and when scraped very finely, with plenty of pepper and salt, and placed between thin bread and butter, it is really easy to take, and is very nourishing.

When recovering from typhoid fever, scraped beef is the first solid food ordered for the patient, as it gives the greatest amount of nourishment in the most easily digested form. Beef chopped by the butcher into small pieces, and then put into the frying-pan with a very little water, butter, pepper, and salt, heated through over a quick fire and served on toast, makes a nice variety.

Beef juice

Beef juice is one of the most useful forms of nourishment in times of illness, when the

stomach is delicate, and the patient weak and without appetite. A thick, juicy steak is needed to prepare the beef juice. Cut the meat into pieces about two or three inches square; warm it for a moment over the fire; then squeeze into a glass with the lemon-squeezer. About two ounces may be given at one time. When you have squeezed it, stand the glass in a cup of boiling water and let it heat slowly. Watch it carefully, if allowed to get too hot the beef juice will coagulate and spoil. Add plenty of salt and pepper, and, if necessary, a little hot water. Sometimes the beef juice can be taken better when cold; in that case, add some small pieces of cracked ice. All children are fond of beef juice, and will often take it when nothing else pleases them.

Milk punch

Milk punch is very refreshing between meals, and is made with three-quarters of a glass of milk, half a teaspoonful of sugar, and four teaspoonfuls of whiskey, also some cracked ice. When there is no milk-shaker on hand, put all the ingredients into a glass and cover with another one of the same size; then shake up and down until quite frothy.

Eggnog

One egg, a tablespoonful of whiskey or sherry, half a glass of milk, and sugar to taste. Beat the white and yolk separately, and keep out a little of the white for the top. A little nutmeg grated on the top is an addition.

Orange and vichy

A delicious drink can be made from the juice of two oranges or a lemon, with half a glass of vichy or soda water, and some ice. This is especially refreshing during the summer.

If your patient awakes in the morning with a disagreeable taste in his mouth, the juice of an orange before breakfast is most refreshing, and is also a help in keeping the bowels in order. The juice of grape-fruit, with sugar and ice, is also delicious.

Wine whey

Wine whey makes a delicate little supper dish, with half a cup of milk and three ounces of sherry. Scald the milk, add the wine, take right off the fire, put on the ice to get cold, and sweeten to taste.

One well-known physician always recom-

mends a tiny piece of tender bacon for breakfast, as being very appetizing and, when properly cooked, quite digestible. Cut the bacon in very thin slices and fry it over a hot fire. Pour off the grease, allow boiling water to run over the bacon three separate times while cooking, so that it will be crisp and perfectly free from the slightest particle of grease.

Meat or chicken jelly, ice-cold and well seasoned, makes a nice variety.

In cases of kidney disease the diet should be limited almost entirely to vegetables, skimmed milk, and plenty of water.

Dyspeptic people should avoid all starchy food, and take only the simplest diet.

In gout and rheumatism no sweets or sugar should be given ; white meat instead of dark should be eaten, and also gluten bread and toast.

The hard part of an oyster should never be given to sick people, as it is very indigestible.

Milk

Milk is considered the most perfect food in illness, as it contains all the necessary ingredients to sustain life. It can be given in many different forms, viz., diluted with lime-water

or vichy, boiled, sterilized, or peptonized, or in one of the prepared forms, as matzoon, kumyss, somal, malted milk, or homely buttermilk. In Germany buttermilk is used very extensively ice cold, but never after it is forty-eight hours old.

When peptonizing milk, use the little tubes of peptonizing powder, and follow the directions carefully. Do not prepare more than a pint at a time, as, if allowed to stand any length of time, it becomes bitter and unpleasant to the taste.

Children when ill sometimes object to taking milk. One mother I heard of was bright enough to add a few drops of vanilla essence and a little sugar to the glass of milk, and called it "liquid ice-cream," and her little boy drank it with great delight, although he would not touch a glass of plain milk. Sometimes the addition of a little hot water and sugar, and one teaspoonful of tea, will insure the milk being received with favor by the little one under the name of "cambric tea." The white of an egg well beaten and mixed with an equal part of water and a few drops of vanilla essence or lemon juice is very nourishing and stimulating.

Sterilized milk

When there is no regular sterilizer on hand in a private house, and it is necessary to sterilize the milk, put it in small bottles which have previously been scalded, and use absorbent cotton for corks. Then place the bottles in a sauce-pan half filled with water, standing them on a brick, or a plate turned upside down in the bottom of the sauce-pan, cover over tightly, and let them steam slowly for two hours; then put the bottles in a cool place, and do not uncork them until you are ready to use the milk.

Feeding helpless patients

When feeding helpless patients, it should be done with great care and delicacy. Do not have the glass or cup more than half full, or it will surely spill down the neck. Raise the head gently, but not too much forward, or you will prevent your patient swallowing easily. Do not give the food too fast. A small cup with a wide top will be found the easiest kind from which to drink when the head is low.

If your patient is only allowed one or two tablespoonfuls at a time, do not tantalize him

by filling the glass half full and telling him to take a few sips. Just put in the exact amount to be given, and allow him to drain every drop. When children are only allowed a certain quantity at one time they will be much more contented if you fill a small glass full, instead of giving them a small quantity in a larger glass.

If a feeding-cup is used, a glass one is the best, as you can see just how quickly the fluid is flowing, and you will not be likely to choke your patient by giving it too rapidly. But a glass tube is better than a feeding-cup and is more easily managed. If it is not bent at the right angle, hold it over the flame of an alcohol lamp for a second, and you can then bend it any shape you desire. With some patients it is better to give them their nourishment at short intervals and in small quantities; and, again, others need to wait three or four hours between meals to allow the stomach to empty itself thoroughly before being filled again. It depends so much upon the nature of the disease and the condition of the patient, that no regular law can be laid down in regard to how often nourishment should be given. When there is a great drain on the system in the way

of a discharge from an open wound, or a generally run-down condition, or after a high fever has exhausted the vitality, a great deal of extra nourishment is necessary to keep up the strength, and you must induce your patient to eat and drink as much as possible. During convalescence something like the following may be used:—

**Bill of fare
for one day**

Breakfast, about 8 A.M., consisting of a little fruit (raw or cooked); one of the many cereals nicely prepared; an egg in some form, or a small piece of broiled fish or bacon; tea or coffee and toast. Hot cakes or biscuits are not easily digested when one is confined to bed.

About 11 A.M., if tired after the daily bath, a cup of bouillon, eggnog, or milk punch will be refreshing.

At 1 P.M. the heartiest meal of the day should be taken. Oysters, with the hard part cut out, or soup, to begin with; then some meat, either rare broiled steak, chop, quail, squab, chicken, or sweetbread, with one vegetable—baked potato, string beans, spinach, or

stewed celery. A simple dessert, if desired, as custard, milk pudding, rennet, or ice-cream.

In the middle of the afternoon a little fruit, cup of cocoa or chocolate, or thin bread and butter and tea, is acceptable and helps to break the monotony of the day, and at six o'clock a simple supper of egg in some form, scraped beef sandwich, creamed chicken, or a tiny bird with milk-toast and a baked apple or preserved fruit should be served.

When nourishment is necessary during the night or in the early morning hours, as it often is when recovering from a severe illness, broth, hot milk, bouillon, or cocoa is best. Should your patient be on a milk diet, he ought to take at least four ounces of milk every two hours, and, if possible, six ounces.

The juice of fresh fruit is at all times better than the pulp, and more easily digested.

In all cases of illness food plays a very important part and should be given careful attention. It either helps or hinders a rapid recovery.

The appetite of a sick person has to be coaxed and encouraged, as a rule, and you will generally find that many things they care for when in health become very distasteful when

confined to bed, so that the more change and variety you can devise in the bill of fare, the more likely your invalid will be to take the desired amount of nourishment. Arrange every morning what you decide to give for the next twenty-four hours, and then see that all necessary supplies are on hand. If it should be the housekeeper of the family who is ill, try and make all arrangements without referring to her, and you will find that she will enjoy doubly whatever you set before her, particularly if you contrive some new dish that she has not tasted before.

Children, when sick, require the very simplest food. It is difficult to get them to take more than a few mouthfuls when they do not feel hungry, so they ought to have the most nourishing food in small quantities about every two hours, and if you can call it by odd names and turn the meal into play, they will often forget themselves and be coaxed into taking a sufficient quantity.

Indigestion

When troubled with indigestion eat your food slowly, especially chewing every mouthful carefully, and do not eat between meals, but

allow the stomach time to empty itself completely. Avoid anything in the way of pork, fried meats, pastry, or sweets. Take a glass of cold water half an hour before meals, but no liquids with the meal, and plenty of exercise in the open air. Never eat when physically tired; take some stimulating drink, such as milk, cocoa, eggnog, etc., and lie down for half an hour before eating anything solid. Nervous indigestion requires an especial treatment of the nerves before it can be cured.

CHAPTER VIII

Poultices

Linseed poultices are more frequently used than any other kind of poultices, and it is very necessary to know exactly how to make them ; they should always be very hot, light, and moist ; never try to make them unless the water is really boiling. Between one and a half or two cups of water is enough for an ordinary-sized poultice. As soon as the water boils, take a large spoon in one hand, and in the other a handful of meal, shake the meal into the water, at the same time stirring briskly. When it is as thick as a good batter and evenly mixed, it is ready for use. A little mustard may be added, if necessary, or any other medication that has been prescribed. Pour it out evenly on a piece of old linen or muslin, which should be twice the size needed for the poultice, so as to leave a large margin to turn up all around. After turning up the edges, I find it better to put in a few stitches around the sides—if you have a needle and

thread ready it will not take a moment — then you may be absolutely certain that the poultice will not fall to pieces and cause your patient great discomfort. Never make a poultice too thick ; it is far better to make it thin and change a little oftener than to have a heavy weight resting on a sensitive part of the body. When a poultice has to be carried any distance before being applied, up a flight of stairs or through a cold hall, cover it with a piece of flannel or put it between two hot plates, as it should be applied as hot as your patient can endure it.

Poultices need to be changed about every two hours, as they cause more harm than good if allowed to get cold and chill the patient. When changing a poultice be careful not to uncover your patient more than is absolutely necessary to make the change quickly. Wipe the moisture from the skin each time before applying a fresh poultice, and if you cover it with a thin layer of cotton wool, and place over that a piece of oil silk, it will retain its heat for the full two hours. When applying a poultice to the abdomen, a bandage about twelve inches wide should be firmly pinned round the body to keep it in place. When

applied to the back or chest, it may be made quite secure by pinning it to the undershirt or nightgown with safety-pins. There is always danger of the patient taking cold after poultices have been applied for any length of time, as they tend to make the system very susceptible, so that when they are no longer necessary, put an extra covering of cotton wool or flannel for a few days over the spot where the poultice has been.

Mustard paste

Mustard may be applied either in the form of a regular mustard paste, or you may buy a package of mustard leaves at any druggist's all ready for use, and they are very convenient, especially when travelling, being easily carried and applied by moistening the leaf with warm water, and placing a thin piece of muslin or gauze between the leaf and the skin. But an old-fashioned mustard plaster is, as a rule, the better. The ordinary mustard paste is made by using flour mixed with mustard, making the application any strength required. For children it is wiser to use six or eight teaspoonfuls of flour to one of mustard, as their skin is very tender and sensitive; but for an

adult three or four teaspoonfuls of flour to one of mustard is about the right strength. The paste must be made very smoothly and about the consistency of thick cream. Use lukewarm water to mix it with and spread it on a piece of old linen, muslin, or, if there is nothing else, brown paper. If you lay the mustard plaster on a very hot plate or against a hot water bag for a few moments before applying it, you will prevent the disagreeable sensation that is caused when the plaster is applied cold. Using white of egg instead of water when mixing the mustard removes some of the danger of blistering, and this danger may also be guarded against by rubbing the skin with vaseline before applying the plaster. A mustard paste does its work very quickly and should be removed as soon as the skin is a bright red color. Never allow your patient to fall asleep with a plaster on, or a blister will be the result. A little vaseline or sweet oil on a piece of linen should be applied after the plaster is removed.

Blisters

Blisters are ordered when a strong counter-irritant is needed to draw out the inflammation

from some part of the body. Before applying a blister wash the skin carefully with soap and water, rub with alcohol, and dry thoroughly. Apply the blister and cover loosely with a bandage, leaving plenty of room for the skin to rise with the blister. After about five or six hours, remove the blister and prick the skin underneath with a needle or pair of scissors that have previously been passed through the flame of a lamp or candle. Catch the fluid that flows out with some absorbent cotton, and dress with carbolized vaseline or zinc ointment spread on a piece of old linen.

Oil-silk jacket

In cases of pneumonia an oil-silk jacket is often ordered by the physician. This is made with layers of cotton wool covered on the inside with gauze and on the outside with a piece of oil silk. It should be made large enough to fold completely round the chest and back. It ties over the shoulders and down one side with strings of tape. When it is time to remove the jacket, cut off an inch or two from the bottom every day, and thus it may be removed gradually without too much shock to the system.

Hot stupes

Moist heat is of great service in reducing inflammation, and it may be applied best in the form of hot stupes. These stupes are made about eight or ten inches square, from a piece of flannel or old blanket. In order to wring them out of the hot water without burning the hands, have a towel ready, folded lengthwise; catch the hot stupe by one corner, drop it into the towel, wrap up tightly, and twist the ends of the towel in opposite directions until squeezed dry. Then carry it to the bedside, but do not remove the hot stupe out of the towel until ready to apply, as it cools very rapidly. Cover over with cotton wool and oil silk to retain the heat. Flannel stupes must be changed every ten or fifteen minutes to keep up an even temperature.

Turpentine stupes are prepared the same way as the simple flannel ones, with the addition of about three teaspoonfuls of turpentine to every two cups of boiling water.

Dry heat

When dry heat is required flannel may be heated in the oven or against a hot brick or iron, and applied as hot as can be borne.

Bags of salt warmed in the oven are also of great use when dry heat is required. The bags should be covered with flannel.

Hot water bags are also serviceable in applying dry heat. The bag should be only half full, and all the air pressed out before putting in the stopper; screw on the top very firmly. One cause for the leakage of hot water bags is that the little rubber washer around the stopper gets worn out and needs renewing frequently. Hot water bags may be bought of all sizes, from the tiny black rubber ones, three or four inches long, which are so useful in faceache or earache, to the large ones holding two or three quarts. One or two ought always to be on hand, as they may be used for hot or ice-cold water. In cases of severe, nervous headache one of these thin, black rubber bags, filled with ice-water and applied to the top of the head or back of the neck, will give great relief, and for a severe backache there is nothing so comforting as a good hot water bag.

When no hot water bags are to be had in case of an emergency, bricks may be heated and covered with flannel, and I have sometimes used a smoothing iron, well wrapped in

paper and flannel, to warm the feet. Hot water bottles are rather dangerous, as they sometimes break and scald the patient

Cold applications

In some forms of acute inflammation, cold applications are indicated instead of hot. Ice-coils are often used on the head or abdomen, but they are troublesome to manage and, as a rule, ice-caps are used instead outside the hospital. In filling an ice-cap the ice must not be cut too small, or it will melt away very quickly, and a piece of linen or gauze must always be placed between the ice-cap and the skin, so that the cold will not be too intense. Never fill an ice-bag too full, or the weight of it will do more harm than good. You must also bear in mind that they lose their utility if allowed to get warm, so they must be changed as soon as the ice melts. A little sawdust mixed with the ice will prevent its melting too quickly.

Cold compresses of old linen gauze or muslin are of infinite value in cases of nervous headache, sore throat, or intense fever or delirium. The best way to manage them is to put a large piece of ice into a basin, pour a little alcohol or bay-rum over it, and lay pieces of linen on

the ice, when they will become cold without being too wet. Any one subject to headaches knows how uncomfortable it is to have a cold, wet cloth on the head that drips down at each corner into the ears and down the back of the neck. This can be quite avoided by placing the compresses on ice instead of in water.

Counter-irritants

Iodine is a good counter-irritant, Churchill's iodine being the strongest kind. It is applied with a camel's hair brush. When the skin is very sensitive and the iodine is likely to cause a blister, it may be removed with alcohol.

Oil of wintergreen is another good counter-irritant, especially in cases of grippe when there are pains in the limbs and back from cold. It should be rubbed in rather lightly at first and repeated in a few hours.

Equal parts of turpentine and vaseline I find more useful than any other liniment, especially when there is a heavy cold on the chest. Melt the vaseline over the fire or lamp and mix in the turpentine. When applying any of these liniments, protect the clothing from coming in contact with them, as the oil contained in them leaves unsightly stains.

Capsicum vaseline, which may be bought in tubes, is another good counter-irritant, but care must be taken not to put it near the eyes, as it would injure them.

Sprays and douches

In using sprays for the nose, throat, or ears, they should be given very gently and carefully, and boiled water should always be used to dilute or mix any medication ordered by the physician. When the ear is irrigated or sprayed, hold it downward, while the stream of fluid is directed carefully a little to one side, so as not to strike directly against the inner ear.

Vaginal douches must always be taken lying flat on the back, so that the water may reach to the inflamed parts. A glass nozzle is the best to use, as it may be boiled in soda and water and so kept perfectly clean. A fountain syringe and granite douche-pan are necessary. Any medication ordered by the physician ought to be well mixed in a pitcher before being poured into the syringe-bag. This is especially to be noted in the use of carbolic acid, as the oil in the acid requires very hot water to dissolve it, and if it is not thoroughly mixed,

will burn the patient. It should, therefore, stand for about twenty minutes before being used.

The temperature of the water varies according to the cause for which the douche is given, but the usual heat is between 100° and 110° F. When the fountain syringe is not in use the little fastening to shut off the water ought to be removed from the tube, as, if allowed to remain, it will in a short time cut through the rubber.

China bed-pans are the best for service, as they can easily be kept clean, and do not retain the odor like the rubber and granite. Before giving your patient the bed-pan, warm it with hot water or hold it before the fire, so that it will not feel chilly, and lay a folded napkin over the end to be slipped under the back. A small pillow placed under the small of the back while using the bed-pan will make your patient much more comfortable by removing the strain caused by the elevated position.

Enemata

Enemata are used for various purposes, and every one should know how to give an enema in case of emergency, either as a cathartic,

stimulant, or for nutrition. For giving a simple enema, a bulb syringe is used and about a quart of water, as hot as you can keep your hand in, with a good lather made from Castile or ivory soap. Never use scented soap in giving an enema. It is wiser to allow more water in the basin than you actually need for the enema, so that the bulb of the syringe will be entirely covered in water all the time, and there will be no danger of sucking air through the tube into the patient. A little oil or vaseline is required to rub on the nozzle. Lay your patient on the left side, and protect the bed with a bath-towel or rubber sheeting. Allow the water to run through the syringe first to exclude all the air and to leave no cold water in the tube. Then oil the nozzle and direct it with your finger into the rectum; insert it very slowly and gently, and without pressure, for about three inches. Squeeze the bulb slowly, and if the patient complains of pain (which will probably be caused by the gas in the bowels disturbed by the water), before sufficient water has been introduced, wait a few moments until the pain ceases, without taking out the nozzle, and you will then be able to give the rest of the water.

After removing the nozzle, press a towel against the rectum. If the patient lies quiet and retains the enema for five or ten minutes, you will have a good result.

When there is a good deal of constipation the enema will be more successful if given in the knee-chest position, that is, with the patient resting on the knees and chest in bed, the head very low, and using a long, flexible rubber rectal tube on the end of the syringe, so that the tube will reach six or eight inches up into the bowels. This is called a high enema. Adding olive oil and glycerine to the soapsuds will prove effective if the simple enema is not sufficient. About one ounce of oil and half an ounce of glycerine is the usual amount. Castor oil may also be given this way; but it is better to consult a physician before using any medication besides the plain soapsuds.

Sometimes the doctor orders an oil enema to be given first and retained for an hour, followed by a simple soapsuds enema. In that case, four ounces of hot olive oil are injected and allowed to work slowly through the bowels before giving the simple enema.

**Stimulating
enemata**

These are given in cases of shock or collapse, and should be very hot, as they will be more easily retained. The usual amount is one tablespoonful of whiskey or brandy to four ounces of very hot water, as hot as the patient can stand. Coffee is sometimes used instead of the water, or it may be given alone. Hot water should be run through the syringe first, that the tube may be thoroughly heated, and the enema should be given with a long flexible rectal tube, as it must go into the upper bowel to be retained.

**Nutritive
enemata**

When the stomach is much disturbed during a severe illness so that food cannot be digested, or in cases of delirious patients, and after some operations about the mouth and throat, nutritive enemata are given to nourish the system. They are sometimes kept up for days and weeks. Various formulæ are used; one of the best is: Peptonized milk, two ounces; one tablespoonful of whiskey, and one egg beaten up with a pinch of salt. Beef-tea and beef

juice may also be given according to the physician's orders. When this is the only form of nourishment taken, it must be given every four hours, day and night, and a simple soapsuds enema is necessary once a day at least to wash out the lower bowel.

Starch enemata

In cases of acute diarrhœa these enemata are sometimes ordered, and are made by mixing a dessertspoonful of starch with cold water into a smooth paste and then adding three ounces of boiling water.

After using syringes of any kind they must be properly cared for if you want them to last any length of time, as the rubber cuts very easily. When they are well washed, aired, and dried, rub them over with a little oil or vaseline before returning them to their box. Then you will be able to keep the rubber soft and pliable. The nozzle should be boiled frequently in washing soda and water, and, after an infectious disease, the nozzle should be destroyed, and the syringe itself boiled in a solution of $\frac{1}{40}$ carbolic acid for an hour.

CHAPTER IX

How to prepare for a surgical operation

In these advanced days when surgery is used so generally and so effectually, it is almost a necessity to know something about the preparations necessary for a surgical operation at home. It sometimes happens, more especially in the country, that a sudden emergency calls for an operation where the presence of a trained nurse is an impossibility. I will therefore devote this chapter to a short description of how to provide for such an emergency.

If the operation is to be in the early morning, have everything on hand the night before, if possible, so that neither doctors nor patient may be kept waiting. Almost every surgeon has a list of what he will require you to provide in especial cases, therefore I will only give a general idea of the things that are always necessary. I shall not enter into the preparations needed for a major operation, as in that case, if a nurse is not available, the doctor will

most likely take his patient to the nearest hospital, or else superintend the preparations himself.

Necessary appliances

The ordinary things required at every operation are : A firm kitchen table, two or three small tables, three large china hand-basins and two small ones, two large pitchers for hot water and one small one, an old rug or spread to cover the carpet, three clean cotton sheets and a small blanket, as many towels as can be spared, or, at the least, two dozen and, if possible, without fringe, a new wooden nail-brush, two slop-jars or pails, a piece of rubber sheeting and a fountain syringe, a bottle of bichloride tablets, five or six ounces of pure carbolic acid, and a bottle of alcohol.

Preparation of the room

In choosing a room for the operation the first consideration is light, as the more light you are able to have the better. If possible, have a room adjoining the bedroom which the patient will occupy afterward. If this cannot

be, and you are obliged to use the bedroom itself, push the bed into a corner and remove all unnecessary furniture. When the operation is to be a major one, the carpet must be taken up, and the floor washed over with soap and water before commencing the arrangement of the room. In these cases no rug or spread will be necessary on the floor; but if the operation is a minor one, the carpet can be well swept and the room dusted with a damp cloth, and then the covering laid down over the carpet right in front of the largest window, and over that a large cotton sheet. A tack put in each corner will keep the sheet in place without injuring it.

In the middle of the sheet place the kitchen table, which is to be covered first with a heavy blanket, then the piece of rubber sheeting pinned firmly at the four corners with safety-pins, and covered with a clean sheet. A small pillow is placed at one end, and a sheet and small blanket laid on top ready to spread over the patient.

On each side of the large table put the small ones, two at one side and one at the other, leaving room to walk between. Cover the little tables with clean white towels, and if

they have polished tops, put under the towels a piece of oilcloth or rubber sheeting. A couple of plain chairs are needed in the room in case the surgeon requires to operate sitting down. On one of the small tables put two china basins, thoroughly cleaned, first with carbolic solution, $\frac{1}{40}$, and rinsed off with boiled water; these are for washing the sponges the surgeon will provide. The third basin is for sterilized towels. One slop-jar is needed under or beside the large table, and the other near the table that holds the sponges.

The window curtains must be either tied far back or taken down, to give plenty of light. Then fasten a small piece of thin muslin or cheese-cloth over the lower sash of the window for protection from curious outsiders. A strong screw fastened at a convenient height in the wall near the window will be needed to hang up the fountain syringe that will be filled with sterilized water, unless the surgeon requires some solution in it to irrigate the wound. A bureau or table covered with a clean towel may be utilized to hold the dressings.

The surgeon will bring the instruments, dressings, and anæsthetic, and should he not

bring an ether cone, one may be quickly made with a newspaper folded inside a clean towel.

The room must be about the temperature of 70° F. and well aired.

Sterilized water and towels

Plenty of boiling water will be required, and the wash-boiler is the best thing in which to boil it, after it is well scrubbed with sapolio and ammonia inside and out. One boiler full of water should be prepared in time to cool before the operation, and a second boiler full will be required steaming hot. The water must boil for about half an hour to be well sterilized. The towels can be sterilized either wet or dry, whichever the surgeon prefers. To sterilize them wet, pin them up in a large towel and put them in a granite sauce-pan completely covered with water, and let them boil about half an hour. Then lift them on a dish and carry to the operating room without removing the outer towel until you are ready to wring them out with hands perfectly sterilized.

If, on the other hand, the surgeon prefers dry towels, pin them up in a towel and put

them in the oven on a dish. The oven must not be too hot, and you need to watch them to see that they do not burn. Leave them in the oven two or three hours.

In these advanced days surgeons prefer to use plain sterilized or, as it is usually called, boiled water almost entirely instead of any antiseptic solution; but if solutions are required, they can be made in a few moments when there is a plentiful supply of sterilized water. The two solutions most likely to be called for are bichloride of mercury and carbolic acid. It is well to make a $\frac{1}{1000}$ solution of bichloride and then dilute it as required. One little bichloride tablet added to a pint of water will make a $\frac{1}{1000}$ solution. Six teaspoonfuls of pure carbolic acid added to one pint of water will make about a 5 per cent or $\frac{1}{20}$ solution.

A little pure vaseline or cold cream will be needed to rub on the face round the nose and mouth before using the anæsthetic, to prevent it burning the skin.

The new nail-brush, together with a basin of $\frac{1}{2000}$ bichloride solution, some alcohol, and clean towels, should all be conveniently placed in the bath-room for the surgeon's use.

Many surgeons order a can of oxygen, so as to have it on hand in case of emergency, and it should be tried before the operation to be sure that it is in working order and ready at a moment's notice.

Surgical bed

Now that the room is arranged, we will attend to the bed. For surgical cases a simple iron bedstead is always best, but this is not an absolute necessity except for a major operation. First, put on the under sheet very smooth and tuck it in tightly across the middle of the bed, covered with a rubber draw-sheet, and both firmly fastened to the mattress with safety-pins, as an ether patient is sure to be restless and will toss the bedclothes. The top sheet and blanket may be tucked in at the foot of the bed, and then turned back well down to the bottom ready for the patient. Another blanket must be placed under the top sheet, so that the patient may have some extra warmth for the first few hours. One or two hot water bags are then placed in the centre and covered with a blanket, but they should be removed from the bed as soon as the patient is put in it, and not replaced until he is completely out

from under the influence of the anæsthetic. So many accidents have occurred with hot water bags or bottles burning a patient while unconscious, that the majority of surgeons refuse to allow them to be put in the bed until the patient is quite conscious. When they are replaced, they must be carefully watched and put at some distance from the patient.

No pillow will be necessary on an ether bed, as the head must be kept very low on account of the nausea, but a towel is laid at the head, and a few extra ones will be needed, with a small basin, in case of vomiting.

The patient

Last, but not least, the patient must be ready when the surgeon arrives. He will probably order a cathartic the night before, and, if necessary, an enema in the morning. No breakfast is allowed if the operation is in the morning, except a cup of bouillon or coffee taken about four hours before the operation. If, however, the operation is to be in the afternoon, a light breakfast of coffee and toast is the rule. In some cases, if the patient is very nervous and faint, a couple of teaspoonfuls of whiskey or

brandy in water is allowed an hour before the operation, but not without the surgeon's permission.

The hair, if long, should be neatly braided, and the clothing consist of undervest, drawers, nightgown, wrapper, stockings, and slippers. The wrapper and slippers are to be removed and the bladder emptied just before the anæsthetic is administered.

Have a little whiskey in readiness in case of collapse, when it would be necessary to give a stimulating enema, and aromatic spirits of ammonia or smelling salts which will be of service in controlling the nausea.

After care of the patient

When the operation is concluded, and the patient in bed, remove any clothing that may have become wet or damp, make the patient warm and as comfortable as possible, and darken the room. Some one must remain beside the bed until the patient is perfectly conscious, especially when the nature of the operation is such that any sudden movement might cause a hemorrhage. The head must be kept very low to prevent nausea, and the pulse and

respiration carefully watched. If the nausea be very great an ice-compress on the throat often relieves it, but it will gradually pass off, and as soon as the vomiting stops you can commence giving a teaspoonful of very hot water, as hot as your patient can take it. This you will find better than anything else to settle the stomach and remove the intense dryness of the mouth produced by the ether, and, in addition, it will be found refreshing and stimulating. Begin with one teaspoonful and double it in half an hour if the nausea does not return. Some doctors recommend small pieces of ice instead of the hot water, but I have always found that the hot water, if very hot, *not* lukewarm, answers the purpose better. Hot water, increased gradually to a small teacupful, if desired, every one or two hours, is all that is required in the way of nourishment for at least twelve hours after the operation. The surgeon will give special instruction in regard to medication and diet to suit the case, and his orders ought to be written down and not trusted to the memory.

Hemorrhage

One of the most important complications to watch for immediately after an operation is hemorrhage. The outside dressing of the wound should be looked at very frequently to notice if there is any appearance of blood and if it increases. If a hemorrhage should occur during the surgeon's absence, you must do all in your power to check it while awaiting his arrival. Do not allow your patient to get worried or excited, and remain as quiet as possible yourself. Elevate the wounded part. If it is the arm, hold it above the head; if the leg, support it with pillows. When the wound is in the trunk, elevate the foot of the bed and keep the head very low. Do not give alcohol or stimulants of any kind, as they only increase the hemorrhage by making the blood flow more rapidly. Apply hot water bags to the feet and legs. If it is possible to reach an artery above the wound, firm pressure upon it will check the flow. Firm but gentle pressure over the wound with a pad of gauze bound on tightly will sometimes help to stop the hemorrhage. When the hemorrhage is internal small pieces of ice should be swallowed whole, and ice-cloths applied over the abdomen.

Get ready some sterilized salt solution, made by adding one teaspoonful of fine table salt to a pint of water and letting it boil for half an hour, as the surgeon may find it necessary on his arrival to infuse it into the veins.

Rules for nursing

The principal rule to be observed in caring for a surgical case is absolute cleanliness. Everything about the patient and bed must be kept immaculately clean, and you should never touch a wound, or even the dressing on a wound, without first scrubbing your hands with soap and water, especially the nails, as they form a great hiding-place for germs, and then soaking the hands for two or three minutes in a $\frac{1}{1000}$ bichloride solution. Many cases of blood poisoning have arisen from the neglect of this simple rule in regard to the surgical cleanliness of the hands. An open wound causes the patient to be particularly susceptible to infection, and for this reason it is also necessary to be careful whom you allow into the sick-room, and to examine carefully any package or papers of any kind that come by mail, for there is always the chance that they

may have been sent from a house where there is a contagious disease.

If the surgeon has left the wound open for drainage, and there is a great deal of discharge, this will prove a heavy drain on the system, and therefore it will be necessary to keep up the patient's strength with extra attention to diet. Nourishing foods of all kinds will be needed, and a tonic will probably be prescribed by the doctor. For the rest, the general rules for nursing outlined in the first chapter apply equally well in surgical work. A great deal of the ultimate success of an operation depends upon careful nursing and cheerful surroundings, and the happier, brighter, and more comfortable you make your patient, the quicker and more complete will be his recovery.

CHAPTER X

It is necessary to be prepared in some measure for the many unforeseen emergencies which are likely to arise in the home life. In case of an accident, it is the greatest relief to know how to be of assistance to the sufferer. So many books have been written about "first aid to the injured," that I will simply give a few home remedies, within the reach of every one, and which can be easily carried out.

Burns

There are three classes of burns, and they ought to be treated according to the class to which they belong. When the skin is not broken, it is called a burn of the first degree, and is best treated by covering thickly with bicarbonate of soda, flour, or baking soda, a layer of cotton wool to exclude the air, and a bandage put on very gently.

Burns of the second degree are so called when the outer skin is destroyed. In these cases dry powder is not so useful, as it will adhere to the injured part and become very

difficult to remove. When the skin is broken it should be treated as a surgical wound, kept perfectly clean, and, if possible, washed off with salt solution or boiled water. The burn can then be dressed with carbolized vaseline, carbolized olive oil, olive oil and lime-water, or, if there is nothing else on hand, pure vaseline. Spread the dressing on a piece of old, but surgically clean, linen; apply it to the burn, cover with cotton wool and a loose bandage. Some authorities advise washing the burn first with a solution of bicarbonate of soda and water, as they claim that it relieves the intense pain. When changing the dressing on a burn, have the fresh dressing all ready to apply before removing the old one, so that no air will touch the burn. The more carefully you keep it covered, the less pain. When a blister has formed it must be opened before the burn is dressed. In doing this, use a pair of scissors that are perfectly clean, and pass them for a minute through the flame of a lamp or gas-jet, so that there may be no fear of infecting the wound.

A burn of the third degree is so called when the tissues are completely destroyed, and it is wisest to apply only a temporary dressing while

awaiting the doctor's arrival. Even a burn that does not extend very deeply under the surface may be dangerous. When it covers a large surface of the body it is often followed by shock or collapse. If it be at all extensive, a physician should be summoned, as serious complications frequently follow, especially if steam or smoke has been inhaled, and pneumonia, bronchitis, or inflammation of the intestines are not uncommon results.

Should the clothing catch fire, roll the person over and over on the floor, and cover with rugs, blankets, or any woollen covering. If there are symptoms of shock accompanying the burn, treatment for that must be carried out immediately, — before attending to the wound, — as it often proves fatal, especially with children.

Shock

Shock and collapse are the result of a severe shock to the system, caused by accident, serious operation, extreme fear, or sometimes from weakness during the course of a severe disease. The symptoms are : quick, weak pulse ; respiration slow and shallow ; surface of the body very cold, especially the extremities, and the temperature below normal.

Lay the patient down flat, without raising the head, elevate the foot of the bed, put on plenty of blankets, and rub the body all over with hot alcohol or whiskey. Apply hot water bags, bottles, or hot bricks to the feet and about the legs, and a light hot water bag over the heart. Avoid all noise or excitement, and give a spoonful of hot coffee or hot whiskey and water every ten or fifteen minutes. Should the patient be unable to swallow, administer a stimulating enema of two tablespoonfuls of whiskey in half a cup of water, or else half a cup of hot coffee at about a temperature of 100° F.

There is one important rule to be remembered in the treatment of shock, that is, if the shock has been caused by some injury to the head, as, for instance, a blow or fall, never give alcoholic stimulants of any kind whatsoever, but use instead strong hot coffee, tea, or hot milk.

In all cases of shock a physician should be called immediately.

Fainting

This can be quickly overcome by laying the patient flat on the ground, with the feet higher than the head, ammonia or smelling salts held

in front of, but not too near, the nostrils, loosening the clothing about the throat, opening the windows, and sprinkling a little cold water on the face. Alcoholic stimulants are as a rule unnecessary ; spirits of camphor on a lump of sugar or a spoonful of aromatic spirits of ammonia act instead as a good heart stimulant.

Nervous hysteria

In cases of nervous prostration, or with very nervous, excitable people, overtired or worried, you may meet with an attack of nervous hysteria. It needs to be treated in a firm but gentle manner. A teaspoonful of aromatic spirits of ammonia in a little water, or a small dose of bromide solution or paregoric, whichever you have on hand, will help to quiet the nerves. Open the windows wide, even in winter, and when there is an oppression on the chest after violent crying, a small mustard leaf or plaster applied for a few moments has a wonderfully good moral effect.

Poisoning

Accidental poisoning, which may be caused in various ways, needs generally the most immediate attention to save life. These accidents

are often caused by pure carelessness in the giving or taking of medicine in the dark or without looking carefully at the label, or by leaving dangerous drugs within the reach of children.

When any one is poisoned, and you are not sure of the antidote, do not hesitate a moment, but give an emetic of some kind while awaiting the arrival of the doctor. Mustard and salt will be found in every household, and are very effective. For an adult give a dessertspoonful of mustard to every glass of lukewarm water. Make the patient drink two or three glasses, no matter how he objects, and then by tickling the throat with the finger, the irritation will cause vomiting. Repeat in ten minutes so that the stomach will be thoroughly emptied. In case of children give ipecac instead of mustard and water — one teaspoonful every fifteen minutes until vomiting is produced. When there is any delay in getting the mustard or salt, use plain, lukewarm water in large quantities. After the stomach is thoroughly emptied, give an enema if the doctor has not arrived. When the poisoning is caused by canned goods or stale fish, give a large dose of castor oil as soon as the vomiting ceases. There are various anti-

dotes to be used according to the poison that has been taken, and it is well to have a list of them on hand.

The antidote for Acid Poisons, such as *Carbolic Acid*, *Nitric Acid*, *Oxalic Acid*, is as follows: After vomiting has stopped, give two or three glasses of milk and lime-water; no oil of any kind, as it would only help to dissolve the acid.

For Irritant Poisons, such as *Tartar Emetic*, *Arsenic*, Paris Green, Rough on Rats, *Iodine*, *Iron*, *Lead*, *Mercury*: Make the patient vomit first; then give plenty of milk, white of egg, or flour and water.

For Alkaline Poisons, such as *Ammonia*, *Lime*, *Salt Petre*: After vomiting, give lemon juice or vinegar, followed by castor oil.

For Narcotic Poisons the treatment is as follows:—

Aconite: Emetic, then stimulants and hot applications.

Belladonna: Artificial respiration, emetics, heat.

Alcohol: Cold to the head and emetics.

Digitalis: Emetics and dose of tannic acid.

Opium: Emetics, strong black coffee by mouth and rectum, and active exercise.

In all poison cases give plenty of hot water to drink, as it flushes out the system (as much as three quarts is sometimes used), and keep up the treatment without intermission, no matter what objection the patient may make.

Care is needed for the first few days after poison has been in the system, especially in regard to diet, which should be very simple.

Sprains

Very hot water is the best treatment for a sprain. Hold the limb under running water as hot as can be borne for about half an hour, or keep it covered in hot water, renewing the water as it cools. Then apply a moist dressing of alcohol and water or arnica, and bandage firmly, beginning at the extremity and working upward to a good distance above the sprain. Moisten the dressing every two hours, and the inflammation will subside very quickly. Repeat the bathing in hot water morning and evening, and give the limb perfect rest. Of course, if within reach of a surgeon, send for one, as what may at first appear a simple sprain may really lead to serious trouble, and many surgeons nowadays treat a

sprain by putting the limb into plaster of Paris, or bandaging with strips of adhesive plaster.

Bruises or cuts

Hot boiled water is the safest and easiest remedy to apply to a bruise or cut, as it fulfils all the need of surgical cleanliness and at the same time reduces inflammation. Bathe the wound with a piece of old linen which has been boiled. And if the wound is an open one, keep it under water until perfectly clean, and wash out all foreign bodies carefully. If the bleeding is troublesome hold the injured member up in the air, above the head if possible for a few moments, at the same time applying a little pad of linen pressed firmly on the wound. Dress it with sterilized linen or gauze (when there is no iodoform gauze to be had) and change the dressing daily. When the skin is not broken allow the wounded part to remain in hot water as long as possible. The water will be very soothing, and a help in subduing the inflammation. Styptic cotton, which is made up in small boxes, is very useful in dressing a cut or bruise, and will immediately stop the bleeding. It is antiseptic and heals

a wound very quickly. Every household should have something of this kind on hand for emergencies. A friend of mine, who always carries a box of this styptic cotton with her, found it of untold value one day when the train in which she was travelling knocked down a child on the track. The little one was bleeding profusely from a wound in the head, but the styptic cotton stopped the hemorrhage at once, and was practically the means of saving the child's life.

Hemorrhage from the lungs

Although hemorrhage from the lungs appears very alarming, still it is not, as a rule, a sign of immediate danger, and can be controlled with a few remedies. Give plenty of cracked ice and a little paregoric. Put an ice-bag on the chest, or, if you have no bag on hand, wrap some ice in a piece of rubber sheeting. Prop up the patient in bed and keep him absolutely quiet.

Hemorrhage from the nose

This can generally be stopped by putting the patient flat on the back, with hands held

up over the head. Ice should be applied to the back of the neck, bridge of the nose, and to the wrists, and the tongue should be pressed firmly against the roof of the mouth, with a pad of paper between to increase the pressure.

Should the bleeding point prove very obstinate, plug the nostrils with a bit of absorbent cotton or small pieces of linen with a string tied to them for a few hours.

Frequent hemorrhages sometimes come from great activity of the brain, but more often from ulcers or growths of some kind in the back of the nose or throat which should be attended to.

Fractures

There is nothing to be done in the case of a fracture but to keep the sufferer perfectly quiet until the doctor's arrival, as it requires a skilful surgeon to set the broken limb properly. Do not allow the patient to move the injured limb, as the pieces of broken bone might easily break through the flesh and cause a compound fracture. A dislocation must also be left to the surgeon. Keep the injured part covered with ice-cold cloths until his arrival.

Sore eyes

When the eyes are sore or overtired, bathe them night and morning with a solution of boracic acid (one teaspoonful of the acid to a pint of boiling water) or salt solution ; apply with a small piece of absorbent cotton. Salt solution is also of use in strengthening the eyes.

Sore eyes of any kind are very contagious, so that any piece of cotton or gauze used in washing them must be immediately burned. When the eyes are inflamed from cold or any other cause, cut some pieces of linen, about two inches square, lay them on ice in a dish, and then place them over the eyes, changing them every three minutes, so that they will not have time to become warm. You will find that this treatment gives great relief, and it reduces the inflammation quicker than anything else. Should lime accidentally get into the eyes, wash them immediately with equal parts of vinegar and water, until all the particles are removed. Then bathe them well in warm water, and keep in a dark room for a few hours.

When a foreign body gets into the eye, do not rub it in, but pull the upper lid down over the lower two or three times, and the irritating

little atom may be left on the cheek. If not, turn back the upper lid over a darning needle and brush off the atom with a corner of soft linen.

Earache

Heat of some kind is the most direct cure for earache. Hot water bags, especially the small, thin, black rubber ones, are very useful, but should be frequently refilled.

Salt heated in the oven and put in a flannel bag retains the heat a long time, or a piece of hot flannel tied firmly over the ear is very soothing.

I have cured earache in a child with a few drops of laudanum dropped on a piece of cotton and applied to the outer ear, and cotton saturated with equal parts of laudanum and glycerine often gives the greatest relief. Should these simple remedies not avail to ease the pain, syringing the ear with boiled water at a temperature of 108° to 110° F., every two hours, will give the greatest comfort and almost invariably stops the pain, but the syringing must be done most carefully and gently. A teaspoonful of boracic acid should be added to the boiled water, and a regular ear nozzle with

a fountain syringe used, so as to have a continuous flow. Hold the ear downward and a little backward; let the water run very gently, not straight into the ear, but a little to one side. Great injury may be caused unless the syringing be done very carefully and slowly. A little of the hot water allowed to remain in the ear for a few moments is very soothing. Be careful not to expose the ear to any cold air after syringing with hot water. Earache is sometimes caused by an accumulation of wax in the ear, and in that case the hot water will cure it.

Never fill an ear with cotton wool when there is a running discharge.

If a foreign body, such as an insect, should get into the ear, a few drops of hot sweet oil will float it to the surface, whence it can be easily removed.

Toothache or faceache

This can be much relieved by holding hot Pond's extract or hot water in the mouth until it becomes cool, and then taking a fresh mouthful, keeping it up as long as possible; you will be surprised at the comfort and relief it gives.

When there is a hollow in the tooth, put a couple of drops of pure carbolic acid, creosote, or oil of wintergreen on a piece of cotton wool, and push it firmly into the hole, taking care not to touch the gums.

A tiny piece of mustard leaf applied to the gums, or iodine, well painted on, will help the pain when it comes from general faceache.

When a child gets something up his nose, you may dislodge it by making him sneeze with pepper or snuff.

Foreign bodies in the throat

It sometimes happens that a fish bone gets stuck in the throat, and it is impossible to reach it with the finger. In that case a raw egg swallowed quickly will generally carry it into the stomach. If a pin, a piece of glass, or any foreign body with a sharp edge is swallowed by mistake, do not give an emetic, but make your patient eat solid food, so that the object may become embedded in the food and carried out of the system without injuring the intestines.

Hiccoughs

You can often stop hiccoughs by making the person sneeze half a dozen times, or letting him sip water and hold his breath as long as possible between each sip. Another method is to pour vinegar on a lump of sugar and swallow it whole.

Vomiting

Violent vomiting is often controlled by a Seidlitz powder divided into three parts, and one part taken every fifteen minutes, at the same time a mustard paste should be applied over the pit of the stomach. I have also found burnt brandy, a tablespoonful at a time, most effectual ; it can be set on fire in a silver spoon without injuring the spoon. Oxalate of cerium, grains x, is a simple remedy, and very useful in controlling nausea. A spoonful of boiling water every ten minutes is of service in settling the stomach.

Stings of insects

Stings of insects can be quickly cured by an application of ammonia and water, bicarbonate of soda, or salt and water. Any of these

remedies will remove the pain and swelling like magic.

Should a child be bitten by a dog, and there is any fear of the dog being mad, and you are out of the reach of a doctor, suck the wound at once to draw out all the poison possible. Then bind the limb tightly between the wound and the heart, to prevent the poison being absorbed into the system. The wound should also be cauterized with pure carbolic acid, nitrate of silver, or a knitting-needle heated to a white heat.

Epilepsy

This trouble is unfortunately only too common, and it is well to know how to act should a fit occur in your presence. It may come on at any time, and is generally, but not always, preceded by a peculiar cry; the patient falls to the ground unconscious, and the body is rigid for a few seconds, and then begins to twist and jerk.

Loosen the clothing about the neck, put something between the teeth to prevent him biting his tongue, and do not try to restrain his movements; give him plenty of fresh air, and he will come to in a few moments and fall into a heavy sleep.

Asphyxiation

Accidents sometimes arise from suffocation caused by gas, smoke, sulphur, etc. When such an accident occurs, remove the sufferer at once into the fresh air, loosen all clothing about the neck and chest; throw cold water on the face and chest. If necessary, artificial respiration must be resorted to until natural breathing is restored.

Artificial respiration

The knowledge of how to keep up artificial respiration after an accident has happened from narcotic poisoning, suffocation, or drowning is of great importance and has saved many lives. Place the patient on his back with the shoulders slightly raised; pull out the tongue and hold it with a handkerchief around it tied under the chin. Then, kneeling at the head, grasp the forearm between elbow and wrist and draw the arms up gently and slowly over the head until the hands touch behind the head. Keep them there for two seconds, so as to allow some air to enter the lungs. Then carry them slowly back and press them against the sides of the chest to expel the air. After

a couple of seconds repeat the movements, and keep them going at the rate of sixteen to the minute until there is some sign of life. It has sometimes been found necessary to work thus for a long time before breathing is re-established.

APPENDIX

Diet in disease and convalescence

In all cases of illness, when a physician is in attendance, no food of any kind should be given without his permission, as sometimes great harm may be done by giving what appears to be a very simple food, but which in reality is most harmful to the patient.

There are some diseases in which it is necessary to be especially strict in the diet, as, for instance, typhoid fever, Bright's disease, gout, and many others.

In the following pages I have given a few suggestions that may be of service regarding nourishment in some of the ordinary cases of illness, but as complications are likely to arise in any disease, the physician should always be consulted.

When convalescence is reached after any disease, as a rule the patient is put on "light diet," the various forms of which are left to

the discretion of the nurse, and these suggestions are to assist the home nurse in arranging some variety in the food, and to give her a general idea of the diet best suited to the disease.

Fevers

Physicians do not starve a fever in these days as they used to half a century ago; scientific research has shown that plenty of nourishment is required to replace the waste of tissue caused by the fever, and also that large quantities of fluid are necessary to wash out the kidneys and to reduce the temperature.

During that period of the disease when the fever is high, nourishment is given in fluid form, such as milk in its various preparations—whichever agrees best with the patient, as milk and lime-water, milk and Vichy, peptonized milk, buttermilk, kumiss, somal, etc., broths, light soups, beef-juice, and gruels. The amount and frequency of administration is regulated by the physician. When the fever declines light diet is usually prescribed, and for the first week at least the solid food should be given at noon, or even a little earlier in the day, while the temperature is low, as it

is then more easily digested, and during the afternoon and evening, when the temperature is inclined to rise, nourishment should be given in liquid form.

For light diet, during the early days of convalescence, soups thickened with rice, barley, or arrowroot will be more satisfying to the patient than clear soups and broths. Farinaceous food, when nicely seasoned and carefully cooked, is often acceptable; eggs in various forms, milk and cream toast, chicken and beef jelly, either hot or cold.

The yolk of an egg well beaten with a little sugar, an ounce of brandy, and some cinnamon-water is pleasant to the taste and very nutritious.

Lemonade, not very sweet, when given between meals is easily digested; flaxseed tea, barley-water flavored with lemon, milk whey, and the unfermented grape-juice now used extensively, which is delightful to the taste, slightly stimulating, and as a rule does not upset the stomach. Drinks of this kind should be given frequently, not in large quantities at one time, but a few spoonfuls at short intervals during the day, as in the latter case the thirst is relieved more effectually than when

a large amount is given every three or four hours.

During convalescence, coffee and tea are generally allowed in small quantities when there are no nervous symptoms. In regard to alcohol in any form, that must be left entirely in the hands of the physician, as he will be the best judge of what is suited to the case, and stimulants of any kind should never be given without his permission

When resuming solid food after a long period of fluid diet, it must be done very gradually, so as not to overtax the digestive organs. Meat when first given should be in very small quantities, either minced, chopped very finely, or scraped. Starchy foods are of great service in building up the system.

Typhoid fever

Typhoid fever requires a very much stricter form of diet than any other fever, as from the nature of the disease the intestines are particularly sensitive, and the physician's orders must be carefully adhered to.

A relapse has been known to occur in typhoid fever at the hospital by the patient eating a small piece of plain bread brought to him by

some over-anxious relative without the knowledge of doctor or nurse. As a rule, milk is the principal diet throughout the disease, although where milk does not agree well with the patient the physician sometimes finds it best to vary it by light broths or gruel, but the broths must be prepared most carefully, and be entirely free from grease or fat.

When milk is given exclusively, an average of about four or five pints in the twenty-four hours is the rule if it is well digested. In most cases it is necessary to prepare it in some way, either by diluting it with sterilized water, lime-water, or barley-water, or where there is nausea, using the peptonized milk.

Typhoid-fever patients are as a rule almost ravenous when they commence to convalesce, and the greatest care has to be taken that they do not overload the stomach or eat anything that may cause a relapse. A limited supply of solid food must be given even for some weeks after the temperature is perfectly normal.

During convalescence from fevers, as soon as the physician decides that solid food is desirable, some of the following dishes may be given under the form of light diet and subject to his

approval, choosing the simpler ones for the first few days.

Chicken broth with arrowroot or rice; milk or cream toast; junket; scraped beef sandwiches, or scraped beef in balls; sago or rice pudding; bread and milk; a little cooked fruit, especially baked apples; chicken and beef jelly; bouillon with an egg beaten up in it; poached or scrambled eggs; boiled or stewed sweetbreads; a little wine or calf's-foot jelly; custard or tapioca cream; occasionally a baked potato, very mealy and soft; cocoa made with equal parts of milk and water; chicken panada; cream of celery soup; and later on potato soup with croutons in it; lightly broiled lamb chops or a small piece of rare beefsteak; game; creamed potatoes; snow pudding or orange jelly.

Pulmonary tuberculosis

In the treatment of pulmonary tuberculosis, or consumption, as it is usually called, diet is very important, as the disease is generally of such long duration that plenty of nourishment is required to keep up the strength, and at the same time great care is necessary in selecting the best food to suit each individual case,

as dyspepsia and diarrhœa are two of the most frequent complications to be fought against, especially in the advanced stages.

Milk, fats, and oils should form the principal diet; meat once a day is as a rule sufficient, and when taken should be rare and juicy. Scraped beef or beef-juice is to be preferred as the disease advances. The heartiest meal should be taken early in the day, as in the case of other fevers the temperature generally rises toward evening, and that interferes with digestion. Rich cakes, sauces, fried meats, and pastry should never be given, but instead cereals of all kinds, plenty of fruit cooked or raw, abundance of milk in every form, eggs, game, jellies, cream, butter, and nourishing soups.

Warm milk taken slowly between meals is very beneficial; sometimes if it is diluted with a little hot water or Vichy, it agrees better with the patient; a pinch of salt added to the milk will also be of service in helping the digestion. Cream and hot water may also be recommended.

After drinking milk, the mouth must be thoroughly rinsed with some simple mouth wash, otherwise a very unpleasant taste will

remain, and is apt to give the patient a strong dislike to milk, even amounting to nausea.

A large amount of food is required, as the disease rapidly wastes away the tissue, and when there is little or no appetite extra nourishment has occasionally to be administered by the stomach tube between meals. Some form of light nourishment is advisable before retiring for the night, and when the patient is troubled with heavy night sweats a good milk punch made with brandy will be found helpful in controlling them.

A cupful of hot water, at a temperature of 140° F., taken in sips half an hour before breakfast, helps to stimulate the appetite and cleanses the stomach.

Grippe, bronchitis, pneumonia

During a severe attack of grippe, bronchitis, or pneumonia, while the fever lasts, fluids are generally prescribed instead of solid food, choosing the kind that agrees best with your patient, as especially in pneumonia the stomach is easily nauseated.

A raw egg taken from the shell will help to soothe the troublesome cough in bronchitis.

Hot and cold drinks of various kinds, as already described on page 192, should be given very frequently.

After the temperature declines light diet is usually ordered, as in convalescence from fever, and even after regular meals are established extra nourishment should be taken between, such as milk punch, eggnog, cocoa, bouillon, or milk, as the system takes some weeks to recover its natural tone. In pleurisy very little fluid is allowed, and salty foods are most desirable.

Tonsilitis

This disease calls especially for fluid diet, as the difficulty of swallowing will frequently prevent the patient taking as much nourishment as is required. It is best to concentrate the food as far as possible into the smallest amount of fluid, giving strong beef extracts, beef-juice without being diluted, egg beaten up with brandy, and milk in various forms.

In tonsilitis, as well as in many fever cases, ice-cream is generally well received by the sufferer, as the intense coldness is grateful to the inflamed throat.

Neuralgia

When suffering from an attack of neuralgia all kinds of rich food should be eaten : cream, butter, fat meats, plenty of vegetables, eggs, milk, and meat of all kinds, besides nourishment between meals. Tea, coffee, confectionery, or highly seasoned foods are to be avoided.

Surgical cases

Surgical patients ought to be well fed, as wounds heal better and more rapidly when the blood is in good condition ; at the same time care must be taken not to overload the system while the patient is confined to bed and unable to take any active exercise. After minor operations, when there are no complications, the ordinary diet is, as a rule, resumed after the first day, with perhaps a little extra nourishment between meals if desired by the patient. When there has been very severe pain, or a great shock, solid food must be returned to very slowly, as the digestion will probably be weak for some little time ; and when there has been much loss of blood, a large amount of nourishment is required, which should be given largely in fluid form. In long surgical cases,

where there is a constant discharge from a wound, plenty of fresh vegetables, fats, fruits, milk, and the most nourishing food is necessary to replace the continued drain on the system.

Very much the same food that is recommended in convalescence from fevers may be given in the convalescence of surgical patients, but as long as the patient is confined to bed the plainest food should be chosen, and the heartiest meal taken in the middle of the day.

Insomnia

Nervous people who suffer from insomnia could be very much benefited by careful attention to diet, instead of having recourse to hypnotics. It is better not to sleep on an empty stomach, but always take some light food, as cocoa, sandwich, glass of ale and a cracker, or a glass of milk, either just before retiring or it should be at hand to take when they become wakeful during the night. Besides their ordinary meals, they should if possible take some light refreshment every two hours if the digestion is good, omitting tea and coffee altogether, and spending the greater part of the day in the open air.

**Rheumatism,
gout**

Rheumatism and gout are among the diseases especially influenced by diet. In acute cases of rheumatism a fluid diet is most suitable, such as gruels, vegetable soups, and all forms of milk. No alcohol, but plenty of acid drinks, especially lemonade without sugar. When the acute symptoms subside, all varieties of cereals and farinaceous foods, milk and cream toast, and corn-meal pudding without sugar; and when the regular meals are resumed, oysters, eggs, chicken, spinach, celery, and fresh fruits are among some of the best foods to take. Rich jellies, confectionery of all kinds, and meat should be avoided, though in chronic cases meat is usually allowed once a day, while fish and poultry are taken at the other meals.

In all cases of rheumatism and gout, saccharin should take the place of sugar, being a product of coal-tar; it is without any of the harmful effects of sugar, but supplies the necessary sweet taste.

The gradual accumulation of a large amount of uric acid in the system generally ends in an acute attack of gout, and there are also

many people who suffer from chronic gout in a greater or less degree. Whenever it is found in the system, even in a light form, especial attention must be given to diet. Alcoholic drinks of all kinds should be avoided as carefully as sweets and sugar. Fresh vegetables, fruit, with a very small amount of mutton, lamb, or beef once a day only, and some chicken, toast or crackers, should form a large part of the daily food. A stout person with gout in his system has to be so careful of his diet that meal-time is to him a trial rather than a pleasure. Only just sufficient food to sustain the body should be eaten. Eating too much is very harmful; three meals a day, rather slender ones too, at regular intervals, are sufficient, and no eating between meals should be indulged in. During an acute attack the diet is usually strictly laid out by the physician in charge, with plenty of water, hot or cold, taken about half an hour before meals, weak tea or alkaline drinks, such as lithia water, apollinaris, etc., graham bread or dry toast, farinaceous foods, and some of the plainest broths with no fat or grease in them, cocoa nibs, and a little tea or coffee sweetened with saccharin. Shell-fish, — except oysters,

which may be eaten when the hard part has been removed, — rich salads, sauces, or pastry must be omitted.

Chronic Bright's disease

In cases of chronic Bright's disease rich food of all kinds must be avoided, and the diet depend principally on vegetables, poultry, fish, fruit, etc. In an acute attack a diet of milk exclusively for a few weeks is sometimes ordered, and has to be taken in large quantities — about two or three quarts in the twenty-four hours.

Indigestion, dyspepsia

Slow eating ought to be the rule in all cases of illness, but especially when troubled with indigestion or dyspepsia, as digestion really commences in the mouth by the proper preparation of the food to be received into the stomach.

The diet must be very plain; all heavy sauces, rich pastries, pickles, entrées, and hot breads, starchy foods, shell-fish, smoked meats, game, cheese, acid fruits, and tea, are left out of the menu.

When the dyspepsia is only slight, a few fresh vegetables and a little starchy food is allowed.

Some of the following dishes are the best that may be taken when suffering from indigestion: cereals, zwieback, or graham bread, small portion of butter or bacon, well-cooked vegetables in limited quantities, fresh fish without sauce, eggs lightly cooked if they agree with the patient, broiled or roast meats and chicken, raw-beef sandwiches, kumiss, baked apples, peaches and oranges, very weak tea without milk or sugar, and postum cereal instead of coffee.

In very severe cases the patient is put on a strict diet with but little variety. Food must be taken very slowly, and fluids are best between meals instead of with them. It is wiser not to eat heartily when mentally exhausted, but to take some light nourishment, and to rest for half an hour, as the food will not digest well when the nerves are overtired. All meals should be eaten at regular hours, and, if possible, with bright conversation at the table.

Constipation

Chronic constipation may be largely the result of improper feeding, and people with

small appetites often suffer with this trouble, especially when very little fluid is taken. Eating hurriedly, taking meals at irregular hours, and especially want of proper exercise, all tend to promote constipation. Fruits should be eaten in abundance, as they are laxative, also spinach, onions, and tomatoes, while potatoes, beans, or peas should be indulged in very sparingly. Tea is also slightly constipating, and too much milk, sweets, fried foods, and eggs. Graham bread, buckwheat cakes, cereals, apple cider, grape-juice, and quantities of water, both with meals and at other times, especially on first arising in the morning, will be of service in curing the trouble.

Diarrhoea, dysentery

The opposite kind of treatment is required in cases of diarrhoea and dysentery ; very little food should be taken, and especially no vegetables or fruits. If possible, no food of any kind taken for the first eight or nine hours during an acute attack, commencing then with a little arrowroot or barley-water, boiled milk and rice, followed by chicken broth and crackers, and milk diluted with lime-water.

The return to full diet must be very gradual, starting with milk toast, chicken, and boiled rice, and perhaps a baked potato.

With children, little or no milk should be given, but instead, beef-juice, barley gruel, broths freshly made, or scraped beef, avoiding all patent foods or meat extracts. The nourishment should be administered in small quantities about every two hours, so that the stomach will not be overcrowded.

When diarrhœa turns to dysentery a most careful diet must be followed; milk, if given, should be sterilized or peptonized; beef-juice or scraped beef is serviceable.

During convalescence rare roast beef, broiled chicken, dry toast, a little fish if desired. Very small amounts of fluid should be taken, and all drinking water must be carefully sterilized.

RECIPES FOR INVALID COOKING

FOR FEVERS, GRIPPE, BRONCHITIS, PNEUMONIA

Beef-tea jelly

A third of a box of gelatine steeped in water for about an hour ; then pour over it two cupfuls of boiling hot beef-tea, season to taste and stand aside to cool in small cups. Serve in a dainty china saucer with toasted crackers.

Calf's-foot broth

Cut up two calves' feet and put them in a saucepan with four pints of water, a little carrot, a few celery leaves, salt, and mace. Boil for three hours very slowly until half the amount is boiled away, then strain, and if desired add additional seasoning.

Barley water

Four tablespoonfuls of pearl barley, well washed ; put in a saucepan and add three cupfuls of water, boil for about twenty-five minutes, sweeten and flavor to taste. (Also suitable in cases of Diarrhœa and Dysentery.)

Grape-juice

This recipe is a very simple one and may easily be prepared at home.

The grapes must be fresh and perfectly ripe, and about three cupfuls of water is allowed to every quart of grapes. Go over the grapes carefully, picking off the crushed ones and the stems. Put the grapes on the fire, pour the water over them and allow them to come to a boil very slowly; as soon as they come to the boil, take off the fire and strain through a cloth, then put the juice back on the fire, allow it to come to the boiling point, pour into the bottles and cork tightly. Self-sealing jars or bottles with a patent top should be used. They must be kept in a dark, cool place. (Also of great service in Rheumatism and Gout.)

Gruel, barley

One tablespoonful of barley, well mixed with half a cup of cold water; add to it a little salt and a cupful of boiling water. Cook for ten minutes and then add three-quarters of a cup of hot milk, sweeten to taste, and serve immediately. (May be used in Rheumatism.)

Gruel, egg

Beat up the whites of three eggs to a stiff froth and stir them into a cupful of fresh barley gruel, allow it to stand on the fire a few minutes without boiling, then add any flavoring desired. Turn it into a mould, serve cold with cream. (Also used in Pulmonary Tuberculosis.)

**Gruel of
milk peptonized**

A cupful of rice, oatmeal, or barley gruel; warm it on the fire; then to half a pint of cold milk add five grains of pancreatic extract and fifteen grains of soda, mix well together and throw it into the gruel, take off the fire and serve when cold. (Useful for Indigestion.)

**Irish moss or
carrageen**

Take half a cupful of the moss, wash it well and let it soak for a little while in cold water; then pour off the water and add to it a pint and a half of fresh water, let it boil for a quarter of an hour, then strain and add flavoring

and sugar to taste. When cold it will be formed into a jelly. If it is preferred as a drink, add double the quantity of water or milk.

Gruel, oatmeal

Four tablespoonfuls of oatmeal mixed with double the quantity of cold water. Put a pint of water in a saucepan with a pinch of salt, let it come to the boil, then stir in the oatmeal; boil slowly for twenty minutes, strain and serve.

Kumiss

A quart bottle filled almost to the top with boiled milk; then stand it aside until lukewarm; add to it a small piece of yeast about the size of a nutmeg and a tablespoonful of sugar. Seal tightly and stand in a cool, dark place, shake daily, and do not use it for a week. (Useful for Gout.)

FOR RHEUMATISM AND GOUT .

Biscuit soup

A large cupful of mutton broth or beef-tea and two heaping teaspoonfuls of powdered biscuit; boil together for fifteen minutes, stir-

ring constantly, strain and serve hot with small pieces of dry toast. (Useful also in convalescence.)

Blanc-mange

Add three tablespoonfuls of gelatine to a quart of new milk, boil until all is dissolved; then pour in a cupful of cream, sugar to taste and any flavoring desired, stir for five minutes on the stove, then throw in the sugar and nutmeg and a little lemon if desired, pour into a mould and set on the ice to cool. (Useful also in convalescence.)

Chicken purée

Take the white meat from the breast of a nicely roasted chicken, and a large tablespoonful of stale milk-bread crumbs. Pound the bread and meat together, mixing in a little chicken broth to moisten it to the consistency of thick cream, flavor to taste, warm slowly and serve in a small bouillon cup. (Useful also in Pulmonary Tuberculosis.)

Chicken creamed

A tender young chicken cut up in rather small pieces and placed in a saucepan, add to

it two pints of hot water, two tablespoonfuls of butter, part of an onion, pepper and salt, and if desired a little lemon juice. Boil all together until the chicken is quite tender, cooking very slowly. While the chicken is in preparation the sauce may be made. Take four teaspoonfuls of flour and the same amount of butter, put in a small saucepan on the fire, rubbing them well together until the butter is dissolved, then add to it the yolk of an egg well beaten up and a tablespoonful of cream. When all is well mixed together strain, and laying the chicken on a hot plate, pour the cream over it, surrounding the chicken with some nicely boiled rice or mashed potatoes. (May be used also in convalescence and Pulmonary Tuberculosis.)

Savory eggs

Beat up two eggs with salt, pepper, and a tablespoonful of cream. Melt an ounce of butter in a saucepan, then pour in the eggs, stirring constantly; as they thicken throw in some small pieces of tender, cold roast chicken. When all is well mixed and piping hot serve on buttered toast. (To be used also in Tuberculosis.)

**Lemon
sherbet**

The juice of five lemons, three-quarters of a cup of sugar, and a pint of water all well mixed together; strain and freeze solid on the ice.

Oyster stew

Mix half a pint of milk with a teaspoonful of corn flour, boil until it thickens, stirring constantly. To this add half an ounce of butter and season to taste. Then throw in six or eight oysters and stew gently for twenty minutes. Serve on a hot dish with some small pieces of bread that have been soaked in lemon juice and toasted, surrounding the oysters. (Also of service in convalescence.)

**Broiled oysters
on toast**

Six large oysters broiled lightly before a very hot fire; have ready two slices of rather thin, crisp toast nicely buttered, put three oysters on each slice, sprinkle with salt, pepper, and lemon juice and serve immediately with horse-radish.

Rice cookies

Take half a cupful of rice nicely boiled, one egg, half a teaspoonful of butter, and half a cup of milk, add to this three tablespoonfuls of rice flour and a pinch of salt, mix all well together and bake in small tins. (May be given in convalescence from Dysentery.)

Sago soup

Cook two tablespoonfuls of sago in one cup of water until quite soft, then add the yolk of an egg and half a cup of hot cream. Have ready a pint of beef essence boiling hot and mix all well together. (Very good in Tuberculosis.)

Chicken jelly

A young chicken nicely prepared, cut up into small pieces, put in a saucepan with three pints of water, cooked rather slowly, removing the grease from the top continually. Allow it to cook for about five and a half hours, season to taste with salt, pepper, celery, and parsley; when finished stand aside to cool, for some hours, then skim the grease off the top and serve either hot or cold. (Used also in Fevers, convalescence, and Tuberculosis.)

**Eggs poached
with cream**

Two eggs lightly poached, place on crisp toast on a hot plate and pour over them half a cupful of hot cream. This makes a very dainty and nourishing little dish. (For convalescence also.)

FOR DIARRHŒA AND DYSENTERY**Arrowroot
blanc-mange**

Mix two ounces of arrowroot into a smooth paste with a little milk, sweeten to taste, then boil in a covered saucepan until fairly thick, stirring constantly to prevent burning, season with vanilla or lemon peel, turn into a mould, and serve ice cold with a little jelly.

**Arrowroot
milk**

A tablespoonful of arrowroot mixed to the consistency of thick cream; boil a cupful of milk and stir in the arrowroot, let it boil for five minutes, sweeten to taste. Just after taking it off the fire pour in half a cupful of cream. (Sometimes given in Fevers and Pneumonia.)

**Arrowroot
jelly**

A dessertspoonful of arrowroot, a little nutmeg, sugar, and half a pint of water. Mix the arrowroot with a little cold water, add the remainder of the water boiling hot, stir briskly until it comes to the boil, strain into a bowl, and place on the ice to cool.

Rice cake

* Beat up three eggs to a stiff froth, put them in a double boiler, and stir briskly on the stove for eight minutes, then add slowly three ounces of fine sugar and quarter of a cup of ground rice, also flavoring to taste. When all is well mixed, pour into a buttered pan and bake in a hot oven for twenty minutes.

**Gruel
of rice**

The same proportions used as in making oatmeal gruel, water or milk may be used in mixing; and this kind of gruel is of especial service in cases of dysentery.

**Beef-juice
on toast**

Take three or four ounces of freshly squeezed beef-juice, add pepper and salt to taste, warm

it by putting the cup in a bowl of very hot water, then make two slices of buttered toast, about half an inch thick, put the toast on a hot plate, and pour the hot beef-juice over it, serve at once. (Very useful also in convalescence, and the later stages of Pulmonary Tuberculosis.)

FOR INDIGESTION AND DYSPEPSIA

Oatmeal beef-tea

Make about a quart of good beef-tea; after straining add to it half a cupful of fine oatmeal which has been mixed to a paste with water, and season to taste. Boil until the oatmeal is soft, then strain and serve either hot or cold.

Meat soup

Half a pound of mutton, veal, and beef, cut up into small pieces, put into a saucepan with one pint and a half of water, and a little salt. Allow it to stew slowly for three hours, skim frequently; if desired, parsley, celery, salt, or other seasoning may be added. (For convalescence also.)

Croutons

Croutons make a nice addition to soups or broths for an invalid. To make them, take some slices of bread, rather stale, cut it up into small diamond-shaped or square pieces, put them on a tin plate in the oven until quite dry and crispy, then spread them on a broiler over the fire and toast quite brown ; should be served in the soup as soon as toasted and not allowed to stand.

**Oatmeal
pudding**

Two large apples sliced into a bowl, half an ounce of flour, and half a pint of oatmeal, which has been steeped for three hours, a pint of water, sugar and salt to taste. Bake in a quick oven, and serve hot with cream.

**Jelly made with
prepared milk**

Soak half a box of gelatine for an hour in cold water, add to it two ounces of boiling water, the juice of an orange and lemon, and a little lemon peel, also two ounces of rum. When all is well mixed together pour in a cupful of peptonized milk very hot, sweeten to taste and strain into a mould.

**Creamed oysters
on toast**

Six oysters opened freshly into a saucepan with their juice, an ounce of milk, salt, pepper, and mace to taste ; after boiling five minutes add to it a little thickening, made with flour and butter rubbed together ; stir all until well mixed, then pour out on a slice of crisp toast, and serve immediately. (Convalescence and Tuberculosis also.)

**Rennet
custard**

One quart of milk, two tablespoonfuls of sugar and flavoring to taste ; into this stir a teaspoonful of rennet, cover and stand in a warm room. If it does not commence to thicken in an hour, add a little more rennet. Serve with whipped cream. (Useful also in the early days of convalescence.)

Egg brandy

The white of one egg, beaten up to a froth, and add to it two dessertspoonfuls of rich cream and a tablespoonful of brandy ; stir briskly together. Sweeten to taste and serve ice cold.

**Apple
charlotte**

Butter a deep pie dish, then shake over the butter some granulated sugar, cover the bottom of the dish with thin slices of bread and butter, on this put a layer of sliced apples, a little sugar, and few cloves ; add the layers of bread and apples until the dish is full, the top layer being apples ; put some small pieces of butter on top and moisten the whole with a little water, bake in a tightly covered dish in a slow oven until quite soft, then remove the cover and brown on the top. (Also for Tuberculosis.)

FOR PULMONARY TUBERCULOSIS**Eggs poached
in broth**

Two eggs poached carefully in well-seasoned broth instead of water. Be careful that the eggs do not break. Put them on hot, buttered toast, and strain enough of the broth over them to moisten the toast. (May be given during convalescence.)

Thick milk

This is easily digested and very palatable. Put a quart of milk away in a cool place in a wide bowl until it becomes thick and smooth like jelly, then set it on the ice for half an hour, and serve it in glass saucers with cream, sugar, and grated nutmeg.

**Jelly of
fresh fruit**

A large cupful of clear, sweet jelly, some ripe fruit (any variety you prefer) with stalks removed.

Put a little jelly at the bottom of a bowl; when it is cool arrange the fruit round the sides of the mould, then pour in some more jelly; allow it to stand a little, and add some more fruit. Fill up the mould with jelly and fruit in layers, then set it on the ice until cold.

**Tomato
cream**

One quart of cold milk that has been boiled, four eggs well beaten, one cupful of tomatoes that have been stewed and passed through a large strainer, sugar to taste. Cook in a quick oven, in small custard cups.

Egg cream

Beat up the yolks of two eggs until quite frothy, add a dessertspoonful of sugar, juice of half an orange, and a little of the rind grated. Place it in a bowl, and stand the bowl in a saucepan of boiling water, allowing it to cook slowly, stirring constantly. At the same time have ready the whites of the eggs beaten to a stiff froth, with a little sugar and a pinch of salt. When the yolks of the eggs commence to thicken, throw in the whites, mix all well together, pour out into small glasses, and serve cold. (When sweetened with saccharin, it may be given in Rheumatism.)

Sago jelly

Half a cupful of the juice of raspberries, or strawberries, or any other fresh fruit, three-quarters of a cup of sago that has been washed and steeped in water, and a cupful of sugar; boil all well together until the sago is soft, pour into a mould, and set on the ice to cool.

**Sandwiches
of fruit**

Chop up some fruit into small pieces, any kind preferred, dates, raisins, candied cherries.

oranges, lemons, bananas, etc., moisten with a little orange juice, spread on very thin bread and butter, and cut into small squares.

Scalloped oysters

Butter a small pie dish, and put in a layer of bread crumbs and then a layer of oysters up to the top of the dish, the top layer being bread crumbs. Add salt and pepper to taste, and on the top a small piece of butter. Moisten with the juice of the oysters, and bake in a quick oven for ten or fifteen minutes. (Very delicious during convalescence.)

Banana cream

Take the skin off six bananas and cut them up into a saucepan with half an ounce of gelatine that has been dissolved in half a cup of water, add the juice and peel of a lemon, and sugar to taste. Cook gently for ten minutes, and then pour into it a cupful of cream, beat all well together, and set in a mould to cool.

Panada

Wash well two ounces of pearl barley or rice, put it into a saucepan with half a pound of

mutton or veal cut in small pieces, and half a pint of water. Allow it to simmer slowly for two hours; then pound it up and pass it through a fine sieve, add a little cream, and serve hot or cold.

FOR CONVALESCENCE

Egg caudle

A cupful of nicely cooked oatmeal gruel, tablespoonful of sherry, well-beaten-up egg, lemon flavoring, sugar to taste. Stir well together, serve either hot or cold.

Meat minced

Heat four tablespoonfuls of minced meat with a little hot water, salt and pepper, and other seasoning if desired. Add to it one ounce of fine bread crumbs, mix well together, and bake on a buttered dish for eight minutes or until brown on the top.

Sweetbreads baked

Prepare the sweetbreads carefully, then dip them in a mixture of cracker crumbs and egg; cook slowly for nearly an hour on a pan with plenty of melted butter poured over them; the

oven should be pretty hot, and they should be turned frequently. (Also given in Tuberculosis.)

Lemon jelly

A cupful of sugar, the juice and rind of two lemons, one pint of water, and one ounce of isinglass. Boil for fifteen minutes, strain through a jelly bag into a mould, and place it on the ice to cool.

Cream custard

Half a pint of milk and a quarter of a pint of rich cream, half an ounce of flour, sugar to taste, and any flavoring desired. Mix the flour and cream, add the milk boiling hot, then put in the flavoring and sugar. Pour into a dish and bake a light brown on top.

Egg lemonade

The juice of a lemon and a little of the grated peel; put into a glass, with sugar to taste. Pour over it half a cup of boiling water; allow it to stand until cool. Strain into another glass, beat up an egg with a

tablespoonful of sherry to stiff froth, and mix it well with the lemon and water.

Tapioca custard

Two pints of milk allowed to reach the boiling point, then add the yolks of three eggs well beaten, and one ounce of tapioca that has been steeping for twelve hours in milk, sweeten to taste. Mix all well together, when it commences to thicken turn it out in a dish and spread on the top the whites of the eggs beaten to a stiff froth with a little sugar, then place the dish in the oven for five minutes to brown. Serve either hot or cold.

Raspberry cream

Take half an ounce of gelatine, put it into a bowl; add enough milk to cover it, and allow it to stand for half an hour. Then pour over it a cupful of boiled milk sweetened to taste, add to this a pint of fresh raspberries which have been cooked with a little sugar, and strain through a fine cloth. Stir in a cup of cream, beat all together until thick, then pour it into a mould and place on the ice.

Custard boiled

Put one pint of milk into a white porcelain saucepan with two ounces of sugar and the rind of half a lemon; allow the milk to stand on the back of the stove until well flavored with the lemon, then put it on front of the stove; allow it to come almost to a boil and strain into a bowl. When it has become cool stir in three well-beaten eggs, then put the bowl in a saucepan on the fire and stir constantly one way until it thickens, but on no account allow it to boil or it will curdle. Pour into custard glasses and grate nutmeg on the top.

Coffee

To make a good cup of coffee for an invalid put about eight teaspoonfuls of coffee (Java and Mocha mixed is the best) into a granite coffee-pot, and pour on it a large cupful of boiling water; then place it on the stove until it comes to the point of boiling, pour in a second cup of boiling water, allow it to come almost to boiling point again, then stand it aside to settle, and serve immediately with cream.

**Tea for
invalids**

The water must be freshly boiled and on the boil when the tea is made. An earthenware tea-pot is the best to use; first scald it with the boiling water before putting in the tea—a very important point to observe. The amount of tea varies according to the quality; as a rule, one teaspoonful for each cup, and if more than three cups are made an extra spoonful is allowed. After pouring on the water the tea should only stand for five minutes. Serve on a tray covered with a snowy napkin, with a dainty cup and saucer, tiny cream pitcher, sugar bowl, and small pitcher of hot water. Put some of the boiling water in the cup to heat it, and allow the patient to pour it out herself.

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