

## **The sick chamber.**

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The image shows the front cover of a book. The cover is a dark green color with a fine, woven texture. A decorative border is embossed into the cover, featuring intricate floral and scrollwork patterns. The title "THE SICK CHAMBER" is printed in the center in a gold-tooled, serif font. The text is arranged in two lines: "THE" on the top line and "SICK CHAMBER" on the bottom line. The overall appearance is that of a classic, well-bound volume.

THE  
SICK CHAMBER

ST. CLAIR R.R.

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THE  
SICK CHAMBER.



BOSTON:  
JAMES MUNROE & COMPANY,  
134 WASHINGTON STREET.

HMD

WY

5565

1847

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## ADVERTISEMENT.

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WE have received from a medical friend, to whose examination we submitted the little book which we present to the public, the following opinion of its character.

“I cordially recommend the work you sent me to all those who are, either occasionally, or as an occupation, called to perform those offices of the sick chamber, to which it relates. The advice and directions which it contains are generally excellent, and it especially insists upon that sincere, considerate and kind spirit, in which the Nurse should perform her duties. It is to be borne in mind, in the use of it, however, that it purports to proceed from the patient, and not the physician, and therefore refers to those things, chiefly, which have been found necessary to the comfort, or soothing to the feelings, whilst it omits many which the medical attendant might regard as equally important. It should then only be used subject to his direction, and with his sanction. With this reservation, I could wish that it were placed on the table of every sick chamber; and particularly that, by its influence, the *spirit* which it inculcates might become more universally characteristic of those upon whom this most important duty of humanity devolves.”

THE PUBLISHERS.

BOSTON, MAY, 1847.

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# THE SICK CHAMBER.

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## INTRODUCTION.

DURING a first long illness, I was surprised to find how very imperfectly my kind friends and attached servants understood the art of nursing — with what difficulty they entered into my feelings. It is true, that every mistake and every omission was regretted, and guarded against for the future; but it was hard upon me, when I was so very unfit for any exertion, to have to teach my nurses their duties. I then resolved, if it should please God to restore me to health, that the first use I would make of the recovered blessing should be, to draw up a short Sick Chamber Manual, in the hope of preventing many errors, easily committed through want of experience, and of adding to the comfort of many sufferers.



When it is considered how large a portion of a woman's life is passed in nursing, or in being nursed, it seems strange that this most useful and necessary art does not hold a prominent place in her education. High and low, rich and poor, young and old, all require its aid; and it will be my aim to make this little book intelligible to all; for "have we not all one Father?—Hath not one God created us?"

#### THE NURSE.

There is one great and important difference between a good and a bad nurse—the having or not having the power to sympathize with the feelings of the invalid, to understand her wants, her pleasures, and her annoyances. The full power of thus sympathizing is, only in rare instances, possessed by nature; it has commonly to be acquired by experience, by having gone through the same sufferings, and enjoyed the same lessening of that suffering through the attention of a kind and judicious nurse. But as there is generally great pity for the sick person, and a sincere desire to be of use

to her, teaching may, in some measure, supply the place of experience.

One is too busy and bustling — rushing into the room — leaving the door open behind her — hastily drawing back the bed curtains, and perhaps waking the patient out of a long-courted sleep, by the eagerness of her inquiries as to how she does. Another will try to amuse her by relating all the news she can collect, in which there is usually a large proportion of what is dismal, — perhaps some piece of information concerning one of the patient's friends, which might in health have been listened to with composure, but which now thrills her with emotion from head to foot. Another, having no idea of the wilfulness of a diseased appetite, or the loathing which accompanies a lost appetite, persecutes her by recommending her own favorite dishes, which she zealously affirms to be so good and so innocent that they cannot hurt any one — they never disagree with her. All these, and a thousand other little annoyances, little to her who inflicts them, but very difficult for the sufferer to bear, would have been avoided if the nurse had had

any idea of the torture which she was inflicting. Be careful and thoughtful then, but remember that however unremitting your attention may be, you will not be able entirely to understand the feelings and wants of your patient. This reflection will be useful to yourself as well as to her. It will lighten your labors, lessen your difficulties, and enable you to bear with patience and good humor the anxieties and privations of the sick-room.

We are told that "the Lord loveth a cheerful giver." What gift can be more precious than that of our time, labor, and sympathy? Give them, then, not grudgingly. It will make all the difference to yourself and your patient. A happy, cheerful and hopeful temper changes the most painful and disagreeable duties into pleasures, and enables you to do them quickly and well; and a sharp or an angry word, which in health would have passed unheeded, sinks deeply into the heart of one who is weakened by sickness.

Under all circumstances endeavor to preserve a calm and composed manner. No sudden attack or increased indisposition

should take you by surprise. Nothing is more painfully exciting to an invalid than variable spirits in those who attend upon her, and her own constantly changing hopes and fears. Endeavor, therefore, to cultivate in her and in yourself, as the only true source of comfort, meek reliance on the Divine goodness and submission to the Divine will.

Never attempt to mislead her by pretending that she is better than she really is. Use no deceit at all. It is, at best, but short-lived policy; for as soon as she discovers the truth, which she must do sooner or later, you will lose her confidence, and this you will not easily regain.

It is very important to her comfort that one person, whether relation, friend, servant or hired nurse, should take the lead in her room — seeing that every thing is done at the proper time, and in the proper way. If at one time one person waits on her, and at another time another person, something is sure to be done wrong. Only one who has been very weak knows what it is to have raised herself, slowly and with difficulty, upon her elbow, in preparation, say, for a

meal, and then to have the curtain pulled open at her back, perhaps on the window side of the room, and the tray pushed in, and to be obliged to say, "No, not that side, the other, please!" A similar discomfort often occurs in washing her hands, changing her dress, or settling for the night. The same person should always attend to all these matters; for she is then able effectually to consult the ease and comfort of the patient. I have had it said to me, "Such an one will bring your dinner;—you do not want me while you are eating it, so I will go out for a little time." I felt that I would rather go without my dinner than have to say to the new attendant, "No, not that way;—do it so and so." The true kindness would have been to have thought nothing about going out until dinner was over; and then to have said, "Now I will go out. Such an one will sit in the room till I return, and will not speak unless you do."

It is very desirable that there should be nothing in your manner or dress which is disagreeable to your patient. Let your manner be kind, gentle and soothing, and your dress perfectly clean and neat. A

washing dress is the only proper one, as it can be easily renewed, and you will in no case fear its being injured. Besides, it will not so readily as any thing of woollen carry infection. One of the worst cases of fever I ever knew was caused by a nurse who had neglected to have a dress washed that she had worn in her last situation. She communicated the infection; and a mother and child fell victims to her want of conscientious care. No gaudy colors, or any thing very remarkable, should be in your dress, — no flying cap-strings — no ringlets dangling in the face of your patient. Have no rings upon your fingers, pressing into her or scratching her, when you assist her in moving. Your shoes should be thin and light; if made of list, without soles, it is all the better, that your step may not be heard or felt. And as you are greatly debarred from the refreshment of changing the air, it will be beneficial to yourself, as well as agreeable to your patient, that you should use a good deal of personal washing and clean linen.

You must not forget, in your attention to your patient, that it is also your duty to

attend to the care of your own health. Young persons, especially, sometimes think it a proof of affection to neglect themselves, while they anxiously wait on their sick charge. This is a great mistake; for if they should be laid up, what would become of the poor patient? You must, therefore, be very careful about your diet and exercise. If possible, take a walk daily. Where this cannot be done, shake up a bed, or rub a table;—do something that will exercise your lungs and circulate your blood. If you can, eat only light and wholesome food. You will, of course, scrupulously avoid every thing that would affect your breath, such as pork, onions, cheese, or beer. I do not think it good to take more nourishment than usual. The digestion is always weakened by anxiety and want of sleep; and as, perhaps, you have less air and exercise than you are accustomed to, a smaller portion of food is required; but this should be regularly and sufficiently taken. Procure also as much sleep as you can, without neglecting your patient.

As a nurse, like a medical man, is often necessarily admitted into the confidence of

the family, and becomes acquainted with many of its secrets, if you are a nurse by profession, you must be very careful not to betray the trust unavoidably reposed in you. Some ladies, very much to their discredit, encourage a nurse to gossip, forgetting that they have no right to information so gained, and that all the little faults of temper, &c., of their own family will, in their turn, be made use of to amuse the heavy hours of her next patient. I have known good and clever nurses, by an indulgence of this dangerous practice, lose some of their best families.

There is another temptation to which a nurse is exposed, I mean that of gossiping in the kitchen, or interfering with the servants. This too must be resisted. It may indeed sometimes be in your power, by a word in season, to remind a careless servant of her duty, or to soothe a mistress's irritability, when she does not sufficiently consider all the fatigue and confusion that illness occasions in a family; but in general, your course is not to intermeddle in any way. At the same time, no person of good principles could see her mistress greatly



wronged or imposed upon, without informing her of it. This would be to make yourself a partaker in the crimes of others. I would only recommend to you the apostolic injunction — “As much as lieth in you, live peaceably with all men.”

#### THE PATIENT.

On very little reflection it will be plain to you that the same treatment will not do for all patients, since their disorders, habits, tempers, and condition in life will be different. There is, however, one consideration which applies equally to all:—you must not think of yourself, but of the invalid; how you can best comfort, soothe, relieve, and inspire her with hope; how you can best aid the efforts of nature and the skill of the physician towards the recovery of health; or how you can best smooth the passage to the solemn chambers of the grave.

Take a religious view of your duty, and you will then take a cheerful, self-denying and active view. I do not mean that you should attempt to become a religious teacher, or endeavor even to introduce religious

conversation, unless you clearly see that your patient desires it. Your business is to administer to the wants which she feels — to make her conscious that you do that, and that only. This is necessary to her liking to have you constantly about her. It is only occasionally, and then by a short remark, that you ought to venture to remind her of the submission which we all owe to our Father in heaven. What I mean is, that you should take a religious view of the responsibilities and duties of your own position.

If the patient be restless, irritable, impatient and capricious, attend diligently to her wants, soothe as much as possible her discomforts, and show that you do not regard labor, difficulty, weariness or unpleasantness, in your efforts to serve her; but calmly and firmly resist whatever would be injurious to her, or is manifestly unreasonable. Let her see that you are her willing minister in every thing that is good, and in that only; and you will do much towards keeping down the warmth of her feelings, and towards causing her to lay some restraint upon herself, and to have some consideration for others.

If she be weak and languid, ready to weep at every little difficulty, to imagine neglect, and to fear the worst because she feels herself miserably reduced, encourage her by your own cheerful but calm and subdued tones, animate her by your smiles, uphold her by your expressions of hopefulness, and let her find you always at hand, ready to administer to her comfort. She will not be inclined for conversation, and perhaps it will do her harm. Do not require answers from her about anything, if she is disinclined to speak, unless it is absolutely necessary. She is perhaps struggling with her sense of weakness, striving to seal up the too ready fountain of her tears, and endeavoring to gain strength and confidence by inward supplication.

If she desires to make some little sacrifice for your health, comfort, or rest from your fatigues, do not refuse her the pleasure of such self-denial. It will do her good. She will not feel herself to be such an entirely helpless burden. This will do something towards her recovery. But you must watch that it does not arise from a diseased sensibility towards others, for which she has not

sufficient strength. If, for instance, you have left her alone for some time, at her request, that you may take air, exercise, or any other recreation, see if she receive you on your return with cheerfulness, like one who is conscious of having done a right thing; or, if there are traces of weeping, of a feeling of having been deserted, of a lingering wish that you had not been so ready to take her at her word; for, if this be the case, she is not strengthened in heart, but weakened by her consideration for you; it is not an act of self-denial, but a sad performance of a painful duty.

If the disorder produce delirium, great prudence and presence of mind will be necessary. Determine not to appear alarmed. Do not contradict or reason with your patient. Above all things, avoid any subject of irritation. Yet let her see that you are firm, and that you will not give way to unreasonable fancies. If any thing that would be dangerous or injurious is attempted, endeavor to divert her thoughts by a change of subject. This is more easily done than we are apt to imagine; for the thoughts, at such a time, pass with increased rapidity

through the brain. If this cannot be done, look firmly at her, and say, "No, I cannot allow you to do this. It would not be right." A steady eye and voice are of more use, in such a case, than the strongest arm. Talk as little as possible yourself.

Delirium sometimes comes on from exhaustion. I have known it stopped in such cases by some slight refreshment. A little barley water, with a few drops of sal-volatile, is a good thing.

In case of real mental disease, especially if it be of long standing, you will frequently find your patient disposed to talk about it. Never introduce the subject yourself; but, if she do so, do not shrink from it; for you may give her comfort by judiciously and kindly speaking of it. Treat it as disease. Represent to her that this, like all other disease, is a dispensation of Divine Providence. Remind her that, as the disease is of the mind, there is the more room for the will to act upon it — that, if she will endeavor to go hand in hand with her medical attendant, a cure may be confidently anticipated. This open manner of treating it will do much to remove the injurious effects springing from

the peculiar horror with which this malady has been generally regarded. This ought not to be. It is but one of the long list of disorders to which human beings are subject.

However ridiculous the fancies of your patient may be, do not laugh at them, or show any mark of contempt. But more than all, let me entreat you never to practise any kind of deception. If there is one thing which more than another may be depended on, as a sure help in the restoration of a disordered intellect, it is perfect confidence in the good faith of those who are in attendance. Let nothing then tempt you to use any kind of stratagem or departure from truth, in your dealings with your patient. Avoid all signs of secret intelligence with others. And, if you can with truth do so, assure her that she shall not be placed under the care of strangers. Nothing will more tend to restore her to tranquillity of mind than this promise made by one who has never deceived her.

Much that I have said with regard to delirium and insanity applies also to nervous patients. It is particularly necessary

to soothe them, to inspire confidence, to treat them with perfect truthfulness and candor, to sympathize with their strong impressions from passing objects and circumstances, to act upon the thorough belief that what appear to be trifles almost beneath notice to you, are matters of serious, and perhaps, very distressing importance to them. Yet, on the other hand, sympathy and compliance must not degenerate into weakness. There are times when you must be firm, unyielding, enforcing upon them calmly but perseveringly what you know to be right.

Contradiction, severity, ridicule, putting off, neglect, and inattention, however well-meant they may sometimes be, never fail to produce a bad effect upon the patient. They increase the evil, instead of conquering it. "I know you suffer, or are alarmed, or anxious, or troubled, or hurt by the seeming unkindness of friends—I know that you cannot help feeling and thinking as you do; but it is part of your sad disorder," is often much more effectual than any attempt to combat what has no existence, except in the nervous apprehension of the patient. And never is the apostolic injunction more

needed than towards her, "Forbearing one another in love."

When your patient is getting better, whatever may have been her disorder, do not recur to it, do not talk about it, unless she herself leads to it, and then draw her mind away from it as quickly as possible. Most carefully avoid dwelling upon its worst symptoms, its most alarming dangers, and all the sickening particulars by which it was marked. Lead her thoughts onward to the hopes which are before her; if she will permit it, upwards to Him who is conducting her back into the paths of the busy world; and outward to the duties and enjoyments which are preparing for her, when she shall again take her place among the active agents of God's good providence. The less her mind dwells upon herself, and the more it fixes upon the future, with all its hopes, duties, and sure promises, the more speedily will she experience an entire and happy restoration.

## QUIET.

When I mention perfect quiet as absolutely necessary in a sick room, I shall not



be fully understood by any one who has not gone through severe illness herself; for no other can form a correct idea of the irritability of the nerves which it produces, demanding above all things freedom from noise, and a composed manner in the attendant. It is, I know, difficult to attain these; but let it be your constant thought and aim, and you cannot fail of considerable success. Speak in a gentle but clear voice. Let there be no laughter; there may be cheerful talk without this. Whispering is particularly annoying to a sick person. All conversation in which the patient does not take a part should be avoided: for this reason it is better, in most cases, for only one person to be in the room at a time. Let your step be light, and when you pass the bed, be careful not to touch and shake it.

To prevent untimely intrusion, put a quill or a small piece of stick through the key-hole of the door, to show that no one can come in. Let the hinges of the door and the lock be well oiled, that they may move as easily as possible. If the raps at the house door are heard in the sick room, unscrew the under part of the knocker to

deaden the sound; or better still, screw down the knocker and make every coming ring the bell. Knockers are a horrid invention of the enemy of all peace. Strange to say, medical men are often miserably incautious in this respect. Their knocks are frequently to the last degree distressing to their patients.

One of my greatest troubles in illness has been when my maid or nurse has shown a friend up to see me, and one of them has taken hold of the handle of the door, unconsciously making a noise with it, while they have continued to talk for five or ten minutes, which have seemed an hour to me. They were, perhaps, conversing about me, not considering that while they were taking interest in me, they were torturing me with their double noise, when one noise would have been too much.

The fire is always a troublesome affair to manage. It must be carefully watched to keep it from going out, or becoming too fierce. Besides other reasons for its not being suffered to go out, the crackling of the wood in lighting it again is very disturbing. The fire-irons had better be removed, for there

must be no scraping together and putting up of cinders. Deaden the noise of the falling cinders by placing under the grate a large pan, or a tin made to the shape of the place under the fire, and thickly strewn with sand or ashes. This may be quietly removed and emptied when the room is put in order. Instead of the poker use a stick, a broom handle, or, if you have not one at hand, one of the short pieces of wood used in lighting the fire. Any thing is better than the harsh noise made by the iron poker grating upon the bars. The coals should be brought up wrapped in pieces of paper, and should be carefully placed on the fire with the hand. Keep a screen or towel-horse before the fire, to defend the patient from its scorching or flashing.

Another noise, very disturbing and often distressing to a sick person, is the knocking of the housemaid's brush against the stove when she is cleaning it. As it is only the point of the brush that causes this, a piece of soft leather (an old glove) nailed on, will put a stop to it. The fender must be taken out of the room to be cleaned. If you have a kettle of water in the room, be careful not

to let it sing its melancholy song upon the hob. A newspaper is often a most unwelcome intruder into a sick room — the crackling is very troublesome. So also is the turning over of the leaves of a book. Nor less so the rustling of the silk gown worn by the patient's friend, sister or aunt, kindly come to stay with her.

## VENTILATION.

In all cases of illness, but more especially in fevers, a free circulation of fresh air is absolutely necessary. It is difficult to effect this without giving cold to those who have become very susceptible to every change of temperature by long confinement to one room. To do this is, however, the office of the nurse; and it must frequently be done even when the patient is not aware of its necessity. If the weather be warm and fine, the window may safely be opened once or twice a day, if it be not kept open the whole of the middle of the day. Even in cold weather, if the air is clear, the window may be opened a little in the course of the day, though the patient be in bed, if she will consent to lie for the time with

something thrown over her head and face ; or, the curtains may be drawn closely round the bed ; but this is not so well, as the air within the curtains is then not so effectually changed. When the weather is too damp to allow of this being done with safety, occasionally open the door of the chamber, using the same precautions. A fire in the room promotes ventilation. When this cannot be had, a candle burning in the chimney place will keep up a small current of air.

In cases of fever, let there be only such furniture in the room as is quite necessary. The bed-curtains should be removed or looped up, unless needed to exclude the light. Indeed, whether in sickness or in health, the heavy bed-hangings in common use are very pernicious. If hangings be used, the tester should be taken away, leaving the bed open to the ceiling. This has been recommended, if not introduced, by an eminent physician.

Every thing likely to be offensive should be immediately removed. Even flowers should not be suffered to remain longer than a day. While they are fresh gathered,

they may amuse and cheer; but they soon begin to decay, and then they do harm. If any foul smells arise, which cannot otherwise be got rid of, burn some brown paper, sprinkle vinegar, or dip rags in liquid chloride of lime, and place them about the room, or put a small quantity of chloride of lime, a powder to be purchased at the chemists, in a pan, and pour water upon it, keeping it stirred every now and then. Remember, however, that the chloride, when dissolved, destroys or injures whatever it falls upon. It is also unpleasant and injurious to many persons. The room must be purified from bad smells, but you must do it in whatever way is least disagreeable to your patient.

For your own health's sake, especially in infectious disorders, keep as much as possible on the side of the bed towards which the current of air draws from the door or window. Let the air pass from you to your patient, not from your patient to you. And at all times avoid taking her breath.

## PUTTING THE ROOM IN ORDER.

As soon as breakfast has been taken, have the room put in complete order, the dust taken from the floor and under the bed, the furniture dusted, and every thing made to look neat. Then let the patient be washed, her night clothes changed, the bed made comfortable, and the sheets changed if necessary. As soon as this is done, have all the apparatus of the washing-stand taken out of the room, prepared for use, and brought back directly. Let no washing and rubbing of basins, jugs and glasses be done in the room. Let towels be slowly dried; they become hard if dried quickly by a fire, or, what is better, in the open air, if they are used more than once.

The carpet need not be swept, but wiped every day with a damp cloth; and, if there is a fire in the room, the hearth may also be cleaned in the same way. A little dampness is not injurious if dried immediately.

The room should be kept as light as is consistent with the comfort of the patient. Light is conducive to good spirits and health.

## WASHING AND DRESSING.

The use of flannel is often far more pleasant in illness than linen or cotton cloths. When the basin is brought for washing, instead of spreading a towel on the bed, to keep it dry and free from spots, a yard of flannel will be more agreeable and convenient. Should any water fall on it, it will not soak through and wet the sheets, and will be easily shaken off. Besides, damp flannel does not give such a chill to the invalid as a damp cloth does. In cold weather there is a great comfort in a soft flannel for rubbing with, after the water is wiped off by a towel; it sooner than fine linen brings a glow upon the skin. In very cold weather, or when the patient is in a state of great delicacy, it is a great comfort for the towel to be slightly warmed.

Never omit combing the hair well through, and, if possible, brushing it once in the day; if this be repeated again at night your patient will have all the better chance of sleeping well. It is fatiguing, but nothing is more refreshing. I have known curl-



papers left in for a week, because — “it will tire me so,” the patient says, and the nurse weakly shrinks from giving her temporary uneasiness, though she knows it will be followed by great advantage. Courage in the nurse gives courage to the patient. “Now I am going to comb out your hair. I will not be long about it, and you will feel more comfortable after it is done.” Say this mildly, cheerfully, and firmly, and it will be done. But say in a doubtful, hesitating voice, “Do you think you can bear to let me comb your hair to-day? I think perhaps it will refresh you;” and most likely the reply will be, “No, not to-day, I am so weak. I will try to-morrow.” Instead of curling the hair in paper, which is often troublesome from its roughness, hardness, and rustling, it may be put up in pieces of old and soft black or brown silk. The best way, however, is to put the hair back until the illness is over. In convalescence it will be an amusement to bring the hair into curl again.

Washing the whole person every day, in health or in sickness, is very beneficial. There is scarcely any kind of illness in

which it may not be done with advantage, if proper precaution be taken. If the patient is confined to bed, provide a thick flannel wrapper, wide enough to wrap well round the person, say three or four breadths, and long enough to reach below the knees. Let it be of no shape; but leave in it, on each side, at about half a yard from the top, a slit of a quarter of a yard in length, as arm-holes. Make no collar; but sew strings on the top, at a proper distance from each other and from the corners, to tie conveniently round the neck. Run and hem the seams without turning in, and leave the outer edge of the wrapper rough. Slip this under the patient, and then fold it over her. Use as a rubber a piece of flannel folded several times, or a double flannel hand-cuff, or a glove without fingers; if you make the opening smaller than the other parts, it will not slip off — the part where your fingers are should be rounded. The water should be just warm; squeeze your rubber nearly dry, and soap it; put your hand under the wrapper, and thus perform the office over the whole surface of the body. It will be done with very little

inconvenience to the patient, and with scarcely any exposure to the outward air. The feet may be put out of bed to be washed one at a time. When you have done each, put on a woollen stocking to prevent any chill.

No one who has not tried it can imagine the comfort produced by this all-over washing. It soothes the irritability of the skin, the restlessness of the limbs, known sometimes as fidgets, and produces a gentle perspiration which, perhaps more than any thing else, relieves fever and pain, from whatever cause they may arise.

One of the greatest difficulties, in severe illness, and where the strength is much reduced, is changing the bed dress. Let it be made open behind all the way down, with a button or two at the collar. If old ones are altered, which is always desirable, because they are softer and cooler than new ones, an additional breadth or two must be put in. These dresses must be full enough completely to fold under the whole person without dragging from the front in the least. The collar in front may be made as usual. Let the patient lie on her back and

put in her arms; then arrange the front, and if she has strength to turn round on her side, pull the under side of the dress straight out upon the bed, and fold the upper side round her back. You may do all this with your hands under the bed clothes. She may then turn herself upon her back, and her night dress will keep securely in its place. If she cannot be turned, you must slip your hands gently under her, and draw the dress across.

The buttons used for the night dress should be the patent ones, which are made without wires. If you have occasion to touch the patient, be very careful that your hands are of a proper temperature. Warm or cool them by putting them in water; and be sure to dry them thoroughly before you begin your operations.

#### MAKING THE BED.

There is an art in making a bed well, simple as it seems, which is often not properly understood. Shake plenty of feathers up under the head and shoulders. Tuck the under sheet firmly in before the other is put on. Let the rest of the covering be

sufficiently warm, but not heavy. Quilts and counterpanes are cumbersome and uncomfortable. Generally the blankets should be single on the shoulders, and double on the feet, but in this you must consult the feelings of your patient. Unless the sheets are very long, a bolster case is more pleasant than the sheet turned over the bolster, since it is apt to drag out of its place. The head often becomes heated by lying long on a soft pillow; you may often relieve this, in some measure, by turning the corners of the pillow under, and so preventing them from rising up above the head. A different mode of placing the clothes will also sometimes relieve restlessness and weariness of bed.

If you can, have two sets of blankets, use them day about, and hang those not in use in the open air, or by a fire; not the chamber fire, if it can be avoided. Pillows and bolsters the same, or at any rate pillow. Where coolness is required, blankets made of flannel will be found useful. In our changeable climate it is seldom safe to remove woollen coverings altogether.

If the patient is able to sit up while the

bed is made, do it as quickly as possible. If there is no large screen in the room, draw the curtains down to the foot of the bed, and spread them out on the backs of chairs so as to form a screen, and keep the draughts of air from her. If your patient cannot rise for that purpose, when you have occasion to change the bed-linen, and this should be very frequent, roll the under sheet lengthwise, as you take it from the fire, thus keeping in the warmth; then, doubling it up, take it to the bed wrapt in your apron or a warm cloth or flannel. Should she be unable to raise herself enough to allow of your taking the under sheet away in the usual manner, roll it up on one side and replace it by the clean one, so that the two rolls may be close together, and as near to your patient as possible. Then gently raise her and slip the two rolls, at the same time, under her, taking away that which is done with, and spreading the clean one in its place. Pursue the same plan with the upper sheet. A little cool, steady determination will soon make you expert in this operation.

## MEALS.

Endeavor to make the hours for your patient's meals quite regular. Never let her wait long for them, especially for breakfast. After a disturbed night she should find her breakfast ready for her, as soon as she is prepared for it. Washing and dressing had better be done slightly until she has taken this refreshing meal. Quietly watch for her waking, taking care not to speak to her abruptly; let her gradually recover her faculties, and do not yet be urgent with inquiries. Silently prepare her breakfast, and bring it to her without asking if she is ready for it. It is indeed at all times better to avoid asking her if she does not want something to eat, and what she will have. She will often answer "No," to save the trouble of thinking. "It is time for you to take something; will you have broth or gruel? &c.;" naming only such things as you know can be ready in a few minutes, and all, of course, such as are allowed by her medical attendant. She will choose generally among these if she has any appetite. If she shows any dislike of what you have brought, do not,

because you think it must be good for her, propose the same food again immediately. Wait till the taste for it returns and it is asked for. Provide as much variety as you can; it is better not to risk her becoming tired of any one thing. Do not much press her to eat. Nature, that is, inclination, is generally our best guide in this matter. In the beginning of an illness, particularly in fevers, and disorders of the digestive organs, she greatly assists the patient, and deprives her of the power of injuring herself, by destroying the appetite. Then, none but a very weak and ignorant nurse would attempt to influence her, and persuade her to eat to keep up her strength.

It is when all feverish symptoms have subsided, that nourishment becomes necessary; and yet the greatest care must be taken, because the digestive organs are impaired by illness. Then, perhaps, a very little persuasion may be allowed, — just enough to overcome the disinclination of mere weakness; but not even then enough to overcome a real distaste, unless under peculiar circumstances and medical direction. Administer food with great care. At



first with short time between ; then, afterwards, with a longer time between, as she becomes able to take more at once.

It is said that roasted or broiled meats are much more nourishing than boiled ; also, that a young partridge, with good gravy, will strengthen better than boiled chicken or rabbit ; also, that there is very little nourishment in fish, except in salmon, which, eaten without sauce, is very wholesome food ; also, that mutton, if tender and delicate, is the most nutritious of all food, — that it should be a slice from the loin, or a chop lightly dressed, if the patient can so eat it ; also, that a person may be kept alive a long time by the gravy from a leg of mutton ; also, that jelly and blancmange are only temporary things, having little power to sustain or give strength ; and that light puddings, made with eggs, are very indigestible. I believe much of this is very true ; but patients do not always require the most nutritious food, and cannot sometimes digest it. You will have two things to attend to, — your patient's appetite, and the medical man's directions. Be particularly careful to understand this last ; and if you

are found judicious, sufficient discretion will be given you; but having received particular directions, follow them strictly.

To allay the thirst arising from fever, no drink is so good as cold water, or toast and water, or thin barley water without sugar or lemon. These may be changed for thin gruel or arrowroot, balm or apple tea. But there is nothing so good as water, for any flavor is apt to cloy, and sugar produces acidity.

In putting a tray upon the bed, you may often promote your patient's comfort by spreading a cloth or flannel, putting on it a hassock, a low stool or box, and placing the tray upon it; — it brings the tray nearer to the patient. An invalid table, which stretches over the bed, would be better still.

After every meal, do not forget to offer your patient some water for rinsing her mouth. Water a little warm will generally be most agreeable.

#### VISITS OF THE MEDICAL MAN.

As, whatever the illness may be, it is very desirable to avoid any kind of hurry or

bustle, be always prepared for these visits, which must generally be rather uncertain. He seldom fixes them, unless it be for a particular purpose or a consultation. He must not be kept waiting, for his time is very valuable. If he be kind and judicious, he will never show that he is in a hurry if he can help it; so that you can judge nothing by his calm, quiet manner, as if he had nothing to do but to attend upon your patient. Immediately after breakfast, then, let the room and the patient be got ready for his reception. Let her have time to compose herself again, before he is at all likely to come. He will then see her as she really is, and will be able to judge of her, as compared with preceding days. But if, after he has arrived, you are rushing about the room, putting things out of sight, saying all the while, in a loud, disagreeable whisper, "There is no hurry — we shall do — never mind — do not disturb yourself," when you are the disturber, by your whispers, and by dragging the curtains after you every time you come near the bed, the medical man would perhaps be alarmed at the restless look and quick pulse of the patient, did he

not guess the state of affairs, by your flushed and eager countenance, by seeing some article of dress dropped on the floor, and having met a maid with a duster rushing past him as he entered the room.

It is advisable to put down upon paper what you have to say to him, as it occurs to you, that nothing material may be forgotten. This however should not be done, if it can be avoided, in the room with the patient. When any new symptom arises, take care to inform him of it. Carefully listen to his directions, and make a memorandum of them as soon as he is gone, that you may not omit any of them. Never practise the least deception on him. If any of his prescriptions or directions have, by any chance, or for any reason, been omitted, tell him so at once. He will be guided in his judgment of his patient, and in his next prescription, by his belief that those given before have been exactly followed. Serious mischief may therefore arise if you mislead him. Unless we place full confidence in our medical man, and believe that he knows much better than we do, it is best and safest not to send for him.

## ADMINISTERING MEDICINE.

Do not tease your patient by talking about the medicine before the time arrives for taking it. Never ask her if it is time. It is your business to see to that, and to bring it, without saying a word, at the proper moment. Let the tray on which you keep it be covered with a napkin, and put in a cool place, out of sight of the patient. Put something to prevent any drops falling on the bed, bring the medicine to her ready to be taken, and a glass of water for rinsing her mouth. Take care that it is not taken just before or just after a meal. It should be received on an empty stomach, which should not be replenished for some time afterwards. Should it be likely to produce sickness, be prepared with basin, &c., but keep your preparations out of sight.

## BLISTERS, LEECHES, POULTICES.

In dressing a blister, be careful to have every thing prepared before it is taken off— a pair of sharp-pointed scissors to clip it, a plaster spread on a piece of old linen and

larger than the blister, and a cloth folded several times double to lay over the plaster. Cut the blister slightly in two or three places, at the lower edge, holding a cloth under it to receive the discharge. Be not anxious about taking away every drop. It will all run off by degrees into the wrapping; and continued exposure to the air may give the patient cold. The plaster should be frequently renewed, that it may not adhere to the skin. Should it do so, dab it with warm milk and water. This will also allay the itching which accompanies the healing, if it should become troublesome.

A change of ointment is often soothing. A little yellow bees-wax or spermaceti, dissolved in sweet oil, will make a good plaster. Cold cream is also an excellent blister salve. Whatever plaster is used, the materials of which it is made should be quite fresh.

You will sometimes find it difficult to make leeches bite. Wash the part with warm water, then with the finger put a little milk on it. Or, take a piece of blotting paper, sufficiently large to well cover up the place on which the leeches are to be used, cut small holes in it at the particular spots

where you wish them to bite; not liking the rough surface of the paper, they will seize on the skin where it appears through the holes. Handle them very little — they become faint and sluggish when much touched by hot hands. When they are full they will fall off. Put them into a deep plate, and sprinkle a little salt on them, which will cause them to discharge the blood again. When they have cleared themselves, wash them in lukewarm water, put them into a wide mouthed bottle of clean cold water, and tie over it a piece of bladder or paper, pricked with a pin to admit air. More or less of them will recover strength for future use.

If it is desirable to encourage the bleeding, apply a sponge and warm water to the bites. Should the bleeding continue too long, roll up a little cotton or hat-fur into balls the size of small shot, and push them into the holes with a knitting needle or bodkin. I have heard, but never tried it, that you may also stop the hole with a small piece of Indian rubber, softened by holding it near the flame of a candle.

When poultices are required, take care

that they are made sufficiently large. A spoonful will do no good. An eminent surgeon, when complimented on his numerous cures, replied, "I watch the nurses as well as my patients. If I order a poultice, I see that it is made by the pound, and not by the ounce." To prevent the poultice becoming stiff and hard, which is both disagreeable and hurtful, spread a little melted fresh butter or sweet oil on the top of it.

## NIGHT WATCHING.

When you have to sit up with your patient, endeavor to secure a few hours' sleep in the after part of the day, that you may be fresh and prepared for your night duty. Then thoroughly renovate yourself by washing, dressing and taking a good meal. Make every preparation for the night in good time, so that the room may be quiet early. None but those who have felt it can have any idea of the annoyance it is to a sick person to be disturbed, just as she hoped she was going off to sleep, by her nurse bustling about the room, perhaps with a light in her hand, making up the fire, opening the door, and



drawing her own comforts around her. The necessary preparations must be disturbing and troublesome, and for that very reason should be completed early.

Have plenty of candles, or oil for the night-lamp, at hand, coals and wood for the fire, the medicine in readiness, with glass and spoon and written directions, and any kind of nourishment for your patient made and ready to warm at a minute's notice. If it is likely to turn sour from the heat of the room, keep it outside the door.

As you will find the cold very great about daybreak, provide yourself with warm shawls or a flannel gown. To prevent your feet from swelling, lay them up as much as you can.

If your patient passes night after night with little or no sleep from restlessness, try what I have sometimes known to be useful, namely, moving into another room, or even changing the furniture of the room.

#### ADMISSION OF VISITORS.

As soon as we hear of the illness of a friend, we are naturally anxious to make

inquiries about her, and learn something of her real state. Our first impulse is to go and see her. But, unless we can remain with her and make ourselves really useful, as friend, nurse and servant — for it is not easy to separate these characters in the sick-room — our going is likely to do her more harm than good. Every one knows that this is often the case; and yet no one has courage enough to prevent the evil.

It would require more firmness and self-denial than can be expected from a patient, for her to refuse seeing one who takes deep interest in her, and perhaps has put herself to great inconvenience in making the visit of friendship and condolence: but if she cannot do it, her nurse must insist on quiet for her, and must preserve her from the injury which might be inflicted on her by the mistaken kindness of friends and relations. If entire quiet is necessary for her, entire quiet must be secured, at any expense of broken ceremony or offended self-importance. What will most conduce to her patient's recovery, is the one simple question for the nurse's judgment, the one clear guide to her conscience; and, her calm and respectful

firmness will, in the end, ensure her both esteem and reward.

When the medical man's permission, your own observation, and the patient's wishes, show that the visitors may be again admitted, at first suffer only one in a day to be let in; and, when you think that she may see two in a day, let there be an interval of complete repose between the going of one and the coming of another. Feel the way gently until you can leave your patient entirely to her inclination.

Caution each visitor not to talk going up stairs, and especially not to whisper at the door. If you go down to them, as is best, wait till they have asked you all their questions, and then give them the caution. Never mind their looking surprised or angry at your thinking they do not know. You must be prepared with the charity that "endureth all things," for the sake of your patient.

Caution them, also, against speaking of any accidents, misfortunes, crimes, and especially of those in which there has been loss of life. I remember, in my own case, that all my first visitors alluded to a horrible case of murder with which the town was

then much occupied, and which my nurse had prudently kept from me. I too well recollect the thrill of horror that rushed through my frame from head to foot, like an electric shock, as I listened.

## CONCLUDING REMARKS.

There are a few words which I desire to say to those who may do my little book the favor of reading it — a few considerations which I would bring before their notice, while they are yet well, or not so ill as to be incapable of attention.

The human frame was formed and intended for health ; it is its proper condition. Yet, illness is the common lot of men, sent by our Heavenly Father as the corrective of our sins and follies, or as the trial of our faith and patience. Few families, and few individuals even, escape this infliction. To-day you may be well ; but to-morrow, or another week may find you on the bed of languishing, full of discomfort and perhaps of pain. It may be the consequence of your indiscreet use of some of the various enjoyments of life, or of the too ardent pursuit of

some of its duties, or of your abandoning yourself too unreservedly to some of its strong emotions of joy or grief.

As your frame has the power of renewing itself after the exhaustion of study, business or exercise, and weariness and hunger are the indications of the necessity for such renewal; so, it has a large power of restoring itself to health when that has been deranged by any kind of excess or wrong treatment, and illness is the indication that such restoration is needed: it is a messenger of mercy to arrest you before your bodily functions become irreparably injured. Be patient, then, and do not interrupt the process which is going on. Let nature do her part, and do not check her by your imprudence, self-will, fretfulness and irritability; and let your medical attendant, unopposed, assist nature, by waiting upon her movements, or by the more prompt efforts of his skill.

I know that, with all the kindness of the most attentive nurse, or the most affectionate friend, you must still submit to many annoyances, that the confinement of a sick room is, in itself, a great privation, and that if we were doomed to such confinement,

even in health, we should find ourselves gradually attaching too much importance to all the little trifles which annoy or please us. But, for your own sake and that of those who attend you, the struggle against your sufferings is not to be given up in despair. I have found relief from repining thoughts, by asking myself, "What evils have I to complain of at the present moment?—what comforts and blessings do I still enjoy?" I recollect, also, that I was once lying ill in the front room of a noisy street, and was kept awake by the incessant rattling of public and private carriages over the frosty pavement. For some time I fretted over my loss of rest, until I had worked myself up to such a state of nervous excitement that, as soon as I heard the distant approach of another of my noisy foes, I began to tremble from head to foot. At last it occurred to me, that though I was a great sufferer from all this traffic, yet that suffering was only a trifle compared with the vast sum of enjoyment that it gave to others; that the greater part of these carriages were employed in easing weary feet, or in conveying the young and happy to and from places of amusement,

or cheerful parties. Then, pleasing pictures of smiling faces rose up before me; and very soon, instead of dreading the dismal clamor, I found myself saying inwardly, — “Here come some more bright countenances!” Indeed, most of our troubles have their bright sides, if we will but look for them.

But, superior to the selfish consideration of our own lessened suffering, is consideration for others. Endeavor to fix firmly in your mind now, while you are in health, that it is your duty, when laid on the bed of sickness, to think of the ease and comfort of those around you. The thought and attention of the whole house will be directed towards you; but you will not, you cannot be the only sufferer. If, then, it would be unfeeling and wrong doing, to withhold assistance from you, it must also be the same in you, if you do not lessen, as much as possible, the fatigue and anxiety of those that nurse you. Speak openly and fully, if you feel it necessary, of what you suffer, and especially of any new or increased pain or ailment; concealment would, in the end, give more trouble and cause more anxiety; but endeavor to do it cheerfully: bear in

mind that it must, even when every thing is done that can be done to lessen fatigue and anxiety, be a very painful and distressing employment to nurse in a long or extreme illness. When you are in pain and tempted to utter groanings and exclamations, think how every sound goes to the heart of a friend, or kind nurse, when even the uninterested and unamiable cannot listen to them without great discomfort! Discountenance a notion, too common with the sick, that you are not merely the most important person in the house, but the only one of any importance: believe, at least, that your nurse is to be considered. You find her arranging your pillow when you are restless, rubbing your limbs or back when you are in pain, in various ways helping you and lessening your sufferings by her care; — you toss from side to side, you sigh, you groan, you cry out in agony; and you hear her calm, quiet, subdued and tender voice, telling you she knows it must be very hard to bear, that she will do what she can to aid and soothe you, and endeavoring to inspire you with hope that soon relief will come — sleep, refreshment and the first steps towards recov-



ered health. Do you not value this? Would you break down her power of doing this? Or, because her voice and manner are steady and firm, do you sometimes imagine that she does not feel for you? If you could examine her pale face, and her eyes ready to overflow with tears, if she would let them, you would see that she commands her own feelings, that she may not be deprived of the power of soothing and cheering yours. Aid her, then, by the strong effort of your will, and by a feeling of patient submission to Him who chastens only that he may purify.



