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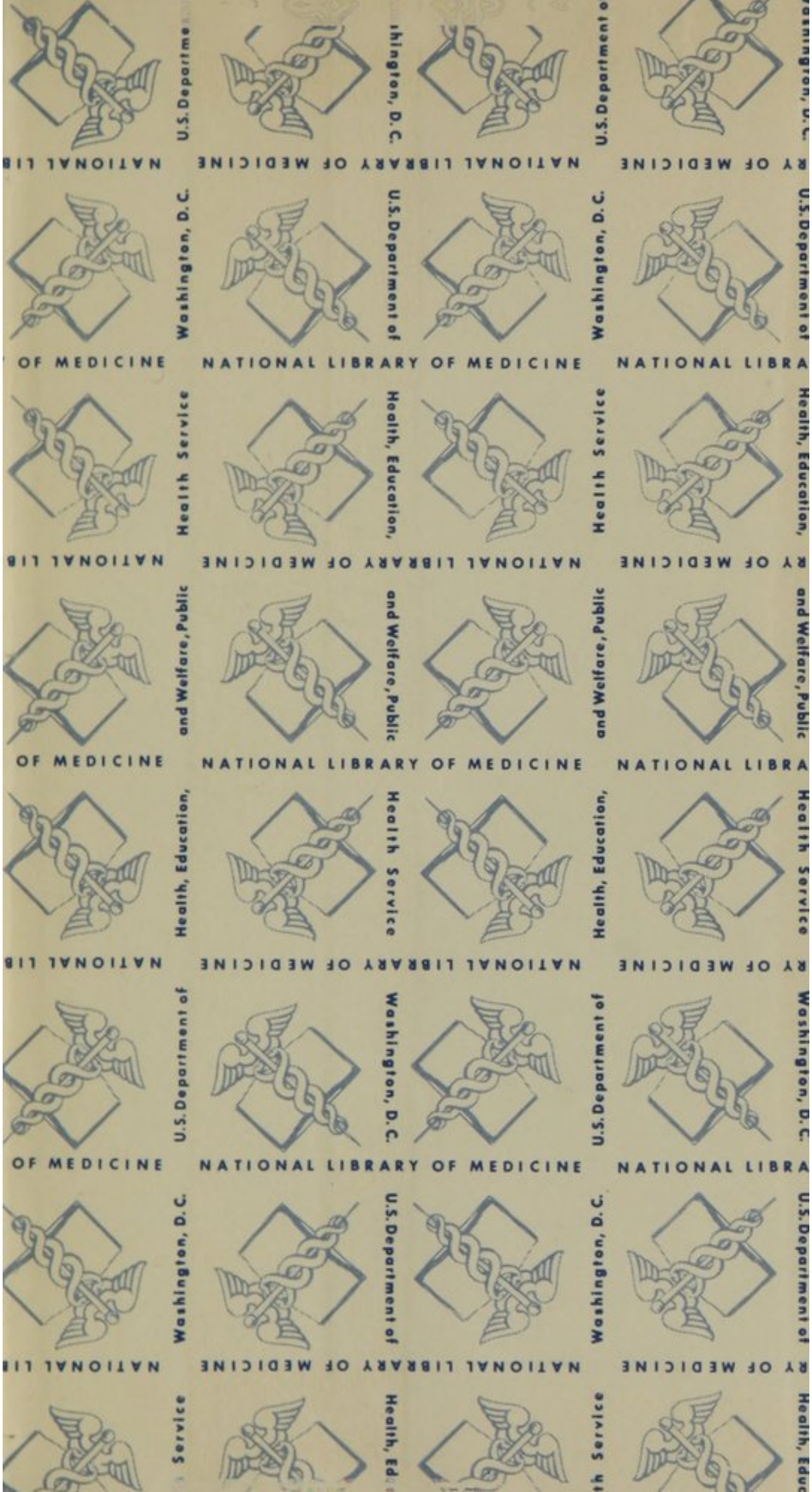
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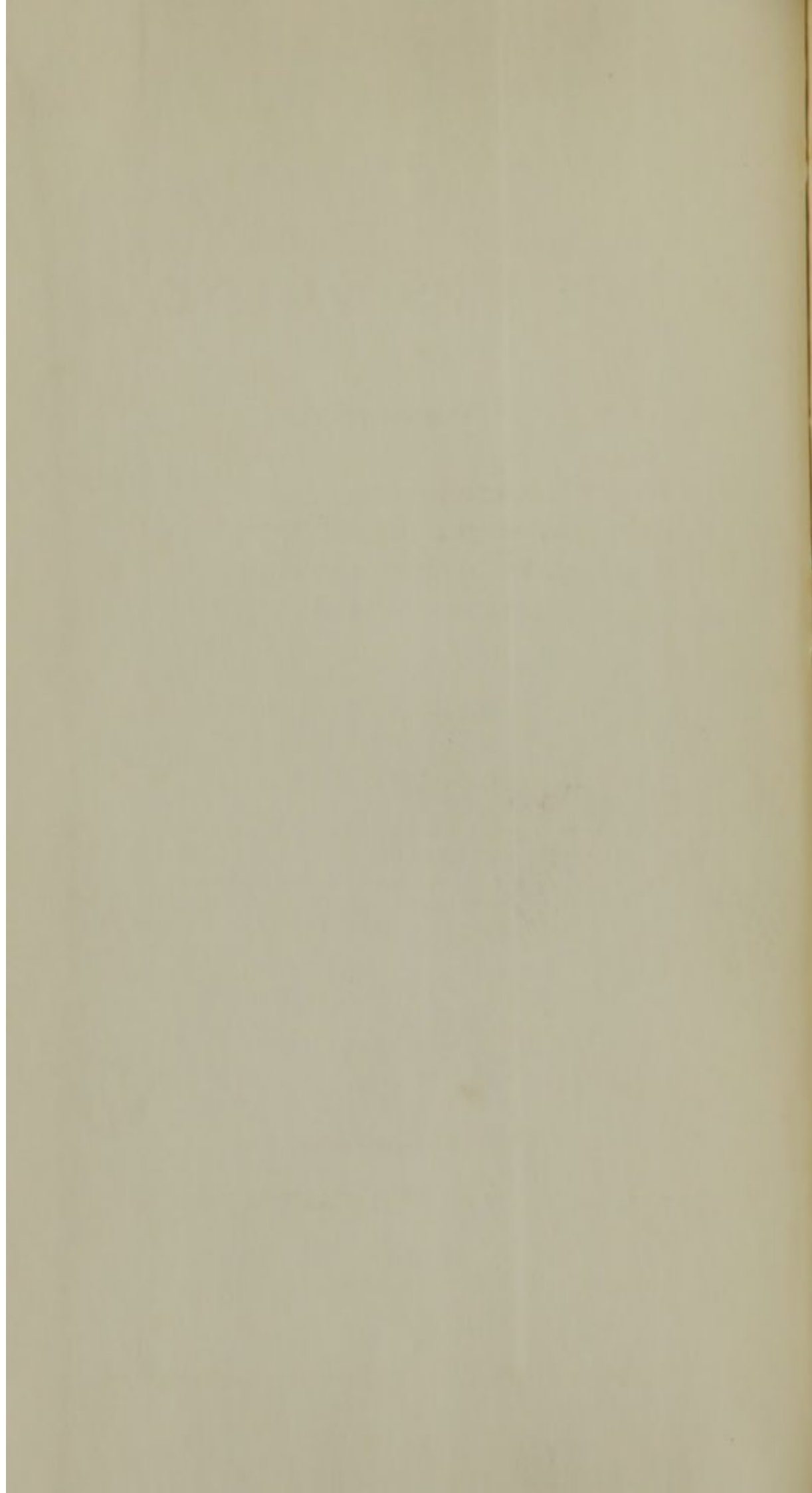
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THE
NURSE'S GUIDE.

CONTAINING

A SERIES OF INSTRUCTIONS TO FEMALES WHO WISH
TO ENGAGE IN THE IMPORTANT BUSINESS
OF NURSING MOTHER AND CHILD IN
THE LYING-IN CHAMBER.

BY J. WARRINGTON, M.D., ✓

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PREFACE.

HAVING, in common with a number of my professional friends who are also engaged in superintending the cases of parturient females, encountered many difficulties and suffered much anxiety on account of the general want of proper intelligence and qualification in *nurses* to the lying-in chamber, I have felt that it was due from some member of the profession, to place before this class of persons, (whose services, if properly performed, are highly important,) a sketch of the qualities necessary for a woman who proposes to enter upon so

responsible an occupation. It is a remark as correct as it is general, that "the prescriptions of the best physician are useless unless they be timely and properly administered, and attended to by the nurse;" as, also, that the whole plans of a judicious medical adviser, for the cure of diseases, or the relief of danger and suffering, may be defeated by the ignorance, carelessness, or waywardness of the female attendant whose duty it is to receive and execute the instructions of the physician.

I have written the following pages less with a view to create the business of nursing into an *independent* calling, than to impress those who engage in it with the importance of understanding their relations with a class of men who devote years to the acquisition of the *science*, and then exercise themselves for years beside, before they become masters of the *art of healing*.

I have desired to bring the female attendants upon the sick into a proper understanding with the responsible *head* in this matter. By this means I have hoped to inspire mutual confidence in, and frankness towards, each other.

If I shall have succeeded in this attempt, I feel that I shall have employed usefully the time devoted to this object, in the midst of numerous and important professional engagements.

This book has been written principally for the nurses of lying-in women; my time and thoughts being mostly occupied with this class of patients. I must leave the duty of addressing nurses who have the care of cases of general sickness, to the pens of my friends who are equally devoted to the treatment of general disease.

That physician and nurse may be found mutually interested in, and devoted to, the

welfare of the parent and child, during the critical situation of the one, and the tenderest age of the other, is the earnest wish of the writer of these pages.

229 Vine Street, Philadelphia,
Eighth Month, 1839.

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INTRODUCTORY REMARKS.

THE skill that is requisite for nursing women, during the confinement of childbirth, is best acquired by practical attendance upon persons in that condition. A middle-aged woman, of good practical education, vigorous health, and cheerful temper, capable of interesting her patient when she is alone, one who is not loquacious, nor gossiping, who is careful to avoid meddling improperly with the affairs of the family, presents many of the pre-requisites of a good nurse. To make herself useful in this important business she must carefully observe and faithfully communicate to the obstetric attendant every circumstance which has transpired relative to the woman and child, since his last visit, and must punctually execute his orders, without interposing her own opinions, lest the patient suffer by such interference, as has fre-

quently been the case with those who have been in the hands of officious and self-conceited nurses. She must neither lend her faith to the many vulgar errors about women in labour, or those who have been delivered; nor by any means communicate them to the individual of whom she has, or is to have, the charge, lest she should alarm her. Since the general concession, that the duty of superintending and aiding a female at the interesting and critical period of parturition, devolves rather upon well-instructed physicians than uneducated midwives, the opinions of a nurse are not unfrequently demanded by the nervous and timid lady, and ingenuity or superstition may often be exercised in the absence of true knowledge; the nurse should, therefore, in all cases, decline any opinion as to the condition of the inquirer, and refer her to the accoucheur, who should be regarded as the only person suitable to explain the condition, and direct the conduct of the pregnant or parturient female.

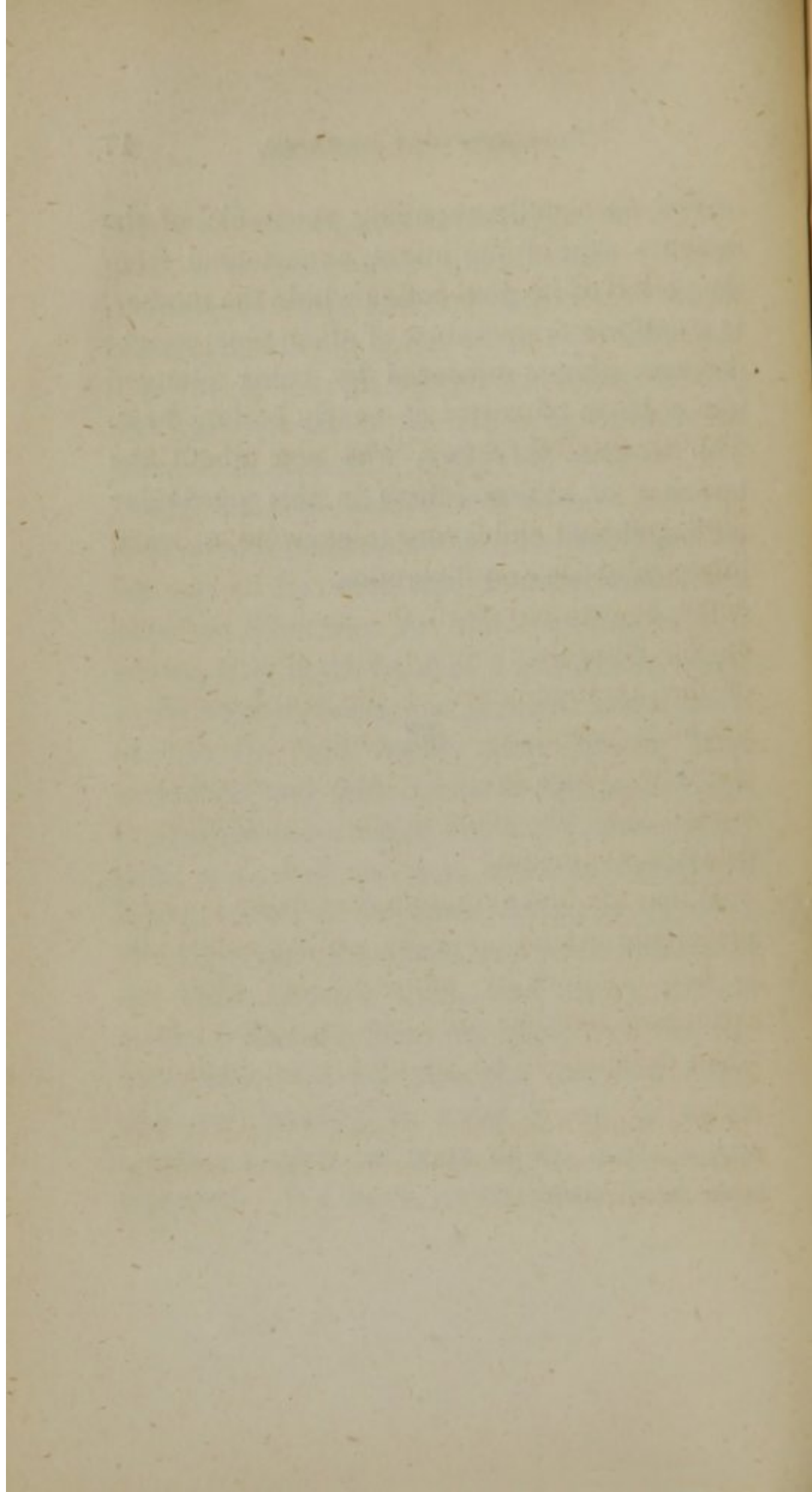
The nurse should studiously avoid reporting to the patient any unpleasant circumstances, either supposed, or known to have

occurred in the case of any woman during pregnancy or labour, or subsequent to delivery. The nurse should be cleanly and neat in her habits, temperate in eating and drinking, that she may be wakeful, and be ever ready to wait upon the mother or child. She should accustom herself to handling both the objects of her charge with great care, especially for the first few days after the birth of the child. The mother has been for several months in a state of more or less discomfort and irritability from her peculiar condition, and during the period of labour has passed through severe, and, perhaps, protracted and dangerous suffering; she has become somewhat suddenly subjected to a great change in the position of her internal organs, by the entire reduction of a tumour which occupied more than one half of the cavity of the abdomen; she has now begun a new function, viz: that of secreting milk. The commencement of this effort of her system is often attended by chill, followed by fever, and without proper care, sometimes the foundation for great future suffering is laid; she has, also, as the mother of a new-born babe,

had her moral sensibilities raised to the highest point of action; she is, therefore, in a highly impressible state, and any neglect or abuse on the part of the nurse, at this period, may involve her present safety, her future health, and the welfare of her offspring in very serious consequences.

The child, of course, will require the gentlest motion consistent with the necessary attentions to its ablutions, dressing, &c. We have too often seen the child handled as if it were a boot in the hand of a shoeblick, seized by its neck or heels, and plunged into a basin of hot or cold water, after having been scratched over with coarse brown and strongly alkaline soap, not to know the unnecessary pain, and shall we say, absolute danger of injury, to which the tender being is exposed. We have seen the whole cutaneous surface of the child become livid, and every muscle quiver with cold; from the neglect of the woman (who will tell you she has had many children herself) to wrap it up in warm woollen clothes as soon as its surface was cleansed. We have, on the other hand, wit-

nessed an equally appalling spectacle, of the delicate skin of the infant, accustomed from the period of its conception within the mother, to a uniform temperature of about ninety-eight degrees, almost blistered by being plunged into a basin of water at nearly boiling heat. The woman, therefore, who sets about the business of aiding others in this particular period, should endeavour to exercise, at least, common sense and discretion.



THE NURSE'S GUIDE.

FIRST DUTIES OF A NURSE TOWARDS THE PATIENT.

THE nurse should visit the woman some time before her calculation is complete, become acquainted with the accommodations of the lying-in chamber, and inform herself of the arrangements of the wardrobe, that she may, when occasion requires, be able to place her hand upon every item of clothing needed for the mother and child, without delay or confusion.

When the first symptoms of labour present, she should attend upon the patient, contribute to her comfort by adjusting her clothing, arranging her bed, and placing her upon it when directed to do so by the accoucheur.*

* The words Accoucheur, Medical Attendant, and Physician, are used throughout the work as referring to the same individual.

She should provide for the patient and her medical attendant, the necessary articles of refreshment, and endeavour, by cheerful and assiduous deportment, to encourage and support the woman through her period of anxiety and suffering—hold a ready ear to the suggestions or inquiries of the accoucheur, and carry out the former and reply to the latter, with alacrity and respect; and when the long wished for object is ushered into the world, she should place the scissors and ligature within reach, receive the child from the professional attendant, fold it up in some suitable envelope and convey it to a proper place, unless she be directed to retain it till after it is washed and dressed: she ought then to have suitable nourishment prepared for the weary patient, and as soon as all necessary attentions have been bestowed upon her, she should close the door to the ingress of visitors; and when she has received her directions from the physician, she should exercise a sacred caution to prevent any violation of his express regulations.

A judicious, well-instructed nurse, is pro-

perly to be regarded as the care-taker of the lady's chamber from this period till the patient be able to resume her accustomed functions. On the propriety of her conduct, therefore, will greatly depend the success of her undertaking. If she lay aside the whims of too many of her sisterhood who interpose their own views, which are either obliquely or directly contrary to those of the accoucheur, and maintain with proper dignity and firmness, yet mildness and complaisance the exercise of her responsible office, she will rarely fail to secure the approbation and confidence of the master, mistress, and the majority of the household, amongst whom she is thus temporarily placed. Cheerfulness, patience, perseverance in the exercise of duty, with a just sense of accountability to the Creator of all things, are very necessary ingredients in the character of attendants upon the sick, both in the physician and nurse. The functions of each of these personages are highly interesting and responsible. Upon the former devolves the duty of investigating and comprehending, as far as possible, the laws

by which the Great Architect of the complicated machinery of man governs the operations of the human system. It is his business to guard, aid, and encourage the softer sex in the difficult, painful, and often dangerous effort of parturition; to watch her and the object of her tenderest solicitude, till she has passed beyond the risk of consequences incident to the period; to study and prescribe for diseases, should they occur—and more especially, by his reflections and experience, to advise such preventive measures as may secure the inmates of the nursery from disease. Upon the nurse, in turn, rests the obligation to execute his directions for the accomplishment of the above objects; to notice carefully and report faithfully to him, the circumstances which transpire in the interval of his visits, that he may take them into account and counsel accordingly. Her integrity should be such that her whole conduct can be laid open before him, and that they may enjoy mutual confidence in each other.

Time was, when she who could prepare

the greatest variety of dishes for the food of the woman, who had the art of mixing up the greatest variety of compounds in the way of medicines, "to promote the cleansings" and "stop the afterpains," or who could give the baby tiff or toddy, or who carried with her "drops to cure the baby's colic, gripes, or sore mouth," was the nurse the most in demand for her wondrous skill in these matters.

But the long catalogue of bloody noses,* child-bed fever, miliary eruptions, and milk abscesses on the part of the mother, and the numerous instances of inflammatory, apoplectic, or convulsive diseases to which children were incident under such a system of treatment, and the wide-spread blessing of intelligence and intellectual and moral culture

* The writer was several years since called upon to a patient who was reduced to the lowest ebb of life, in consequence of bleeding from the nose, brought on by the use of hot gruel made oily with butter and intoxicating with wine, freely administered by the midwife nurse. It was finally stopped by plugging up the nose.

of the present age, calls imperiously for a class of nurses of an entirely different character. She who faithfully fulfils the law of nature under the counsel of a judicious physician, now holds the highest rank in the important office of nurse in the lying-in chamber. She is the best qualified, who to kind and tender assiduity adds patience and watchfulness, and who, with a due sense of moral accountability, can sacrifice her self-comfort to the well being of those committed to her charge.

Although it is to be considered on all hands that the nurse is to be chiefly the means through which the directions of the physician are to be carried out, and that she is not supposed at liberty to exercise any discretion in regard to the medical treatment of the woman or child, yet there are special duties which devolve upon her alone, without a proper knowledge *of* and tact *in* which, she would be wholly unfit for her station, and to be regarded merely in the character of an ordinary servant. We think we shall contribute to the interest of those who propose to

devote themselves to this important business, as well as promote the comfort of those who employ them, by presenting to the former a manual of instructions in their respective duties in each of the departments they have to fill. It being understood, that while such instructions are applicable to general cases, they are always subject to be modified by the special order of the attending physician. There are, however, a few preliminary observations which should be regarded as immutable laws, and pre-requisites in the character and conduct of a person who proposes to take upon herself the office of a nurse. Honesty, cleanliness, fidelity, *acute moral sense*, temperance, patience, prudence, capacity for retaining inviolate the affairs of the family in which she may be engaged, having exemplary, not imposing manners, ability to read written instructions, totally abstinent from the use of snuff, tobacco, opium, and ardent spirits, that her memory may be strong, her intellect clear, and her disposition uniform, her language respectful and chaste, having a consciousness of the relation she

holds to the family and the physician with whom she is associated, being ever ready to listen to the directions of the latter and to apply them to the former, never expressing a counter opinion. Without these, no female will be prepared to assume the character of a nurse; while with them, she may continue to improve her qualifications and justly elevate herself in the favour of those upon whom she is called to attend.

DUTY OF THE NURSE TOWARDS THE PATIENT PREVIOUS TO HER DELIVERY.

It is not unusual for the lady to engage her nurse some time before she speaks to her accoucheur. In her interview with the nurse she frequently inquires of her whether she should lose blood, take medicine, or not. As these are subjects often involving very important consequences, the nurse should politely but resolutely explain to the lady, that an opinion on these subjects should be obtained from her accoucheur or family physician alone, that her duties ascend no higher than to receive from the patient an engagement to

wait upon her at a stated period, and at some time previous to that, to assist her in adjusting her chamber and wardrobe, and ascertain the position of every article of clothing, &c. that may be needed for her during her period of labour, and for her child after it is born. Whenever, therefore, these things are left to the direction of the nurse, let her advise that they be abundant, plain, and simple in their construction, that they may be easily applied and comfortably worn.

With regard to the selection of the chamber, when the circumstances of the lady justify her making a choice, one which is commodious, admitting of free ventilation, remote from noise of street or family, with shutters or hangings to shut out the light—with a chimney which will readily carry off all the gas or smoke from fuel or lamp.

The temperature of such a room should be, as nearly as practicable, 70° of Fahrenheit's scale, obtained artificially during the cold season, by a freely burning fire in a wood or coal stove, or an open fire-place.

No cooking should be performed in this

chamber, if possible, during the first ten or fifteen days after delivery, that the atmosphere of the room may not be charged with any kind of effluvia; and the greatest possible care should be observed to have all the fumes of anthracite or charcoal carried off freely by the pipe or chimney.

The fire and lamp should be kept as much as possible from shining into the face of mother or child; and a screen should be placed between the fire and that part of the room which they occupy. Several days should elapse before any strong rays of light are permitted to act upon the child's eyes, who should become *gradually* accustomed to moderate degrees of natural and artificial light.

The bedsteads of modern construction are usually several inches too high, to be convenient for the purposes of the lying-in chamber, and those made in imitation of the French are almost totally unfit for use during delivery. Those best adapted are the ordinary high post, with rounded or octagonal posts, instead of the square pillar, which usually rises several inches above the frame of the

bedstead, presenting a sharp angular edge to the feet of the patient at the time when the greatest muscular effort is required.

The bed may be of feathers in cold weather, but in summer, at least, it should be a mattress made of hair or straw.

A piece or two of smooth oiled cloth, about a yard square, should be at hand to place next to the bed to protect it during labour, and also for some days afterwards.

The bed-clothing should be soft and comfortable according to the season.

Curtains should in general be dispensed with: if they are kept for ornament, merely, they should never be allowed to be spread around the bed so as to shut in the woman or her babe into a narrow chamber of not quite six feet square—unless, possibly, for the few moments that the nurse is dusting the room.

The bedstead and its appendages should be so situated as to leave a free passage round the foot and sides.

This arrangement should be made with the explanation that it is designed to promote the

convenience of the inmates of the lying-in room; and great care should be taken to avoid all parade of apparatus on the occasion calculated to make an impression on the mind of the sensitive young lady, that the nurse is preparing for some severe and hazardous operation, of which she is to be the subject.

In some countries, especially in France, most women who can command it, have a bed for the special purpose of delivery, intending that, as soon as they have recovered from the fatigue of labour, they will be removed from it to the bed on which they usually repose. We think the inconveniences overbalance the advantages of this method, and would therefore lay it down as a rule for the nurse to refer the patient to the counsel of the accoucheur in such a matter. Let it be the constant aim of the physician and nurse when proposing arrangements for the lying-in room, to do every thing possible beforehand, and have little left to be done after the labour is over, but to slide the mother up to her place in the bed, where she may be allowed com-

fortably to repose, and in which she will not apprehend disturbance of any kind inconsistent with her peculiar situation.

DUTY OF THE NURSE DURING LABOUR.

The nurse should hold herself in readiness to attend upon the patient from the earliest period of labour. Her duties may properly be said to commence before those of the physician. It belongs to her to prepare for his visits, by having the chamber put into proper order; and by a review of the wardrobe, to see that every thing is in its proper place, and arranged in such manner that she can remove each article from it without disturbing the rest till they are needed. She should now by her calm and cheerful manner compose the disturbed feelings of her patient, allay her anxieties, and on the arrival of the medical attendant, meet him in another room, and report to him the observations she has made relative to the length and amount of her indisposition, the frequency and general character of the pains, &c. At a suitable time, she should politely introduce him to the

patient, more by some general remark, than by an allusion to the specific object for which he has been called. She should then withhold further observations, until his inquiries are extended to her.

If an examination of the state of the patient be proposed by the physician, she should ascertain from him his wish to have her permanently or temporarily placed on the bed. If temporarily, (as is mostly the case if the patient have not suffered long, severe, and frequent pains,) she should place her (unless otherwise directed by the physician,) on her left side, with the knees carried forward, and the hips within a few inches of the foot of the bed, her dress laid loosely, but comfortably, her head raised to a convenient height by pillows, and such covers placed over her as she may prefer, her feet protected by slippers or a separate piece of clothes.

The nurse should then place an ounce or two of bland oil, lard, or pomatum in a neat vessel on a stool or low chair just under the foot of the bed, or in such a situation as to be near the right hand of the phy-

sician when he is seated. A soft napkin should be placed upon this stool beside the cup, or on the top of the bed-clothing, to be used in the examination. A chair is then to be placed with its right side toward the feet of the patient. All this is to be done without confusion, or any action which would be calculated to excite alarm in the mind of the patient.

When these arrangements have been made, the nurse should step into the room in which the physician is waiting, and invite him into the chamber, admitting light enough to enable him to take his seat on the chair, and perceive the position of the materials prepared for him. When he is seated the light may be diminished: At this time, if not previously, she should furnish a basin of fresh warm water, fine soap, a napkin, a little cologne or lavender water. When the examination is over, she should invite the doctor to the washstand, and while he is engaged there, return to the patient, arrange her covering, admit a moderate amount of light, then present the aromatic water to the doctor, and

await his directions about the further attentions to the patient.

If he allows the patient to sit up, or move about, let her be dressed loosely and comfortably, have all ligatures, such as garters, corsets, bands, or straps removed which interfere with the circulation of the blood and the freedom of action the whole system requires during labour. The nurse should ascertain and carry out the wish of the physician in regard to the patient's diet and drinks during his absence, if he thinks proper to leave her; and she should also attend to his directions respecting the symptoms which would render it necessary to recall him to the chamber. If the labour be so far advanced at this time as to require him to remain in the house, or if, on his return, he finds it necessary to remain, to assist the patient, the nurse should prepare the bed in the following manner, unless otherwise directed by him.

Spread over the centre of the bed, (which, if it be of feathers, should be properly patted down,) a piece of oiled or gum-elastic cloth,

if at hand, if not, some thick, impervious material, at least a yard square; over this spread the sheet or blanket on which the patient is to lay after delivery. Spread out this sheet or blanket to within a yard of the foot of the bed; fold up that portion of it which, when the whole is spread out, would cover the foot of the bed, into several folds, in such a way that the lower end of the sheet or blanket will make the last or upper fold, with this end towards the foot of the bed. Over the vacant space, between the end of this folded sheet and the foot of the bed, place another piece of oiled or gum-elastic cloth, or some strips of carpet, bed-ticking, or other thick and impervious material, at least a yard square; over this place a folded comfortable, counterpane, blanket, or something thick enough to retain the necessary discharges.

The clothes thus folded, are to be so laid that when the patient is placed upon her left side, her hips will be over the centre of them, while her feet rest against the foot-post.

By this arrangement, the folds of the sheet which is intended to cover the whole bed after the woman is delivered, will be above the foot of the bed, just at and perhaps a little beneath the upper edge of these protecting doubles, so that when these shall have been removed, after the patient is placed up in the bed, the folds can be drawn out, and the whole sheet spread smoothly over the bed.

A sufficient number of pillows must be placed across the bed towards the right side of it, nearly half way up the right bedstead.*

These matters being thus disposed of, the next duty of the nurse will be to arrange the dress of the woman.

The maxim—*Do every thing possible beforehand for the patient, that little need be done after she has passed through a fatiguing and hazardous process,* should lead the nurse

* In speaking of the right bedstead and right footpost, we mean that which is to the right hand of the nurse, as she stands at the foot with her face towards the bed.

readily to adopt the following directions in reference to the preparation of the patient, unless otherwise ordered by the physician :

Remove all stays, jackets, or corsets from about the chest of the patient ; (if in the winter season, and she has been accustomed to sleeping in a flannel under-dress, put on a fresh one ;) put on clean linen, fold this carefully and comfortably about the chest, that it may not descend so low as the hips ; outside of this folded skirt place the bandage which is intended to be applied over the abdomen when she is delivered. This bandage may consist either of a straight piece of soft muslin, flannel, or linen, about half a yard wide, and sufficiently long to pin easily around the chest. Secure this bandage rather loosely in front with two or three long pins. By this means, the body dress of the patient will be kept secure from the risk of being soiled during labour—the bandage will be already on the patient, and require only to be slipped lower down and sufficiently tightened upon the abdomen when labour is at an end.

Take a sheet, or blanket, according to the

season and habits or wishes of the patient; fold it lengthwise; put the centre of the fold to the front part of the abdomen, carry each end around, and pin the sides of this covering with a strong pin comfortably behind the back; the lower edges of this covering will protect the feet and ancles, while the loose ends which extend beyond the patient's back will amply protect her person from exposure to air or observation. With a short bedgown on her shoulders, ungartered stockings and slippers on her feet, she is now prepared to be placed upon the bed.

Put a stool or low chair to the foot or side of the bed near the foot, for the patient to step upon as she rises to be laid on the bed; as she lies down draw out the part of the blanket or sheet she has around her, and which will be under her, that it may be smooth and free from unpleasant folds. Carry the loose ends backwards smoothly towards the left side of the foot of the bed; bring the hips of the patient within one-third of a yard of the foot of the bedstead, while her knees are carried forward and her feet placed firmly

against the right foot-post. Let her body incline rather forwards, and the pillows be brought somewhat obliquely across the bed, so that her face will be directed towards her feet. If the bed-post be angular, wrap some soft cloths around it, to protect the feet from being injured by pressure against it. Pass around the post, a towel, strip of muslin, or linen, a skein of yarn, handkerchief, shawl, or something of the kind, in such manner as to form a strong loop, of just such length as to enable the patient to reach it with her hands whilst she is thus bent forwards, that she may grasp it firmly and draw forcibly upon it when in pain. This arrangement will enable the patient to retain the position most favourable for delivery and the aid she may require from the physician. Roll up a pillow or cushion into a regular roll eight or ten inches thick, tie it near each end with pieces of tape, or bandage (instead of pinning it as many do); place this roll between the limbs of the patient, so that one end is between the upper parts of the limbs and the other between the limbs below the knees.

Put several cloths on a chair or stool near the foot of the bed, or on the bed itself, near the hips of the patient. Cover the woman, according to the season, or to her choice. Arrange the cup of lard, or oil, and the chair as directed at page 32; exclude all unnecessary light, and, having thus all matters arranged, invite the physician into the chamber. If, when he has entered, he appears to prefer to keep on his coat, offer to cover the sleeves on each arm by a napkin; which, if applied, should be neatly pinned at several parts, particularly just below and above the elbow, having the portions near the wrist so secured as not to require a pin, which might injure the patient. If the weather be warm it would contribute to his comfort to lend him a loose wrapper or lady's bed-gown to wear instead of his tight coat. When he takes his seat, spread across his lap a large napkin, small folded sheet, blanket, or something similar; then retire to another part of the room, prepare a basin of water, fine soap, aromatic spirits, &c.

Obtain a pair of blunt-ended, sharp-edged

scissors; take several strans of sewing silk, or strong thread, about one-third of a yard long, twist them together; lay the cord thus made, and the scissors, in a place from which they can be instantly had when required. Take a small blanket, soft woollen cloth, or flannel petticoat, place it near the fire (if in cold weather), also in such a situation as to be laid hold of as soon as needed.

Do all this deliberately and calmly, but promptly; proper expedition may be made in such a manner as not to alarm or disturb the patient. The management of these things in season, will afford the nurse time to wait upon the patient, adjust her pillows, give her drink, fan her, &c. if necessary, and above all, if she exercise a cheerful disposition, to encourage her patient, by reminding her that if she rely upon the providence of God, who can bless the skill of her physician, she will be sustained in the hour of suffering and her long-cherished hopes be speedily realised, her sorrow turned into joy, and her pains exchanged for the most exalted of all maternal pleasures.

The nurse should employ the time which is allowed for her to be absent from the patient during the progress of labour, in preparing for her such nourishment and drinks as may be directed by the medical attendant. She should also collect together the articles required for washing the child—as a large basin, a quantity of lard, sweet oil, fresh butter, or yolks of eggs in a cup; a piece of soft flannel (size of her two hands); a piece of fine castile, palm oil, or windsor soap: she should have some water heating at the fire, and plenty of cold water at hand to mix with it when necessary. A basin and clean napkin, some fine soap, and aromatic water or spirits, should also be prepared for the physician when he has occasion to use them; and she should, whenever she possibly can, rise to offer to remove the coverings from his sleeves, when he is preparing to leave the room.

When the child is born, she should present the ligature and the scissors, and as soon as the cord has been divided she should place herself near the left side of the physician (unless otherwise directed), with the soft blanket,

flannel petticoat, or other convenient article, in which to receive the child. When this is handed to her, she should wrap it up warmly, lay it on some part of the bed, or in the lap of another attendant, return to the physician and wait upon him with an empty vessel in which to receive the placenta or after-birth. This is also to be presented at his left side, and as soon as he has used it for the purpose, she should remove it and place it under the bed; having supplied him with several soft cloths, with one of which he may cover the placenta when placed in the vessel. She should now hold herself ready to assist in changing the condition and situation of the patient: this duty may devolve entirely upon her as nurse, or she may at the time receive the instruction and aid of the physician—in either case, the first thing to be done is to apply a soft cloth slightly against the part from which the discharge issues. This of course is to be done under, and without removing the sheet or covers of the patient. She is then to take out the pin which confines the folded sheet used in place of the petticoat; slip this sheet

down just below the hips; unpin the bandage, slip it down to the lowest part of the body, spread it smoothly over the hips, bring each end smoothly and firmly over the front of the abdomen, secure it by large diaper or blanket pins, beginning at the lower edge and piercing them throughout the whole width of the bandage about three inches apart. A suitable cover is now to be thrown over the patient, particularly the lower part of her person; under this cover, the sheet which surrounded the patient's hips and lower extremities, is to be removed by slipping it carefully over her feet, and carrying it, as well as the cloths which were used to protect the lower part of the bed, entirely away, rolling them up and putting them under the bed, or in a closet for the present. The folds in the sheet under the patient must be drawn out smoothly and extended to the bottom of the bed. The pillows must next be removed from the middle to the upper part of the bed; a comfortable head-dress may be applied without obliging the patient to raise her head high. Two persons should then place

each one hand under the neck and back part of the patient's head, and the other under the hollow of her back, while a third attends to the lower part of her person. When thus stationed, they should act together at a signal given by the person at the lower limbs, and thus move her up to her destined situation. Her linen can be drawn down smoothly by the nurse, or a fourth person, as she is raised up by the other assistants. All this can be done without either exposing the person of the patient, or requiring any effort on her part. It should be impressively remembered, that the patient has passed through a period of more or less suffering and hazard, and that she is still in a highly critical situation. Females, who have been comparatively easily delivered and have felt themselves well, instantly after it, have risen up in bed to assist themselves, or for some other purpose, and have fainted away and died. Hence the necessity of cautioning the patient against the slightest exertion, even to the pinning of the bandage, or the fastening of her cap. The adjustment of her position and clothing must

be performed by others, and if suitable attendants are not at hand, the physician would willingly give his aid to insure perfect passiveness on the part of the lying-in woman.

This duty having been performed, and the bedclothes suited to the season and feelings of the patient, having been spread over the bed, the physician is to be invited in to examine and satisfy himself in regard to her situation, and to give the necessary instructions as to her diet and future management. The gruel, panada, cool water, or whatever else may be prescribed, should be given her, and she should be allowed to repose quietly while the nurse devotes her attention to another very interesting object of her duty, and it is to be hoped, of her affections also.

SPECIAL DUTIES OF THE NURSE TOWARDS THE NEW-BORN CHILD.

The mother having been made as comfortable as circumstances will admit, the child will now claim the particular attention of the nurse. Having provided a basin containing water rather warmer than the hand, a piece

of mild soap, a soft sponge, or a piece of soft flannel, and some fresh lard, or other mild animal oil, she should place them on a large stool close to her seat. This seat should also be a low stool or chair, situated in a convenient part of the chamber, screened from the scorching heat of the fire, and protected from any current of air. She will now unfold the clothes in which it has been wrapped, and then rub the contents of the cup over its whole body, or especially on such parts of it only as are covered with the adhesive fatty matter, till this substance is dissolved, and becomes quite loose. With the soft sponge or flannel, and the soap and water, she is then to wash every part of the child thoroughly, but not roughly, being cautious to cover it in a soft blanket, as she cleanses it. When thus washed, great care is to be taken in wiping its skin dry; the armpits and groins should claim her especial attention, as any portions of the adhesive matter remaining in contact with these parts is apt to irritate the skin and produce unpleasant sores. The towel, or rag, or sponge to be used for this purpose should

be very fine and soft. The repeated application of the oily substance to any part which seems difficult to be cleaned, will save much rough rubbing with a cloth.

The general intelligence on the subject of ardent spirits has happily produced, in many sections of this country, a very important change in the customs of the lying-in room, with regard to the use of it. Formerly, half a gallon of brandy, gin, or whiskey was thought to be as indispensable as the nurse herself. All parties were expected to partake of the article; the adults to use it internally, while the new-born babe was to become initiated into the use of it by a copious ablution of its whole surface from head to foot, "to make it hardy and keep it from taking cold," frequently, also, the nurse practised upon the idea that "a little would be good innerdly for the stomach, and keep off the gripes."

It is true that the influence of this popular notion at least, as relates to its external application, still prevails to an injurious extent. We know cases to be rare in which the

article is *needed*, and as we are writing now for a class of persons who should possess sufficient intelligence to exert a favourable impression on those amongst whom they are engaged, we hope those who may read these pages will readily concur in the convictions of most physicians of experience, that in all cases except such as may require the special care of the medical attendant for the time being, (and then subject only to the exercise of his judgment,) alcoholic ablutions are rather prejudicial than salutary to infants.

Dusting the surface of the child with starch, arrow root, or buckwheat meal, would probably afford much more comfort to its delicate sensibilities, render the skin smooth, and prevent unpleasant friction from the clothing.

The next thing to be done is to dress that portion of the navel-string left attached to the child. As this body will drop off in a few days, the great object in the applications made to it, is to separate it from contact with the skin of the child. For this purpose the nurse should take a piece of soft smooth linen about six inches square, double it in four, and

cut a small portion off of the corner of the double, spread it out, thrust her little finger through this angular hole that she may, by a little stretching, make it round and large enough to embrace the cord readily—pass the free end of the cord through this opening, slip the linen along it till it is brought down to the child's body. Take another strip of linen about four inches long and two wide, roll this up into a firm roll, draw the cord straight, apply the end of this linen roller to it, and unwind the whole of it by passing it turn after turn around the cord till it is all used; place the cord upwards towards the child's breast, then take the lower part of the square piece of linen, fold it smoothly over this roller, bring up each side of it to the projection which the roller forms: if there be sufficient edge above the end of the cord to admit of being folded down, it should be done for the sake of neatness.* The cord or navel is now

* A simpler mode is to take a piece of soft linen about six inches square, cut a notch in one edge, raise the loose extremity of the navel-string, place the linen on the child's stomach so that the notch shall

dressed. Next put on the roller, which should be flannel, muslin, or linen, according to the season—long enough to go one and a half times around the child's body, and four or five inches wide. It would be best to have this roller, bandage, or belly-band so arranged as to be fastened around the body by tape or braid strings; if pinned, great care should be taken to guard the points from projecting inwards and piercing the child.

Thus far the nurse may expect her operations liable to the inspection of the medical attendant, who usually regards this part of the child's dress as of much importance to its welfare. The remainder of the clothing is usually left to the wishes of the mother or relatives. It should be exceedingly simple, so arranged as to dispense as much as possible with pins, and allow free motion to the child's limbs, and never to interfere with its

receive the navel-string. This done, lay the navel-string towards the child's breast, fold the sides of the piece of linen which will inclose the string and cover the navel. The belly-band secures the whole.

respiration. We have repeatedly seen instances of great suffering in very young infants, from the tightness with which the roller or the bodies of the petticoats have been fastened around the abdomen or chest.

The thick padded hoods used by our ancestors are now rarely seen, perhaps from a conviction that since the open-throated chimneys and log-houses have been exchanged for small fire-places, or stove-rooms and tight houses, they were unnecessarily cumbersome and inconvenient. Customs run rapidly into opposite extremes, and now the disposition appears rather to prevail amongst the higher circles of society to dispense with caps altogether, at least during the day.

We incline, with a number of our experienced medical friends, to think the present custom, in this respect, a good one in the majority of instances: in warm weather, or in a warm, well-regulated chamber, we think most infants would be better to be entirely without caps while within doors—and we would recommend to the nurse to consult the medical

attendant before she would, even in cases of delicate and feeble infants, cover its head with any such appendage.

If a cap be used, let it by all means be made of some light, soft texture, free from knots or those embroidered figures which are often so solid as to leave their impression deep in the tender scalp of the child. The remark respecting the texture of the head-dress, will also apply to the stockings or socks. We have too often seen the rough ribs of a pair of worsted socks deeply indent the child's feet, not to believe that it was thereby subjected to very unnecessary pain, which might easily be avoided by procuring the article made in a different manner, or of a softer material. We think, also, that many mothers do not sufficiently regard the comfort of their babes while preparing the diapers of so thick and heavy a material as is very common. A large square of heavy cotton fabric is doubled upon itself till its diagonal corners can be made just to reach in front of the child. This too often, either by the tightness with which it is pinned, or by its cum-

brous weight, painfully compresses the lower part of the body, as well as constrains the natural motions of the thighs.

Suppose the child to be warmly, softly, and loosely dressed. Next, according to the ordinary custom, would come the molasses and water, the sugared water, a spoonful of goose-grease, or something equally noxious to the child's stomach, for what, we scarcely know, unless to disorder so delicate an organ at the very commencement of its existence amongst its fellow-beings : although some one assures the mother it is "necessary to purge off the *economy*."

Let the present and future race of nurses take a lesson from nature, who in this matter rarely errs, and learn from her that the fluid secreted in the mother's breast is not only the best food, but the best physic for the new-born babe. Unless, then, the physician, after an examination of the child, *order* it to be fed, give it nothing. Soften the nipple of the mother, particularly that of the side on which she lies, with a little tepid water and a very soft sponge or rag. Present to her, her little

babe—when she has caressed it, apply it to the breast in such a way as not to oblige her to make any effort—lay the infant upon her arm, with its mouth against the breast—take up between the fingers a portion of the breast which includes the nipple, press this portion so as to cause the nipple to project forward beyond the fingers—by gentle motions of the nipple from side to side of the child's mouth, within its lips, it will generally readily seize hold of, and suck the nipple strongly, to the surprise and gratification of mother and nurse. Lay the body of the child in an easy position, that it require no special attention from the mother—having her back and shoulders so supported by pillows that she need not be in a strained position. Clean up the chamber by putting every soiled article in a closet or adjoining room. Spread out the bedclothes neatly upon the patient, and if the physician be in the house, now invite him in to examine his patient, and congratulate her upon her present comfortable situation. While he is yet in the room, unless occupied in giving directions about the case, let the nurse quietly

introduce the father into the chamber. This interesting ceremony may, if properly conducted, afford much pleasing sensation, if the husband and father be capable of feeling and acting as a man ought to do on such occasions.

The nurse should now receive from the medical attendant a plain but positive injunction to keep the chamber quiet, at least till his next visit, admitting no company, not even any other members of the family, unless necessary to the comfort of the patient. Such directions as may be given respecting the after-pains, &c., must be attended to. Mother and child should be allowed to repose—in the meantime, the nurse may be occupied in preparing food for the patient. This should (unless otherwise directed by the physician,) be simple, light, very easy of digestion. Oatmeal gruel, stale bread panada, with very little or no spice, no butter nor wine in it, or a cup of tea, with a plain rusk or biscuit, will constitute the most appropriate nourishment at this time, and for several days after delivery. Were we to speak of the instances

in which nurses have boasted that *their* "patients have eaten half a cold chicken, two dozen oysters, a large beef-steak, or a plateful of fat pork and potatoes," it would only be to expose the temerity of the gourmandising women, who often pay the penalty for such brutish indulgences, and to hold up to merited contempt those who assume the duties of nurses, and yet connive at such conduct, instead of controlling by argument or force the waywardness of the person of whom they have charge.

A few spoonfuls of gruel, or panada, or half a cup of lukewarm tea, or sweetened milk and water, with a piece of toast or biscuit, should be given to the woman every three or four hours for the first twenty-four. This should be administered to her in such a manner that she can take it without effort, and without being obliged to sit or raise herself up. That nurse incurs a fearful responsibility who allows or encourages her patient to sit up in or out of bed for the first twelve hours after delivery. And she who has once seen her patient sink into the most dangerous

exhaustion, from flooding, or sudden alteration in the position of the internal organs, will, if she possess a spark of sensibility, never acquiesce in such a movement unless it be made by the direction of the physician.

One of the important objects in writing this book is to impress upon nurses the fact, that it is their business to observe carefully all changes which occur in the patient, and refer them to the physician for his counsel. The nurse is the administrator, or executor, to a certain extent; the physician is the legislator; and, in scarcely any instance, is the former to assume the function of the latter. We have known a loquacious, busy nurse give the patient an impression that she had more knowledge than the prudent, still-mouthed physician; but, in the intelligent ranks of society, where the difference in the amount of education and in the appropriate office of each is better understood, the self-conceited nurse rapidly loses her popularity, and is permitted to exercise her conversational powers amongst those only who are sufficiently thoughtless to become dupes to her assurance.

The females who are best instructed and are best fitted to take charge of lying-in women, are those who conscientiously feel that the watchful care they are to exert for the comfort and safety of mother and child is sufficient responsibility for them, without meddling with the offices peculiar to the physician.

The most fatal consequences have happened to women who have rashly risen from their beds soon after delivery, as may be seen by the following cases quoted from Dr. Meigs' valuable work on practical midwifery :

“ In conversation with my late venerable friend, Professor James, on this subject, (of floodings after delivery), he informed me that he delivered a lady a few years since, after an easy natural labour. The uterus contracted well, and all things seemed as favourable as possible. As the accouchement took place early in the morning, he was, subsequent to that event, invited to breakfast down stairs, whither he proceeded after having given strict caution to the lady on the subject of getting up. While the persons at

breakfast were conversing cheerfully and exchanging felicitations upon the fortunate issue of affairs in the lying-in room, the nurse was heard screaming from the top of the stairs, 'Doctor, doctor, for God's sake come up!' He hastened to the apartment, and the lady was lying across the bed quite dead. It was found that, soon after the doctor went below, the lady said to the nurse, 'I want to get up.' 'But you must not get up, madam; the doctor gave a very strict charge against it,' said the nurse. 'I do not care what the doctor says,' rejoined the patient: and thereupon arose, and, throwing her feet out of bed, she sat on its side a few minutes, reeled, and fell back in a fainting fit. The remarks of Dr. James, as he related the occurrence to me, have made on my mind a deep impression of the *vast consequences of careful and well-timed instruction of the nurses*; who, if they could have the dangers of mismanagement fully exposed to them, would surely avoid some accidents that every now and then are attended with very shocking results."

As an instance of temerity on the part of

the nurse, which had been nearly fatal to the patient, we take also the following from the same work :

“ I left a woman half an hour after the birth of her child. She was as well as could be desired. I gave the usual directions. In a short time her husband came running to me in the street, where he met me, and said his wife was dying. Upon hastening to his house I found her, in fact, pulseless, pale, and completely delirious, with a constant muttering of incoherent phrases. Upon inquiry, the following occurrences were found to have taken place. She felt some desire to pass the urine. The nurse told her to get up. ‘ The doctor says I must not get up.’ ‘ O never mind what the doctor says; it won’t hurt you; get up.’ A chamber vessel was placed in bed, and Mrs. F. was lifted up on it, in a sitting posture. She fainted in the woman’s arms, was held up a short while, and when laid down, the vessel was discovered to be half full of blood. She had nearly died; and did suffer long and severely

in consequence of this imprudent disregard of orders."

A perusal of, and reflection upon, the above statement may be sufficient to make a lasting impression upon the mind of any woman who has a just sense of her accountability: if she have not, let her speedily relinquish the profession of a nurse.

Some coloured or bloody discharges are expected to take place in every woman immediately after delivery; these discharges, in medical language, are called "lochia;" and, as this becomes the subject of inquiry by the physician, before he leaves the patient, for the first time, and at most of his visits for several successive days, it is well the nurse should be prepared with more definite and correct answers than she usually is. "Just about right," "has a plenty," "very free," "too much that way," "not as much as ought to be," in reference to quantity, and "very natural," "all right," as to colour and quality, are terms entirely too indefinite for a nurse of short experience to use to the satis-

faction of the medical attendant, when he thinks it proper to inquire into the state of the lochial discharges. It is well known to him that cases vary greatly in the amount discharged, particularly within the first six or twelve hours; and that this variety depends upon circumstances which attend the patient: and if the nurse inform him of the number and size of cloths which have been saturated within a certain period, he will much better appreciate the actual state of the patient. If the patient be of a full and vigorous habit, she may have a discharge of from half a pint to a pint of this fluid (most of which speedily coagulates) in the course of the first hour after delivery: less than this may be expected in a more feeble, spare person. Within three hours after delivery it is reasonable to expect that all active discharges from these parts will be lessened, so that the napkins used for its reception require to be removed less frequently.

Madame Boivin, whose experience has been derived from a connexion of eleven years with a lying-in hospital, in which up-

wards of two thousand deliveries occur annually, says: "The lochial discharge during the first two days is almost pure blood. From the second to the third day, it has a yellowish-red hue; from the third to the fourth day, it has a greenish tinge, and a half putrid odour; from the fourth to the fifth day, it is puriform or milky, that is to say, resembling pus (the matter from an abscess), or milk. After this period it usually becomes thinner, small in quantity, when all things are perfectly natural. Sometimes the discharge is suspended, as the milk begins to flow; but becomes more abundant afterwards. A mere show of a light or slightly pink-coloured fluid is observed usually after the first week—in some women it continues longer; and it should be the business of the nurse to report the exact state of the discharge to the physician before he discontinues his visits. Great attention to cleanliness should be given by the nurse. On and after the second day, she should use lukewarm soap-suds and a soft sponge or cloth, with which she may remove every thing

which adheres to these parts of the patient. By this means she will correct the disagreeable and unhealthy fetor which soon arises from these discharges; she will also contribute greatly to the comfort of the patient. This ablution should be continued daily, or more frequently, during the whole period of the nurse's attendance.

We have given an idea of the average amount and appearance of the evacuations which take place after delivery. Let it be remembered that this is the average—for it may in some persons be habitually greater or less, without injury to the constitution at the time, or subsequently. While then it becomes the nurse to avoid any officious interference in this matter, further than to apprise the physician of the fact, so long as there is no decidedly bad effect produced by an unusually free flow; yet, if during his absence she perceive the woman become pale, or faint—if she exclaim, “I shall die;” “how blue every thing looks,” or exhibit other signs of danger, the nurse should instantly despatch a messenger for the physician; promptly, but

calmly, remove from the woman nearly or quite all the bedclothes; raise the foot of the bed twelve or eighteen inches higher than the head; apply a cloth, wet with cold vinegar and water, or enclosing some lumps of pounded ice directly over the lower part of the *abdomen* or body; examine the bandage carefully, and if it be at all loose, or have slipped up, spread it firmly over the lower part of the abdomen and pin it as tightly as it can be borne: give the patient some cool water, or ice-water, or put a piece of ice into her mouth, keeping both her and the chamber as cool and as quiet as possible. If the patient have a flat abdomen, so that the bandage make little impression upon it, let two or more diapers be folded up into small squares and placed one above the other over the lower portion of the abdomen, and then draw the bandage as tightly as possible over it; or what would be better still, let the nurse lay open the ends of the bandage, seize the tumour in the abdomen and press it very forcibly between both hands till the flooding is arrested, or the physician arrives.

This much may be done by the nurse in the absence of the physician. Floodings of this kind are often so promptly fatal, or so certainly reduce the patient to so low a state of health, requiring years for recovery, that few nurses would desire to have more than one instance of the kind charged to their neglect to send for the physician, who has the care of the case; or for another one in the event of his unavoidable absence.

We have carefully avoided saying any thing about the use of internal remedies, as the direction of these rests with the physician. Let the nurse do as she has been instructed above, and she will have done her duty. She is not to be expected to know what medicines to *prescribe*, though she is to *administer* them, when prescribed by the medical attendant.

The patient, moreover, after her delivery, is to be kept in her bed under all circumstances, till she be permitted by her physician to rise. The nurse may inquire of him what time he would think it prudent for her to assist the woman out of the bed for the purpose of making it up, or for changing her body-

clothing ; but let her not assume this to herself. When medicine is ordered by the medical attendant, let the nurse give it at the time and in the manner ordered by the physician. We have known much inconvenience to arise to the patient by a neglect of the nurse in this respect. It is the privilege of patient and nurse to confer with the physician respecting the kind, and mode of administration of medicine ; and if the one proposed by him be known to disagree with the stomach, to state the fact before he leaves the room ; but, when he has, after listening to their suggestions, determined upon the matter, the nurse will violate her trust if she depart from his directions voluntarily, or if she yield to the persuasions of the patient to give her any thing else, instead of that he has ordered :

As many days elapse after the birth of the child before the mother is strong enough to attend to all its wants, the nurse should relieve her of every charge respecting it, except supplying it with nourishment. Infants in good health and properly nursed, that is, having their diapers changed as often as they

become wet or soiled, and wrapped in suitable warm and soft clothing, usually pass the greater part of their time, for the first two or three days, in sleep. This fact is another reason why the nurse should keep strong light excluded from the nursery chamber. The child which has for the first time been properly washed and dressed, had the *umbilicus* or navel-string properly adjusted, and been applied to the mother's breast, whether it has obtained any milk from it, or otherwise, mostly falls asleep; and if undisturbed, remains so for several hours. When it has awakened and expresses some uneasiness by its cries, or the feeble motions of its limbs, it should be taken up, its diaper examined, and changed if wet or soiled.

Much embarrassment arises in the mind of the conscientious, inexperienced nurse in reference to the character of the discharges from the bowels of the child. While the ignorant and rash pretender will make a great circumstance of the appearance she observes on the diaper, and instantly alarms the mother by the announcement of "griped

stools; the child needs medicine; it must have some sweet oil; castor oil; some Dalby's carminative; some Dewees's carminative; some Bateman's drops," or doses of some nostrum, or well known preparation—medicines which can never be given without risk, or those which are very useful under certain circumstances, which however require the judgment of the physician.

The discharges from the bowels of the new-born babe are usually very dark-coloured, resembling thin tar or thick molasses; this passes off in greater or less quantity at a time, or in greater or less frequency, according to the constitution of the child. In twenty-four or thirty-six hours, the infant which has been allowed to draw the mother's breast, (whether it has obtained much milk or not,) is rather disposed to have these passages large or frequent, and in many instances accompanied by some pain or uneasiness. In general, this increase of the action of the bowels is followed by a change in the appearance of the stools—from a dark, almost black colour they change first to a green, then a

yellow hue. Now the first stools of the child, of the colour and consistency just described, are called by physicians *meconium*—this dark-coloured matter was formed in the bowels previous to birth. When the child breathes the atmospheric air, sucks the nipple, whether it obtains milk, or merely mucous, thick water from the mother, or swallows that which is formed in its own mouth by the effort of sucking, the contents of the stomach derived from this source undergo a certain degree of digestion; part of it mixes with the matters already in the bowels, changes the dark to a green colour, and when this is entirely thrown off, renders the entire discharge yellow. Nurses who profess to be knowing in these things, have modified the language of the physician in reference to the name given to the primary excretions from the bowels. The first she calls the "*economy*," which she thinks should be rapidly passed off by some actively stimulating medicine. The next in the natural order she calls "*griped stools*," which, according to her theory, require oil, magnesia, carminative, &c. Thirdly ap-

pear the "*milk stools*," or "*natural stools*," which fortunately for the child her conscience often restrains her from meddling with. O that she would intelligently bear in mind that these are all natural stools, if they are not made otherwise by artificial and injudicious interference. How many an infant fresh from the hands of its Creator, to the bosom of a fond, anxious mother, and to the lap of an ignorant, officious nurse, has had its complicated, delicately formed system cruelly tortured by the misuse of drugs! When shall intelligence and prudence become so predominant in the minds of those who are called upon to aid in rearing the tender human plant, that so far as regards the *nursing* portion of the community, the maxim "Where ignorance is bliss, 'tis folly to be wise," be erased from memory! Let the nurse, therefore, know what is the natural course of things with regard to these changes in children. If she sees any thing she thinks is wrong, the daily visits of the physician afford her an opportunity for consulting him and acting under his advisement. A responsible

medical man, sufficiently interested in his profession to be qualified to have the supervision of the parturient female and the affairs of the nursery, will hold himself at all times ready to listen to any remarks which come from the nurse or mother, respecting the condition of the child, if they be addressed to him in a respectful manner.

Leaving aside then her unnecessary anxiety about physic for the babe, let the nurse be particularly careful to attend to its cleanliness, to remove every article of soiled clothing, and to wash it every day in lukewarm soft water and a little fine soap, carefully wrapping up the parts which have been washed and wiped dry. The starch or arrow root powder often used with a soft "puff," answers a very good purpose to keep the skin smooth. All these powders should be withheld until the surface to which they are to be applied has been wiped quite dry. These should not, however, be applied very liberally as their contact with the skin is apt to close up the pores, prevent the free passage of the insensible perspiration through them,

and thus cause the formation of little pimples. The nurse should never, without the positive order of the physician, use any powder to the skin containing lead, owing to causes perhaps understood by the intelligent physician. The skin of the child for the first few days is almost uniformly red. After a short period, if the child be properly managed, this redness becomes gradually yellow, and in a few days more some fine branlike particles may be seen over the whole skin; these disappear and leave the surface in a most beautiful, delicate state. This, with a little allowance for greater or less degree, is a natural series of changes. If the child have been fed with molasses and water, catmint tea, cracker victuals, gruel or panada, this red colour of the skin is apt to become highly increased in spots, or the yellowness may become so profuse as to assume the character of jaundice. The natural red above described is called the "red gum," (or gown) that which follows it "the yellow gum," (or gown). Neither of them usually require any medical treatment, as we have just said that if not interfered

with they pass off spontaneously. The idea may still prevail, that the red requires the sweet marjoram, and the yellow, the saffron tea for their cure. The nurse must let them alone—she has no business with medicines unless ordered by the physician. We have elsewhere stated the fact, that the woman who carefully observes the movements of nature, or notes the progress of disease—leaving the former to itself and reporting the latter to the physician, is infinitely better qualified to be a nurse than the pretender who is ever meddling with the first, and converting it into a malady which she has not skill to cure.

OF SWELLED BREASTS IN INFANTS.

Children of either sex sometimes have at, or immediately after birth, their breasts enlarged and hardened; and nurses have, in some instances, adopted the cruel practice of sucking them, or squeezing them between their fingers, to press out milk, by which severe inflammation is sometimes brought on, and in one instance, which occurred to the

notice of a medical friend of the writer, "*both breasts of a female child were entirely destroyed.*" Let this be an impressive lesson to nurses, who have only to call the attention of the physician to the state of the breasts, and then obey his directions for its relief.

OF ATTENTIONS NECESSARY TO THE NAVEL OF
THE CHILD DURING THE FIRST WEEK OR TEN
DAYS AFTER BIRTH.

We have already said that the navel-string is a part which in a short time is to drop off from the body of the child; we have also instructed the nurse in the proper mode of dressing it in order to prevent its contact with the neighbouring skin. Much caution is necessary to keep the surface beneath these dressings perfectly clean, at the same time it must be handled very carefully to avoid giving the child pain by dragging at it improperly. In the daily ablution of the child, let the nurse wash around the root of the cord with lukewarm water and fine soap, and having wiped it perfectly dry, take a piece of smooth linen three inches square, split it to the middle with

a pair of scissors, cover one side of it with simple tallow, simple cerate, lard, or sweet oil, place this surface next the skin by lifting up the cord and its original dressings, slip the split end of the linen rag down each side of the end of the cord, next the abdomen, till it is fixed in the centre of the piece, (the oiled surface to be next to the skin,) then turn up the split ends above the old dressings, and bring the bandage merely tight enough to keep the dressings in their place. *Never fasten the roller or belly-band, nor the body of the petticoats so tight around the chest or abdomen of the child as at all to interfere with its breathing; and never use any pins in these articles of dress if they can be avoided; use strings whenever possible, and these in such a manner as not to have large rough knots, which may painfully indent the child's skin.*

This additional dressing of the navel should be changed daily. A little sweet oil or pure animal oil may be applied at the root of the cord with the tip of a soft brush or feather, once or twice every day till it comes off.

The scorched rag and roughly powdered nutmeg are unnecessary, and often worse than useless. What nurse who has a sore finger, would thank her neighbour to bind it up in a burnt rag covered over with hard saw-dust? And yet what less pain would this very nurse inflict on a child of infinitely greater sensibility, by compressing against it the equally hard particles of a grated nutmeg? When this appendage has *dropped* off—for it never should be *pulled* at—a fold of smooth linen thickly covered with either of the ointments just mentioned will, in nineteen out of twenty cases, answer every purpose. If there should be any fungus growth (commonly called “proud flesh,”) about it a day or two after the cord has separated, a few drops of strong infusion of green tea or alum-water dropped upon it before the compress is applied, will speedily remove it. We know of no circumstance in which nurses and ordinary attendants are more apt to err, than in their notions of the character of “proud flesh.” This matter, therefore, should always be referred to the care of the physician.

OF THE BABY'S SORE MOUTH.

Many infants a few days or weeks old, become affected with what is called "baby's sore mouth," (in medical language "aphthæ," or "thrush,") particularly if the child have been fed on artificial food, or nursed at a sore nipple. This affection usually shows itself in the form of white patches of matter resembling milk, about the tongue and inside of the cheeks, while in some instances the lining of the tongue and cheeks has a bright or dark-red appearance, with numerous pimples of a purplish hue—the child cries whenever its mouth is touched; if it be placed to the breast, it will probably seize the nipple, cry out, let go of it, and refuse to take it again. Sometimes, at the commencement of the disorder, the child is so drowsy, as to have given rise to the remark by observing nurses, that it was "sleeping for sore mouth." The appearances in the mouth are the result of inflammation in it, and we speak of it here, with the wish to guard the nurse against any injudicious attempts to wipe or scrape off this scurf, for the tongue and cheeks below it

are often as tender as the surface of a blister; and who would think to take a rag or their finger, and harshly rub the surface of a Spanish fly blister on the skin of even an adult? Yet so it is, almost as soon as the baby has a sore mouth, for which most nurses keep a good look out, molasses, or honey, Armenian bole, and a cloth stretched on the end of the finger are put into action to remove, by dint of a regular scrubbing, this supposed offensive coat of matter, which after all, is an innocent thing, a mere symptom of the disease below it, if it be not even a provision of nature to protect the tender surfaces which are affected, from the direct contact of any thing which would irritate them. If the physician is yet in attendance, consult him in reference to it; get him to look at the child's mouth, then do as he bids you. If the mother's nipple be sore, let him know that also; he will prescribe for them both; and if you will follow his judicious advice, you will save yourselves a great deal of trouble, and your baby a great deal of suffering. If it occur after he has done visiting at the house, call

him in again. It will be safer and cheaper to have the benefit of his counsel in the management of a disease of which sore mouth is merely a symptom, than to attempt to tamper with it, without proper knowledge.

A sore mouth is often as serious an affair for a child as a fever or a dysentery.

OF FREQUENT DISCHARGES FROM THE BOWELS, WHETHER OF A "NATURAL," "GRIPED," OR "COLICKY" APPEARANCE; THAT IS, WHETHER PURE YELLOW, GREEN, OR A MIXTURE OF BOTH THESE COLOURS.

From various circumstances, even in the hands of the most careful nurses, some children have frequent and copious discharges from the bowels; sometimes they are yellow, consistent, or half liquid; while in others, they vary in appearance from this to the resemblance of chopped grass, and occasionally as thin as water. While we desire to have the nurse fully impressed with a consciousness of her responsibilities and watchful care, and her solemn obligations to sound the alarm to the physician at the first appearance of

danger, still we wish to allay any *unnecessary* fears in relation to the symptoms which may present under this head.

We have repeatedly known children have from six to ten discharges of yellow-coloured fæces per day, for many days, without injury, provided they nursed well and were well attended to. At the same time we have seen, in our own family, and know it to occur in the families of some of our patients, that young children, during the first few weeks of their existence, have passed from their bowels discharges of every variety of colour and consistence, and that, too, without material inconvenience to their health. We are far from wishing to make nurses or mothers indifferent to this state of things, but we do wish, for the sake of the welfare of the important little beings intrusted to their care, that they will not think, because they are too free in the bowels, and give the nurse a great deal of trouble to change the diapers frequently, "they must take paregoric to check them, or that the child is bilious and must have calomel, or is

griped and must have oil or spiced rhubarb, or has acid, and must therefore take magnesia or chalk julep."

Any one, all, and even more than these, may be required in the management of some obstinate cases; but the wrong application of a single one may make the case so far worse that it will ever be better to call the physician when any fears arise, than to trust the medicine in unskilful hands. The judicious examination of an experienced medical man may result in the determination that nothing is necessary; or, if medicine is needed, the quality and quantity can be decided on by him with far more satisfaction to the anxious parents, and, we should suppose, to the considerate nurse, than could be derived from any experiments she might be inclined to try. The nurse is not a physician; and, until facilities in this country can be furnished her for acquiring competent knowledge by a long and severe course of study, and a rigid examination of her qualifications for prescribing by a board of competent judges, let her not mistake her calling. If she desire to enjoy

the kind regard and the confidence of physicians and patients, she must ever remember, that she is *the aid of the enfeebled mother, and the assistant guardian of the mother and child*—the executor of the directions of one upon whom rests a high and sacred responsibility.

OF COLIC.

The remarks we have just made apply also to colic; physicians often see children who have colic, and still thrive well; and, were the doctors to become nurses, they would probably give few medicines for colic; and they would be very careful, with the knowledge most of them possess of the laws by which the human system is governed, to avoid filling the little babes up to the chin with herb teas, and then jolt them on their knees till they tire them out.

Colics in children, as well as in adults, depend upon different causes, and require different, nay, almost opposite treatment.

Pains resembling those of colic have often arisen from irritation caused by the dry, hard navel-string before it has fallen off. Let

the nurse examine and attend to this. If she see a tumour or lump at the navel when the child cries, let her press gently but steadily upon it, till she has removed it; afterwards call the physician's attention to it; it is important.

Some children whose bowels are not constipated, and who have not the tumour at the navel just alluded to, are more or less frequently disturbed by accumulations of wind upon the stomach or in the bowels, and when any obstacle occurs to its speedy evacuation upwards or downwards, some simple, slightly carminative preparation, in moderate quantities, is often useful. A few teaspoonfuls of carminative tea (see prescriptions) will often be useful. If these do not very soon relieve the child, no other medicines are to be used without the approbation of the physician. What we have here said refers particularly to children who obtain their nourishment directly from their mother's breast. Whenever the child is fed artificially, or "brought up by hand," the nurse must remember that the case of the child will require the careful

attention of the physician to the kind and effect of diet used for it, and she must at once make such changes as he directs.

As physician and philanthropist, we could earnestly desire that no children were necessarily obliged to depend, for the first few months of their existence, upon any other food than such as springs pure from the breast of the MOTHER. We hope that, although a different custom may prevail amongst certain classes in some of the countries beyond the ocean, the intelligence may echo in the ear of any inquirer into the manners and customs of the inhabitants of this great Western World, "American mothers suckle their own children." Will not intelligent nurses co-operate with experienced physicians in impressing upon the minds of all women who hold the honourable station of mothers, the necessity and importance of supplying the natural wants of their tender offspring from the natural fount—the breast? Read and ponder the remarks of a worthy physician upon the consequences of the opposite course:

“There is probably no single source of disease during the first few years of life, whose influence is so extensive and destructive, as improper management in relation to diet. The foundation of incurable chronic diseases and of constitutional infirmity throughout the subsequent period of life, is often laid within the first month, or even the first few days after birth, by errors of this kind; and a great amount of the suffering and mortality which occurs during infancy, must be ascribed to the same prevailing source of injury and disorder. The almost universal custom of feeding children with unsuitable articles of food immediately after birth is extremely blamable. No sooner is the infant washed and dressed, than the nurse is ready with her spoon and cup of gruel, pulverized crackers dissolved in water, or some such preparation, to fill its stomach to the utmost of its capacity; and this process of stuffing is continued with a ruinous degree of diligence and perseverance. The tender and uninured digestive organs of the new-born babe are thus seriously injured during the first twenty-four hours.”

“ The digestive powers of the stomach being thus prostrated or enfeebled, all the distressing and painful consequences of indigestion ensue.

Acidity, flatulency, colic, diarrhoea, vomiting, green and griping stools, emaciation,” (loss of flesh) “ not to mention other distressing and dangerous symptoms, certainly take place. In nine cases out of ten, perhaps, the griping, flatulency, diarrhoea, and colic which so frequently distress infants during the first half year after birth, are the results of indigestion brought on by errors in diet. Not unfrequently the digestive powers are completely prostrated by the first feeding. Conceiving that as the child has been fasting during the long period of nine months, it must needs come into the world with an excellent appetite, and an immediate demand for nourishment, ignorant nurses deem it their duty to be most vigilant and industrious in charging the infant's stomach with some alimentary substance, often extremely unsuitable. To relieve the colic, griping, flatulency, diarrhoea, &c. which occur as a consequence,” the nurse makes “a liberal use of

catmint tea, anise-seed tea, Godfrey's cordial, paregoric, or some other palliative or nostrum," (secret composition) "and thus an additional source of derangement of the stomach or indigestion is brought into operation." It is true, that some "very vigorous and healthy infants pass through the distress produced by improper nourishment, soon after birth, without sustaining any permanent injury in health or constitutional infirmity," but "let the child's stomach be once or twice filled during the first twenty-four hours, with gruel or any of the ordinary preparations employed by nurses for this purpose, and the chances will probably be ten to one, that acidity, flatulency, vomiting, colic, griping, and jaundice will follow." This long quotation contains not a fourth of what is said by this experienced writer, independently of the sentiments of others who have practised medicine fifty or more years. Need we say more on this subject? Will not those who enter the occupation of nursing exercise a better judgment, and urge upon mothers to

furnish to their children unadulterated milk formed of their own blood ?

There are a few instances, unfortunately, in which children are unavoidably deprived of this natural nutriment by the death of the mother, or her failure to secrete milk. This is a case which should excite the sympathy and command attention of both physician and nurse. If a suitable wet nurse cannot be obtained, as a substitute for the mother, resort must be had to the milk of the cow, which when carefully prepared, approaches nearest to the human milk of any other used in this country.

In general two parts of fresh cows' milk, and one of hot water, with a small quantity of loaf sugar, mixed well together till reduced to about blood heat, will be best ; but then the nurse must avoid giving it in too large quantities, and at too short and irregular intervals. We have seen little children a week old and upwards, placed in the nurse's lap, while she with a "pap or dessert" spoon, was pouring down them spoonful after spoon-

ful in rapid succession, till she had emptied a tea cup which at the beginning was full of the preparation; the child, after being jolted was put by to sleep; scarcely had it closed its eyes than some painful effort of the stomach to dispose of the bulk of fluid already oppressing it, would make the child cry out. This uneasiness was supposed to indicate the demand for more food; this was readily furnished, and the little sufferer completely overburdened, would finally obtain relief by disgorging the contents by vomiting.

Let the nurse remember that the stomach of a new-born babe in an undisturbed state, is scarcely larger than a tailor's thimble, and that therefore three or four teaspoonfuls of tepid milk and water is all it will comfortably contain and usefully dispose of. Let her bear in mind, also, that it requires about three hours for the fluid to become digested and passed out of this stomach before it is prepared to receive any more. We know that a well disposed nurse may have her patience put to a very severe test by the oft repeated propositions of friends to give it "cracker

victuals, rice water, barley water, oatmeal gruel, pap," &c.

But MILK, MILK, and that made as nearly as possible to resemble the article secreted in the human female breast, should be the diet of a child; at least for the early weeks of its existence. We know that many mothers, and other good ladies, will tell the nurse that children have done well upon other food. This is as true as that some of the children of the native Indians have done well upon the severe treatment to which they are subjected; the strongest of them, only, live and become vigorous men, while many of them die in the seasoning, and leave comparatively few to rise to manhood to give proof of the advantage of such methods of bringing up. To insure health and vigour to a child in its ordinary condition is to supply its digestive organs with a proper amount, and proper quality of food; and no nurse can do better than to imitate the provisions of nature in this respect.

Let her then begin with the diluted cow's milk, goat's milk, mare's milk, or ass's milk;

supply this fresh and sweet to the babe in the small quantities alluded to for the first few days, gradually increasing the quantity, but not the frequency of the supply, till the babe is several weeks old: it may then drink the milk pure; and, if it have been properly attended to at first, it will give significant signs when it has enough at a time. The general rule should therefore be, that, during the whole time that a lady's nurse is required for the lying-in chamber, the child should be fed on milk alone. If any other be supposed necessary, or the milk does not agree with the child, let the physician inquire into the state of the case and prescribe accordingly. By this method the nurse will leave the babe in the hands of its mother, or her successor, in comfortable health, and abundantly less fretful and wakeful than if it had been fed with other preparations, however strongly recommended.

In preparing food or drinks for the patient, the nurse should ever have the strictest regard to cleanliness and neatness in her operations. The simplest articles, when properly

prepared, are often very grateful to the palate, while the delicate lady of the lying-in chamber, and the convalescent patient from any indisposition, may be quickly disgusted with the taste of the most celebrated composition, if not properly prepared—either not sufficiently cooked, or burnt in the attempt to make it.

To save the physician much time that would be occupied in detailing to the nurse the mode of preparing each article of nourishment or drink he may have occasion to prescribe for his patient, we have inserted the directions for several of the preparations often ordered for the sick or convalescent. The vessels in which they are prepared should be either of earthenware, silver, or iron, or if of copper, very well tinned and as perfectly clean as possible. The better plan would always be to put the vessel used for preparing the article for the patient in a water bath, or vessel in which water is kept at boiling heat; it would thus be impossible for the article under preparation to become burnt.

DIRECTIONS

FOR PREPARING

SUITABLE DRINKS AND FOOD.

BARLEY WATER.

Take of pearl barley, two ounces; water, two quarts. First wash the barley well with some cold water; then pour on about half a pint of water; boil it a little while; this water, which will be coloured, must be thrown away. Bring the two quarts of water to a boiling heat, and then add the barley; continue the boiling till the whole is reduced to one quart, then strain off the liquor. This may be sweetened or seasoned as directed by the medical attendant.

TOAST WATER.

Take of wheat bread (stale) a piece size of the hand of an adult. Place it before live coals, or near a red-hot stove-plate, till it is

toasted brown on each side, taking care not to burn it.

Put the bread in a bowl, and pour over it a pint of boiling water. Cover it and let it stand till cold. Sweeten it with molasses. If lemon-juice be allowed, it should be added while the water is at boiling heat. Strain off with slight pressure, and use as a drink.

A very palatable drink may be made as above, by throwing the pulp of one or two oranges into the bowl with the toast, and then pressing out the juice when straining off the water.

GUM-ARABIC WATER.

Take of clear white gum-arabic one ounce, boiling water, one pint. Stir the gum into the water till dissolved; set it by to cool. It may be sweetened with pure sugar.

ALMOND WATER.

Take of thin-shelled sweet almonds an ounce; clear, white gum-arabic half an ounce; refined sugar one quarter of an ounce. First break the shell from the al-

monds, then throw them into a little boiling water to loosen the skins; remove these also. Put the blanched almonds, gum-arabic, and sugar into a stone mortar; beat them to a fine paste. Then add gradually a pint of water. Strain off the liquor for use.

APPLE WATER.

Take one large lively apple; pare and core it; slice it into small pieces. Pour on it a pint of boiling water; let it stand in a covered vessel till cold; strain off, and add as much loaf-sugar as will be palatable.

TAMARIND WATER.

Take of tamarinds (fresh) one ounce; boiling water one pint. Put the tamarinds into a bowl, and pour on them the boiling water; allow them to stand covered until cold, then strain off with slight pressure, and add sugar, if desirable.

CREAM OF TARTAR WATER.

Take of cream of tartar one drachm; loaf-sugar one ounce; boiling water one

quart. Let them stand in a white stone or porcelain vessel ten minutes, then strain off the liquor.

If the outer rind of fresh lemon or orange-peel be added with the cream of tartar and sugar, it will render it much more palatable to some persons.

OATMEAL GRUEL.

Take of oatmeal, two large spoonfuls; water, one quart. Add a small quantity of water to the oatmeal, mixing them well together till every particle of the meal is thoroughly moistened, then stir this mixture into the balance of the quart of water at boiling heat, continue the boiling for a quarter of an hour, stirring it often; strain the gruel through a seive or open cloth, and add sugar enough to make it agreeable to the taste—nutmeg or other spices to be added or omitted according to directions.

RICE GRUEL.

Take of ground rice, two ounces; cinnamon, a quarter of an ounce; water, two quarts.

Boil the rice about half an hour, then put in the cinnamon, continue the boiling ten minutes longer; strain off the gruel through a sieve or cloth, sweeten it with loaf-sugar to suit the palate of the patient.

PANADO.

Take of bread, (stale) one ounce; water, one pint. Break the bread into small pieces and boil it in the water till it is perfectly soft. If spices are directed by the physician they can be added just before the boiling is completed.

SAGO.

Take of sago, one large spoonful; water, one pint. Boil gently, stirring almost constantly, till the particles are perfectly softened and separated. Strain it off through a sieve or cloth; sweeten and season with spices as directed.

SALEP.

Take of salep, (finely powdered) a teaspoonful; water, half a pint. Mix the salep well in a small quantity of the water, gradu-

ally adding the rest till it is thoroughly diffused through it; put the whole over to boil, stirring well till it becomes like a jelly. Sugar and spices, and even wine, may be added if directed.

ARROW ROOT.

Take of powdered arrow root, one large table-spoonful; water, one pint. First mix the arrow root well into a paste with a little of the cold water; bring the balance of the pint of water to a boiling heat, then stir in the paste; let it continue to boil a few minutes, then remove it from the fire. Sweeten it with loaf-sugar, and add nutmeg, or cinnamon, or lemon-juice, if directed.

It is sometimes admissible to have the powdered arrow root beaten up with a gill of milk instead of the cold water, before it is stirred into the boiling water; of the propriety of this the physician should be the judge.

OATMEAL FLUMMERY.

Take of oatmeal (or grits) any convenient quantity; put it into a broad, deep pan; cover

it over with water, stir them well together, then let them stand twelve hours; pour off the clear water, and afterwards add a larger quantity; stir up, then let them stand as before for twelve hours; repeat the same process a third time. When the oatmeal has been thus macerating about thirty-six hours and all the water poured off from it, the thick part of it is to be strained through a hair-sieve, and put into a well-tinned saucepan: this being done, let it be well stirred while it boils, till it becomes quite thick. It is then to be poured out into dishes or forms: and when cold, may be eaten with milk and sugar, wine and sugar, or cider and sugar, as prescribed.

POTATO FLUMMERY.

Take of potatoes (common or round), one pound; boil them gently in a sufficient quantity of water till they are brittle or tender: then take them out of the water and peel off the skin. Then mash them well, adding salt enough to season them; put them into a

saucepan, with a quarter of a pint of milk and two ounces of butter; warm them a little, mixing them well together at the same time by beating them with a spoon till they are quite smooth. The flummery thus made, may be served up in any neat form and eaten alone, or with some bread.

RICE FLUMMERY.

Take of fresh milk, any convenient quantity; add to it a little salt, and put it over a fire to boil. As soon as the boiling commences, stir in rice flour till it is quite thick; add to this a small portion of butter and nutmeg or cinnamon, as may be directed or preferred. It is ready for use as soon as quite cold.

TAPIOCA JELLY.

Take of tapioca, one table-spoonful or half an ounce. Mix it with a pint of water, let it stand an hour; then boil it during another hour over a gentle fire, stirring it well till it

is dissolved and clear. Sugar and salt, to render it palatable, may be added before it becomes cold. If lemon-juice be directed, a tea-spoonful of it and a little of the peel should be put in just before the boiling is completed. The whole should then be strained off through a sieve or cloth, and a little finely grated nutmeg added.

APPLE JELLY.

Take of apples (juicy and slightly tart), any convenient number; pare, core, and slice them; then put them into a well-tinned saucepan or kettle, with water enough to cover them: boil them till they are quite tender; strain the liquor through a cullender, and afterwards through a flannel bag. To one pint of the juice, add a pound of pure sugar and the juice of two lemons. Place them again over the fire and boil very fast, skimming off the scum till reduced to a jelly, which may then be turned out into a dish, or any fancy form. This jelly is often coloured by cochineal, which is powdered and sus-

pended in the vessel in a bag. The jelly is purer without it.

RICE JELLY.

Take of rice one quarter of a pound; sugar (white) one half of a pound; water one quart. Boil these well together, carefully stirring them, till the whole becomes a glutinous mass. Strain off by forcible pressure through a cloth, into a dish or form. When cool it is fit for use. This preparation may be flavoured with rose-water, orange-flower-water, lemon-juice, &c., as may best suit the palate of the patient, or as directed by the physician.

SLIPPERY ELM JELLY.

Take of slippery elm bark (powdered or finely chipped), two ounces; water one pint. Boil these slowly, till they become a thick mass; then strain off by forcible expression into a dish or form. Sugar, lemon-juice, orange-peel, or lemon-peel, or other spices,

may be added just before the boiling is completed.

ICELAND MOSS JELLY.

Take of Iceland moss (clean) two ounces; water, one quart. First wash the moss in some cold water; then put it into the quart, and boil slowly till very thick, adding white sugar till sufficiently sweet, then strain by pressure through a cloth into a dish or form. When cold it will be fit for use, and may be eaten with spices, if directed.

IRISH MOSS JELLY,

May be prepared in the same way.

CALVES' FEET JELLY.

Boil two calves' feet in one gallon of water, down to a quart, then strain it, and when cold skim off all the fat; take up all the clear jelly, leaving behind the sediment, if there be any. Put the jelly into a saucepan with a pint of

wine, half a pound of loaf-sugar, the juice of four lemons, the white of six or eight eggs beaten into a froth. Mix all well together. Set the saucepan upon a clear fire, and stir the jelly till it boils. When it has boiled ten minutes, pour it through a flannel bag till it runs clear. Have now ready a large China basin, with some lemon-peel in it cut as thin as possible; let the clear jelly run upon them while warm, and from these it will acquire both an amber colour and an agreeable flavour. Afterwards it may be poured into glasses.

RYE MEAL MUSH.

Take of water half a pint; put it over a fire in a saucepan, and when it boils, shake into it slowly from a dredging-box rye flour, stirring well all the time till it is thick, then remove it from the fire, having dissolved in the water a sufficient quantity of salt to render it palatable.

When cool, it may be eaten with sugar, molasses, or milk, as directed.

Unless the flour is dredged into the water very slowly, and the stirring kept up almost constantly, the mush will be very lumpy and unpleasant, whereas if the above directions be attended to, it may be formed into a very palatable and pleasant article of diet.

VEGETABLE SOUP.

Take two middling-sized white potatoes, one onion (if agreeable to the taste of the patient, or, instead of this, a turnip, carrot, or parsnep, size of a large egg), a piece of well-baked bread size of an adult hand. Put these into a clean stew-pan in one quart of water, boil them (frequently stirring) down to a pint; throw into the vessel some parsley or celery; cover the vessel closely; remove it from the fire, and allow the herbs to steep while the liquor is cooling under cover. Toast a thin piece of bread, size of the hand, carefully, put it in the bottom of a dish, then strain off, by slight pressure, the soup from the stew-pan. Season it to the order of the physician or the palate of the patient.

CHICKEN WATER.

Take half of a middling-sized chicken, strip off the skin and fat, put it into a saucepan, with a quart of water, seasoned with a little salt; skim off any fat which may arise to the surface; remove the pan from the fire when the water has boiled thirty minutes. Strain off the liquor for use.

If spices are ordered, they should be put in a few minutes before the boiling is completed.

MUTTON WATER.

Take of loin of mutton one pound. Put it into a saucepan containing three pints of water; add a little salt; skim off the fat as it arises to the surface. Boil the meat till it is very tender, then pour off the liquor. If an onion or a little spice be allowed, they should be put in a while before the boiling is completed.

BEEF TEA.

Take of lean beef, one quarter of a pound; water, a pint and a half; salt, sufficient to

season it. When it begins to boil skim it five minutes; then add a couple blades of mace; continue the boiling ten minutes longer; then pour the tea into a bowl for use.

If rice, barley, or bread crust be ordered, as an addition to either of the last three preparations, they should be boiled till they are soft before the animal substance is added.

Whenever aromatic vegetable or pot-herbs are to be added, they should be put in the vessel near the end of the process of boiling; and the vessel should then be kept covered as much as possible till the liquor is cool. No patient should be allowed to take these herbs into the stomach.

ESSENCE OF BEEF.

Take of fresh beef, cut into small pieces, one tea-cupful; salt, one tea-spoonful; mace, three blades; alspice, six whole grains; cloves, four heads; water, one tea-cupful. Put these into a clean porter bottle; bore a hole through the centre of the cork, and through this pass a quill to keep the hole open; or cut a deep

notch from one side of the cork to let out the steam. Put the bottle into a kettle of water; tie up the neck of the bottle to the bale of the kettle to prevent it from dipping into the water or laying over the side of the vessel. Boil the water in which the bottle is thus suspended, one hour and a half; then draw out the cork, empty the bottle, and strain off the essence with forcible pressure through a cloth.

FLAXSEED TEA.

Take of flaxseed (whole grained), one ounce; refined sugar, one ounce and a half; lemon-juice, two ounces; boiling water, one quart. Let them stand together in an earthen vessel two hours; then strain off the liquor.

The lemon-juice, if objectionable, may be omitted; and, when desirable, an ounce of liquorice, shaved, may be used instead of the sugar.

SLIPPERY ELM TEA.

Take of slippery elm bark, shaved fine or powdered, one ounce; boiling water, one

pint. Let them stand an hour in a covered vessel; then strain. Sweeten and acidulate if ordered.

LEMONADE.

Take of the outer rind of fresh lemon-peel, one drachm; pure lemon-juice, one ounce; double refined sugar, two ounces; boiling water, a pint and a half. Let them stand together in an earthen vessel ten minutes; then strain off the liquor.

ORANGEADE

May be made in the same way of Seville oranges—using, however, much less sugar.

CARMINATIVE TEA.

Take of Fennel seed, (bruised) one teaspoonful; boiling water, half a pint. Let them stand in a covered vessel till cold, then strain off for use.

Coriander, carraway, or anise-seed tea may be prepared in the same way.

MILK OF ASSAFOETIDA.

Take of assafoetida, two drachms; water, half a pint. Rub the assafoetida with the water, gradually added till the whole is dissolved.

OBSERVATIONS
ON THE
ADMINISTRATION OF INJECTIONS.

One very important item in the qualifications of a nurse is, that she be able properly to administer injections or clysters. Simple as this operation may appear, it is too true that many women who have been occupied in nursing for several years, are still incapable of performing this service without pain or risk to the patient, whether mother or child.

For the purpose of conveying fluids into the lower portions of the bowels, various contrivances have been proposed. The one most commonly used until lately, consisted of a small pipe three or four inches long, a bladder attached to this very tightly; the part of the bladder opposite to the pipe was cut away to make a large opening intended

readily to receive the fluid to be injected: a small cedar plug with a string tied to it, completed the apparatus. When it was to be used the plug was pushed into the end of the pipe to which the bladder was attached; part of the string was passed through the large opening of the bladder which was then nearly filled with the fluid; the margin of the bladder is then gathered up in the hand, and the whole injection is secured. When the patient has been properly placed for the purpose, the pipe is to be passed into the anus till the bladder is brought into contact with the buttocks of the patient; the string is then to be pulled, the plug drawn out of the end of the pipe into the bladder, and then the injection forced gradually up till the bladder is emptied. This instrument answers very well, but unless great care is taken to keep it very clean and preserve it in spirits or oil, or to have it well dried after using it, it speedily becomes very offensive and leaky.

Syringes made of block tin or britannia metal are upon the whole decidedly preferable to any other instrument in common use.

When these are well made they work freely, and with a little care are always ready for use.

Every nurse should provide herself with a suitable apparatus for this purpose. One which will contain a quart of fluid, adapted to the wants of an adult, and another which will hold about four ounces, for an infant. These should always be kept clean and in good order, ready for use. The nurse should make herself acquainted with the manner of "*packing*" the instrument, by which it will work tight and never leak.

When an injection is ordered for the mother, a piece of oiled cloth, a folded sheet, or blanket, should be placed on the right side of the bed near the middle. The patient should then be placed on her left side with her hips directly over the centre of these protecting cloths, her dress placed above her hips to prevent it from being soiled: a suitable cover is to be placed over the patient to avoid any exposure. The entire operation may be done under the bed covering; the use of the sight is never necessary for a

nurse who understands her business, and who is fit to practise it.

In the human adult, the lower bowel or *rectum* is slightly curved, so that the *anus* or orifice is further forward than the bowel itself. The margin of the anus or opening is about half an inch thick, and thus far the passage is straight, but instantly beyond this the bowel begins to curve backwards; so that if the pipe be passed directly upwards above this distance, it will be brought painfully in contact with the front surface of the bowel, and perhaps, also, with the womb itself. The nurse must, therefore, in order to avoid this, carry the body of the instrument forwards as soon as the pipe has entered half an inch, that it may be directed backwards towards the hollow of the lower bone of the back. When the instrument has been thus introduced, and this should always be done without force, the collar which surrounds the pipe at two or three inches from its extremity may be pressed gently against the anus to prevent the fluid from escaping. The body of the instrument is then to be held firmly in

one hand, while the other is employed in pushing the piston or handle up to its shoulder, thus emptying the syringe slowly and gradually. If the patient feel an impulse to pass away the clyster, she should be allowed to rise to the close stool, or if her situation will not admit of this exertion—and for the first three or four days after labour it would not be proper for her to leave the bed—a vessel usually known as a “bed pan” should be of the proper temperature and placed under her hips. This should always be used, if possible, for the patient, as a receptacle for the contents of the bowels or bladder, during the early period of her lying-in. If it be impossible for her to relieve herself while in the horizontal position, the nurse may, after the lapse of ten or twelve hours raise her up very cautiously, and place a chamber vessel under her, taking care that this implement be warmed in cold weather to the temperature of the skin, and that the patient be not allowed to make any considerable effort while sitting over this vessel. The same precautions are necessary when the patient

has taken medicine or has the evacuations spontaneously. The nurse will now turn back to page 59, re-peruse and reconsider the condition of Dr. James' patient, who rashly insisted upon rising too soon; as well as the case under the care of Dr. Meigs, in which the nurse was instrumental in risking the life of the woman.

Some females who have had many children, or those even who have not, but who have been inattentive to the state of their bowels during pregnancy, often suffer much from difficulty in procuring evacuations, unless they are constantly taking medicine which in turn unfortunately increases the inability to spontaneous evacuation. This arises from the fact, that the membrane which lines the bowels, has been so often distended with their contents, that it remains permanently enlarged, and consequently, forms folds which drop down into, or directly over the anus; and thus form an obstacle to the passage of the fæces. What are commonly called "piles," are often caused in the same way, and not unfrequently produce the same effect.

Both the tumours or piles, and the folds, are liable to become excessively tender to the touch: and the application of the pipe of the syringe will give severe pain, unless introduced with great dexterity. When such is the state of the parts, the nurse should lubricate them well with lard, oil, butter, or some unctuous matter; pass the extremity of the forefinger of one of her hands into the anus, gently pressing aside either the tumours or the folds, then pass the end of the pipe obliquely against this finger until it has entered the orifice: carry the body of the instrument forward as before directed, when, if any pain is experienced or any obstacle felt, withdraw the finger, and use the hand to assist the other in forcing out a portion of the fluid contained in the syringe; this will gradually dilate the bowels, stretch out the folds, and remove them from contact with the instrument, enabling the operator to introduce the pipe its whole length to the collar and then to empty its contents without further difficulty. Where the syringe is small or the quantity of fluid to be used is necessarily great, it would be best for the nurse to be

provided with a flexible tube, armed at one end with an ivory or metallic pipe (to be introduced into the bowels in the manner described), while the other end is made to receive easily, but to fit tightly, the end of the syringe. The pipe, when once passed into the bowels, can be retained there while the syringe can be withdrawn, replenished, again introduced into the other end of the tube, and this process repeated till the quantity of fluid ordered has been passed into the bowels without the necessity of withdrawing the pipe at each time; the syringe has to be filled as in the usual mode. We would recommend nurses to procure this useful appendage to the syringe; for they may use it on common occasions as well as in extraordinary cases.

In attempting the administration of injections to children, the greatest patience, caution, and perseverance are often requisite. Incurable injury may be speedily done to the tender bowels of young children by seemingly slight neglect on the part of the nurse. The position most suitable for administration

of the enema for infants under three years of age, is lying upon the back across the lap of some careful woman who can hold the feet separated from each other a convenient distance. The intestine, though slightly curved, is less so than in the adult; the end of the instrument may, therefore, be passed more directly upward, than in the case of the latter. The anus and the instrument should both be lubricated; and directly that the point of the syringe has entered the bowel, it will be well to commence pressing out a little of the fluid to dilate the intestine before the pipe as it is passed further up. A suitable cloth should be spread over the lap of the person who holds the child; as also one should be at hand on which to receive the evacuation, which in children, usually occurs quickly after the instrument is withdrawn.

Injections are composed of various materials, according to the effect intended by the physician to be produced. The directions for the materials and quantity to be used are therefore properly subject to his order.

To save time requisite for giving particular

directions on every occasion, we have given the prescription for the preparation of those commonly used.

COMMON LAXATIVE INJECTION.

Take of molasses, two table-spoonfuls; sweet or castor oil, one table-spoonful; salt, one tea-spoonful; warm water, one pint. Mix them. To be used at the temperature of new milk.

PURGATIVE INJECTION.

Take of senna leaves, an ounce; coriander seed, (bruised,) a drachm; boiling water, one pint. Put these together in a covered vessel; let them stand an hour, then strain off, and add, molasses, one table-spoonful; salt, one table-spoonful. Stir them till the salt is dissolved, and the temperature reduced to blood heat; then use as ordered.

STARCH INJECTION.

Take of pure starch, two tea-spoonfuls; water, one pint. Mix the starch with the water, by gradually adding it in small quantities till there are no lumps; boil the whole together till a ropy fluid is formed; strain this through a cloth, and it is fit for use as ordered.

POULTICES.

In the course of attendance upon patients, physicians not unfrequently have occasion to direct the application of poultices. These are almost always designed to exert a soothing and softening influence on the part to which they are applied, and are therefore always to be kept moist; and should be changed as often as they begin to be in the least degree dry. The edges of the poultices are too frequently spread much thinner than the centre. To prevent this, it will be proper to take a piece of thick linen or muslin, an inch longer and wider than the size intended for the poultice, on this spread the prepared materials, as nearly as possible of one thickness, to within an inch of the edges, then turn up these edges into the margin of the poultice. By this means the poultice will be kept of

uniform thickness, and every part of it which is in contact with the skin can be kept equally warm and moist. A piece of thin mull-muslin, book-muslin, or something similar, may, very often, be spread over the surface of the poultice, to be applied next the skin. It is a good general rule, when poultices are to be removed, to have the new one prepared and close at hand before the other is taken off. The parts are thus kept moist, and at nearly the same temperature, a matter of much importance in all cases in which poultices are needed. When these remedies are ordered by the physician, the nurses should inquire whether he wishes them to be warm or cold, and prepare them accordingly.

BREAD POULTICE (COMMON POULTICE).

Take of bread any quantity, put it into a vessel, and pour over it boiling water enough to cover it; continue the boiling till the bread is perfectly soft, stir it till it is well mixed,

withdraw it from the fire, and as it cools, stir into it oil or lard enough to keep it soft.

Milk has mostly been used in making this poultice, but it quickly sours in warm weather, and is more expensive, while it is less conveniently obtained than water.

INDIAN-MEAL POULTICE.

Take of Indian-meal, five parts; rye flour, one part. Mix them together, and let them fall in small quantities at a time from the hand into a little boiling water, stirring well all the time, till the mass becomes thick, then add oil or fresh lard, to keep the mass soft.

A less expensive, and equally useful poultice, may be made of rye shorts, or wheat bran, by stirring either of these into a little boiling water till quite thick, then adding oil or lard as the poultice becomes cool.

Poultices may be made of potatoes, turnips, or carrots, by removing the skin, then boiling them soft, and mashing them very well, and adding some oily substance to keep them

moist, and prevent them from sticking to the skin.

The carrot poultice is sometimes made by grating the fresh root into a soft pulp, and applying it without boiling.

APPLE POULTICE.

As *rotten* apples are not always at hand, and when they are to be procured, they are generally wormy, it will be better to prepare this poultice from the ripe fresh apple; for this purpose, pare and core any convenient quantity of apples; stew them till soft; stir them while boiling, till well mixed; then spread the pulp upon the cloth, as already described, and place over it the thin muslin to be applied next the skin.

HOP POULTICE.

Take of hops, a large handful; boil them fifteen minutes in a pint of water in a covered vessel; strain off by forcible pressure; put

the fluid again over the fire ; keep it at nearly boiling heat, and thicken it with bread-crumbs, Indian-meal, or wheat bran, as may be most convenient ; mix a portion of lard or oil as directed in the composition of other poultices.

HOP BAG, OR HOP FOMENTATION.

Put into a muslin or thin flannel bag, size of the part to be covered, a quantity of hops, sufficient to fill it half full ; sew up the mouth of this bag ; put it into a basin, and pour over sufficient boiling water to cover it ; let it stand fifteen minutes open to the air, that the water will admit the hand. Having the part prepared to which the fomentation is to be applied, take it out of the water, wring it half dry, and apply it to the place as warm as can be borne, or at the temperature ordered by the physician. Place another bag of the same size and kind in the fluid, keeping it hot till ready for application. Continue alternating these as often as one becomes cool and the other warm.

THE HOP PILLOW

Is prepared as above, except that the hops are merely moistened with spirits to keep them from rustling, instead of hot water.

STARCH POULTICE.

Take of starch any convenient quantity; mix it carefully with a little boiling water till it makes a stiff mass; as it cools stir in a little lard or oil.

SLIPPERY ELM POULTICE.

Take of slippery elm (in powder), any convenient quantity. Stir this gradually into a little water till it is thick; boil it five minutes, and spread it out on the poultice rag, as before directed.

YEAST POULTICE.

Take of wheat flour, one pound; yeast, half a pint. Mix them together over a gen-

the heat till the mixture begins to rise; then apply them as other poultices.

MUSTARD POULTICE.

Take of flour of mustard, flaxseed meal, each an equal quantity. Mix them into a paste with water; add oil or lard to keep the poultice from sticking to the skin.

Indian-meal, wheat flour, or powdered bread will answer nearly as well as the ground flaxseed. The vinegar mostly directed, does not increase the value of the remedy.

A fine rag should be interposed between the poultice and the skin; and great care should be taken to remove the whole from the surface as soon as the skin has acquired a scarlet redness.

SPICE POULTICE OR PLASTER.

Take of powdered allspice, cloves, cinnamon and ginger, each equal quantities; rye meal, honey, or molasses, sufficient to make

an adhesive mixture. Spread it on a linen or muslin cloth, and apply it as directed.

SPICE BAG.

Take of the powdered spices directed for the spice poultice. Mix them well together in a dry vessel; put them into a bag of thin flannel size ordered; spread them out; quilt the bag lightly, to keep the spices from falling into a mass; spread the bag into a dish, and pour over it sufficient quantity of hot brandy, spirits of camphor, or whiskey, to soak through the bag and make it quite moist. Apply it warm to the part directed. This is better than the spice poultice. It can be removed or changed as often as directed.

ALUM POULTICE.

Take the whites of two eggs; a piece of alum, size of a chestnut. Put them into a saucer and stir them briskly till the white has well curdled, take out the alum which is undissolved and spread the poultice out between two folds of cambric or fine linen.

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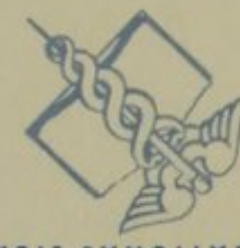
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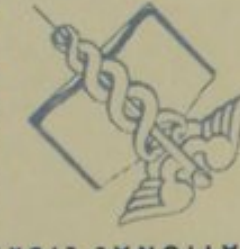
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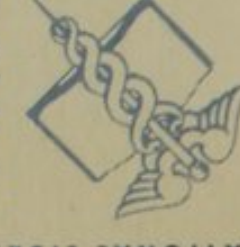
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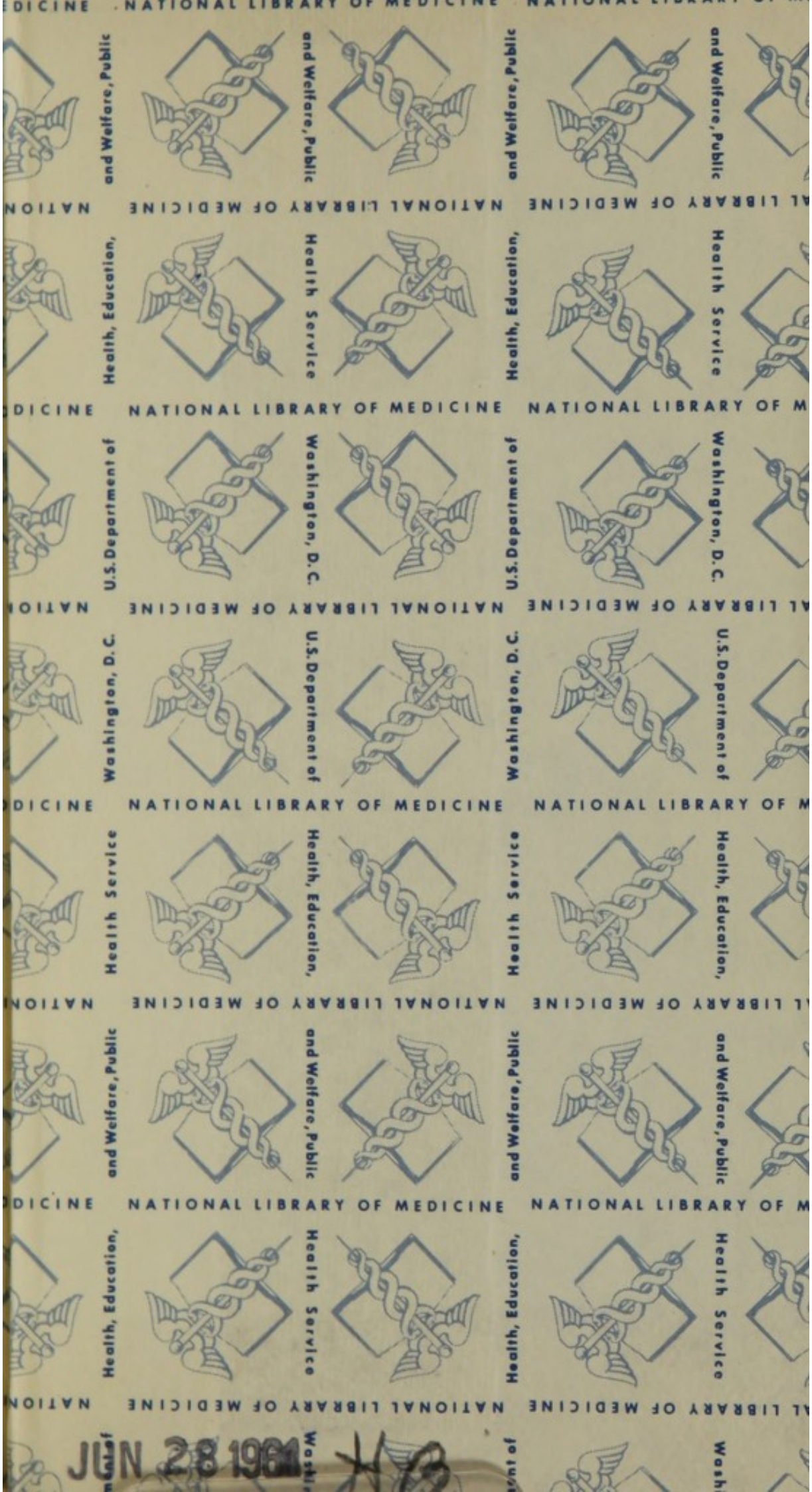
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