Home nursing and sick room appliances / by Eva C.E. Luckes.

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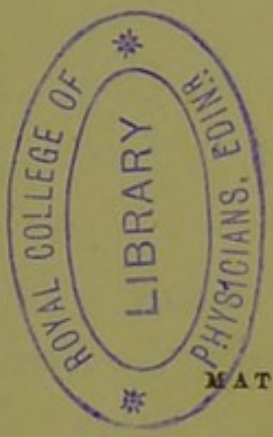

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THE subject on which I have the pleasure of addressing a few remarks to you to-day, is one of universal interest, for I imagine that every one at some period of their lives finds Home Nursing a matter of vital importance.

It is obviously impossible for me to attempt, in one lecture, to do more than call your attention to a few of the most important considerations in connection with this subject. A whole course of lectures is scarcely sufficient to deal with it in complete detail. The value of trained nursing is too well established and too thoroughly appreciated in these days for it to be necessary to lay much stress upon this point, and yet there is still in some minds a lingering prejudice in favour of nurses of the old, uneducated type. The reason alleged for this some-

what singular preference is invariably the desire for a nurse 'who will do what she is told!' If there were any justice in the implication that trained nurses do *not* do what they are told, or any reasonable ground for supposing that obedience is in any way proportioned to the ignorance of the nurse, I could not say one word in favour of educating nurses, but I believe that exactly the opposite is the case. I think, perhaps, there are two reasons why this idea still exists, though only to a limited extent. One is a negative kind of notion that as a person perfectly ignorant of the treatment of the sick cannot possibly know the best thing to do, she will either do nothing or do exactly what she is told. This conclusion does not sound logical, but practically it prevails. Unfortunately, daily experience proves that it is the tendency of well-meaning ignorance to do too much; it rarely errs by doing too little. If we take the familiar instance of an ordinary fainting fit, we shall find that it is the person who has been taught that will simply place the patient in the most favourable position for recovery and leave him alone; whereas it is well-nigh impossible to say what those totally ignorant of such matters will not do, from the industrious application of burnt feathers, to the sitting of the patient bolt upright!

Besides, the uneducated mind, with the best in-

tentions, does not always display that intelligence in carrying out orders which might be wished. It was only a short time ago that a friend of mine told me, with much amusement, of a remark her servant had made in reply to a request that she would pour out a dose of medicine for her. It was in one of those well-known bottles with the quantity for each dose marked on the back. 'Give me the eighth part of that mixture,' said my friend. 'Please, ma'am, I can't give you the eighth part,' was the answer, 'because you see it is at the bottom of the bottle!' Had the maid been left in charge of an invalid incapable of giving her own directions, it is curious to speculate what her inspirations on the subject might have been.

Another old woman of my acquaintance, who was nursing her husband, gave him nearly the whole contents of a bottle of medicine between my visit the last thing the previous night and early that morning; and, in reply to my dismayed inquiry, she cheerfully explained that 'he was thirsty and took a liking to it in the night.'

A lady living in the country told me the other day that when she sent some wine-whey to a cottager to take as a remedy for a cold, the woman thought it was intended to be applied externally in a foot-bath, though she honestly confessed that she had

only employed a portion of it for that purpose, because 'it smelt so nice she felt obliged to drink the other half!'

Now it would have been impossible to make any one of these people understand that they were not obeying the doctor's orders, and that, in short, they were acting in accordance with their own judgment in a most unorthodox manner! It would be easy to enumerate instances, but I have no doubt that most of you can recall similar incidents of a still more amusing character.

But, after all, it is encouraging to observe that those most prejudiced in theory against the special education necessary to secure proficiency in a particular kind of work, are in practice invariably ready to avail themselves of the most skilful service they can procure. It would be almost idle to discuss this point at all, were it not that the expression of views unfavourable to the acquirement of such knowledge has a tendency to check the desire for it, or to give to those who possess it a feeling of discouragement which is to be deplored. Enthusiasm on the question of nursing needs wise guidance as does all other enthusiasm; but it is surely best to provide this guidance, and then this invaluable quality may safely be encouraged and a good result anticipated.

And then the second reason why we occasionally hear 'trained nursing' spoken of slightingly, is that some of us possess the vaguest ideas as to what is meant by the expression.

In the first place, trained nursing is *not* amateur doctoring; we should do well to keep this fact clearly in our minds. There is a wide distinction, both in kind and in degree, between the knowledge necessary for a doctor and the knowledge necessary for a nurse. The science of medicine and the art of nursing materially assist each other in their ultimate objects —namely the cure, when that is possible, and failing that, the alleviation of suffering. But the nurse and the doctor have distinct and different duties to perform. Nurses may be regarded as the active agents in administering a system of relief, the plan of which has been laid down by the doctor. The success or failure of the means employed will in a great measure depend upon the efficient or inefficient manner in which they are carried out, so it is not easy to exaggerate the importance of good nursing. But this is not all that comes within the nurse's province. It remains for her to intelligently observe and carefully report with absolute accuracy everything that occurs, for the purpose of giving the doctor a definite idea of what the patient's con-

dition has been in his absence. No doctor will refuse to learn such particulars from a nurse, for he can but admit that she has greater facilities for acquiring such information, greater familiarity with many details, and even, as some think, greater aptitude for the quick observation of small things. The best qualified nurse will be she who can convey the clearest and most accurate idea to the doctor's mind, and thus enable him to bring his greater scientific knowledge to bear upon the case in question. The nurse who can do this perfectly will not only find her assistance cordially appreciated, but will have the satisfaction of knowing that she is rendering most valuable service both to the doctor and to her patient. Obviously both must be inconvenienced by any failure on the nurse's part either in observing all that transpires or in failing to report it.

It is evident that trained nurses must acquire a considerable and a varied amount of knowledge to enable them to excel in their profession, and to give to the doctors under whom they work, and the patients who are entrusted to their care, all the help that they have a right to expect from them. I am strongly of opinion that all study for this purpose should be undertaken from a nursing point of view. If we are clear that it is a nurse's business to under-

stand the best means of administering relief to the sick, let her turn her attention to every item that can be considered under that head, and learn all that can help her with regard to it, whether that involves a certain amount of scientific study or not. A knowledge of the relative importance of special symptoms in various cases necessitates some theoretical instruction as well as practical experience, but this should be given as far as possible with a view to imparting exactly what it is essential for a nurse to know. For example, a nurse has to understand the best way to make a poultice, and how to put it on, and not to decide under what conditions it may be a suitable remedy. A nurse must understand how to make a patient comfortable in bed, how to adapt the arrangement of the bed to the case in question; and in studying her profession she may confine her attention to these points, without entering into the reasons why it may or may not be desirable for the treatment of complete rest in bed to be adopted. It would be easy to multiply illustrations; but the point I wish to make clear is, that the object of trained nursing is neither to rival nor interfere with the work of the doctor, but in every sense to help it. A certain amount of special education is necessary to enable nurses to supply efficiently the help that *can* only be obtained through

them, and I am confident that any material departure from the practice of these principles would be held in as much contempt by all really accomplished nurses as any other sort of quackery is by duly qualified practitioners.

If this is our standard for trained nursing, it is manifest that the nearer any woman who has charge of the sick can approach to it, the better it will be for all concerned.

Now, on the other hand, we frequently hear that such and such people are 'born-nurses.' There is a definite truth conveyed in this expression if we understand it to mean that some persons have what we term a 'gift' for nursing, in the same sense that we speak of a special gift for painting or music.

But in those instances we do not interpret the phrase to mean that there is no further need to study the art in question. On the contrary, we consider that it indicates the desirability of cultivating the natural gift to the fullest possible extent, and the capacity for excelling in any special art by no means implies that the actual knowledge of it comes by instinct. In every case careful study is required to develop the inborn capability for it, and this is no less true with regard to nursing. I think that without a fair amount of natural talent for

nursing, it is as useless to endeavour to become a really good nurse as to imagine that hours of practice will make a person with no ear for music a skilful musician, or that a person with no appreciation of colour can by perseverance become a good painter. On the one hand, no amount of steady-going industry will supply the place of a natural gift; and on the other, a knowledge of practical details does not come intuitively, and the former qualification, invaluable in itself, is not sufficient in cases of real necessity. Take, for example, a case of hip disease, the clumsy movement of which causes greater pain than any other illustration that I can think of at this moment. Any one who has witnessed the terror with which a patient suffering from hip disease will shrink from the approach of the most kind attendant who does not possess the requisite skill to move him properly, and contrasted that with the confidence he will speedily place in any stranger who knows how to raise, and move, and turn him almost with comfort, will surely be much impressed with the value of practical knowledge. It is not the only essential for nursing, I know, but at any rate there are circumstances in which no other quality can supply its place.

As hospitals are places where every variety of illness and injury is to be seen, it is clear that these

institutions afford the best opportunity for acquiring the technical information of which I speak. In these days, when every facility is given to all classes desirous of learning, whether with the object of becoming fully qualified nurses or with the intention of acquiring such scraps of knowledge as may be of service in their ordinary domestic life, there is but little excuse for much of the ignorance that prevails. I strongly recommend any woman of suitable age, whose circumstances permit, to get an insight into hospital life if she can. It will amply reward her in many ways.

There is no danger in the little knowledge which is all that can be acquired in a short period, provided she recognise the fact that it is but a little, though it may still be sufficient for her purpose. The only way in which a little knowledge can be more dangerous than ignorance is when those who possess this limited information rest under the delusion that they know a great deal, and venture to act on this supposition. So far as my own observation of persons who have only had short periods of hospital work goes, I am convinced that a small amount of training, so called, has no tendency that way. Such learners go away for the most part with the conviction that they know very little indeed; and if when they are with those who are

ignorant of the subject, their 'little learning' appears more wonderful, this rather tends to prove that a little knowledge of nursing goes a great way to supply the requirements of every-day life. In fact, the theory that we apply to most subjects, applies equally to nursing. If it is to be taken up as a profession, considerable time and study must be given to reach the standard of excellence required; otherwise, that the amateur knowledge of the matter be as good as it can be as far as it goes, and just as extensive as the individual taste and capability may indicate, is all that we need desire.

In extreme cases we always secure the best professional skill within our reach; and the wisdom of such a course is obvious. If it happens that any one connected with us embodies this skill, so much the better; but this will ever remain the exception. We have now to consider the general rule.

The idea which Home Nursing calls up to our mind, for the most part, is not a vision of an alarming crisis, not the anxious watching of the struggle between life and death—fortunately in the nature of things such scenes must be rare in each separate household, and, as I have just observed, such special occasions call for special aid—but it is the long, tedious illness, the wearisome period of weakness and convalescence, the months, or it may

be years, of chronic ill-health, which we think of chiefly in connection with Home Nursing; and it is the distinguishing characteristics of this branch of the work to which we must turn our attention at the present moment. The opportunity Home Nursing affords for studying refinements of detail; the scope it gives for ingenuity in providing little contrivances not only for the welfare, but also for the pleasure or comfort, of the patient; the satisfaction of being able to do so much in a variety of small ways to relieve the monotony of illness, whatever form it may chance to take; the success that may be achieved in surrounding the invalid with innumerable things to make the trial of the illness more bearable—are all attractions which distinguish this section from Hospital Nursing, where utility as a matter of course is invariably the first consideration. It needs no extraordinary effort or process to make an intelligent woman, with a natural capability for the work, an excellent home nurse; but she must apply plenty of common sense to the task, and never allow herself to think that a great deal of trouble is too much to bestow upon apparently insignificant trifles. The very art of Home Nursing, so to speak, lies in the quick observation and finished execution of small, commonplace things.

In the short time allotted to me to-day, I can

only briefly refer to the best method of rendering those simple services which may be required by nearly all invalids, irrespective of their special maladies.

The most inconvenient and most dreaded of all illness is the occurrence of any infectious disorder; and with good reason, for, unless due precautions are taken, there is scarcely a limit to the mischief that may be done. To describe the various precautions to be taken in different cases, and to attempt an intelligible explanation of why these said precautions are necessary, would take a separate lecture; and the National Health Society has already been instrumental in spreading so much useful information on this subject, that I may well pass it over with this one injunction. Lose no opportunity of impressing upon those whom it may concern, the paramount importance, the absolute necessity, of isolation in all cases of infectious disease.

People are curiously incredulous of a danger they cannot see. Only those who have had to deal with such matters can understand the extraordinary difficulty of making people realise the risks they run for themselves and for others by carelessness in this respect.

The isolation of a patient suffering from an infectious complaint should invariably be as complete

as possible, and the room set apart for him be at the top of the house. A large sheet, kept constantly wet with a solution of carbolic acid, must be hung across the doorway. If other members of the household must enter the room they should wear a dress suitable to the occasion. The person in charge of the case should wear a dress of some washing material, keep herself free from contact with the others, and be scrupulously careful that nothing that has once been in the sick room should be removed without being previously disinfected. It is not easy for those who are familiar with these facts to realise how little they are heeded by a large number of people, and it is plainly our duty to impress upon others their importance when any occasion may arise.

But to return to the consideration of the practical duties of which I spoke just now, and which apply more or less to all sick people. Possibly there is something to be learnt concerning them. To begin with, there is the bed to be thought about, the kind of bedstead, bed and bedding, the method of making the bed with least disturbance of and discomfort to the patient, supposing he is not able to be moved for the purpose.

Then patients in a helpless condition will require to be washed, and to have their personal linen

changed; how can this be accomplished with the least fatigue? They may also require to be fed, and the fact of their taking or refusing their food often depends solely upon the manner in which it is given.

In all probability medicine will be ordered; is there anything to be remembered in connection with the simpler methods of the administration of drugs which can render them less distasteful to the patient?

Then fomentations, poultices, hot-water bottles, steam inhalation, and various other applications are ordered when heat is employed as a means of treatment, and surely with painstaking practice these can be as efficiently administered by an intelligent home nurse as by one trained in the wards of a hospital.

Applications of cold, including the various forms in which ice can be applied to the needs of the sick, require more common sense than any technical skill for their proper adjustment. And, finally, a few suggestions on the arrangement and ventilation of the sick room, solely from a practical point of view, may possibly be of service.

Now with regard to bedsteads.

The superiority of iron or brass over every species of wooden bedstead is so universally acknow-

ledged, that I need not do more than simply state the fact.

For nursing the sick it is essential that bedsteads should not be too wide. This is an important consideration, and one that is frequently overlooked in Home Nursing. It is impossible to move the patient, to change the sheets, or to attend to a helpless case, with any degree of comfort if the bed is too wide.

If there is an idea of affording the patient relief by changing him from side to side, this plan can be executed infinitely better by means of two smaller bedsteads that can be put next each other for the purpose of lifting the patient to a fresh place ; and the bedstead which he has just vacated can then be moved away without disturbing him, and the nurse remains able to get at her patient in all directions in a manner that will contribute greatly to his comfort. For patients who are able to get in and out of bed, it will fatigue them less if the bedstead is no higher than a sofa; but for bedridden cases rather a high bedstead is less tiring for the nurse, and does not affect the comfort of the patient in any way. Bedsteads should never be placed with one side against a wall except for the purpose of helping to keep a delirious patient in bed, for such an arrangement materially adds to the difficulty of attending to the patient's wants.

In my opinion nothing can be cleaner, neater, or more comfortable than the chain spring mattress made by J. B. Rowcliffe & Co., of Glossop, near Manchester. That, with a mattress over it, is superior to any other that I know of. It has the advantage of being easy to make, of never getting into the hard lumps which are such a distress to patients unable to leave their bed, and of being very easy to keep perfectly clean.

I have made frequent inquiries from those occupying these beds, and have invariably received a favourable reply as to their comfort. The Excelsior Spring Mattress, made by Messrs. Chorlton and Dugdale, Blackfriars Street, Manchester, appears excellent.

There is another invention that answers the same purpose to some extent, with the advantage of being cheaper, made by T. W. Stidolph, of Dartford, Kent. Of the mattresses to be placed over either of these bedsteads there are three kinds:—hair, wool, and flock. Hair mattresses are infinitely superior to the others.

Water beds are extremely useful in cases where it is especially desirable to avoid all pressure. In preparing them for use, remember they must not be filled too full, nor must quite cold water be used for the purpose, or the patient will experience a sensation of chill when placed on it. This rule applies equally to the filling of water pillows. At first

water beds are not very popular. Patients not infrequently complain of a feeling of 'sea-sickness' until they get accustomed to them; and in the majority of instances, when there is no distinct reason for giving the preference to a water bed, the chain spring mattress of which I have just spoken, with a water pillow if necessary, is more conducive to the patient's comfort. There are cases in which circular water pillows are found satisfactory, and in theory these are usually preferred; but, judging from my own observation, I should say that square water pillows were liked far the best as a rule.

I must not forget to point out to you a very ingenious kind of water bed invented by Mr. Pocock, which looks as though it would obviate the uneasy feeling of 'sea-sickness' complained of in the ordinary water bed. Any one interested in the matter can get a full explanation of its various merits from the maker, 235 Southwark Bridge Road. Beds for nursing cases of fracture must be made firm with boards or a hard straw mattress.

I am of opinion that in Home Nursing the individual taste of the sufferer may be consulted in the matter of curtains—except, of course, in cases of infectious disease, when these and all other superfluous furniture must be immediately banished. I do not think that, with the shape of iron and brass

bedstead now in general use, curtains are likely to be arranged in any manner calculated to impede ventilation to any appreciable extent. If the bed can be placed in a position that will enable the patient to see out of window, it is a great advantage. In every case arrange it so that the light can be made to fall fully, though crossways, upon the patient, if necessary. Doctors invariably prefer this arrangement. You can always shut out light when desirable, but you cannot make it come through a blank wall. Some people have an idea that it is orthodox to keep a sick room rather dark. With a few exceptions it is best to brighten up your sick room with as much sunshine as you can possibly get into it. Of course you would not allow your patient to lie with the sunshine streaming into his eyes; but unobservant nurses are apt to forget that the sun does not remain in the same position all day, and that if it has been necessary to draw down the blind for a time, it may soon be desirable to pull it up again. A dark green blind is best for keeping out the light. Sunshine is almost a necessity, and has a definite and powerful influence for good, physically as well as morally.

If your patient is well enough to be moved out of bed while it is being made, take care that he is warmly wrapped up, and that his bare feet are not left touching the floor. In most cases a foot-warmer is

desirable; for the fact that the bed will be made in a very few minutes is no reason for letting your patient feel cold, or experience any other avoidable discomfort, during the process.

Select your bedding with a view to its lightness, as well as to its warmth. The weight of bedclothes is often a source of great and most unnecessary distress to weak patients, and it is by no means essential that they should be heavy in order to secure the requisite amount of heat. Heavy counterpanes are always objectionable; there is nothing to be said in their favour. Fine linen sheets, single not double blankets, and a coloured blanket or any other light material for coverlet, are altogether best.

Cradles which can be placed over any part of the body afford the greatest comfort and relief when it is desired to take off the weight of the bedclothes.

Blankets should never be placed under the bottom sheet in any case where bedsores are to be dreaded. If a patient is ordered to lie between blankets, remember that the bottom blanket must be placed over the under sheet, and the top sheet placed over the blankets and next to the counterpane, with a view of giving the bed a fresh, clean, and comfortable appearance.

The top sheet should not be tucked in at the bottom of the bed, but be neatly folded back over

the blankets in those cases where the bedclothes will have to be turned up for the application of remedies or the inspection of the doctor.

It requires two persons to make the bed properly when the patient is in it. It is not quite easy to convey a clear idea of the best method of doing this in a verbal description, but I will try.

The great object to be borne in mind is saving the patient all unnecessary pain and fatigue. Remove all the top bedclothes except the sheet or one blanket, which must be retained as a covering. If the patient can with safety be turned on his side, one person should hold him comfortably in that position, while the other rolls the under sheet, which is to be removed, close up to the patient, the whole length of the bed, and tucks the clean sheet in on that side, placing the remaining half of it rolled up close to the sheet that is about to be taken away. The patient should then be turned gently over on to the other side, and held in that position by the person standing there, while the other promptly draws the sheet off the bed, pulling out and smoothly tucking in the clean sheet on that side also. It is of extreme importance to guard against wrinkles and crumbs in the bed, and it requires no little care and ingenuity to do this with complete success. The tiniest rucks in the bedclothes are indescribably

uncomfortable, and moreover are productive of bed-sores when the skin is in a very sensitive condition. Never shake sheets, blankets, or indeed anything *over* the patient's bed, but always *away* from it.

The clean top sheet must be placed over the patient before the one which has been retained as a covering has been withdrawn ; and, remember, there is no occasion to give the patient all sorts of suffo-cating sensations by drawing sheet and blankets over his head until they are all accumulated, and you are ready to turn the clothes down at the top. If the blankets are so long that they need doubling back, this should be done generally at the bottom of the bed, and not so that the additional weight and warmth of bedclothes should lie across the chest. I mention these very small points because they are constantly neglected from sheer want of thought. Next we come to the arrangement of the pillows, for which no absolute rule can be given, though every one knows that a patient's comfort in bed largely depends upon their skilful adjustment.

The principle to keep in view is that pillows are intended to support the patient in the position that he wishes, or is able to adopt. The lower part of the back always needs supporting, the shoulders must have room to lean back, and the top pillows must be placed in such a way as to support the head without

either tilting it forward or obliging it to fall back. The arrangement of pillows and cushions is a very individual matter; and with these general principles for guidance only observation and experience can teach you what is likely to suit each particular case. Nursing is supposed by some to consist mainly in that graceful task known as 'smoothing the pillow;' but, though we may smile at the familiar expression, we must not forget that it is distinctly refreshing to have the pillows shaken up occasionally, and the cool side placed next the patient. But one word of warning in reference to shaking up pillows. Never shake your pillow *on* the bed. It is wholly unnecessary to shake up your patient at the same time; and though in many cases jerks would not be disturbing, they are always clumsy and to be avoided. Bedrests are often a help in disposing of the pillows comfortably. A simple bed-rest with a foot-piece attached has been invented by Mr. Newton Nixon, Secretary of University Hospital, and can be obtained from Messrs. Meyer and Meltzer, 71 Great Portland Street.

A sufficient supply of body linen for your patient is essential, and a large supply a very desirable luxury. It is well to keep two sets of things in use at the same time as it were, and persuade your patient to have them changed more than once in the

twenty-four hours. They should always be aired between each time of wearing, though that should not be done in the patient's room when it can be avoided. Few are likely to omit airing linen that has come back from the laundress, but many are oblivious of the fact that it is even more important to air garments that have been more or less saturated with emanations from the skin. The comfort, indeed I may fairly say the actual benefit, that a patient will derive from having clothes that have become cold, moist, and disagreeable, replaced with dry, warm ones, is very considerable.

When you remove a patient's things for the purpose of washing him, do not forget that they had better be airing by the fire, ready to be put on again dry and warm, than be left lying on the bed for you to replace exactly in the condition in which they were taken off.

In washing a patient, you will be careful to keep him covered with a warm blanket, sheet, or towel, and only allow the part you are washing to be uncovered at one time. For instance, you would not expose the arm and chest to the air while you are washing the face. Get everything you want for the purpose before you begin, including a supply of hot water to replenish what you are using as it cools, and then wash your patient quickly and gently,

without leaving off in the middle of the process. It is unpardonable to begin and then leave the water 'drying in' while you run off to get a towel—just as if you did not know beforehand that it would be wanted. It is a very uncomfortable thing to be washed, instead of enjoying the privilege of washing oneself. I am sure many of us retain a pathetic recollection of the days when we were young victims in the hands of indefatigable nursery-maids, who insisted upon making vigorous applications of soap to our eyes, and upon twisting up horrible little huckaback gimlets to screw into our ears, and we may well spare our patients a renewal of these youthful experiences. A little care not to wet the sheets and night things in patches that will leave them damp and uncomfortable will be pains very well bestowed. To have the face and hands sponged occasionally, especially after just waking up, is a refreshment that the patient will appreciate, if it is skilfully done without any fuss on your part, or without demanding any effort on his.

The one definite rule for putting on and taking off the patient's body linen is, 'Never make two movements where one would do.' I always recommend nurses to keep this principle clearly in their heads, and apply it with common-sense modifications to the case which they have in hand. The same

movement which enables one garment to be so far removed should enable its successor to be so far replaced. It is not, of course, necessary that in all cases such extreme care should be taken; but in those where every action means pain, it is of the utmost importance, and all invalids are glad that the process of being 'put straight' should be accomplished as briefly and with as little exertion as possible. In putting an arm into a sleeve, gather the length of it into your hand in as small a compass as may be, and do not leave it for your patient to search about in all directions for the opening that his hand has to go through. Patients too weak to use a tooth-brush will experience comfort from a small piece of wet lint or linen placed over the nurse's finger and wiped gently round the teeth and gums. It is a popular delusion that people in bed will take cold if their feet are washed. There can be no risk if they are properly dried after. The way in which feet are supposed to keep clean without any attention when people are ill, is rather mysterious. The excessive reluctance which some patients display to have anything done for them that can be dispensed with, is mainly due to the fact that these little offices are often so clumsily rendered that the fatigue and anxiety they entail make the sufferer believe that the relief is by no means proportioned to the effort involved.

With regard to the feeding of a helpless case, place a dinner-napkin carefully under the chin of the invalid, and well up round the ears, to prevent the possibility of soiling the night things or of crumbs escaping into the bed. Glass feeders are excellent for conveying liquid nourishment. They have the advantage of making it look inviting, and of rendering their perfect cleanliness or the reverse obvious to nurse and patient. China or earthenware feeders answer the same purpose, and are even better if the nourishment is not of a kind to present an appetising appearance. Those that are made without a strainer at the bottom of the spout are much easier to keep clean. Patients labouring under violent delirium are apt to bite the spout and incur the danger of cutting themselves in the breakage. In such cases a metal teapot is the safest and most effectual resource, for I have not yet met with a metal feeder adapted to the purpose. I think this is the only instance in which it is desirable to employ a metal vessel for the sick when the same thing can be obtained in earthenware. In feeding a patient with a spoon, take care that the under part of it is dry and not dripping, and do not fill it more than three parts full, or it will flow over the sides as you give it to the patient. In giving nourishment with a spoon, supply it at a rate that appears congenial to

the patient, without lengthening the proceeding to a wearisome extent or hurrying it unduly. The same applies to feeding a patient with solid food. Do not cut it up into too small pieces and make the meal appear interminable, as many nurses fall into the error of doing. It is scarcely necessary to say that glasses and cups to be used by invalids should not be over-filled, and nothing should be given spilled over into the saucer. Take care that the nourishment given is at the right temperature. There are innumerable appliances for facilitating efficiency in this respect. After taking food, the patient will always be the more comfortable for having the mouth wiped with a sponge or a damp towel. Invalid cookery is one of the many interesting questions to which we may not turn our attention to-day. There is no matter on which the doctor's orders should be more scrupulously adhered to than on diet, and at the same time none that affords greater scope to the ingenuity of any one engaged in Home Nursing. Patients will enjoy their food more when able to feed themselves, and there are many kinds of bed-tables made to enable their meals to be placed in a comfortable position.

There is not a great deal to be said in reference to the administration of medicine by the mouth. The doses must be punctually given and accurately

measured in one of the many kinds of graduated glasses now sold for the purpose. It does not come within our province to-day to inquire with what objects various medicines are given. We must confine our attention strictly to the method of giving them. The glass in which the medicine is given should be scrupulously clean, and not left unwashed between the doses of medicine. If the mixture has a disagreeable smell, or has very volatile properties, be careful not to pour it out until the patient is quite ready to take it, and always keep the bottle securely corked. Read the label invariably, even if you are familiar with it. Many mistakes have been averted from this habit, and many made for the want of it. When we compare the nauseous compounds that were formerly prescribed with the perfectly prepared pills and lozenges of to-day, we may rejoice that we live in an age in which so much pains has been bestowed to render drugs available in the most effective and palatable forms that can be devised. Remind your patients that if they do not wish to taste their medicine, they must avoid touching it with their lips, and take care that they have always a handkerchief at hand to wipe them at once. Never make your patients take a distasteful draught when their lips, mouth, and throat are dry and ready to absorb quickly the first liquid that comes in contact

with them. They will taste it much less if their thirst is relieved before the medicine is given.

Do not give effervescing draughts in too small a glass, so as to make the mixture come over on to the bed or the patient's night things, and do not pour it out in such a way that the patient has not time to be ready to drink it before the effervescence has passed off. If the patient does not care to drink it in a state of effervescence you cannot help it, but you should always give him the chance. Oils are the medicines most distasteful as a rule, and these should be given with great nicety. They are best floated on the top of some liquid—brandy, wine, coffee, buttermilk, or milk with a great deal of salt in it, according to the inclination of the patient. The glass should be well washed with this fluid, and the oil then poured carefully into the centre. It is well to keep drugs, ordered for external application, apart from those that are intended to be taken. This simple precaution has saved many errors. Method in such details is an invaluable qualification for any one having charge of the sick.

When embrocations are ordered to be rubbed in, the nurse should not hold the bottle uncorked close under the patient's nose, which is too frequently done, but either keep her finger securely placed over the top of the bottle while she is using it, or, if the

liniment is too strong for that to be done with comfort, the cork must be replaced each time. It is a pity when nurses have to soil their hands so frequently with various applications that they do not take the simple precaution of filling their nails with soap before using them. It is not only that by doing this they are more likely to avoid sore fingers, but that it is the only effectual way of getting their hands absolutely free from smell when they wash them afterwards. It will also enable them to keep their nails much cleaner than is otherwise possible, for the accumulation of all oily matters under the nails increases the difficulty of removing the dirt. A nurse should keep her hands and nails in a condition of exquisite cleanliness; and, if the nature of the case requires that they should be frequently dipped in disinfectants, plenty of glycerine or some other softening preparation should be applied each time they are washed.

Fomentations and poultices are the means usually employed for the local application of heat. Fomentations are preferable to poultices on the ground that they are cleaner of application, easier made, and easier borne by the patient, but the drawback is that they do not retain the heat nearly so long and they need to be renewed more frequently. Fomentations require to be changed about every twenty minutes or half-hour, and

two flannels should always be in use that the hot one may be in readiness to replace the cool one immediately it is taken off. Coarse flannel or soft old blanket is the best material for fomentations; spongiopiline is sometimes recommended, but it is not satisfactory as a substitute for flannel, though it is admirable as an accompaniment to it. It is usual to place a piece of thin macintosh or other waterproof material over the fomentation with the twofold object of retaining the heat and keeping the patient dry. Nothing is so excellent for this purpose as spongiopiline. The soft side absorbs the moisture from the flannel, and the waterproof side keeps the damp from coming through. To render it quite effectual the edges should be bevelled inwards so that the waterproof portion completely covers the whole. This should be placed before the fire to warm ready for use while the fomentation is being prepared.

A wringer made like a small roller towel, with a stick ready in each side of it, should be placed over a bowl, and the flannel placed on it, ready for boiling water to be poured over it. The flannel must then be wrung out as dry as possible by turning the sticks rapidly in opposite directions and keeping them as far apart as the size of the wringer will permit. Then untwist and slip out the sticks, shake out the flannel, place it lightly on the patient—there should

be at least two folds of flannel—and cover it up with spongio-piline.

This is such a simple, inexpensive appliance that there is no excuse for any household to be without it. Any old broom-handle sawn in two would provide the two sticks. It must be borne in mind that the application of heat renders the skin sensitive, and the patient will probably not be able to bear fomentations and poultices renewed constantly at so high a temperature as he could tolerate them at first. Different drugs are sometimes prescribed to be sprinkled on fomentations for various purposes, and occasionally the flannels are ordered to be wrung out of different decoctions of herbs; but, with these additions and modifications, this is the best method of preparing and administering fomentations.

Of the many kinds of poultices we will only speak of the three most familiar in the family circle; namely linseed-meal, mustard, and bread. For the most part domestic poultices are fearfully and wonderfully made! I have been complacently presented with a large wash-hand basin and a table-spoon for the purpose of making a poultice before now, and every hospital nurse at any rate would sigh sympathetically at the prospect of producing a good poultice with such implements as these.

It is a pity that a poultice spatula should not be

found in every household, but it very often is in the form of a pastry knife, only it rarely occurs to people to use this for the purpose. An ordinary knife is not a good substitute, but it is better than a spoon.

To make a poultice nicely you will require two basins, a poultice spatula, and olive oil in addition of course to the boiling water, linseed-meal, and the tow or rag on which it is to be spread. Pour some boiling water into one of the basins, then empty this into the other basin and put fresh boiling water into the one which has been warmed. Take the linseed-meal in your left hand and sprinkle it freely into the water, rapidly stirring with the right hand in one direction all the while. It should be made of the consistency of porridge, just thick enough to be cleanly cut with the spatula. It must then be rapidly spread on the linen which should be warming before the fire ready for the purpose, and the spatula must be frequently dipped into the basin of hot water standing by, to prevent the poultice sticking to the spatula and to make it spread smoothly. Nearly every book on nursing recommends a different degree of thickness for the poultice to be spread, but from a quarter to half an inch thick is the best rule for general guidance. A border of linen must be left all round to be rolled back upon the poultice, and a little olive oil may be sprinkled and smoothed over the

surface to prevent sticking. Even without the oil, if properly made, and the spatula has been frequently dipped into hot water, the poultice should never stick, either to the patient or to itself, if you roll it up to keep it warm in carrying it to the patient. With children it is always a good plan to use a little oil, because it cools the surface and induces them to bear it rather warmer than they otherwise will do. Poultices should be put on as warm as the patient can comfortably bear them, but great care must be taken not to scald. Always make them as hot as possible, for they cool rapidly, and a poultice put on cooler than it need have been, consistent with the comfort of the patient, is extremely unsatisfactory. Linseed-meal poultices are always applied *next the skin*, and should never have any covering between. If the poultice is properly made, there is no fear of its breaking in pieces and making the patient uncomfortable. Never put poultices before the fire to keep hot—it makes them hard, dry, and unfit for use. If they have to be unavoidably kept waiting for a few minutes, place them over a saucepan or kettle of boiling water, between two hot plates. When no special orders are given, large poultices should be renewed every four hours, and small ones about every two hours, as they do not retain the heat so long. Always have your patient ready for

the poultice before making it. If it has to be bandaged on, for instance, remove the bandage, and have everything in readiness that there may be nothing to do but gently and rapidly wipe over the surface where the poultice has been to remove the moisture which often, on being exposed to the air, has a tendency to make the skin itch, and then put on the warm poultice and cover it up with cotton wool or some waterproof material. Mustard and linseed-meal poultices are frequently used. The mustard should be put first into the boiling water and thoroughly mixed up with it; the linseed-meal should then be sprinkled in the usual way—that is, as you would make an ordinary linseed-meal poultice without that ingredient. By this means you avoid the risk of the mustard remaining in patches and irritating the skin in particular places, and this ensures the poultice being of uniform strength throughout. One part of mustard in five or six of linseed-meal for adults, and one in eight or nine parts for children, is about the average quantity.

Mustard plasters are now superseded for the most part by the prepared mustard leaves, which can be obtained from any chemist, and are considered excellent. If you have to prepare a mustard plaster, remember that the best material to spread the mustard on, when you have mixed it with cold or

tepid water to a paste, is tissue paper. Some recommend brown paper as a foundation, with tissue paper or muslin as a covering, but I prefer tissue paper entirely. Several folds of it make a sufficiently thick substance on which to spread the mustard, and one fold of the paper placed over the surface can be neatly doubled back and folded over the edges. Mustard plasters must not be too wet, and must *not be placed next the skin.* Tissue paper is better than muslin for putting between, as the particles of mustard are less likely to go through. It should be applied with four little pieces of sticking-plaster to keep it in position, and covered up with a little cotton wool. Have a piece of soft linen spread with cold cream or simple dressing to replace the plaster—it relieves the burning, tingling sensation—and then put the cotton wool over it. The length of time that a mustard plaster should remain on varies according to the age and condition of the patient as well as to the part of the body to which it is applied—not to speak of the patient's private views on the subject. However, I must not linger to enter into details, but content myself with saying that the plaster must never be allowed to stay on long enough to raise a blister or break the skin. In extremely sensitive cases it is best to remove the plaster early and replace it with a linseed-meal

poultice, which will render the mustard effectual without the risk of a troublesome sore. I should mention also that if it is desired to secure the maximum effect of a mustard plaster, it should be preceded by a linseed-meal poultice to the part.

Bread poultices require a little skill and practice to make satisfactorily. They are apt to become either heavy, lumpy, and sloppy, or dry, hard, and sticky. Get ready a supply of bread-crumbs and stir them into the boiling water exactly as you would do with linseed-meal. Then cover it up with a plate or saucer and leave it by the fire, or, better still, over a saucepan of boiling water, for about five minutes, that it may have time to swell. Then spread it on linen, turning up the outside margin in the usual way. A little cold cream or simple dressing looks better than olive oil to spread on the surface of a bread poultice, but either will answer the purpose equally well. You can never roll or fold up a bread poultice in the same way that you can linseed-meal; it will break and fall to pieces. Bread poultices are *placed next the skin.*

With regard to hot-water bottles, those made of india-rubber, of all shapes and sizes, are infinitely superior to any others. Most people are aware that hot-water bottles should not be placed in direct contact with the patient, but that some wrap, or,

failing that, the sheet or blanket, should be put between. One point in connection with their use is often forgotten in private nursing, and that is, that if the patient is at all depending upon them for general warmth they should always be refilled in the early morning, for it is at that time he will be in the greatest need of them. Many nurses get into a habit of thinking that the bottle can be attended to when everything else is done, instead of taking special care that it should be replenished the first thing. One little fact in connection with the use of hot-water bottles is perhaps not universally known: I mean the extreme tendency of patients suffering from dropsy and paralysis to become blistered by a substance that would not be hot enough to affect the majority of cases in the same manner. I call your attention to this peculiarity, because it is distressing to injure helpless patients in any way through ignorance.

I have so little time left, that in speaking of the application of cold as a means of treatment I must confine my remarks to the varied manner in which ice is applied. I suppose every one knows in these days that an ordinary needle is the best implement for breaking ice into small pieces. If it is necessary to do this noiselessly, it can be accomplished by putting the ice on a handkerchief in the palm of the

hand, and it will divide under the pressure of the needle without making a sound. Ice for an invalid to swallow should, after being broken into pieces of a convenient size and washed quite clean, be placed on a piece of flannel tied over the top of a basin or finger-glass, so that the water is collected apart from it. This arrangement has the twofold advantage of the pieces of ice being convenient for the invalid to take up in his fingers, and of keeping the ice from melting as rapidly as it would do if standing in water.

Ice is usually employed externally in the form of ice bags or of some kind of pliable tubes. In case of necessity an ordinary bladder, or even a sponge bag, will answer the purpose, but the india-rubber ice bag is the appliance in general use. A piece of lint or linen should invariably be placed between the patient and the ice bag, to avoid the sensation of pain which the application of intense cold produces; it also serves to absorb the moisture which condenses outside the ice bag itself. If small, light ice bags are needed to apply to the eye or throat they can easily be made with gutta-percha tissue fastened securely together with chloroform. If carefully handled they last very well, although appearing of such slight texture. Strings can be attached to the little bags of lint to keep these ice bags in place.

It is best always to have a double supply of ice bags in use when possible, because it enables the fresh one to replace the other without disturbing the patient twice or giving an interval for the reaction which follows the removal of a cold application. If it happens that you have not a fresh supply of ice at hand, do not leave a bag of hot water applied to the part for which ice has been ordered, for directly the last piece of ice melts the temperature of the ice water will rise rapidly to that of the part with which it is in contact. Rags dipped in cold water or spirit lotion should be employed until the ice can be obtained if it is important to keep up the treatment. The ice bag must be so arranged that the *weight* does not press on the patient, and this can easily be accomplished by attaching it to any convenient point above the part, leaving the ice bag to *rest* upon the patient, but *not to be supported by him.*

It is always difficult to keep an ice bag nicely applied to the head, especially if the patient is restless. For this purpose there is a cap, I believe, known as Dr. Thornton's, made by Messrs. Krohne and Sezemann, of india-rubber tubing, fitting to the head. This is kept cold, as you see, by the iced water which runs from the vessel placed over the bed through these tubes, and finally into a vessel

placed ready to receive it. Leiter's pliable metal tubes, adapted to all parts of the body, and made on the same principle, are excellent for keeping up the steady application of cold for an indefinite time. It would be idle to attempt any explanation of the best methods of ventilation now. I can only remind the nurse that it is an important matter to which she must give unremitting attention, and any neglect of which will go far to counteract the good effects of skilful nursing in other respects. A plan for admitting fresh air into a room where cold draughts have to be carefully guarded against was suggested by Mr. Hinckes Bird, some time ago, and is highly commended by Dr. Steele. The suggestion is, that a piece of wood about three inches in depth, and made the exact length of the window frame, should be inserted underneath the lower sash, which should close down upon it. In this way the air must enter by the space between the sashes, which, of necessity, are open when the lower sash is raised. The plan is really excellent. Keep a fire in your sick room when possible, not only for the sake of warmth, but because it is a material aid in keeping the atmosphere fresh. If a fire is inadmissible, be sure that the chimney is not blocked up, and a lamp placed in the grate would secure a sufficient draught for ventilating purposes. Unless special orders are

given do not let your room get below 60° or above 68° of Fahr.

But, after all, in cases of ordinary illness, it is the mental and moral atmosphere of the sick room upon which the condition of the invalid will largely depend, and as yet we possess no thermometer to register the degree at which this stands. Do not let us forget, in our laudable desire to perfect ourselves in the knowledge of practical details which it is essential to know, that this is not all. The saying that 'man does not live by bread alone' is full of deep, universal significance—much more is needed. In great emergencies nothing avails save the requisite knowledge; but life is not made up altogether of great emergencies. The monotony of nursing—I mean especially of Home Nursing—calls forth the 'heroism of all true endeavour to gild the commonplace of common days,' and it is amidst sickness and suffering that the highest qualities of womanhood can be least dispensed with. Often and often the help and comfort that we are enabled to be to those under our care will depend mainly upon the extent and quality of our sympathy. We shall be gravely to blame if we ever give any justifiable grounds for the supposition that the acquirement of technical skill implies any falling off in those characteristics which have been our chief qualifications

for this work hitherto. I would strongly urge that we learn everything that will render us more efficient, and of more value and help to every man, woman, and child with whom we come in contact, but that we should do this with the distinct purpose of making such knowledge harmonise with, and enhance, all our more especially feminine qualities.

Men and women may share practical knowledge together as much as they will, with results that may easily be anticipated; but I venture to believe there are still 'rights' that will remain incontestably ours. Women must

> Be to other souls
> The cup of strength in some great agony . . . .
> Be the sweet presence of a good diffused,
> And in diffusion evermore intense.

The National Health Society is very desirous of your influence in spreading far and wide every item of useful knowledge on this important subject. I am confident that you will help them with all the combined and varied powers that you possess.

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