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HEALTH IN THE
HOME LIFE

HONNOR MORTEN

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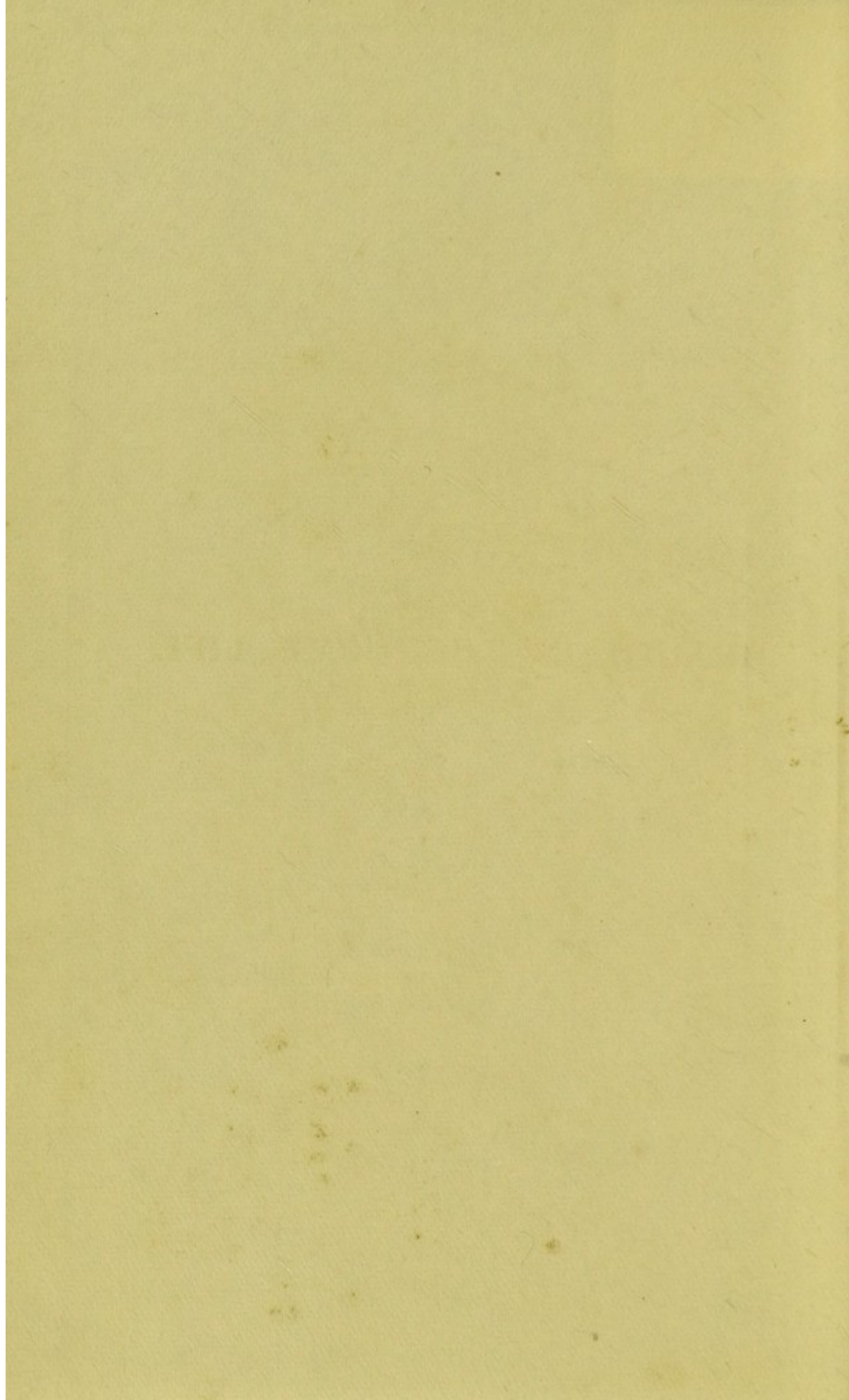
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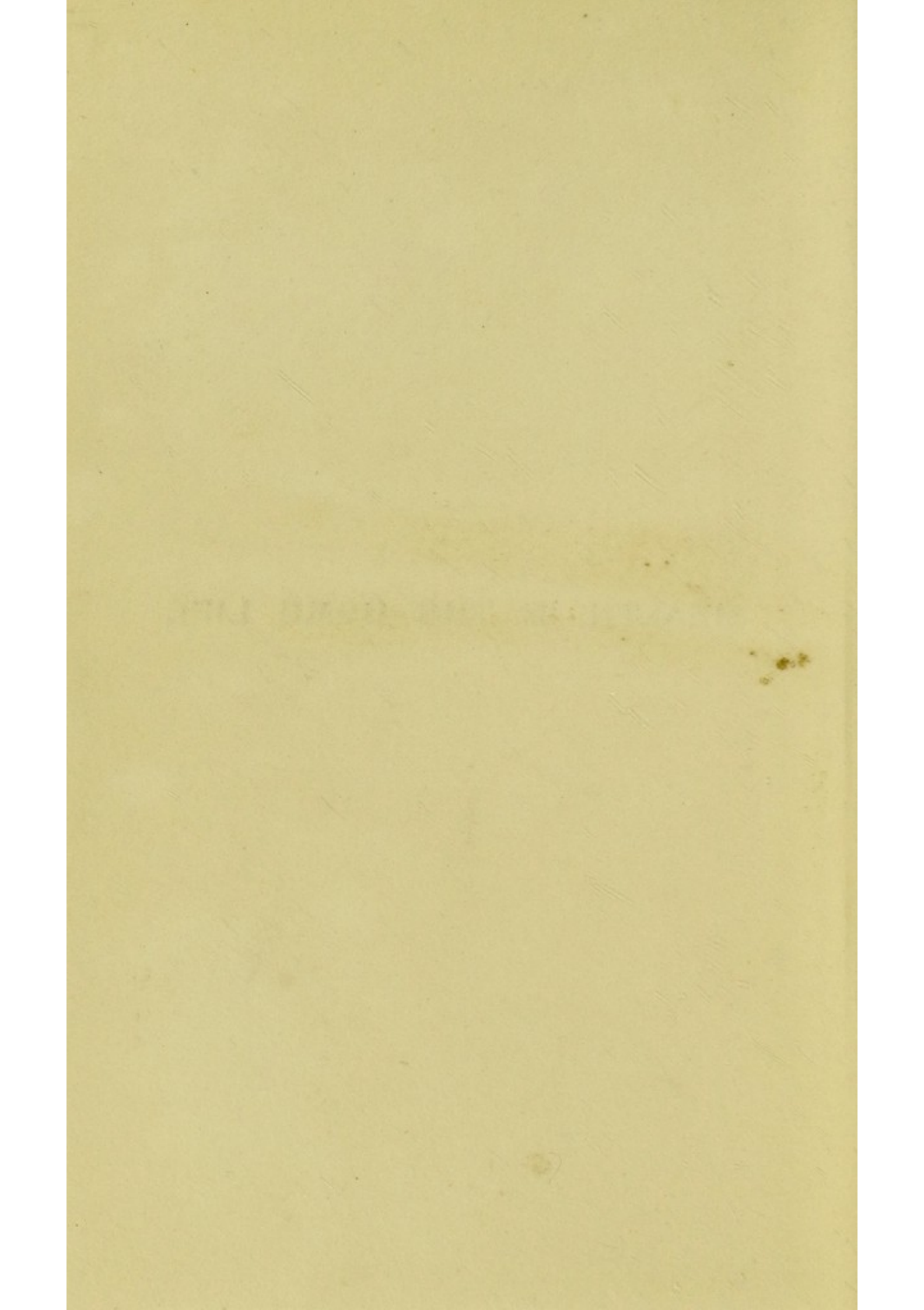
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HEALTH IN THE HOME LIFE





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Sincerely yours
Hannah Mott.

HEALTH IN THE HOME LIFE

BY

HONNOR MORTEN

CERTIFICATED NURSE AND REGISTERED MIDWIFE
FORMERLY HEALTH LECTURER UNDER THE LONDON COUNTY COUNCIL

AUTHOR OF "THE NURSES' DICTIONARY," "HOW TO TREAT
ACCIDENTS AND ILLNESSES," &C.

London

JAMES CLARKE & CO., 13 & 14, FLEET STREET, E.C.

[1907]

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Preface

OF the making of health handbooks there is no end, because our health laws and our systems of treatment are constantly changing, and the knowledge which is not up-to-date is useless. There never was a wiser and more practical book published than Miss Nightingale's "Notes on Nursing," but though that book of over thirty years ago is still delightfully invigorating reading, it has no record of open-air sanatoria or of the latest light treatment. Therefore, because it seemed as though modern changes needed it, I have added one more to the many handbooks ; but this manual is not meant to supplement the doctor or the nurse, and I am a firm believer in the adage that he who is his own doctor has a fool for his patient. In cases of illness it is always well to throw the responsibility on some doctor—the best attainable ; and in case a consultation is needed a good way of knowing which specialists have most experience is to choose those that are attached to some big hospital. Women doctors are attached to the Hospital for Women in the Euston Road. In cases of serious illness the trained nurse is also needed, and here it is well to consult your doctor. In many country districts and country towns there are nursing institutions from which very good nurses can be had at a fee of one or two guineas a week ; from most of the London hospitals nurses thoroughly up to all the latest treatment can be had at fees of two or three

guineas a week, according to the case. The Mildmay Institution in North London is rather cheaper, and the nurses from there are of an evangelical type. Roman Catholic nurses can be had from 2, Ladbroke Square, W. The Anglican type of nurse can be had from the St. John the Divine Home, 19, Drayton Gardens, S.W. The severely official nurse can be had from The Nurses' Corporation in 8, New Cavendish Street; and the elderly nurse for chronic cases can be had from the Nurses' Auxiliary in Orchard Street, W. Mental nurses can be had from the Nurses' Corporation, and male nurses from 10, Thayer Street, London, W. Both male and female nurses can also be had from the London Association of Nurses, 123, New Bond Street, W. Many other addresses might be given, but the above are enough to meet emergencies. Monthly nurses can be engaged from most of the lying-in hospitals, or through the ordinary institutes. Nursing appliances can be ordered by telegram from Garroulds, 150, Edgware Road, W.; surgical appliances from Bailey and Sons, 38, Oxford Street, W.; invalid furniture from Carter's, New Cavendish Street, W.; diabetic foods can be had from Caillard's, Regent Street; sterilised or humanised milk, asses' milk and koumiss, from Welford's, Elgin Avenue, Maida Vale; oxygen from Orchard's, 82, Richmond Road, Westbourne Grove; ambulances from St. John's Gate, Clerkenwell. The above addresses are given entirely with a view to help the housewife on whom sickness may have thrown sudden responsibilities, and without consultation with any of the firms mentioned. It seems to me to be sheer cowardice not to give useful addresses because you may be accused of advertising, or because heads of institutions not mentioned may be vexed; the convenience of the housewife must be put above all such considerations. I have

tried to choose names of old, respectable firms, whose addresses are not likely to change. It is usually a dear way of getting things to order them by telegram from London, but it is often a useful temporary expedient till other arrangements can be made. Think of the case of a sick baby for whom asses' milk must be tried, for instance. It is not every doctor who orders asses' or humanised milk who can tell the mother offhand where to get it, or how to make it; and the life of the child may depend on procuring the milk at once.

Florence Nightingale has some very wise words on the duty of the housewife to be "in charge," and yet not to think she must do everything herself. And the aim of this book is to prevent ill-health in the home, and should accident or disease come, to help to meet the emergency, but not to replace the doctor or nurse. There is as much harm caused by overdoing as by leaving undone; and it is impossible in a time of serious sickness for the housewife to fulfil her own duties and also be doctor and nurse. Says Florence Nightingale: "How few men, or even women, understand, either in great or in little things, how to carry out a 'charge.' To be 'in charge' is certainly not only to carry out the proper measures yourself, but to see that everyone else does so too; to see that no one either wilfully or ignorantly thwarts or prevents such measures, and to ensure that each does that duty to which he is appointed. One sick person is often waited on by four with less precision, and is really less cared for, than ten that are waited on by one; and all for want of this one person 'in charge.' Again, people who are in charge often seem to have a pride in feeling that they will be 'missed,' that no one can carry out their arrangements but themselves. It seems to me that the pride should be in so arranging that in case

of absence or illness one can deliver up things to others and know that all will go on as usual."

A house in which illness upsets the housewife and the daily routine, and turns everything upside down, is a wretched house for the poor patient; nothing irks so much as to know that one is a nuisance and an expense; nothing so surely retards recovery. Fussiness and flurry, tears and constant inquiries and deluges of sympathy, all sap the patient's strength and double his weakness. "Rest, rest; oh, give me rest and peace!" is the cry of tired body and soul alike, and therefore is it that the housewife should be a methodical, patient person, who does all she can to keep disease away from her bright, cleanly home, but who, when it does come, meets it with calm and quiet, does her part to the best of her powers, and leaves the result to God.

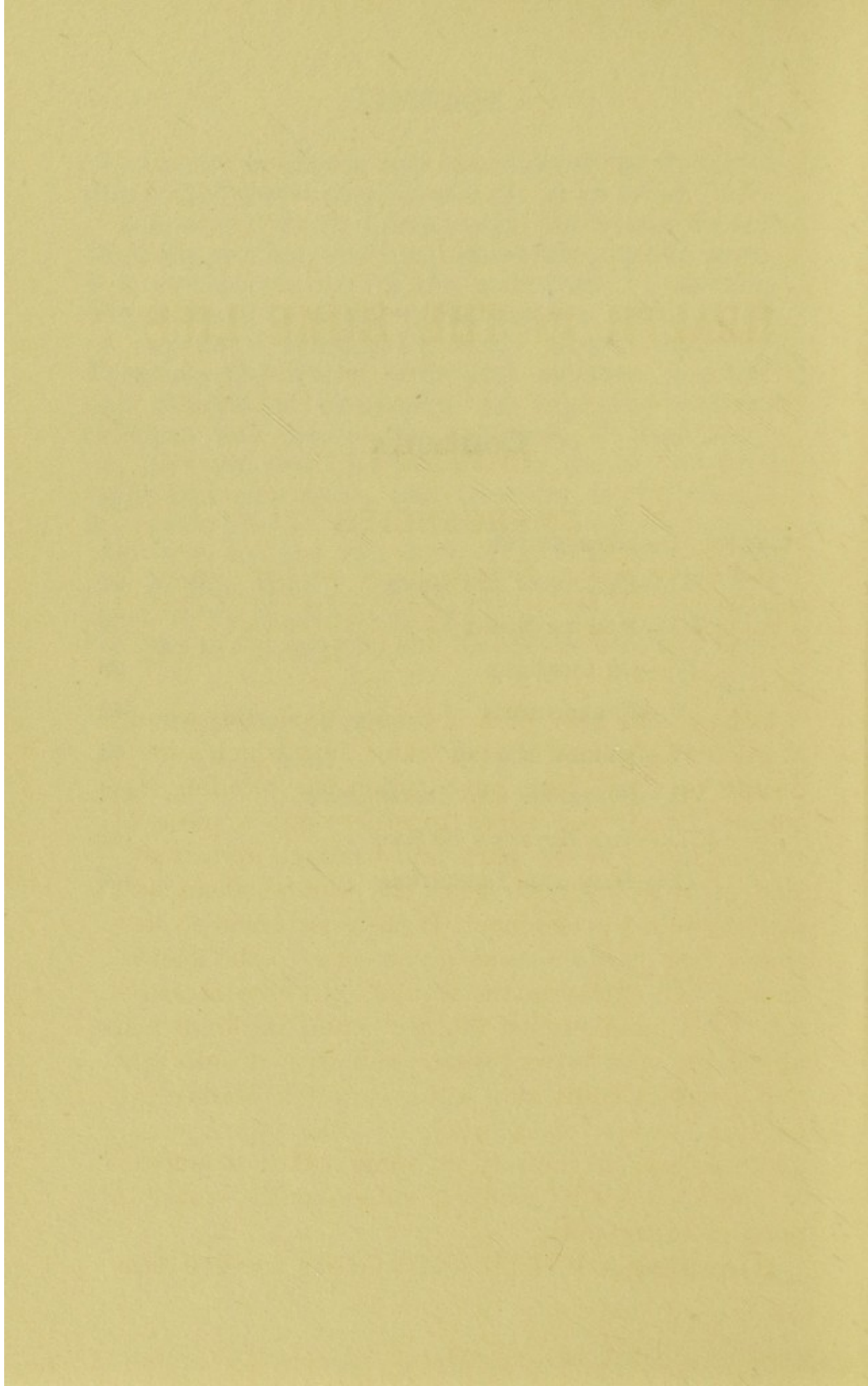
H. M.

ROTHERFIELD, SUSSEX.

May, 1907.

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HEALTH IN THE HOME LIFE

CHAPTER I

EMERGENCIES

One of the greatest blessings we are ever granted is the opportunity of helping others ; one of the greatest pleasures is the conviction that we really have been of service.

E. C. E. LÜCKES.

Bites.—In case of a *dog bite*, wash the wound at once with plenty of cold water, into which a little disinfectant has been put ; when the bleeding has stopped, draw the edges together, put a piece of boracic lint over the part, and bandage up at once. The great point is to keep the wound clean and prevent blood-poisoning. If there is reason to fear that a dog or cat is mad, go at once to the doctor, and he will cauterize the wound. In case of *snake bite*, tie a handkerchief tightly round the limb just above the spot bitten, wash well with disinfectant and water or spirit and water (so often brandy can be had from a flask when no other spirit can) ; give the patient brandy or some other stimulant. If there is much swelling subsequently, apply a poultice to the part.

Bleeding.—Pressure and cold are the two best

ways of arresting bleeding. In cases where an *artery* has been severed, the blood is bright red, and flows in jets, and the pressure must then be applied above as well as on the part. In cases of a severed or burst *vein*, the blood is darker in colour, and flows steadily, and the pressure must then be applied below and on the part. Remember that the arteries carry the blood from the heart to the extremities, and the veins return it from the extremities to the heart again. A firmly-folded pad, tightly tied on with a handkerchief, is generally the best means of applying pressure. Cases of bursting of a *varicose vein* have been allowed to bleed to death simply for want of a tight bandage and knowledge on the patient's part to keep still and keep the leg raised. Never give stimulants ; they merely make the heart pump the blood away more vigorously through the injured part. In cases of nose bleeding the head should be kept up and cold should be applied across the bridge of the nose and to the back of the neck. Some people suffer from excessive loss of blood upon the smallest occasion, such as when a tooth is drawn, and these people should always have some styptic, such as myrrh, at hand, then the bleeding point can be plugged with a piece of cotton-wool which has been dipped in myrrh. In cases of spitting blood, give ice to suck, or vinegar and cold water to sip ; prone position, head slightly raised.

Broken Bones.—When a bone is broken, it does not break off sharp like a bit of chalk, but splinters like a broken twig ; the main thing to remember, therefore, in cases of broken bones, is to

so move the patient that the splinters may not pierce the flesh and make the accident worse. You can tell when a bone is broken, because the limb is helpless and moves in an unnatural manner. You want to fix the limb in a straight, natural position, and keep it so until a surgeon can come and set it. The usual means of doing this is by extemporised splints of wood; stiff newspaper, or a walking-stick or umbrella, can be used. The splint must be bandaged on to the limb above and below the broken part; if it is the leg which is broken, the patient should lie flat on a hurdle or plank to be moved, and not sit upright in some cart with the injured limb hanging helpless and swinging until the broken bone pierces through the flesh. In the case of a broken arm, the best way is often to pin the sleeve firmly to the side, or if it is the fore-arm that is broken, firmly across the chest. *In all accident cases be sure you think before you act.* The mother who rushes out when her child is run over, and picks it up and cuddles it, may turn a simple fracture into a complicated one, and perhaps injure the child for life.

Burns.—Your aim must be to exclude air from the injured part, and to prevent the patient from dying of collapse. Remove as much of the burnt clothing as swiftly and gently as possible, pour a bottle of sweet oil over the part, or cover it with white rag which has been well smeared with vaseline, then put on some cotton-wool and very lightly bandage over. Give the patient some hot coffee or stimulant of some sort when he is capable of swallowing. The pain of a burn is excessive, and often about an hour or two after the accident the patient

frightens his friends by lapsing into unconsciousness, from which it is very difficult to rouse him. In such a case see that you keep him warm, and put hot bottles to the feet. If at any time you have to dress a burn, remember that it is the air which causes pain, and only dress a little bit at a time. The usual dressing is strips of lint covered with some ointment or soaked in oil.

Choking.—If a child gets a fish-bone or a lump of crust or anything fixed in its throat, put your finger well down the throat and try and hook up the offending particle; do not try to push it down. Everything depends on swift, unhesitating action in cases where the child is getting black in the face and cannot force up the offending morsel. A sharp bang on the back between the shoulders will sometimes help a child. If a small fish-bone merely sticks in the throat and causes irritation, but not choking, let the child try and eat some bread-and-butter or semi-solid, and this may carry away the bone; if not, take the child to a doctor. Occasionally people suffer from spasm of the glottis, and have a choking fit, with crowing sound of breathing and coughing; here, also, put the finger down the throat and press gently, which causes the muscles to react and the glottis to close. Hysterical patients are very apt to have choking fits which are of no immediate consequence, but are merely symptomatic of their condition. In case of choke-damp or unconsciousness from sewer-gas, get the patient into the open air at once, dash cold water over the face and, if necessary, use artificial breathing. (*See "Drowning."*)

Colic.—Both children and adults occasionally suffer from violent colic, the pain of which is extreme, and may cause faintness. Keep the patient warm put a hot india-rubber bottle over the abdomen, and give a hot drink ; to an adult you may give a little stimulant. Subsequently give castor-oil and clear out the bowels.

Convulsions.—If a child has convulsions during teething, or while it is quite small, slip it quickly into a hot bath up to the neck, and put a little cold water to the head. Send for the doctor. Try subsequently to find out what caused the convulsions, so as to be able to avoid them in the future.

Croup.—Put the child into a hot bath ; keep the nursery warm, but with a free current of fresh air. If necessary, give a teaspoonful of ipecacuanha wine and make the child sick ; this will stop the attack, but it is liable to recur, especially if the child gets wet feet.

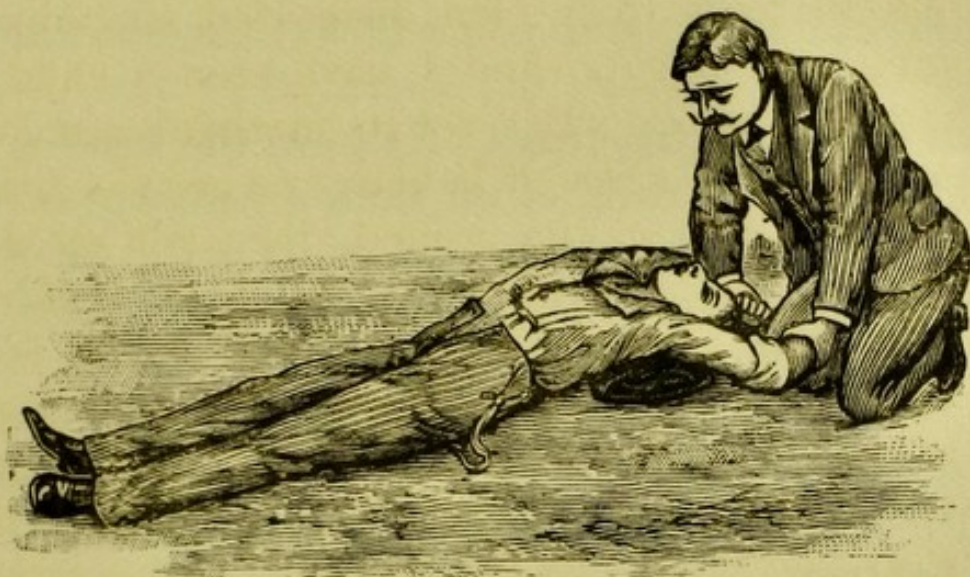
Cuts.—In the case of a clean cut, wash it well with cold water—hold a cut finger under a cold tap, for instance—draw the edges together with some ordinary sticking-plaster, and cover over with a little bit of clean rag. The main points to remember are to wash the wound clean, to get the edges together, and to keep it clean. It is very essential, in cuts with broken glass, to be sure that every little bit of glass has been washed out of the wound.

Dislocations.—When a bone comes out of its socket, it is known as a dislocation ; the most frequent form of this accident is at the shoulder,

and in some people it happens merely in playing at tennis, or on stretching up to reach a book. In these easy cases it is important to get the limb back into the socket as quickly as possible before swelling and inflammation set in. Country folk have been known to reset their own dislocated shoulder by hanging over a gate, and I have seen a child, by a sharp pull at the wrist, set its mother's arm. But in more difficult cases it is better to get the patient to lie down flat on the ground, then you sit down beside him on the injured side, put your stockinged foot into his armpit, grasp the arm which is out firmly below the elbow, and give it a sudden pull, when the bone will probably shoot back into its place again. Dislocation of the thigh is much more difficult, and should not be attempted by the amateur unless it is impossible to get a doctor for days. If it is to be attempted, then put your foot in the patient's groin, grasp the leg and pull in the same way. When a finger or thumb is out, the same method is necessary—a sudden, straight pull out and then let go, and the joint will probably go back into the socket. Subsequent swelling can be treated by cold bandages.

Drowning.—If a patient is unconscious when rescued from the water, clear his mouth, pull the tongue forward, roll up his jacket and put it under his shoulders so as to throw the chest well open; kneel down above his head, grasp his two elbows, raise the arms slowly above his head, slowly lower them again to his side, press his elbows well into his side against his ribs, and then slowly raise them again. The aim is by alternately ex-

panding the ribs by raising the elbows and then pressing them in again on lowering the elbows to set the breathing apparatus at work again.



This method of artificial respiration should be practised by all those who are anxious to be able to help in case of accident, for if attempted for the first time on an apparently drowned man, it will probably be done too quickly owing to the nervousness of the operator. Once breathing begins again, rub the limbs, cover the patient up with something warm, or get him to bed and give him a hot drink. Where anyone has swallowed a large amount of dirty river-water through any accident, it is advisable to give a dose of castor-oil.

Ear (Things in the).—If an insect gets into the ear put a drop or two of warm oil into the ear, and then the insect will float up to the top and can be easily removed. If a child presses a pea

or piece of stone or anything into its ear, take it to the doctor if you cannot at once remove it. It is very dangerous to poke hairpins and things into a child's ear; also remember, if there is a pea in the ear, that if you try to wash it out with water the pea will swell, and you will have made things worse.

Eye (Things in the).—Pull out the bottom of the lid and put a drop of oil from a brush into the eyelid, then tell the child to close its eye; when it opens it again you will probably find the fly or whatever it may be in the corner of the eye. In case of a piece of ash or glass sticking in the eyeball, bandage the eye lightly and take the child to the doctor.

Fainting.—In cases of fainting, put the patient flat upon the ground, put some cold water or scent to the forehead and to the palms of the hands, secure fresh air, and leave the patient to come to. Subsequently a little stimulant may be given in the case of adults. Never try to give drink to a person who is unconscious.

Fits.—The most common form of fits are epileptic; the patient gives a cry and falls convulsed to the ground. Put him in such a position that he cannot injure himself—for instance, drag him away if he is close to an iron fender—put something between his teeth to prevent him from biting his tongue, and leave him alone. When the fit is over, he will want to sleep; do not let him be disturbed. Distressing though fits are to witness, they are seldom of immediate danger unless the patient happens to fall into the fire or otherwise

injure himself. (*For Apoplexy, etc., see "Unconsciousness," page 23.*)

Hanging.—If you find a person hanging, cut him down, and if necessary use artificial respiration. There is a curious superstition amongst country people that only policemen may cut down a hanging man ; try and combat this superstition.

Heart Attacks.—If a patient has pain at the heart, gasping breath, looks blue but is not unconscious, do not put him flat, rather prop him in a semi-reclining position, and try to administer stimulant. In these cases the patient generally carries some remedy, and it is worth your while, if you are alone, say in a railway carriage, with someone who has such an attack, to look in the pockets and see if you can find a small bottle of drops, or capsules which require breaking and holding to the nose.

Nose (Things in the).—If a child pushes peas or stones or things up its nose, pinch the nose above, and then try to force the pea or whatever it may be down, but only do so gently, and if you cannot move the pea, take the child to the doctor. Again, remember that if you syringe or use water to a pea, it will swell and get worse ; also, if you go pushing a hairpin up the nose, you will probably push the pea or stone further up and do no good.

Poisoning.—The two chief forms of poisoning are by narcotics such as laudanum, and acids such as carbolic. The chief narcotics are chloral, morphia and certain soothing syrups ; they cause stupor and unconsciousness, and contraction of the pupil of the eye. Give an emetic (every good housewife should keep some ipecacuanha wine in

the house); mustard and water is a better emetic than nothing. Dash cold water over the face, force the patient to walk about, and try to keep him awake; send for the doctor and tell him what is wrong, in order that he may bring a stomach-pump. In poisoning with acid, the patient's lips and mouth are blistered or blackened, and an emetic must not be given, but some alkali must be given, such as magnesia or carbonate of soda; subsequently give barley-water or white of egg.

POISONS			ANTIDOTES
AMMONIA	..	..	Vinegar and water, lemon juice, milk.
ARSENIC (fly-papers, &c.)			Magnesia, chalk and water.
CARBOLIC	..	..	Chalk and water, Epsom salts, milk.
CHLORAL ..	..	..	Exercise, strong coffee, fresh air.
CORROSIVE SUBLIMATE ..			White of egg, flour and water.
DIGITALIS	..	..	Emetic, recumbent position, stimulant.
HYDROCHLORIC ..	..	..	Soda bicarbonate, potash, milk or oil
LEAD ACETATE ..	..	..	Emetic, soda phosphate, magnesia sulphate.
LIME	..	..	Lemon juice, vinegar and water, milk.
LAUDANUM	..	..	Strong coffee, exercise.
NITRIC ACID	..	..	Magnesia, soap and water, milk.
OXALIC ACID	..	..	Emetic, chalk and water.
OPIUM	..	..	Strong coffee, exercise, stimulants.
PHOSPHORUS (matches, rat-paste)	..	..	Emetic, white of egg.
SALTS OF SILVER	..	..	Salt and water, milk.
SALTS OF ZINC ..	..	..	Tannin, milk, white of egg.
STRYCHNINE	..	..	Emetic, chloral hydrate, tannin.
SULPHURIC ACID	..	..	Magnesia, soda, milk.
TARTAR EMETIC..	..	..	Warm water to cause sickness, tannin.

In case of poisoning by *toadstools*, *bad fish*, or *tinned*

foods, give an emetic if necessary, prevent collapse by securing warmth, and possibly by a stimulant or hot drinks, and then give a dose of castor-oil.

Serious poisoning sometimes occurs in the use of shell-fish or tinned foods ; the chief symptoms being great internal pain, and blueness and swelling of the face. Give an emetic, and when it has acted, give a dose of castor-oil and follow that up with some warm gruel, into which, if necessary, in the case of an adult, a little stimulant can be put.

Premature Birth.—When a baby arrives unexpectedly on the scene, young people especially are apt to get nervous and try to do too much. Birth is a natural process, and there should be no need for interference. If the child is breathing all right, cover it up with a little bit of flannel or some cotton-wool, and leave it lying on the bed beside its mother until the doctor can come. There is no need to sever the cord for an hour or two, during which time it is sure to be possible to get an experienced person ; nor is there any need to fuss about the mother. Keep her feet warm, and if the placenta is expelled, put it into a basin and keep it for the doctor to see. Much more harm is usually done in these cases by overdoing than by underdoing.

Rupture.—Hernia, or rupture of the bowels, is sometimes sudden. There is a swelling, and very often pain. Make the patient lie down on the bed, do not give anything to eat, and send for the doctor. The main points to remember are not to let the patient move, and not to give food.

Scalds.—In cases of scalds the treatment is much the same as in burns ; cover the part with oiled lint and give the patient a hot drink to prevent collapse.

Sprains.—If a sprain occurs away out on the hillside, the best plan is to hold the injured joint in a stream of cold water, and then set your teeth and walk home, or to the nearest place where a carriage can be got. It is wonderful how this can be managed, but the subsequent pain in bed at night may be very great ; still, on the whole, sprains so treated do remarkably well. If the sprain occurs in civilised regions, it is a much more comfortable treatment to foment it well with warm water and then put a good firm bandage round it and give it plenty of rest.

Stings.—The stings of mosquitos, wasps, and other poisonous insects should be touched at once with a little ammonia. If after a sting on the wrist the glands under the arm begin to swell and the whole limb to be painful and inflamed, go immediately to the doctor. Blood-poisoning has not infrequently resulted from the sting of some gnat which has apparently been feeding beforehand on some unclean thing.

Swallowing Pins, &c.—If a child swallows a pin or plum-stone or other foreign body, do not at once give it castor-oil, which will send the pin scraping along the bowel in a lot of fluid ; but let the child have an ordinary solid meal, in the hope that the pin will pass in a mass, and so not scratch or do any injury. Watch the motions to see if the foreign body is expelled ; if it is not expelled in

twenty-four hours, and the child has any internal pain, take it to the doctor.

Unconsciousness.—If you find a person unconscious, it may be from a blow on the head (concussion), from loss of blood, from intoxication, from an apoplectic fit, or from sunstroke. We leave out here the brief unconsciousness from fainting, and the simulated unconsciousness of hysteria. If it is a case of *Concussion*, there will be a bruise or wound or other outward sign of injury, and the patient will be pale, feet cold, and there may be sickness. Put to bed in a cool, darkened room, with hot bottles to feet, and send for the doctor. Keep quiet and do not feed. In cases of *Intoxication*, the patient smells of drink, the face is flushed, the breathing slow, and the body cold. If you are absolutely certain that it is a case of intoxication, give an emetic—but even doctors have made mistakes. Cold to head and warmth to feet are safe treatment. *Apoplexy* is common only in middle-aged and elderly people; the face is flushed, the breathing is like snoring, the eyeballs are insensible to touch, and the pulse is slow. Put to bed in a cool, dark room, with head slightly raised; secure cold to head, heat to feet, and plenty of fresh air and quiet. In cases of *Sunstroke*, the skin is dry and hot, the pulse quick, the breathing fast and panting. Get into the shade, slightly raise head and put cold cloths to forehead. Loosen tight clothing. Do not give stimulants.

CHAPTER II

HEALTH IN THE HOME

“Wisely improve the present—it is thine.”—LONGFELLOW.

FOR a woman to hit the happy medium between care of the family health and avoidance of fussiness is by no means easy. Yet let it be granted that to the wife and mother is given a terrible responsibility over the lives of others; on her care of her own and her family's health depend not only the lives but the happiness of many. For it is not in the hour of serious illness, when the doctor and nurse are in power, that health is in the greatest jeopardy, but in the environment of the long years of childhood, in the customs and habits slowly instigated during the growth of body and mind. Every mother is shaken at times by this awful sense of responsibility, but more commonly as regards the child's soul than as regards its body. And yet—

Nor soul helps body more
Than body soul,

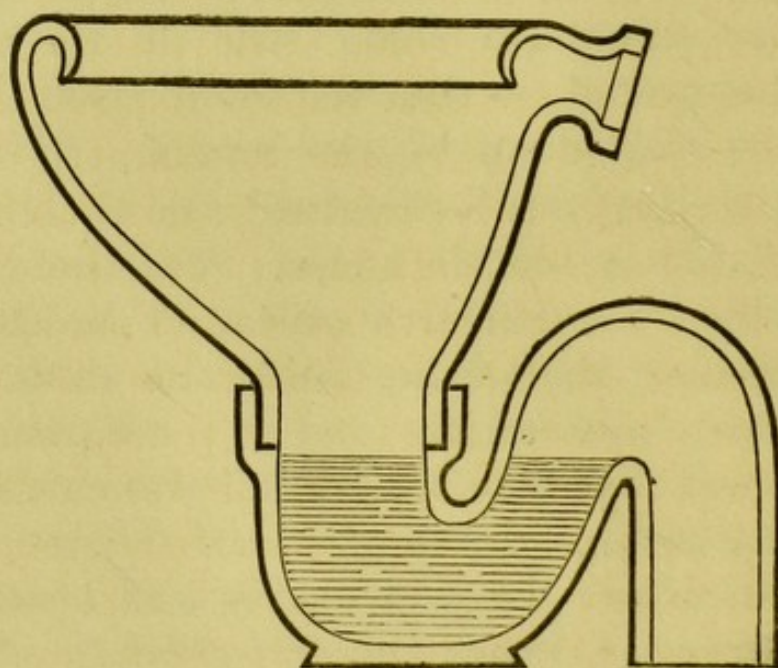
writes Browning. Here we would only deal with the bodily health; in another chapter it has been thought worth while to speak a little about mental health. Our present subject also is purely as to

environment—the training of children is touched on elsewhere; the points now to be insisted on are : a clean, airy house, wholesome food, and suitable clothing.

Choosing a House.—As regards the house, if it is a question of choosing a new dwelling, look out for a dry soil, a high position, good drainage, and good water-supply. Sandy, gravel, and chalk soils are healthy, and clay is to be avoided. Look carefully round the house for any signs of damp in the walls; if there are no cellars, notice if there are ventilating bricks or iron gratings between the concrete foundations and the boarded floors. There ought also to be a damp-proof course of glazed bricks or stoneware some two or three inches above the ground, so that the damp from the earth cannot be soaked up by the bricks. If there are damp spots, find out their cause; and if they cannot be cured, do not take the house. Sometimes damp is merely due to a defective gutter or leaking pipe; but remember that damp holds the seeds of such diseases as consumption, and is a frequent source of continued ill-health, and do all you can to secure for your family a dry house. Of course, sunlight and fresh air are the best drying and health-maintaining agencies, hence the desirableness of having your house high and with big windows. If “ Brother Wind ” and “ Brother Sun ” are allowed to sweep freely through a house, not much dampness or disease will be left behind.

Sanitary Arrangements.—As regards the drainage, the simpler it is the better. In towns, the main thing is to see that you understand

the arrangements within the house, and that all is in good working order. In these days of sanitary inspectors, it is seldom found that there are any great initial faults in the house drainage in towns; the difficulty often comes from faulty plumbing, adding pipes here, or baths there, without proper consideration. The w.c. should be as far from living and sleeping rooms as possible, and should have a large window, always open, and no carpets or trappings. A "Hopper" closet, of which an illustration is given below, is one of the simplest devices, the clean water standing in the curve at the bottom, and preventing any smell from returning.



There is no need to have closets boarded in, and the seat should have a hinge so that it can be raised for emptying slops, &c. It ought to be quite easy for the housewife to get at every part of the closet for cleansing, and to understand every part; then there is little danger. A visit to the Parkes

Museum, in Margaret Street, London, W., or attendance at a few lectures on sanitation, will often do much to explain the need for simplicity and cleanliness. A good flush of water is needed; a two to three gallon cistern, acting by siphon, is best. Strict care must be taken that torn letters, hair-combings, rags, &c., are not put down the closet, but are burnt. Slops, however, should always be put down a closet, and not down a sink. Bath-water should always discharge over an open outdoor trap.

In the Northern towns sewage is often received into galvanised pails, or tarred tubs, which are removed once a week; in these towns the closets are generally out of doors. The disadvantage of an outdoor closet is that indoor utensils are often used and left under beds, &c. In country districts, drainage is usually by cesspools, or else earth-closets are in use. For the earth-closet you need plenty of land to spread the earth over, and the closet has to be out of doors; it is suitable for a small cottage with a large garden. Where there is a cesspool, it is generally emptied at intervals by the Rural District Council, who send round men and a pump, and a cart when necessary. It is important in the country that the housewife should understand the drainage of the house, and see that all is in working order. All pipes should come down outside the house, and discharge into an inspection-chamber with an air-tight iron cover, fitting into grease or sand. A ventilation-shaft to drain should run up the house. No drains should pass under the house. Glazed stoneware pipes laid in concrete, and with a

fall of one in thirty, should run to a manhole-chamber, beyond which should be the cesspool. The cesspool must be ventilated by a pipe run up a tree or out-building. All waste pipes must be trapped, disconnected and ventilated. It is sometimes possible to have two cesspools, one below the other, and to pump the liquid up from the lower one and use it for the garden or fields. The main point to remember in all these matters is that there must be no return smell to the house by any means.

Neighbour Nuisances.—There are several other systems of drainage useful in the country, with mechanical purification of sewage by precipitation or filtration, or by nitrifying microbes. Too often, however, one's experience of these is that an enterprising neighbour goes in for the latest sewage system, and plants eucalyptus, &c., to use up the nitrates on his sewage-bed, and for a couple of years all goes excellently, except that the neighbour's conversation seldom rises above an abuse of cesspools and earth-closets. Then the neighbour lets his house to careless strangers, or goes away, or dies, or merely becomes immersed in some other subject; and then his sewage system becomes a nuisance to his neighbours. Now comes the time to send for the sanitary inspector, who will report to the Rural District Council, who will pass a resolution for the abatement of the nuisance. If it is not abated within the time specified, then there can be a summons for not complying with the notice; but, as a rule, there is no penalty until a person fails to obey the magistrate's order. It is always as well to be friends with the sanitary inspector, but

also as well to remember that many of these men and women have not had a thoroughly practical training: the one person on whom reliance can be placed is the medical officer of health for the town, the county, or the district. He is the ultimate authority on all health questions, and, remember, he is the servant of the public. The use of strong-smelling disinfectants, particularly powders, is not advisable; they merely mask bad smells, and may clog drains.

All sinks must be kept clean, and scrubbed down daily with strong soda-water. Dustbins must not be used for dead flowers, fat, bones, cabbage leaves, or other kitchen refuse; these things should be burnt. The more rubbish that can be burnt the better. A house of which the cupboards are clogged up with old papers, old clothes, old toys, empty bottles and jars and boxes, and so on, is not a healthy house. Get rid of your rubbish, don't store it up.

Water Supply and Filters.—The water supply is generally taken for granted in towns; it ought to come direct from the main, and not be stored in cisterns, and the supply should be constant. If there is a cistern in a house, see that it is clean, and that it is covered, and keep it so. Filters for drinking-water are often more harmful than beneficial; they get dirty and useless, and become a source of evil. But in country districts, where rain or direct river water may have to be drunk, they certainly clear the water of much animal and mineral matter. The Pasteur or Berkefeld filters are the best, but act slowly. Whatever filter is used,

the housewife should herself clean it out every second day. If it is a carbon filter, the carbon should be boiled once a week ; if a sponge is used, the sponge should be wrung out daily in boiling water, and a fresh sponge inserted monthly. Always try, in the country, to get your water from a deep well ; shallow wells that collect surface water are often a source of infection. It is not only that contamination may come from neighbouring houses, but from manure put on the land, or possibly from your own cesspool or earth-closet. Cleanliness is impossible without a plentiful supply of good water ; in the old Roman days, no expense was considered too great to supply the citizens with an adequate amount of water. It must be remembered that to drink too much water containing chalk or iron is a frequent source of constipation and attendant evils. Where this is found, the water can be first boiled to soften it, and then aerated again by being poured rapidly from one jug to another after it has cooled. Good drinking-water should leave no deposit, have no taste, and no smell ; there should be no scum on the surface when it stands. Soft water and acid water are apt to dissolve lead pipes, and so become dangerous. Water companies charge in advance, and by law may cut off the water supply where their rate is not paid. Tenants of one house are not allowed to take water from another house. By the Public Health Act of 1892, a house without water is a nuisance, and may be closed by magistrate's order.

Ventilation.—Now as to the air in a healthy home. The windows should be large, and all made

to open wide. Your medical officer will tell you that your window-space should not be less than one-tenth of your floor area ; but this, alas ! is too often a mere counsel of perfection. However, remember that sun and wind are the natural purifying agencies of the world, and that the death-rate of a town always goes up when the air is stagnant and there is no storm to sweep the streets. Let your house be continually swept out by " Brother Wind " and purified and sweetened by " Brother Sun." Vitiating air causes headache, anæmia, lung diseases, and other ills ; the chief causes of vitiated air in a house are want of efficient ventilation, overcrowding, combustion (fires and gas and lamps), excessive furniture and hangings. We are supposed to need 3,000 cubic feet of air per head per hour, and to get this we need 1,000 cubic feet of space each—this is the least amount allowed in hospitals. Less than 300 cubic feet for each adult, and 150 cubic feet for each child, is a nuisance by law ; and if a room is used both day and night, 400 cubic feet must be guaranteed for each individual.

The difference between dwelling in pure air and vitiated air is the difference between the pessimist and the optimist. There is evidence that Schopenhauer slept with closed windows, lived in a room where vapour and débris clung to heavy furniture and hangings, and generally had not the advantage of a housewife who owned this book ! On the other hand, Francis of Assisi, who lived largely out of doors, though he endured great privations and hardships, had ever a singing bird in his heart, loved the sun and the wind and the

rain, and knew well wherein could be found "perfect joy." The temptation to close up a house in the evening—draw the curtains, stir the fire, light the gas or lamps—is an evil one; lamps and gas use up as much air as human beings do, and it is particularly necessary to keep a room so lit well supplied with fresh air. The less furniture and the fewer ornaments a room has, the better chance that it will be clean and sweet; nothing is more vulgar and foolish than to cram a room with useless china and hangings, and have vases filled with dried leaves, or rushes, or peacock's feathers, or other dust-traps. Take them all out, and break or burn them—"Verily he who possesseth little is possessed still less," and she is a foolish woman indeed who allows herself to become a toiling slave to her ornaments and antimacassars.

Artificial ventilators are not much use in the home, however necessary they may be in big halls or institutions; you will usually find a Sherrington ventilator shut, or a Tobins tube stuffed up. For the home, the fresh air should come in through the window, and the foul air go out up the chimney. If figures are necessary, let there be 24 square inches per head for inlet, and as to the outlet, it is no use to have it larger than the inlet.

An open grate is the ideal for warming a room, and modern grates have several economical improvements, such as a lean-forward back, front bars vertical, front wider than back, fire-place close to floor and no under-draught, grate filled in with fire-clay instead of iron. Note the size of the chimney-flue, and see that it is never closed—

summer or winter. Close stoves are no use for ventilation, and are very apt to char and over-heat the air. Gas fires properly fitted with tube up chimney are labour-saving, but otherwise not so good as an open fire.

FOOD

Proportions.—It is most important that food should be well-chosen, well-cooked, and regularly served. A certain amount of nitrogenous food is needed to repair waste tissue, a certain amount of fat to keep up animal heat, and a certain amount of carbohydrates to give energy. Playfair has estimated that a man at moderate work needs 119 proteid (nitrogenous) grammes, 51 fat grammes, and 531 carbohydrate grammes. Now, there are 28·34 grammes to an ounce, and the following composition of various foods is from Professor Atwater's tables, 100 oz. of each food being taken :—

			Proteid.	Fat.	Carbohydrate.
			oz.	oz.	oz.
Beef (loin)	..	..	18·5	20·2	—
Bread	..	..	9·1	1·6	53·3
Potatoes	..	..	1·8	·1	14·7
Oatmeal	..	..	16·1	7·2	67·5
Rice	..	..	8	·3	79
Milk	..	..	3·3	4	5
Sugar	..	..	—	—	100
Butter	..	..	1	85	—
Fish	..	..	16·7	·3	—
Beans	..	..	22·5	1·8	59·6
Peas	..	..	24·6	1	62
Dates	..	..	1·9	2·5	70·6
Cabbage	..	..	1·4	·2	4·8

It is obvious that the value put upon meat as a food has been over-estimated in the past, and that it is possible to get plenty of proteid from vegetables or fish. The housewife must note this, and remember that she must not make up a vegetarian meal of cabbage and dates, but must include some peas or beans to give heat, and some milk or butter to give fat.

Digestibility.—Another point the housewife must attend to is the digestibility of the food; for whereas roast ducks, crabs, ham, boiled beef, radishes, and carrots take four hours to digest, boiled fowl, cod, mutton, potatoes, eggs, macaroni, and oatmeal take three hours to digest; and soles, lamb, cauliflower, prunes, boiled milk, and blanc-mange only take two hours. As regards economy, meat is always a dear food in England, and cheese is one of the cheapest and best sources of animal protein. Milk is a valuable all-round food. Giant haricots and butter-beans, if sufficiently cooked, are delicious and excellent substitutes for meat; macaroni cheese is another very sustaining vegetarian dish.

Fads.—In too many homes fads about food make the housewife's life a misery, and the man who to-day upholds Grape-Nuts, and to-morrow Plasmon, who to-day must have a "Purin-free" diet, and to-morrow is a fruitarian, ought to be made to live and eat by himself. The old-fashioned manners which forbade the discussion of food might well be reinstated, for nothing is more disgusting than to hear people talk about "uric acid" and "thirty bites to a bit" at table. If from motives

of health or conscience anyone prefers to abstain from alcohol, tea, or flesh, let it be done in silence. Over-eating and over-drinking are evils ; all want of self-control is an evil, and if you personally cannot take tea in moderation, leave it alone ; but don't boast of your abstinence, but rather be ashamed of your feebleness. As regards tea, for instance, I should like to quote Miss Florence Nightingale : " The almost universal testimony of English men and women who have undergone great fatigue, is that they could do it best upon an occasional cup of tea." And the following is by a Chinese writer of a thousand years ago :—

It tempers the spirits, and harmonises the mind,
Dispels lassitude, and relieves fatigue,
Awakens thought, and prevents drowsiness,
Lightens or refreshes the body, and clears the perceptive
faculties.

The public is greatly given to indulging in panics about certain foods and drinks, and what the doctors recommend to us one year as admirable, next year they will utterly condemn. Beef-tea, for instance, is now taboo, and it is worth while to quote the following from an article by a nurse on " Milk and its Dangers," to show how popular opinion may next swing round :—

There has been of late years a very large increase in the consumption of milk by people of all ages in this country. Have we benefited by it ? Are our people stronger, better grown, more capable of resisting disease, and have they better teeth than formerly, or than those numerous nations which never use milk as food after the age of infancy ?

Certainly the Chinese and Japanese never use milk after

infancy, and yet I have read of the marvellous feats of endurance those people can perform. In Northern Italy and in Chile the quarrymen and miners work most vigorously for many hours every day on polenta and water, but milk forms no part of their food. I could multiply instances of this kind, but will merely mention that at least some of the English farmers, men of education and intelligence, do not believe in the value of milk as food for their children or adults, but simply laugh at those who think it is so valuable.

And several doctors have stated that milk is one of the conveyors of disease, and one or two have said that raw milk is as dangerous as raw meat or raw vegetables. Also, Dr. Burnet says, it "makes the mouth dry, increases the thirst, and often causes flatulence and constipation."

The cooking of food needs watching; saucepans must be kept clean, the oven must be scrubbed out at intervals, the larder must be cool and sweet. The housewife must look to these things daily when she goes her morning rounds.

Food should be nicely served—it makes it much more appetising; but it should be free from mere ornamentation and artificial colouring. She is a poor housekeeper who cannot have her meals served neatly and promptly; she is a poor artist who puts streakles of green lard on the pressed beef, or curly lines of pink sugar on the top of the cake. Simplicity is everywhere and always admirable and artistic.

CLOTHING

Clothes should be washable, light, and warm; when possible they should be home-made. Common-sense should be considered rather than fashion in

matters of dress ; to clothe your children all in white is costly for you, and uncomfortable for them. To dress yourself all in woollen underwear is often to cause irritation and skin eruptions. There is, undoubtedly, great folly in the dress-shirt, stiffened with "white mud," as Bernard Shaw calls it, until it is like a bit of board ; but, on the other hand, the daily smooth white collar round the neck is cleanly and comforting. Personally, I believe that ideal clothing consists of a mixture of woollen and cotton garments, and that here, as in diet, fads and fashions should alike be avoided. The chief dangers with men's clothes are weight and unwashableness ; the chief dangers with women's clothes, tightness and trimmings. In France and Italy men's suits are frequently washed, but in England it is rare ; indeed, we seldom even have them chemically cleaned ; and the amount of dirt a man's coat can collect and hold is only appreciated by those who have tried to unpick an old one. Flannel suits, unfortunately, are apt to shrink in the wash, but there is a good "Non-Flam" flannelette which washes well, and is admirable for boys' boating and school suits, and for shirts.

Tight Lacing.—It is impossible to speak too strongly against tight corsets and tight shoes for women ; they are the cause of more misery and ill-health than any other unhygienic follies. They prevent girls from enjoying outdoor exercise, and ruin their digestion and their tempers. Long, trailing skirts are dirty things, and great catchers of disease microbes. Furs are unhealthy, except in very cold climates, and feathers betray a cruel or

a careless nature in the wearer. Some women, when pranked out in useless chains and glittering stones and waving feathers, look far more like savages than civilised beings. It is indeed humiliating to think that an Englishwoman cannot be presented to her Queen unless she has three feathers stuck on her head, and her bosom bare.

CHAPTER III

HOW TO NURSE

“In quietness and confidence shall be your strength.”

It comes to every woman who is worth her salt to do a certain amount of nursing in her life, and in these days, when nursing lectures are so common, every woman should try to attend a course. There are certain practical points, such as changing sheets for a helpless patient, which can be so much better shown than explained. However, there are one or two things common to the nursing of every illness, which we can deal with here.

The Sick-room.—First of all, a sick-room must be kept clean, and, further, should not contain too many ornaments. There is no need to clear away curtains and carpets and make the place bare and ugly, except in a case of infectious disease ; but, on the other hand, every extra ornament harbours a certain amount of dust, and dust is the growing-ground for germs.

A nurse should be an orderly person, and, perhaps, if we give a specimen day's routine, we shall best manage to touch on the important points.

The early morning is a very depressing time both for nurse and patient, though the old theory

that death is most frequent about dawn is a mere superstition. Still, as the early light begins to come in, it is well for the nurse on duty, if the patient is weak, to give him a hot drink, and to have a hot cup of tea herself ; or if the patient is not allowed hot drinks, or is asleep, to see at least that he is warm and comfortable, and, if necessary, put a hot bottle to his feet. How often I have known a nurse at night, when the room is hot and the patient comfortable, put hot bottles in the bed and leave them there until nearly noon next day ; whereas when the fire has got low in the early morning is the time when hot bottles are most needed.

The nurse should slip away out of the room and make her own toilet, and should not have her breakfast in the patient's room. It is necessary for her to keep up her spirits and strength by fresh air and change, because, if she is depressed and tired and weak, it will all react on the patient and retard his recovery.

Patient's Toilet.—When the patient has had his breakfast, the nurse should set about his toilet. Get everything needful into the room, such as hot water, and close the window for the time being. If possible, allow the patient to wash his face and hands himself ; he will probably prefer it. It is only the amateur nurse who does more herself than is necessary. But if your patient is not well enough to wash himself, you must do it, and do it thoroughly. In order to avoid chill, do it a bit at a time. Wash face and neck, and dry them ; wash chest and upper limbs, and dry them ; then turn up the sheet and blanket from the foot of the bed and

wash the lower limbs. The patient should be washed all over every day. Never neglect the teeth, nails and small points. A sick person very often likes to have the mouth cleaned out with a piece of clean rag dipped in a mild boracic lotion. If the patient is too ill to clean his own teeth, the nurse can twist a bit of rag around her finger, dip it in boracic, and clean the teeth with this. Then as to the hair, a woman generally prefers to have it dressed in her accustomed manner, and do this if possible ; but if the patient is too ill for the exertion, then the easiest way is to part the hair down the back and do it in two plaits to hang over the shoulders in front.

Making the Bed.—If possible, get the patient out of bed, in order to make the bed thoroughly. Sometimes it is best to wheel a sofa or couch near the bed and lift the patient on to this, or to slip him out of bed into an easy chair put close to the bed and well padded with pillows; then make the bed swiftly, but thoroughly, and put the patient back. It is possible to make a bed thoroughly while the patient is in it, and this has to be done in certain cases. It is best done by drawing the patient well to one side of the bed on the under sheet and under blanket, then shaking and making up the free half of the bed, and putting on another blanket and sheet, leaving the spare half of the fresh blanket and sheet rolled up in the middle of the bed. The patient can now be gently drawn or rolled over on to the clean half of the bed, and the other half is now made in the same manner, and the patient put back into the middle. There may be cases in

which it is easiest to make the bed from the bottom upwards : the nurse must use her own judgment and ingenuity.

In cases of severe illness, it is better to have a mackintosh over the under sheet, and then a draw sheet over the mackintosh. Be sure to always keep the bed clean and sweet, and do not be economical as regards clean linen. If you are ordered in certain cases, such as acute rheumatism, to keep the patient in blankets, understand that it is as necessary to have the blankets next him constantly renewed as it would be to have clean sheets.

By this time your patient probably needs some food or stimulant ; the toilet is always very trying to invalids.

Dusting.—Next the nurse must turn her attention to the room. It is better to have some tray or pan to catch the ashes, which can be taken downstairs to be emptied and cleaned. Then the grate must be swept up quietly and can be blackened, if necessary, with some of the patent stuffs that are put on with a sponge. You do not want a noisy servant scraping up ashes and vigorously polishing a grate just when your patient is sleeping after the effort of the toilet. A good nurse will also do the sweeping herself, and do it very lightly and quietly ; or still better, she will go over the carpet with a damp duster. She will also dust quietly with a damp duster, and she will clear out of the room all dead flowers, and have everything fresh and tidy for the doctor's visit. Then she will probably need a little rest and refreshment herself, and like to put on a clean gown or apron.

The Doctor's Visit.—A doctor usually visits severe cases about noon, and there should be some hot water and a clean towel waiting for him. The nurse must stand on the opposite side of the bed to the doctor, ready to answer any question or hand him anything he wants. She must not volunteer long statements about the patient's condition in his presence. As a rule, it is well to keep a written record or chart of such things as the doctor wishes to know, and to hand him this when he comes into the room. This chart gives the temperature night and morning, the amount of nourishment taken, the number of times the bowels have been opened, the amount of sleep, and any other points to which the doctor has called attention. On page 45 will be found particulars about temperature-taking.

When the doctor leaves the sick-room, follow him, so that you may receive his orders out of the patient's hearing.

The afternoon is a good time for the nurse to get a walk and a sleep. The patient is generally fairly well then and fairly restful. It is no use for the amateur nurse to try to do without sleep, or only with such dozing as she can get in the patient's room. She must always try to get a few hours' sleep in a fresh, cool, quiet room.

What to do at Night.—The evening is rather a trying time. The introduction of the lamp or lighting of the gas uses up a certain amount of oxygen in the sick-room, and the family nearly always desire to come and sit with the patient. The room is apt to get hot and stuffy, the patient

exhausted and feverish ; the nurse must guard against this, or a bad night may be the consequence. Try to get all quiet by nine o'clock at the latest, and if you have to give a patient a sleeping-draught, do not give it him until the house is settled down for the night and all is still. Be sure to get your coals and everything you are likely to need into the room—except nourishment. No food should ever be kept in the sick-room for the night ; it can be kept just outside the door, on a table placed for the purpose.

It is during the night that the nurse is most likely to get anxious and possibly lose her head. Try never to rouse others if it can be avoided ; it is not only bad for them, but bad for the patient. A delirious patient is often worse at night, and a weak patient is often weaker at night ; but though the strain is great on the nurse, she must be sure to retain her quietness and confidence. Remember that if you are sitting up at night you need food yourself. Please remember this also if you have a trained nurse to do night duty. So often relatives forget that the nurse who turns night into day needs dinner and other mundane things.

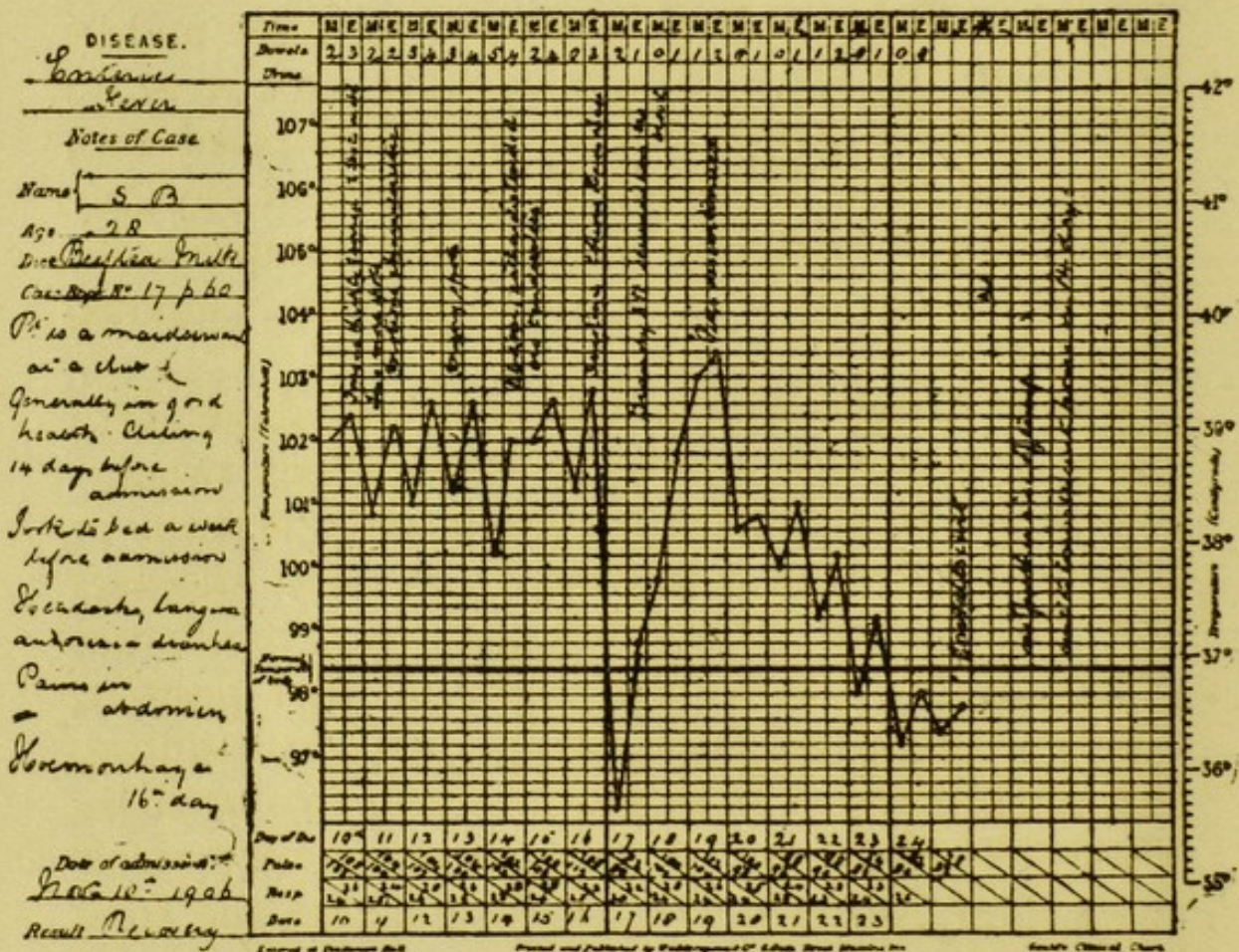
What to Observe.—A doctor, as a rule, only sees a patient for a few minutes daily, and he has to depend on the nurse to inform him about certain details of the patient's condition. One of the most important of these is the **Temperature** of the body. In old days a doctor had to tell by the feel of the skin, and other conditions, the state of feverishness in which the patient was ; but nowadays, by means of the clinical thermometer, anyone can make

an exact observation at any time for the doctor's use. We give an illustration of this useful little instru-



ment. The black bulb holds mercury, which expands with heat and forces itself up the tube, which, you will observe, is marked from 90 up to 110 degrees. At 98.4 you will see an arrow ; this is the normal heat of the human body, and in health the mercury ought to stay near this point. Anything over 100 may be termed feverishness, and a temperature of 102 and over is serious. Every mother should have a clinical thermometer in the house and acquaint herself with its working ; the cost is only some 3s. or 4s. for a good one. A doctor generally takes the temperature in the patient's mouth, but it is safer for the amateur nurse to take it under the arm. Before taking the temperature, dry the armpit with a warm towel, gently shake the thermometer until the mercury in the tube is well below 95, then place the bulb end of the thermometer under the patient's arm, press the arm down to the side and put the hand across the chest ; leave it in this position for a minute or five minutes, according as to whether it is a one-minute or a five-minute thermometer. (The one-minute thermometer is more expensive, thinner in the bulb, and, therefore, more likely to break.) Take the thermometer out, read it

carefully, and at once make a written note of the reading. Doctors and trained nurses generally use a chart like a weather chart on which to record the patient's temperature. We give an illustration which shows how a patient's temperature can thus be recorded. Some children will



Reduced Facsimile of Temperature Chart. By permission of Messrs. Widdows & Co.

run a temperature of 102° after eating a green apple, or on catching a slight chill. Children's temperatures vary rapidly, and a mother must not get too anxious if she finds her child with a high temperature, but must remember it may be caused by some mere stomach attack. Indeed,

it appears doubtful whether anxious mothers and consumptive patients ought not to be deprived of clinical thermometers, for they are apt to use them far too constantly, and betray far too great an anxiety about the results.

It is as well to know that the normal pulse rate is 74 for an adult, 84 in children, and 120 in infants. It should be felt at the wrist below the thumb, and you will feel it best if you put all three middle fingers on the spot. Learn on your own wrist to easily find the pulse, and become acquainted with its normal feel. It should have a perfect rhythm, equal force of beat, and not be easily compressible. A rapid pulse is 115, a running pulse (serious) about 140.

Breathing.—An infant breathes about fifty times to a minute, a child of seven about twenty-four times to a minute, an adult only sixteen or seventeen times to a minute. In chest diseases the respirations sometimes get very rapid and very shallow. You should note in what position a patient breathes most easily. When counting the respirations, it is as well to do so two or three times and strike an average, as some very small thing may increase the respirations for the time being.

It is part of the nurse's duty to note carefully the **Evacuations**, and if there is anything abnormal, to keep them for the doctor's inspection. A child should have two or three motions of the bowels in the twenty-four hours. They should be light in colour and semi-solid. An adult should have one motion in the twenty-four hours. Slime in the

motion shows internal inflammation ; a green colour means disturbance of the liver. Liquid and offensive motions show that the stomach is out of order. The absence of bile in jaundice gives a brick-dust colour. When a patient is taking iron, the motions are dark. The presence of blood in the motions should always be reported. A child evacuates from ten to fifteen ounces of urine in the twenty-four hours, an adult about fifty. The normal colour is pale amber and clear. In jaundice the urine is greenish and frothy ; in fevers it is scanty and high-coloured ; in diabetes it is profuse and pale, also in hysteria. There should be no sediment.

The colour and expression of the face should be noted ; the position in which the body lies (slipping down in the bed is a sign of weakness), and the character of the sleep obtained—whether it is quiet, or restless, and so on. *Indeed, the nurse must remember in all things that she is to be eyes for the doctor during his absence.* A patient who is seriously ill, particularly of lung disease, should speak as little as possible ; it is the nurse's duty, indeed, to spare him speech, and to guess what he wants from the expression of his face.

Bed Sores.—One of the great difficulties in nursing the aged, and in nursing long cases such as typhoid or paralysis, is that sores are apt to form at the bottom of the back, and occasionally on the heels, shoulders, or even elbows. Such sores generally denote bad nursing ; they are caused by pressure and damp, and the best way to avoid them is to keep your bed clean and smooth and

dry, not allow your patient to lie too long in one position, and by friction of the skin to try to keep it in a healthy condition. In long illnesses, after you have washed the patient, pour a little methylated spirit into the palm of your hand, and rub the bottom of the patient's back vigorously but gently, then powder the back well with powdered starch. Do the same to the heels, if you observe any signs of redness. Directly you see any sign of the skin breaking, or a sore forming, tell the doctor, and he will give you full directions as to dressing. Feather-beds, crumbs, &c., are great causes of bed sores, and remember that once a sore has formed it may take months to heal. In certain cases of paralysis it is almost impossible to help the formation of bed sores, unless the patient is kept on a water-bed.

Poultices.—The ordinary linseed poultice is not in such favour now for chest cases as it used to be, for the great danger is that if poultices are not frequently changed, and thoroughly well managed, they do more harm than good. Still, a poultice is a very comforting application on many occasions, if it is properly made. I remember going into a cottage to see a child ill with pneumonia, and finding child and bed all covered with fragments of a sloppy mess which the mother had made for a poultice and placed unbandaged on the restless child's chest. A poultice must be firm, smooth, and firmly fastened on. It should, if possible, be made in the patient's room, and put on as hot as it can be borne. It is best to put as much linseed as you think you need into a basin,

pour in boiling water, and mix up quickly with a spoon ; ladle it out on to the piece of linen, cut to the desired size, spread it quickly with a knife dipped in hot water, and put it on with the linseed direct to the skin. If you turn the edges of your piece of linen over the edge of the poultice, there ought to be no danger of sticking. Some nurses always put a little mustard, say a tablespoonful, into a linseed poultice, but some patients' skins blister very easily, and it is better not to use mustard without the doctor's orders. The poultice must be changed as soon as it gets cold ; if it is covered with a good pad of cotton-wool, and some waterproof material such as jaconet, it ought not to get cold for three or four hours. When it is removed, dry the skin with a warm, dry towel, and put on a piece of cotton-wool, or another hot poultice, as directed by the doctor. A *mustard poultice* should be made of two parts of mustard to one of linseed, and a piece of muslin must be put between the poultice and the skin. Mustard-leaves can be bought ready for use, and merely need dipping in water. Or ordinary mustard spread on a piece of brown paper does equally well. A *bread poultice* is made of crumb of bread steeped in boiling water, well strained, and applied direct. In some surgical cases a doctor may order charcoal to be sprinkled over the surface of the poultice, in order to allay the offensiveness of the discharge. In painful cases laudanum may be ordered to be sprinkled on the surface of a linseed poultice before it is applied, in order to give ease.

Fomentations.—A fomentation consists of a

piece of flannel or Spongio-Pilene wrung out in boiling water and applied immediately. It is best made at the patient's bedside. Put a strong towel across a basin, and put the folded flannel on the towel; pour the boiling water straight from the kettle over the flannel, then catch hold of the towel by each end and wring the flannel thoroughly by twisting the towel. Apply it as hot as can be borne, and cover with jaconet or a thick layer of cotton-wool. The Spongio-Pilene is waterproofed at the back, and does not need jaconet; it is, therefore, more convenient. It can be bought at any chemist's, and is not very dear. If turpentine or laudanum is to be used, have the quantity in readiness and sprinkle it quickly on the flannel. Fix the fomentation on firmly, and cover it well to keep it warm. Fomentations need frequent changing; an hour is the utmost that one should be left on.

Blistering is now generally done by painting on a fluid. Be sure to get the doctor to tell you exactly where he wants a blister raised, and be sure you do not get the fluid on your own fingers, or on any other part of the patient except just where ordered. If you outline the spot with olive oil, the fluid will not run where it is not wanted. A blister should rise in from six to eight hours; it should then be snipped and the escaping fluid caught in some clean cotton-wool, and the ordered dressing applied. If you buy a blistering plaster from the chemist, fix it on with two strips of soap plaster, but be sure to leave room for the blister to rise underneath the plaster.

Giving Medicines.—A most important thing

in medicine-giving is accuracy and punctuality. It has not infrequently happened that poisoning has occurred either through the carelessness of the nurse in administering a wrong drug, or from her carelessness in leaving poisonous liniments or disinfectants in the same place where she keeps internal remedies. Never leave poisons within the patient's reach, or where children can get at them. Always keep them on a separate shelf, and, if possible, under lock and key. Even in hospital a patient has been poisoned by drinking a bowl of carbolic carelessly left by the side of his bed.

A nurse ought to have no difficulty in making her patient take medicines, but she should always make it as easy as possible. Take the medicine to the bedside at the exact hour; have it in a clean glass; have a tumbler of water and let the patient moisten his lips and throat first with a drink of water; then give him the medicine, then another drink of water if he wishes it, and give him a clean cloth to wipe his lips. Note that cod-liver oil, arsenic, and iron should be taken after food, and that quinine and purgatives should be taken before food. It is permissible to give children and old people a sweet after any nasty medicine.

Surgical Nursing.—In surgical nursing, the main thing is to remember that an open wound is always a fine growing-ground for germs, and that excessive cleanliness is necessary. The General-Surgeon of the Japanese Navy ascribed their success in the treatment of wounds during the Japanese-Chinese War to the fact that before every engagement each member of the crew was made to bathe

and put on perfectly clean underclothing. This insistence on clean underclothing prevented many cases of blood-poisoning among the wounded.

The nursing of broken bones and surgical cases is not such a nerve strain on the nurse, and it is always noted in hospital how much more cheerful the patients are in a surgical ward than they are in a medical. The main strain comes to an amateur when an *operation* has to take place suddenly in a private house. If this happens, a room must be chosen in which there is a good light, a table must be placed in the window, and it is well to put a dust sheet or some brown paper over the carpet under the table. The table must be well scrubbed, and covered with a sheet, and a mackintosh on the top of that. Have in the room a pail, a small table close to the large one, plenty of basins and towels, and arrange for plenty of hot water. Have a perfectly clean bed ready to receive the patient when the operation is over ; it had better be warmed with hot-water bottles. When a patient is going to have an anæsthetic, no solid food is allowed for six hours beforehand, but a little beef-tea or milk may be given three hours beforehand. This is extremely important to remember, for chloroform is apt to cause sickness, and if the patient is sick in the middle of the operation, the consequences may be disastrous. The patient must, of course, be well washed, and have on clean linen. Unless the feet are to be operated on, a pair of warm stockings should be worn. Try and keep the patient cheerful and confident. It is really rather a pleasant experience to have an anæsthetic, so long as you take it

willingly, and do not struggle and get nervous. Delightful dreams often result, though they may be forgotten. With a nervous patient there is often excitement and indefinite pain after an operation, and sometimes sickness, and even slight delirium. This soon passes off, and has really nothing to do with the actual operation, but only with the shock to the nerves. A calm patient generally dozes the time away for some twenty-four hours after the operation.

If it falls to your lot to dress a wound, the main points to remember are—not to remove the soiled dressings with your fingers, but with scissors or forceps ; not to allow anything which is not absolutely clean to touch the wound ; to burn all soiled dressings at once, and to put on the clean ones as soon as possible.

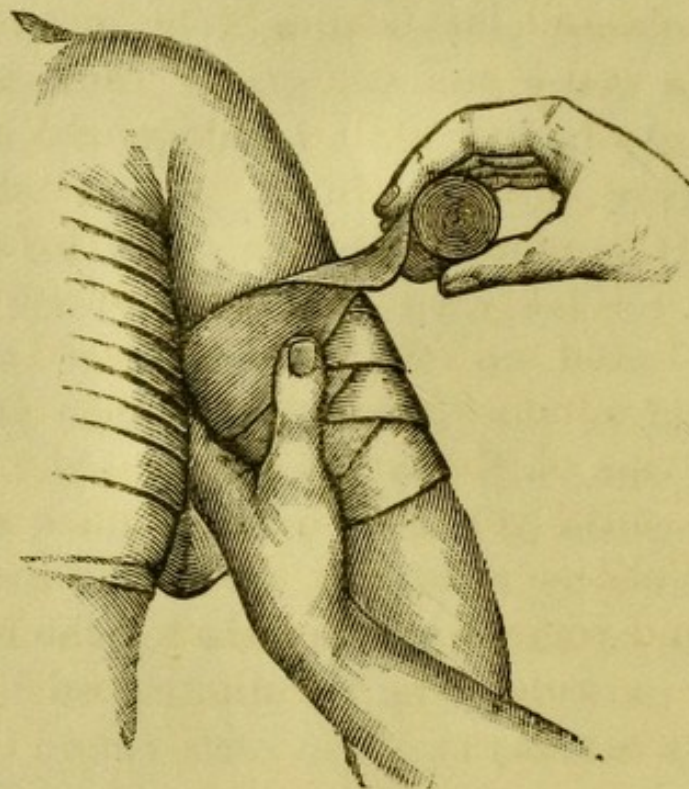
When a case is in splints, a nurse must watch carefully for redness, and try to avoid sores. Pressure from a splint on any one point can generally be avoided by a little extra padding above and below the point. For instance, in the case of a fractured thigh, the four points which will want watching are the projections at the knee, the inside and outside of the ankle, and the back of the heel ; and directly any redness is noticed at these spots, the surgeon should be informed. In a lengthy case such as hip disease, when the nurse removes the splint to wash the patient, she should rub the projecting parts with a little methylated spirit, and then powder them with zinc ; thus with a little care and attention splint sores may be avoided.

Bandaging.—The essence of good bandaging

is to supply equal pressure throughout and secure rest to the part. It is impossible by writing to teach a nurse how to bandage, but this is demonstrated at all ambulance classes now held in every large town and in many country places ; but even when a nurse knows how to do a bandage, she will never be thoroughly efficient in it except after long practice. It is therefore worth while for a woman to practise on her own ankle, say, until she gets thoroughly used to the reversing of the roller bandage and to the figure 8, and then in time of emergency she will be ready to aid. A roller bandage consists of a long strip of linen or flannel tightly wound by machine. It is two inches wide for the arm, or three inches wide for the leg. Supposing the nurse is going to practise on herself, let her begin by making two firm turns round the ankle ; this is what we call getting a good anchorage to start from ; now take a turn down under the sole of the foot and come back to your anchorage and begin to go up the leg in a spiral form, each turn covering one-half of the former turn. The lower edge of the bandage, you will find, is not firm unless you reverse the bandage upon itself at each turn, as in the illustration. This reversing is one of the great difficulties of bandaging, but soon becomes easy with practice. At joints the figure of 8 bandage (see illustration) is the usual method, but what you have to remember all the time is to secure uniform pressure.

For emergencies a triangular bandage is very useful ; they can be bought from the St. John Ambulance Association in England or the St.

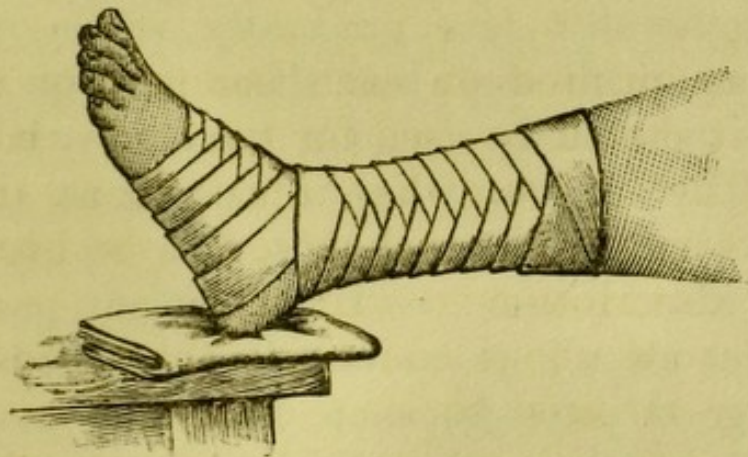
Andrew's Ambulance Association in Scotland, or can be ordered through any chemist. There are



illustrations printed on each bandage of the way in which it should be used for the limbs, body, and head, and by studying these illustrations, and practising on some child, much more can be learnt than from any description in writing.

Just a word about common adhesive strapping, which may be used to keep on dressings. It can be heated by dipping it in boiling water; when taking it off, begin at the outermost point and keep one thumb on the skin, pressing back the skin as you gently pull up the strapping. The dirty mark this strapping often leaves can be removed with a little spirit. The cases known as "bad legs" are a form of ulceration only too frequent amongst

ill-nourished, overworked women who stand a great deal, and they frequently have to be strapped over a large expanse. The strapping should then be cut beforehand into strips of the proper length, say an inch and a-half wide, and each piece long enough to pass once and a half round the limb. The limb must be well washed with soap and water before the strapping is applied. The surface of the ulcer is then thickly covered with finely-powdered boracic acid, and a piece of lint is placed over this; then begin two inches below the wound and cover it with the strips of plaster in the way shown in the illustration, until you get to two inches above the wound. Work so that you are drawing the edges of the wound together rather than stretching them apart. As a rule, this dressing needs changing every five or six days.



Now with regard to nursing points in a few common illnesses.

Pneumonia, or inflammation of the lung, is usually the result of chill, but occasionally appears as an epidemic. It comes on after a day or two

of depression with a severe rigor or shivering fit, and the temperature may rise as high as 104° ; there is a painful cough and rapid breathing, and after a few days the expectoration becomes reddish-brown, and is usually described as "rusty." Get the patient to bed and comfortably propped up with pillows, and get the doctor in as soon as possible. The great point is to keep the patient at rest in an equable temperature and supply light nourishment. I once heard an American doctor give a most amusing description of being called in to a case of pneumonia, where the temperature was being taken every hour, food administered every two hours, poultices changed and cold sponging every three hours, and the poor patient was allowed no rest or peace at all. In most illnesses in the well-to-do classes the danger is far more from overdoing things than from neglect. The pneumonia patient generally gets gradually worse until the seventh or ninth day, and there may be delirium, and the teeth may become covered with brown crusts. Then comes what is known as the crisis, and the temperature should fall suddenly, the delirium should cease, and the patient pass into a long, quiet sleep; thereafter it only needs care to make a good convalescence, but for some months the damaged lung will need special attention.

Pleurisy is inflammation of the covering membrane of the lung, and is very similar to pneumonia, only that in some cases where there is effusion an operation may be necessary to withdraw the liquid which has formed.

The illness known as **Rheumatic Fever** or

Acute Rheumatism is one in which the comfort of the patient depends almost entirely on good nursing. The pain and prostration which mark this disease are sure to make the patient nervous and fretful. The nurse must be most careful never to jar the patient by awkward touch, by quick step, or loud noise. Heart complications are a frequent sequel to this disease—quite half the cases of heart disease can trace the origin of their illness back to an attack of acute rheumatism. Therefore, keep the patient very quiet, allow no sudden movements on his part, and see that the convalescence is slow and sure. Flannel or wool bed-clothing is nearly always ordered, and liquid diet; and the application of some soothing dressing to the swollen, painful joints. The patient often suffers much from an acid-smelling perspiration, and blankets and dressings must therefore be frequently changed. The pain in the limbs is so great that the weight of the clothing must not be allowed to rest on them. If a bed-cradle cannot be procured, the nurse must use her ingenuity, by means of strings tied from the head to the foot of the bed, or of poles fastened to the side of the bed, to keep the weight of the bed-clothing off the patient. The temperature often rises to 104° F., but the patient is seldom delirious. As every movement causes agony, the making of the bed, the attending to the wants of the patient, even the feeding, will have to be done with the utmost gentleness and certainty.

Peritonitis is inflammation of the surrounding membrane of the bowel; just as appendicitis is

inflammation of the membrane of the appendix. All cases of bowel disease are serious, and may pass from medical into surgical hands and be treated by operation. Where there is any tendency to obstruction or inflammation of the bowel, great care must be taken to secure a daily evacuation; many young people are very careless in this respect. Peritonitis comes on with abdominal pain, vomiting, pinched features, and short breathing. The knees are generally drawn up, and there is a rapid pulse. It is now too late to give purgatives, and a doctor must be sent for at once. Temporary relief for the pain may be obtained by a hot fomentation to the abdomen. The great thing to dread in bowel cases is perforation and sudden collapse. Obstruction of the bowel may also be caused by hernia, and then an operation is nearly always necessary. Chronic obstruction coming on slowly in the aged may be due to the pressure of some internal growth. Convalescence from all these cases is slow, and there must be great care in dieting, not only for months, but years. Before passing away from the subject of bowel diseases, it is well just to mention a difficulty most common in children—**Intestinal Worms.** The tape-worm is the most serious; it is long and flat, and the body is divided into segments. A strong purgative is necessary to get rid of tape-worm, and then it is important that the motions should be watched to see that the small round head has been passed, or else the animal will grow again. A child with worms is generally pale, has a swollen stomach, and is apt to grind its teeth at night, and its food—as the poor people say—“does it no good.”

The improvement, once the worm is got rid of, is quick and certain. Round worms are like small garden worms, only paler in colour. They are sometimes vomited, but are generally discovered in the underclothing or in the bed. Here again a strong purgative is necessary. Thread-worms are very small, not more than half an inch long, and are found only at the orifice of the bowel. An injection of salt and water is generally the best means of getting rid of them. It is probable, where anyone suffers from worms, that they have not been careful enough to have a clean, wholesome diet, though in India and other hot countries it is not always possible to avoid these pests. With nervous children it is rather important not to tell them exactly what is wrong with them, as the feeling of disgust is often very strong, and helps to make the child more nervous and prostrated.

Cancer is a dread disease which needs the early and free use of the surgeon's knife—subsequently the nursing treatment is concerned with the dressings. Cancer of the breast and womb is most common in women, of the tongue and limbs in men. Where early surgical treatment is neglected and the disease is past remedy, much may be done in the way of alleviation—some soothing application, or some drops to take when the pain is severe, for instance, and the nurse must be sure to have the remedies at hand when they are wanted. The treatment of the sore needs constant care, or the smell may become offensive; cleanliness is a very important part of the nursing treatment. It is strange how many people—particularly nervous

women—imagine they have cancer when they have not ; so where a nurse has a case of merely suspected cancer, she must keep up the patient's spirits and take a hopeful view. Quack remedies are to be avoided ; whatever the research of the future may reveal, at the present time the only cure for cancer is the surgeon's knife.

INVALIDS' DIETS

The proper feeding of a patient is most important, and the doctor often leaves a good deal to the discretion of the nurse. It is the pride of most nurses to serve the meals so daintily—pretty tray, clean china, small portions, and so on—that the patient is tempted to eat. It is a strict duty to present exactly the right amount of food ordered with the utmost punctuality, and not to fuss about the patient with odd spoonfuls of this or that between times.

FEVER CASES.—Dr. Gilmore Thompson says :—
“ As for diet, with high fever and tongue dried by mouth breathing and heavily coated, milk constitutes the best food, but under more favourable conditions considerable variety may be allowed, and such articles may be given as broths, egg albumen, beef-juice, orange-juice, kumiss, junket, and palatable gruels of various kinds. The care of the mouth should receive much attention from the nurse, for a foul tongue promotes the indigestion which is so injurious, besides making it difficult to swallow and adding much to the discomfort of the patient.

The usual mouth-cleansing with hydrogen peroxide and mild antiseptics should be performed."

BARLEY-WATER can be quickly prepared by the nurse from ordinary pearl barley. It must first be thoroughly washed, and thereafter a dessert-spoonful is placed in a pint of cold water in a pan. This is boiled down to about two-thirds of a pint and then strained. If the mixture is kept boiling too long, jelly will be formed. As a stimulant and nutrient *sherry whey* will be found useful. To prepare this the nurse should take about half a pint of milk and add to it a wineglassful of sherry. This should then be boiled, allowed to cool, and the liquor strained off.

RICE-WATER.—This may be prepared by adding one heaped tablespoonful of rice to one quart of water and boiling it down to one pint. Rice itself contains practically no fat nor proteid substance. It is said by Davis that two and a-half ounces of boiled rice are disposed of by the stomach in three and a-half hours and are absorbed very completely by the intestine. Rice is most easily assimilated when the grains are swollen and softened; this is best accomplished by steaming. The digestibility of boiled rice is said to be improved by adding a little butter, which coats the kernels and prevents their forming a pasty mass.

ARROWROOT-WATER.—This may be prepared by adding one teaspoonful of the arrowroot-flour to one pint of water and boiling for five or ten minutes. Arrowroot, when cooked, is more digestible than any other starch. It may be used in making gruel, and when prepared in the form of a

jelly it is said to keep longer than any other form of starchy foods. It is of service in the severer forms of gastritis where the irritability of the mucous membrane of the stomach is so great that other articles of diet cannot be borne.

BEEF-TEA is best made in the old-fashioned way of cutting up half a pound of lean beefsteak into dice and covering it well with water and putting it into the oven in a jar and leaving it there three or four hours. Strain it and let it cool. Remove the fat, salt to taste, heat and serve. BRAND'S BEEF ESSENCE, which is a jelly that can be bought in small tins, is useful when the patient gets tired of "slops." Indeed, the amateur nurse is too apt in fever cases to flood the patient's stomach with distending fluids that cannot be assimilated. In short, sharp illnesses this should specially be avoided. Remember when there is no appetite the digestive juices are absent.

INDIGESTION AND CONSTIPATION.—Tend towards a light vegetarian diet, using raw eggs and raw milk. Cut off alcohol and coffee, but weak tea is generally allowed. In some cases of indigestion the doctor may order a little whisky or other spirit with the meal. But the main thing is to avoid the following : Rich soups, veal, pork, hashes, stews, turkey, potatoes, gravies, fried foods, liver, kidney ; pickled, potted, corned, or cured meats ; salted, smoked, or preserved fish ; goose, duck, sausage, crabs, lobster, salmon, pies, cheese, nuts, ice-water, ice-cream, malt in any form. There is no doubt that, as old age comes on, men and women must return to a childish diet and drop the heavy meat meals they

could digest in the heyday of strength. Also whenever there is overstrain or overtiredness it reduces the digestive powers, and the diet must therefore be moderate. Probably we should all be better for a vegetarian diet in summer at least. Constipation is *never cured by drugs*, but temporary relief only can be obtained. To get fresh air, exercise, and light farinaceous food is the only possible cure. Indigestion, biliousness, ill-temper, melancholia, and general misery all round are mainly caused by want of more pure air, and less heavy food and strong drink.

SCRAPED BEEF is not infrequently prescribed by the physician in certain disorders of digestion. When finely divided it is easily digested, for by so preparing with a dull knife the indigestible connective-tissue sheaths are eliminated and the pulp remains, which may further be prepared by running through a sieve. This preparation is of great value as an article of diet in dilatation of the stomach, gastritis, and other diseases. It may be taken in the form of a sandwich, spread on bread.

OBESITY.—Excessive fat is due to heredity, diet, and habit of life; most cases can prevent themselves from becoming unwieldy by attention to diet. The celebrated Mr. Banting first got remarkable results by an almost exclusive meat diet and plenty of exercise. The modern Salisbury treatment consists in a mainly meat diet and plenty of hot water. Often it is easier to carry on these treatments in the “homes” provided, or at some watering-places such as Marienbad, Homburg or Carlsbad. If carried on at home, allow no

soups, salmon, eels, salt fish, pork, veal, sausage, made dishes, fat food of any kind, potatoes, macaroni, oatmeal, rice, spices, beets, carrots, turnips, parsnips, puddings, pastry, cakes, sugars, sweets, milk, cream, malt or alcoholic liquors, sweet wines, champagne, or bread. Rusks or biscuits may be taken, also lean meat, cauliflower, radishes, olives, onions, tomatoes, ripe fruit, and stewed fruit with glucose. Hot water to drink, or one cup of hot tea without milk or sugar.

BRIGHT'S DISEASE.—Here soups, boiled fish and poultry are admissible, but not meat or fried fish. Light vegetables such as celery and cauliflower are given, but not peas or beans. For puddings, rice or moulds with stewed fruits, but not pastry or suet. To drink, plenty of pure water, weak tea or fresh milk, but no alcohol or coffee.

DIABETES.—Dr. Hutchison gives the following as a sample of a strict diet for a diabetic patient:—For breakfast, bacon or buttered eggs, or both, or cold ham; casoid meal bread with plenty of butter; coffee and milk sweetened with saccharine. In the course of the morning a glass of sugar-free milk, and perhaps a casoid rusk. For lunch, any animal food, *e.g.*, fish, or cold meat, salad with plenty of oil, cheese, and fresh fruit stewed with saccharine. In the afternoon he may have tea with plenty of cream, but no sugar, and a slice or two of gluten bread and butter. For dinner, any clear soup, fish, meat, game, or other form of animal food, baked custard made with sugar-free milk, cheese, or savoury, and a little fresh fruit. Alcohol may be of use and is not often

harmful, but malt liquors should be withheld because of the dextrine and maltose which they contain. The diabetic breads are difficult to make, but can be obtained from Callard's, Regent-street, London, and other places. The following is a recipe for *Gluten Bread*, free from starch :—Mix four ounces prepared bran flour with an equal quantity of prepared gluten flour. Add a teaspoonful of baking powder, and half a pint of water to which a little salt has been added. Work well together, and bake immediately.

Massage.—Skilled rubbing has ever been recognised as a hygienic measure, and many an amateur who has been taught no massage can soothe a patient to sleep by gentle passings over the brow, or cure a child of constipation by brisk friction of the abdomen every morning. Before rubbing wash your hands, and then oil them slightly ; as a rule the movements should be made from the extremities towards the heart, thus aiding the circulation of the blood. The different movements are : *effleurage*, to smooth, which has a soothing effect ; *petrissage*, to knead, which has a stimulating effect, giving tone to the muscles, and arousing the dormant energy of the nerves ; and *tapotement*, to tap, which strings up the nerves and reaches the deeper-lying parts. Massage is a thing which can only be learnt by practice, but many an old granny can have her rheumatic pains eased and joints made more supple by steady gentle rubbing. In rheumatic cases some Elliman's embrocation can be used to lubricate the hands, instead of sweet oil.

CHAPTER IV

ON CHILDREN

O thou bright thing, fresh from the hand of God !
The motions of thy dancing limbs are swayed
By the unceasing music of thy being !
Nearer I seem to God when looking on thee.
'Tis ages since He made His youngest star,
His hand was on thee as 'twere yesterday,
Thou later Revelation ! Silver Stream,
Breaking with laughter from the lake divine
Whence all things flow ! O bright and singing babe !
What wilt thou be hereafter ?

ALEXANDER SMITH.

THE three main points to secure strength to a child are :—

- (1) A healthy parentage and ancestry ;
- (2) A careful upbringing, in order to provide a healthy body, and
- (3) A wise education, both mental and moral.

In these days mothers are more interested in what is known as “child study,” and it is not frequent to meet with cases where no preparation has been made for the arrival of the infant. Forethought in these matters is our duty to the coming generation, and every prospective mother should expend much thought on her coming responsi-

bilities, and have her nursery ready for baby's arrival at least three months before he is due. She must also guard her own bodily and mental health. There are some common rhymes on the subject of rearing children which are worth preserving because of their sterling common sense:—

Tell me what does the baby good ?
Sunshine and air and wholesome food ;
Kind, careful arms to bear its weight
Until its back grows strong and straight ;
Sleep all the night-time and twice in the day,
Plenty of laughter and plenty of play ;
Crowing and kisses and soft woollen clothes
Down to the tips of its fingers and toes.

The Nursery.—Now, if baby is to have plenty of sunshine and air, the nursery must have plenty of window-space, it must not be blocked up with heavy curtains, nor must it be crammed with ornaments which a child must be told not to touch. The window must open top and bottom, and should, if possible, face south, in order to get all the sunlight possible. The special piece of furniture needed for baby is a cot, and the more simple this is the better. Very elaborate cots with heavy curtains are a great mistake, as well as very expensive. The cot should be at least 36 inches long and 17 inches wide, but not very deep, or else the child will not get enough air. The pillow and mattress should be stuffed with horsehair, and a small feather-pillow provided also. Two light blankets, or one blanket and a light down quilt, are a sufficient covering. The **Clothing**, which must be got ready beforehand, consists of:—Two

flannel binders, 4 inches by 20 inches. (Woven wool binders, which can be bought at most outfitters', are very nice and soft. If the binder is made of flannel, it must have raw edges; it must not be hemmed.) Two woollen or woven vests with long sleeves and high neck, and opening down the back. Two little nainsook shirts, about 20 inches long and 6 inches deep; this will leave plenty to lap over at the back, and to turn down at the top back and front. (Some hygienic experts prefer that the child should wear nothing but wool, but occasionally this irritates the child's skin, and it is better to have these two little shirts ready in case baby needs them.) Two long flannels, which should be $1\frac{1}{4}$ yards wide and three-quarters of a yard deep; they can be made of fine soft material for summer wear. Two nightdresses of nainsook for summer, or fine flannel for winter; they must have long sleeves, be high at the neck, and fasten behind with strings; they must be long enough to well cover the feet, say 26 inches. Two robes made as simply as possible; if the child is to be clothed entirely in wool, they can be made of nunsveiling, or silk makes pretty light wear for summer. (The old-fashioned long robe, which hung down to the ground, is most unhygienic, and should never be used.) One dozen soft Turkish towels, two flannel pilches. 26 inches square, and either a head-flannel or a soft Shetland shawl. There are many other garments that an enterprising mother may provide beforehand, but these few are absolutely necessary. The lists of fashionable "layettes" often run to a hundred garments—and then, perhaps, the child

is still-born ! For herself the mother may wisely provide an accouchement set from Messrs. Southall, of Birmingham. There should also be provided in the nursery a flannel apron, one yard of soft flannel for a receiver, a low chair, and a basin and stool—or else a proper baby's bath raised on legs.

The First Year.—The average weight of a child at birth is from $6\frac{1}{2}$ to $7\frac{1}{2}$ lbs. ; at the end of five months its weight should be doubled, and the mother will find it an interesting thing to keep a record-book of the rate at which her child grows, what progress it makes, and when it first begins to walk, to talk, and to show other signs of mental development. It is well to note the large size of the head of an infant ; at birth it is 13 inches, at nine months about 17 inches, and at one year 18 inches ; at five years old it has increased only another 2 inches. At three or four months the baby should begin to hold up its head, and no longer let it roll about ; it is a bad sign when a child does not begin to support its head before it is six months old. The average length of a child at birth is 20 inches, at six months 28 inches, at twelve months 31 inches. The cutting of the teeth has an almost superstitious importance in the minds of some mothers, though there is absolutely no reason why a child when teething should be the intolerable nuisance it often is. The two lower incisors should appear about the sixth month, the two upper about the seventh month, and at twelve months the back teeth, or molars, should begin to make their appearance. A child should

begin to sit up at from nine to twelve months, and walk at from twelve to eighteen months, and talk at two years. When a child is backward in walking, and the teeth come slowly and late, it may be a sign of **Rickets**, a disease which can be cured by good food and fresh air. Mr. Edward Bennett used to issue a hospital card in cases of rickets, which bore these rules :—

- 1st—Fresh air and sunshine each day and all day, and never to sleep in room with the windows closed.
- 2nd—Warm clothing, especially woollen combinations.
- 3rd—Milk with barley-water or lime-water for food, and occasionally vegetable broth or fresh meat-juice.
- 4th—Cod-liver oil and maltine.
- 5th—Splints, when necessary, to be worn continuously.
- 6th—Absolute cleanliness.

Rickets is marked by a curving of the bones, most notable in bow-legs ; the urine is often strong-smelling and the stomach swollen ; the child perspires about the head. The bed-clothing must be specially light in these cases ; no heavy cotton quilts are admissible.

Feeding.—The most important point of all in the rearing of children is that they should be fed from the breast ; only in this way can an infant get sterile milk exactly suited to its needs. Nothing except doctor's orders can absolve a mother from feeding her child, and it is criminal, for instance, to consider social engagements an excuse for neglecting her obvious duty as a mother ; but, on the other hand, where there is a chance of the child absorbing some taint from its mother's milk, or where the mother lacks sufficient milk to nourish

the child, artificial feeding must be resorted to. A great movement is now developing (1906) in favour of the municipalisation of our milk supply, and several of the London boroughs already have depôts from which specially sterilised and mixed milk, in sealed bottles, can be obtained ready for the baby's consumption. The pioneer in this movement in England was Mr. Seebohm Rowntree, and though the milk depôt which he and others ran for so many years in York has now been closed it is worth while to quote the directions they used to issue for the feeding of babies, as they are models in their way :—

A baby should have its meals, from the first, as regularly as a sick person, whether it is breast fed or bottle fed. This is of great importance to the baby's health, and if carefully carried out does much to "free" the mother's time.

A baby under a *fortnight old* may be fed every two hours by day, and not oftener than *every four hours at night*. The baby should be wakened for its food in the daytime, but not at night. A baby a *month old* should not be fed oftener than every two and a-half hours by day. Gradually extend the time between each feed, and by the time the child is *three months old* it should be fed only every three hours by day, and every five hours during the night if awake. Give the baby its last feed about 10 o'clock at night. If it is changed, and made comfortable, it will probably sleep until 4 o'clock in the morning. Be sure the milk is not given too hot; it should be about the warmth of new milk. Just before use, the bottle should be placed *unopened* in a basin or jug of hot water for about five minutes. Give the food very slowly, and train the child not to suck quickly.

A baby *four months old* should be fed every three hours by day, and once in the night if it wakes, but if it is healthy and well it will probably sleep until about 6 in the morning, when it should be given its first feed. The next feed should be

given about 9.30, as the feeds should be given three hours after the last feed is finished. It will now be having about $31\frac{1}{2}$ oz. or $1\frac{1}{2}$ pints of milk per day. A baby *six months old* should be fed every three hours by day, and once during the night if awake. The time between the feeds should be gradually extended, so that by the time the child is twelve months old it should be fed every four hours by day, and not at all during the night.

After the child is ten months old and has cut several teeth it may be given milk pudding at dinner-time in addition to its bottle. At eleven months old it may have rusks or a little toasted bread soaked in milk, and at twelve months old some breadcrumbs and gravy, but *do not reduce the quantity of milk* that it gets each day, and *do not be in a hurry to leave off "bottles."* A weaned baby often suffers from lack of nourishment.

Never give a baby tea, coffee, or cocoa. The longer a child is kept from their use the better. Give the baby a few teaspoonfuls of clean cold water before its bath in the morning, and if it cries before feeding-time it is often comforted with a teaspoonful or two of clean cold water. It is very important to wash out the baby's mouth night and morning. Take a piece of clean rag, fix it firmly round the finger, dip it into clean water, and thoroughly wash the roof and gums of the child's mouth. Then burn the rag. A fresh piece must be used each time.

You are strongly advised *not* to use a *comforter*. Their use is often the cause of *thrush*, and when the baby is constantly sucking them the digestive system gets no rest. This often causes wind and indigestion, and makes the baby cross and irritable.

A healthy baby should gain from four to six ounces in weight every week. A knowledge of a baby's gain or loss in weight gives the readiest indication of its health.

Even with the best efforts it is often difficult to feed a child on artificial milk, and it may be necessary in some cases to try ass's milk or goat's milk. For certain people living abroad, the most convenient

plan certainly is to buy a goat, which can be kept for baby's use, and then the parents can see that the goat is kept clean, that the hands of the person who milks it are clean, and that the milk only goes into clean vessels. (*See the chapter on tuberculosis for the dangers of an impure milk supply.*) A child may have beef-tea or mutton broth once a day from nine months old if the mother thinks it well, but it should be made free from fat. Where patent foods are used choose a good one, such as Savory and Moore's, or Mellin's, and give half the amount ordered with the last bottle at night, say about 10 p.m., and then the child will often sleep straight through till morning. Do not begin to wean a child in the middle of summer, or the change of food may set up dangerous diarrhoea, but try to wean the child at nine months, or soon after that age; it can easily be fed with a spoon, and it is an advantage to get rid of troublesome bottles.

It is a mistake to worry if a child is not fat, so long as it slowly increases in weight and is not wasting; it is just as natural for some babies to be thin and some fat, as it is for some women to be thin and some women fat; and the probability is, if you try to fatten a naturally thin baby by giving it patent oily foods and medicines, you will ruin its digestion and do no good. In the same way, some children are more backward in walking and talking than others; here, also, do not worry, so long as you can see any signs of progress at all. The slow-developing child generally wins life's race in the end, and it is notorious that some of

our cleverest men were known in infancy and childhood for their backwardness.

Clothing.—It is usual to short-clothe a baby when it is three or four months old, and the child may then be put into flannel drawers and should have no further need of towels. It is wonderful how early a baby can be taught clean habits, if it is held out regularly at certain times. It is a mistake to put a child into thickly-starched, embroidered cotton gowns; they are both uncomfortable and ugly, and unsuitable. Surely a child should be dressed in soft clothes, and made to look graceful and clean at the same time! The charming little silk and woollen garments made by Liberty and Jaeger have revolutionised the appearance of children. I also believe they have added to the health of the children as well as their comfort. Anyway, health must always be put before appearance in considering a child's clothing. Such a very slight thing may cause the death of an infant—a flannel across the mouth has before now caused suffocation, a low-neck dress has caused pneumonia, wet towels have caused diarrhoea, wet bibs have caused bronchitis.

Air and Exercise.—However sunny and airy a nursery may be, a child should always be got out of doors as soon as possible in summer. Even in winter, if the wind is not in the east and the day is dry, a child should be got out when it is about a fortnight old; after it is a month old a child should almost live out of doors in summer, especially if it is possible to have its cot on a verandah. There is nothing a child likes so much as to lie on a rug

and kick, and the late Sir William Jenner remarked on the way a child of a few months old delights to throw its limbs in every direction as though, he says, "the great object of its existence was to turn itself inside-out." After all, this is the only way in which a child can get exercise, and it is better for it than being wheeled about in a mail-cart with no proper support for its back. The old-fashioned perambulator in which the child lay quite flat, and in which it was protected from the sun by an awning or hood, was a far wiser vehicle for a baby than the now fashionable mail-cart. Always let a child crawl as soon as it wants to, and be sure its clothing does not hinder it from making such movements as it desires, either by tightness or because the mother wants to keep the child clean. A child should never be carried in a sitting posture until after the fourth month, nor should children ever be tossed about too violently by a careless father, or jolted up and down on a mother's knee. The child will find quite enough exercise for itself if you give it simple toys and leave it to play on the floor.

Vaccination.—Infants must be vaccinated before they are three months old, unless the parents produce a doctor's certificate that the child is in ill-health, or has a skin disease, or unless a magistrate's certificate is procured. *Exemption Certificates* may be obtained under the 1898 Act, by the father or mother, on application to a magistrate before the child is four months old. The applicant must satisfy the magistrate that he or she conscientiously believes that vaccination would be

injurious to the health of the child. A copy of the child's birth certificate, price 3d., obtainable at time of registration, must be produced in court. The Public Vaccinator must use glycerinated calf-lymph. It is a mistake to vaccinate a child too young, and it is probable that the age of compulsory vaccination will soon be raised. Three days after vaccination, pimples should appear and become slightly inflamed. Little papules then appear, which by the end of a week have developed into vesicles containing a clear fluid. A little later the fluid becomes thick and cloudy, oozes out and finally dries up into a scab, which on separating leaves a scar usually more or less studded with a number of tiny depressions. At the time of vaccination the same precautions should be observed as in any operation. The arm should be thoroughly cleaned, and any instrument that may be used sterilised by heat. A simple dressing of sterilised wool or gauze should afterwards be applied and lightly bandaged on. It need not be disturbed for some days. If a rash appears on the child's body, or the arm swells downwards and inflames, send for the doctor.

Skin Diseases.—Children are very apt to develop skin diseases, especially after vaccination. The most simple is what is known as **Red Gum**. It appears as little red papules all over the body and limbs, and causes great irritation. Its most probable cause is unsuitable food or gastric disturbance. When bathing the child, dab it, rather than rub it, and put some soda in the water. Use soft linen under-garments, attend to the diet,

and see that the bowels are opened regularly. If the rash is very irritating, dab the worst places with a little glycerine and borax and leave it to dry.

Eczema has many forms and is terribly apt, both in children and adults, to become chronic. It generally goes with a gouty disposition, and is most commonly seen about the head and face. The mother cannot call in a doctor too soon, and he will probably inquire carefully into the child's diet, and order some soothing ointment. Strong soaps must never be used to these children; a little oatmeal in the water is best. In some cases washing is not allowed at all. **Nettlerash** appears with white bumps like those raised by a nettle's sting, and sometimes fades by day and reappears at night when the child is warm in bed. It is generally due to errors of diet, and some people always get nettlerash after eating shell-fish or unripe food; sweets are a common cause with children. Give the child a dose of magnesia, and a warm bath with soda in it; see it has a simple, light diet, and it will probably soon be well. **Shingles** is an acute inflammation of the skin, generally showing as a red ring round the waist, but sometimes down the arm, or elsewhere, following the course of a nerve. It is depressing, and is serious rather as showing a low state of nerve vitality than in itself. Also, the pain is considerable, and causes restlessness and lack of sleep. Soft linen to wear, dusting with powdered borax, or dabbing with borax and glycerine, may be tried locally, but the main thing is to build up the general health and procure regularity of the bowels.

Warts sometimes appear in great profusion on the hands of children between five and ten years of age. If you can build up the child's general health and secure sea-air and good food, they will probably disappear spontaneously. Of local applications, the best are to touch the warts with caustic, or apply an ointment of salicylic acid and resorcin.

Chilblains call for warm stockings and waterproof boots by day, and woollen bed-socks by night. Do not let the child put its feet too near the fire, and do not allow it a hot-water bottle. The local treatment is to paint with iodine if they are unbroken, or dress with zinc ointment if broken. Chilblains sometimes mean a low state of health, so note if the child is eating and sleeping properly.

Boils are a tiresome form of inflammation and suppuration, generally occurring in older children—in their teens. The local treatment is to foment or poultice to a head, and then freely open and wash with warm water and boracic, and then dress with a piece of boracic lint. Again pay attention to the general health. The same remarks apply to ABSCESSSES and WHITLOWS.

Incontinence of Urine.—Where this occurs only at night, it is probably only a bad habit; give no fluid for some hours before bed-time, get the child out of bed the last thing at night, give a cold douche in the morning if the child has wet the bed. If the child makes a mistake by day, undress it and give a cold douche, and perhaps put it to bed till under-garments are dried. Be patient and firm, but do not punish—it is possible the child cannot help it. If the evil persists, consult a doctor

—he may give you a belladonna prescription which is often helpful. Or he may advise an operation for CIRCUMCISION or for ADENOIDS. Both these are slight operations which can be done at home if the mother is sensible, but the child will be given a whiff of chloroform in the first case, so the room must be properly prepared for the operation (*see page 53*). A bed-cradle will be needed to keep the weight of the bed-clothes off the child, and the mother must observe great cleanliness in the dressings. There is no obvious connection between incontinence and adenoids—which are growths in the throat and nose—but after the removal of adenoids, incontinence often ceases; besides, adenoids, which prevent sufficient fresh air to the lungs, generally lower a child's health and arrest its growth.

CHAPTER V

TUBERCULOSIS

INCLUDING

SCROFULA, CONSUMPTION AND LUPUS

Tuberculosis is an infective fever, but is so little recognised as such by the general public that it is not here included in the chapter on contagion. The main symptoms are those of a chronic febrile disease, with slow wasting; the special symptoms depend on the part of the body attacked. In consumption, which is pulmonary tuberculosis, there is cough and expectoration, and very often bleeding, sometimes in a very serious form, from the lungs. In tubercular disease of the bowels, such as *tabes mesenterica*, the "consumption of the bowels" so often seen in infants, or in the chronic form of peritonitis, there is diarrhœa and the passing of blood with the motions. In disease of the kidney there is considerable pain and the passing of blood in the urine, giving it a smoky appearance. In disease of the bones or joints there is considerable pain, and often the formation of a sore which is difficult to heal, and the discharge from which is highly infectious. There are, indeed, but few parts of the body which may not

be infected with the *bacillus tuberculosis* or microscopical germ which, in the animal body, produces a lesion which leads to the formation of tubercles. And note it is the *animal* body, not only the human body, and there is no doubt that the spread of tuberculosis amongst men is partly caused by using as food such animals as cows, fowls and pigs that are affected with the disease; no wonder, then, that where meat is eaten great care should be taken in its choice, and to thoroughly cook it. In choosing meat, see that it is firm and red (not pale or purple) and marbled with fat; run a skewer in, and smell it when withdrawn to see if the odour is fresh and untainted. The lungs and brains are the parts where the "nodules" can chiefly be seen, and from their appearance are called "grape disease." But merely to use the knife which has cut tuberculous lungs, to cut fresh meat, is enough to convey infection. A whitish, granular appearance of the meat is observed in tuberculosis, but such meat ought never to be allowed to get on the market. By means of public slaughter-houses and plenty of inspectors this could be achieved. But as regards milk the difficulty is greater; there is no doubt that the bacillus is found in the milk of cows suffering from the disease, and has been so conveyed to infants and children, and possibly to adults as well. "A Pure Milk Supply" is daily becoming more recognised as a necessity, as our researches in bacteriology betray what a splendid "growing-ground" most germs find milk to be. Boiling the milk destroys the tubercular bacilli, but it is not easy to keep milk at the boiling point

for the necessary ten minutes, and milk so treated is not acceptable to all.

Scrofula is now generally admitted to be merely tuberculosis of the cervical glands, and though always a sign of weakness and debility, as is any form of tuberculosis, need no longer be regarded as an "evil" of special malignancy. Dr. Clifford Allbutt has done splendid service in combating the theory that a woman who has been operated on for the removal of the diseased glands of the neck is necessarily taboo as a wife and mother. Parents, however, who find that their children suffer from swollen glands cannot in the earlier stages do better than fall back on the two good old remedies of sea-air and cod-liver oil; but then this may be said for nearly all cases of debility and wasting. But where the doctor and surgeon now come in is in discovering whether tonsilitis, bad teeth, or other local irritation has caused a favourable seat for the growth of the disease, and whether an operation is necessary or not. Nowadays the removal of a gland of the neck can be done by a surgeon in such a way as to leave the very slightest scar, and generally to effect a radical cure. The operation is one that can be done in a private house, though there should be a trained nurse present; it is not sufficiently known that a trained nurse can be had for a day, or even a half-day, from most institutions, notably from the Nurses' Co-operation, 8, New Cavendish Street, London, W. As a rule, a drainage-tube is left in for about a week, and subsequently complete healing should be rapid, say two weeks. So important

does it seem to crush the old superstitious horror of scrofula, that I cannot forbear to quote Mr. Pridgin Teale's decided opinion :—" In a very large number, indeed in a majority, of the instances of scrofulous neck which have come under my care, there was no evidence of any constitutional taint or weakness. The origin of the ailment was often clearly defined—bad drains in many instances, scarlet fever, mumps, tubercle of the tonsil, and the like, in others. The cases were frequently isolated instances in families free from any tendency to constitutional disease, and health and perfect vigour were restored after the destruction of all degenerate or infective material."

Consumption.—The great and growing increase in the number of cases of phthisis has of late years attracted much attention, and slowly but surely an entire change in the treatment of consumption has arisen. Mr. George Bodington, surgeon, of Sutton Coldfield, near Birmingham, in 1840 published his book entitled "An Essay on the Treatment and Cure of Pulmonary Consumption on Principles Natural, Rational and Successful; with Suggestions for an Improved Plan of Treatment of the Disease." In this book he attacked the "shutting-up plan in close rooms" and advocated—

To live and breathe freely the open air, without being deterred by the wind or weather, is one important and essential remedy in arresting its progress, one about which there appears to have generally prevailed a groundless alarm lest the consumptive patient should take cold.

At first it was considered necessary to send patients to California or the Engadine, to the Riviera or

Africa ; but now it is recognised that, though there are different climates advisable for different stages of the disease, still where money has to be considered the main lines of treatment can be carried out in any fairly dry, bright country. Indeed, some medical men are sanguine enough to stick beds out on the sooty roofs of London hospitals, and call that the "open-air treatment"! The main *symptoms* of phthisis, as given by Dr. Jane Walker, are as follow :—

1. Cough.—This is often the first thing of which a patient complains. It is due to the irritation of the lungs, produced by the formation of the tubercles, and the consequent congestion around the nodules.

2. Anæmia.—Due to deficient aeration of the lungs, and to the systemic disturbance caused by the toxins.

3. Weakness.—Due to intensification of the causes mentioned above.

4. Loss of Appetite, Sickness, and Dyspepsia.—These symptoms are no doubt partly due to the bacillary toxins, but are in most cases largely caused by the custom which most people in this country still adopt, of shutting anyone with a cough in a stuffy room, feeding him on invalid messes, and giving some nauseating cough mixture, which does neither harm nor good to the tubercle bacilli.

5. Pain.—This may be a very early symptom of the disease, and indicates, as a rule, involvement of the pleura. The pain may disappear if effusion take place, which in its turn may be absorbed, and the attack, for the time being at any rate, be ended.

6. Night Sweats.—The cause of night sweats is by no means clear. They may be due to an accumulation of carbonic acid in the blood—a condition produced largely by insufficient fresh air. Whatever the cause, patients in sanatoria very rarely have night sweats, although the temperature may continue after admission to go up to 102–103 degrees F. every night.

The main symptom, "wasting," which will be noticed by friends, apparently does not appeal to the medical mind. Dr. Newman has calculated that in Finsbury 44 per cent. of the cases caught the disease from their relatives, so it is highly necessary that the public should be aware of the causes, symptoms, and treatment of consumption. Dr. Newman has the following card printed and distributed in Finsbury :—

TO PREVENT CONSUMPTION.

1. Keep the windows always open at the top day and nights and the room well ventilated. Never let it get "stuffy."
2. Keep the room very clean.
3. Spit only into a spittoon or cup kept for the purpose. The cup should contain a little water or liquid disinfectant. Once a day clean the cup at the sink with boiling water.
4. Boil all milk before use.
5. Live in the fresh air as much as you possibly can.

(Signed) GEORGE NEWMAN, M.D.,

Medical Officer of Health

The National Association for the Prevention of Consumption, which has its offices in Hanover Square, London, W., issues leaflets and rules, and also (price 6d.) a list of open-air sanatoria, with their charges. One of its leaflets begins thus :—

Cause of Consumption.—Consumption, or tuberculosis of the lungs, is caused by a germ or bacillus which is present in the expectoration of all persons suffering from consumption.

Disposal of Expectoration.—All expectoration must therefore be destroyed, and particularly must not be allowed to get dry, as it may then become pulverised and diffused through the air. When thus inhaled it may communicate the disease to other persons, or cause fresh attacks in the same invalid.

On no account, therefore, must handkerchiefs be used for expectoration. A spitting-cup, or pocket spitting-flask for out of doors (obtainable from any chemist), containing a little disinfectant solution such as dilute carbolic acid, should always be used. Small pieces of linen or calico, or Japanese paper handkerchiefs, which can be had at a trifling cost from any chemist, should be used for wiping the mouth, and burnt as soon as possible when soiled. At night they should be placed in a small basin at the bedside, not under the pillow.

The expectoration should be burnt in a clear fire, and the cup and spittoon boiled for five minutes.

Spitting on the ground or on the floor of any building or vehicle is a dirty and dangerous habit.

Consumptive persons must not swallow their expectoration, as by so doing they are liable to contract consumption of the bowels or other organs of the body.

Other Precautions.—Kissing on the mouth should be avoided.

Spoons, forks, cups, and other articles of this kind should be thoroughly washed before being used by other persons.

The breath of consumptives is not infectious, and if the expectoration is carefully disposed of, there is no risk to healthy persons attending those who have the complaint.

Predisposing Causes.—Some people are more liable than others to take the disease when exposed to the infection. Some, doubtless, are almost proof against it. The liability or predisposition to the disease may be "in the family" or inherited, or it may be acquired by overcrowding, by ill-ventilated, badly lighted, damp, or dusty dwellings, by insufficient food, or by irregular habits of life.

Sanatoria.—It is obvious that it is better for all cases of consumption to go to a sanatorium for a time; even if every precaution against infection is taken at home, and even if the home is in the country, still the rigorous discipline of a sanatorium can only be fully carried out under direct and constant medical supervision. Besides, it is

most important to get the exact climate for the exact case. Let there be a word of warning, however, against sending patients far from their relatives when there is danger. To send a man out to the Canaries or to Africa to die amongst strangers is neither wise nor humane; make your medical adviser state distinctly whether a case is serious or not, before you accept any very distant climate as necessary. Sanatorium treatment is very expensive as a rule, the charge often being five guineas a week.* Also the treatment is lengthy, but if the patient does not progress, and continue to progress, it is better to try home life for a while. To keep a dying patient at a sanatorium for useless months, and then send him home at the last gasp in order to avoid a death in the institution, is, unfortunately, not uncommon.

In those cases where it is obvious that even the Nordrach treatment is useless, it is sheer cruelty to go on stuffing the patient with mutton-chops, and pouring milk down his throat, which he cannot digest.

Five months ought to be long enough in any sanatorium; it may be necessary after that to live a country life, and carry on a good part of the treatment at home. It may be advisable to winter in high, dry altitudes for one or two years. Consumption is seldom quickly curable, but men like R. L. Stevenson and J. A. Symonds have managed to enjoy many years of semi-invalidism, and get

* There are certain charitable sanatoria where the charge is small, and Poor Law Guardians have in some places established open air-treatment for paupers.

good work done, in spite of damaged lungs. The sanatorium life is extraordinarily selfish, and if carried on too long is apt to turn out such self-absorbed beings, that really, so far as the world is concerned, they would be better dead. Mental deterioration is decidedly an evil to be fought against by phthisical people, and those who nurse or care for them must not inculcate too much self-interest. In quite little points self-control and consideration for others should be maintained; for instance, a phthisical person should always keep his mouth closed in coughing and make as little noise as possible; he should try never to cough at table. Unless he is confined to bed, or has a trained nurse in attendance, he should himself burn the sputum, disinfect the spittoon, and put all his handkerchiefs to soak in 1 in 20 carbolic (or some other disinfectant) before they go to the wash. It is thoughtless to leave these things to healthy folk, who may perhaps be careless and get infected.

The "**Light**" **Treatment** for phthisis is gaining ground. The basis is the same as that of open-air treatment—that the bacteria are killed by sunlight (or its artificial equivalent) and fresh air. Dr. Hopkins thus describes this treatment:—

An electric lamp with a condensing lens is used, so that at a distance of fifteen feet the light could be concentrated on a surface an inch in diameter, if desired. A screen made of strips of blue glass is placed between the patient and the lamp to cut off some of the heat-rays. The chest of the patient is bared and the light concentrated to a circle of fifteen or twenty inches in diameter. The exposures vary from half an hour to an hour, and are given daily.

The more natural method of living out in the sunlight is better all round, and more likely to give lasting results. But it is a great thing for the housewife to understand what a powerful germicide light is; then she will not pull down her blinds when the sun shines, and will understand that dark corners, even if scrubbed out at intervals, are great harbourers of disease germs.

The room in which a phthisical patient has been nursed should be sprayed with 1-2 per cent. chloride of lime. This is generally done, free of cost, by the local sanitary authority.

Lupus is a tubercular disease of the skin of the face, most often seen in young persons of a consumptive or scrofulous tendency. It is a very hideous and terrible disease, eating away sometimes the whole of the nose and the upper lip, and yet it affects the general health but slightly and does not kill, so that cases go maimed for years. Koch's fluid was a supposed specific, but failed, and though cases have been cured, sometimes very suddenly and very remarkably, it has always been regarded as one of the most intractable maladies. Of course, disinfection and care to prevent contagion are strong nursing points.

In 1897 Dr. Finsen published his remarkable paper on "The Treatment of Lupus Vulgaris by Concentrated Chemical Rays." The experiments described are founded not only on light as a stimulant, and its action on the skin, but also on light as a bactericide. That sunlight kills germs is a truth always impressed on nurses, and might with advantage be more firmly impressed on housewives.

At first Dr. Finsen used sunlight for his cases, but in such climates as England sunlight is seldom available, and so Finsen invented an electric lamp, and an instrument of this description was given to the London Hospital in 1900 by Queen Alexandra. Since then all large hospitals have provided themselves with lamps, and treat paying patients as well as free. There are from 100 to 200 patients treated daily at the London, so the routine has to be very carefully adhered to. Each patient is photographed on commencement of the treatment, and the history of the case is taken; arrangements are, where necessary, made for lodgings in the neighbourhood. Each patient attends daily for one hour if treated by the big Finsen lamps. The patient goes into the dressing-room and removes wraps, and takes her towel from the shelf which corresponds with the number she is given; she then sees the doctor or sister in attendance, and the part to be treated is cleaned with an antiseptic (generally a bit of cotton-wool dipped in boracic) and the exact part for treatment is marked round with a dermatographic pencil—a blue pencil which marks easily on the skin. The patient then mounts her couch, spreads her towel over the pillows before putting her head down, and having got comfortably into position, the nurse adjusts the pressure lens and the treatment begins. The treatment is “painless,” from a scientific point of view, but the position is constraining, and even slight pressure on such parts as the cartilage of the nose, for instance, gives pain, and the subsequent dressing and the inflammatory action of the light on the skin cause a

certain amount of suffering. Each séance lasts an hour with the large lamp, or twenty minutes with the small lamp, and then the patient gets down from the couch, takes her towel with her to the dressing-room, and there the face is dressed again and the patient goes home. Boracic is the favourite dressing, but others are sometimes used, some cases responding marvellously to iodoform. The inflammatory action on the skin is such that redness, swelling, and small blisters appear twelve to twenty-four hours afterwards, and sometimes these call for a soothing dressing. The treatment goes on for months in most cases, the average time being four months, and before the patient leaves another photograph is taken to compare with the first one. One of the great advantages of light treatment is not only that it cures, but that it leaves so little scarring and the skin is smooth and flat and pale when healed.

CHAPTER VI

MENTAL HEALTH

From strength to strength go on,
Wrestle and fight and pray,
Tread all the powers of darkness down,
And win the well-fought day.

DR. HYSLOP, of Bethlem, is responsible for the statement that, at the present rate of increase in insanity, it will only be a few hundred years before the percentage is as one to one. Then the whole world will be one vast lunatic asylum, with the sane entirely occupied in caring for the insane! And it is not only the actual insanity which is so prevalent, but the increase in idiocy and feeble-mindedness. It is all very well to get up a scare about the physical degeneration of the English race, but the mental degeneration is even more saddening and more marked. Those of us who have knowledge of the thousands of children in the London County Council's "special" schools, or of the 1,000 idiot children and 1,000 idiot adults at Darenth, have indeed cause to wonder why mothers, guardians and teachers are not more widely instructed as regards the maintenance of mental health. Even when feeble-mindedness or idiocy are not reached,

there is an enormous amount of brain-irritation and unwholesome mental conditions which go to make up a large sum of human misery. Let every mother and every housewife, then, not confine her attention to procuring an environment for the maintenance of bodily health, but also try to make an atmosphere of clean, wholesome thought in the home, and strengthen the brains, as well as the bodies, of the children.

One of the great evils of the age is *too early schooling* and for too long hours; this is particularly so in elementary schools, and is doubtless one cause of the increased bad sight and hearing, restlessness and lack of concentration in the working classes. To send babies of three to school for five hours a day is little short of criminal. The excuse is that these little ones do little more than play games and plait paper; but even to be kept in a state of brain-stimulation, to use the eyes to plait paper, is undoubtedly bad. Dr. Kerr, the L.C.C. Education Medical Officer, writes:—"Needles, pens, paper, pencils, are all out of place in an infants' school, where a great deal of unnecessary strain is extracted from children." And the following is from Dr. Aldridge, who was for twenty years a member of the Southampton School Board:—

The foregoing statements on the anatomy of the brain, the growth and development of the various parts composing it, and the order of appearance of the various mental functions, show that the proper age at which children should be first subject to scholastic education is from five to seven years. That up to this time the education should be Nature's. Those capable of judging consider that the early decline in the efficiency of the organs of sight and hearing are in a great measure due to

too great use of them in very early life. Placing a child to school too early produces a narrowness of conscious life, which will materially affect for the worse the child's after-life.

Corporal punishment should be abolished altogether. It brutalises, degrades and hardens the object of it. It produces fear instead of love. It may cause a child to improve, but it does not alter the character, because the motive for immediate betterment is immoral.

Dr. Clement Dukes, who is Medical Officer at Rugby, says no child should attend school under five, those between five and six for not more than six hours a week, and those between six and seven for not more than nine hours a week. The temptation to mothers to get their children out of the way by sending them young to school is responsible for much harm. Children need a certain amount of silence and solitude, need to play their own little games and use their imagination and reason, rather than to be taught by uttered precept to do this or do that. A child should "find out" for itself most of the little things of life. A child should roll on the floor, curl up in a corner, according to its wish, and not have to sit straight on a form. Then there is no doubt that nervous irritation is catching, and women are apt to be proud of being "worried to death," and "hating a ticking clock," and having "a wretched digestion," or being "unable to sleep a wink." All these are things to be ashamed of. A woman should cultivate repose of manner and quietness of mind. If she cannot sleep, let her seek the cause—probably want of exercise in the open air—and remedy it, but not talk about it. If she is afraid of mice or cows, let her keep her fears to herself and try to overcome them; cowardice is as dis-

graceful to a woman's character as to a man's. Where a hysterical woman rules, the children are almost certain to be fools or knaves. Then, the *nervous child* should be protected from all forms of excitement—from theatres and adventure books; from alcohol; and from churches where hell is preached. Let the mental atmosphere ever be one of quiet confidence, of big thoughts, of security and peace. This is from *Faulding's Medical Journal* :—

Modern science has brought to light the fact that worry will kill. The way in which it kills is stated to be that worry injures beyond repair certain cells of the brain. The brain being the nutritive centre of the body, other organs become gradually injured; and when some disease of these organs, or a combination of them, arises, death finally ensues. Occasional worrying the brain can cope with, but iteration and reiteration of one idea of a disquieting sort the cells of the brain are not proof against.

And this is from an address by Dr. Patrick, of Chicago, on “How Not to be Nervous” :—

For preventing nervousness in children, or removing it when present, the mind and body should be toughened. Tough muscles, strong lungs, and a vigorous digestion, the ability to stand changes of temperature and endure pain, enable a child to withstand nervousness. The child who could support disappointment, be crossed without a tantrum, and who habitually obeyed, had a bulwark against nerves. To procure this toughness a certain exposure to mental hardship and bodily discomfort is necessary. In adults a large proportion of nervousness is caused or helped by misdirected energy, misplaced worry, longing for baubles, the fighting of phantoms, &c. To recognise the important things in life was one of the most difficult tasks of judgment for any individual.

In conclusion, he said :—

If you wish never to be nervous, live with reason, have a

purpose in life and work for it, play joyously, strive for the unattainable, never regret the unalterable ; be not annoyed by trifles ; aim to attain neither great knowledge nor great riches, but unlimited common-sense ; be not self-centred, but love the good and thy neighbour as thyself.

It is also worth while repeating Dr. Hyslop's statement that prayer before going to bed has a very soothing and wholesome effect on the mind ; to put ourselves in touch with the great Lord of all things, and lay all our cares on Him, is an excellent preparation for a quiet night. Devout members of the Roman Catholic Church make an hour's meditation every day, and it is a practice other Churches might well inculcate. An hour's silent thought on the great and the good things ought to raise us above worry over the numerous petty and bad things of life. Carlyle has well pointed out that wholesomeness, wholeness, and holiness are all one. Failing that faith which makes prayer possible, let a man or woman spend one hour a day in silent company with Plato or Marcus Aurelius ; the "Meditations" of Marcus Aurelius are an excellent mental tonic.

There are certain specific illnesses which must be dealt with in this chapter—namely, chorea, epilepsy, hysteria, neuritis, neurasthenia, dipsomania, melancholia, and dementia.

Chorea, or St. Vitus's Dance.—This is a common and curable complaint of neurotic children, and is nearly always connected with faulty schooling. At the Hygiene Congress of 1891, Dr. Sturges quoted many cases, and it seems worth while to

give an extract from the "Transactions" officially published :—

George H., age 10, as far back as November observed to be restless, but not removed from school. At Christmas much frightened by seeing a woman knocked down and her head cut open. Was much more restless the following day, screaming and crying out at night. Was still kept at school notwithstanding, and only last week was punished for inattention at lessons. This boy, though not very bad on admission, became violently agitated some time later after a dream, weeping and throwing himself about in paroxysms, quite beyond self-control, and fed with great difficulty. He was more than two months in hospital, but eventually made good recovery. . . . There was school worry in all cases except one (No. 5), where there was the injurious excitement of performance at a school concert. Dr. Cheadle, in supporting the views enunciated in Dr. Sturges's paper, pointed out that it was not so much hard work in itself which was effective in producing St. Vitus's dance, as the excitement, emotional disturbance, anxiety, and dread which resulted from inability to do schoolwork, and the punishment and disgrace which accompanied it.

Early symptoms of chorea are fidgeting, grimacing, and jerking of the arms; the child is generally dull or irritable, and any mother or teacher ought to notice that it is out of health. Unfortunately, the child is too often punished at this stage for "making faces," for "bad writing," or for "not sitting still." Then the involuntary jerking of the limbs becomes worse and is noticed in the walking or in difficulty in getting the food to the mouth, and then at last a doctor is called in. The greatest patience, calmness, and kindness are needed in these cases. Perfect rest and plenty of light, nourishing food will be ordered. Get the child to bed in an airy room, and if necessary pad the sides of the bed or crib with lots

of pillows, to prevent the child bruising himself in his involuntary movements. Keep the room quiet but bright ; let the child have a bath daily, or at least be well washed all over, and observe all other hygienic practices. Better general health often means a quick cure. Do not let the child drink from a glass or thin cup—he may bite a bit out ; the feeding is often difficult and needs great patience. If the child develops dirty habits, put it down to the malady and don't scold or worry—indeed, a worrying or cross person ought never to be allowed to go near a child with chorea.

Epilepsy is an illness marked by brief seizures of unconsciousness or convulsions, according to whether it is in the stage known as *petit mal* or *grand mal*. It is partially hereditary, and generally begins in childhood, often with infantile convulsions at the time of teething. Mental excitement, accidents, the period of puberty, are also contributory causes of “fits,” and a child who shows any signs of epilepsy should live a very quiet, healthy life, and brain and body should be strengthened in every possible way. Then there is good hope that the seizures will cease in the teens, and that the child will outgrow the malady entirely. Epilepsy is far more frightening to outsiders than to the family ; a wise mother soon learns how to recognise the oncoming of a fit, and what to do during the seizure, and comforts herself with the knowledge that the child is in no actual pain, that things are not so bad as they look, and that years will probably bring strength and relief.

Dr. G. E. Shuttleworth, who is a great authority

on this subject, gives the following directions as to treatment during a fit :—

In the severe form of epilepsy, described as *grand mal*, the suddenness of the attack calls for much vigilance and prompt resource in those in attendance on the patient. A state of malaise, of brooding, or of mental irritability, may lead us to suspect the gathering storm, and it will be prudent when such signs are noticed to take every precaution against the risk of the patient incurring unnecessary excitement or danger. Under such circumstances patients should not be taken to public assemblies, in a boat, or walking in crowded thoroughfares or along precipitous paths. Persons known to be epileptic should not be allowed to work on staircases or steps, near an unguarded fire, or amidst moving machinery, and never to have a bath in a locked room. The doctor's attention should be called to any of the signs mentioned above, and sometimes a free purge will be a useful measure of precaution. Patients subject to severe epilepsy must never be left quite alone, either by day or by night. In bed there is a tendency for the patient when attacked by a fit (or after it) to turn over on the face, and if the mouth and nose be buried in the pillow, death by suffocation may result. Feather pillows are inappropriate for epileptic patients; a thin horsehair pillow in canvas covering is better, and a special pillow devised by Dr. Colman so as to allow a measure of transpiration may be obtained from Messrs. Garrould's. The patient should be encouraged to tell the nurse of any warning symptoms (*aura*) he may himself be conscious of—such as tingling, twitching, visceral sensations or sense illusions—which he knows are precursors of an impending attack, and special measures may then be taken with a view either of averting the attack, or of shielding the patient from danger. When time permits, the prompt inhalation of nitrite of amyl may ward off an attack, and if the *aura* consist of tingling or twitching in an extremity, further progress may sometimes be stayed by tying a tape ligature tightly about the arm or leg. In spite of such measures, however, the fit will often have its way, and then the nurse will early place the patient out of harm's way on a low couch or mattress on the floor, take care to loosen all tight clothing,

collars and corsets particularly, and where there is a tendency to tongue-biting, place a piece of india-rubber or a cork (well secured) between the teeth. Holding the limbs during the stage of clonic spasm is not advisable ; all that need be done is so to place the patient as to prevent him hurting himself.

After the fit the patient generally falls asleep, and wakes up conscious and himself again. This sleep must not be disturbed ; leave the patient quiet in a dark room. In *petit mal* there is only a transient loss of consciousness and power, which the patient may describe as a “dizzy” attack or faintness, and the relations often fail to recognise these mild cases of epilepsy. The eyes stare vacantly, the face goes pale, the patient stops whatever he is doing and may stagger a little ; but there are no convulsions and seldom any falling, and the attack only lasts a few seconds or a minute or two. It is imperative that anyone subject to these slight attacks should be strengthened in mind and body also, or convulsive seizures may follow. A “bracing” treatment is better than a “sympathetic” one, and though the child should be spared ordinary schooling, it should be trained to discipline and obedience. Many epileptics will tell you that they can ward off attacks by an effort of the will when the preliminary *aura* give them time enough. Some doctors recommend a daily cold bath ; light, nourishing food, eaten slowly ; attention to keep the bowels open ; and nerve tonics or sedatives. If medicine is ordered, it is most important that it should be persevered in. Often a doctor orders bromide two or three times a day, and under its effect the attacks cease and some months pass ; then the relations get care-

less, the drug is not given, or given irregularly, and the result is a return of the fits, and the whole treatment has to be begun again. It is no use to call in a doctor and then not obey him. Epileptics whose convulsive seizures persist after maturity should not marry.

Hysteria.—Loss of mental stability and of self-control, most common in girls and young women. We all know the type of the hysterical girl—vain, given to tears and tempers, self-conscious, utterly selfish, and always playing at fainting-fits or some form of illness. And, unfortunately, we know the feeble, sympathetic mother who pampers and panders to these silly girls; the fault is half hers for not having brought her children up in a more wholesome and strong-minded manner. Such girls have generally been fed mentally on novelettes, and physically on pastry and sweets; they have been allowed to indulge themselves in every way, and their emotions have become excessive and explosive, till they can scarcely see a man without falling in love with him. The only thing to do with such girls is to get them away from their relatives and subject them to a bracing mental, moral and physical environment. The great thing is for the family to recognise the early symptoms and treat them with healthy scorn, and so try to ward off a long, painful illness which may even result in loss of sanity. If a father or brother will laugh at tight-lacing and powdered face, will inculcate tennis and rowing instead of novels and fondants, will encourage self-control and a reposeful manner, the evil may be nipped in the bud. The mother

must note whether some iron tonic is needed, whether the hysteria is more marked at the periods, whether the girl sleeps with her window open and has a sufficiency of wholesome exercise, both physical and mental. Unfortunately, the hysterical girl is often an adept in aping diseases ; she will simulate paralysis and epilepsy, she will have "choking-fits" and be unable to eat, she will harry and worry her people in any way, provided only she can make herself the centre of attention. What she desires most of all is to get some handsome young doctor, or young curate, in attendance, and puzzle or interest him by her goings-on. In course of time she deludes herself—so weak does the brain become—and really believes she cannot swallow or that she has lightning pains in her limbs. It is pitiful—it is degrading. So absolutely can our "God-like reason" fail us when we leave it to "rust unused." And if she deludes herself, she also may delude her family, and it will need the wisdom of an elderly doctor to discover how much is fraud and how much reality, and to prescribe the proper tonic treatment. No young doctor must ever be called in to a case of hysteria.

Removal to a nursing home for a course of "Weir Mitchellism" is often prescribed ; the elements of this treatment are forced feeding, rest, and absence of all excitement. The family must be on its mettle, by the time the invalid returns, to have an atmosphere of work and unselfism ready for her. So long as her general health is maintained and there is no over-excitement, the hysteria will probably not return. Dr. Tyrrell says very plainly that "moral

force" is the most efficacious treatment for hysteria ; and certainly but little reliance can be placed on drugs—"Wrestle and fight and pray." Hysteria used to be more common than it is now—so common amongst women that it was regarded as a purely female disease. But many male cases have been recorded lately. Why should young women take to fainting and screaming in their teens ? Merely for lack of something better to do. Just when a lad feels his mental and physical powers developing, he is sent to college or to work ; he aims at his degree or his college boat, to be in the "first eleven," or to take a "first-class"—he has an outlet for his energies. But the girl confined to fancy work and waltzing naturally bottles up her nervous force till it explodes in a hysterical fit. In these modern days, when more women work, fewer women have hysteria ; if you make beds and scrub floors, if you play hockey or try for the London matriculation, you haven't spare force to waste on hysterics. Every woman should do good, honest physical and mental work, and train either for a profession or as a housewife. God didn't give every woman two arms and only one tongue for nothing. Swedish gymnastics are a poor substitute for productive labour, but in some cases they are better than nothing. Scrubbing is the most satisfactory work ; it makes you go down on your knees, it exercises all the muscles, and the sight of clean boards and the sweet smell of the soap are most exhilarating. And there are in every town so many rooms that need scrubbing ! It is more really Christian to scrub out a room for a poor neighbour than to call and leave a tract, because

it is bearing one another's burdens. And the mother who objects to her daughter scrubbing out a dirty room, because the daughter may catch some illness or spoil the whiteness of her hands, is training that daughter in cowardice and vanity and other forms of vice. Give your daughters proper outlets for their energies and they won't have hysteria ; and remember—

Beautiful hands are those that do
Work which is honest and brave and true,
Moment by moment the whole day through.

Insomnia is rather a symptom than a disease, but it is a source of great pride to village gossips and neurasthenics. "I never sleep a wink, Miss," the old grannies love to say. As we get on in life, few of us have unbroken nights, and it is best to get accustomed to this and not fuss. So long as you lie still and rest, it does not so much matter if you sleep or not ; certainly don't fly to drugs—never take sedatives without a doctor's orders. Try instead plenty of open-air exercise by day, a light meal at night, and some quiet game at cards or dominoes, an airy bedroom and light bed-clothing—but a hot bottle for the feet in winter, and see if sleep won't come for at least six hours. It is no use to go to bed at ten and expect to sleep until eight next morning, with perhaps an hour's "doze" in the afternoon ! A religious writer says of the past : "Instead of the peevish wail of the sleepless, was the wise desire of the wakeful spirit to rise and give thanks in the night watches, and to let no hour pass without its prayer." Certainly

to cast all your care on God is a better cure of insomnia than any amount of drugs.

Neuritis and Neurasthenia. — Now, if chorea and hysteria are essentially diseases of youth, nervous exhaustion (neurasthenia) and neuritis (inflammation of the nerves) are essentially the diseases of middle age, and the result of overstimulation and overwork. It is generally recognised that a woman must slack off a bit between forty and fifty, or else her nerves will get the better of her. If she is a teacher, she had better take a prolonged holiday ; if a nurse, insist on only light cases and rest between them, and so on. Otherwise she will develop sciatica or neuralgia—both forms of neuritis—or else take to irritability or apathy ; and possibly drink or insomnia will crown the evil.

But it must be remembered that the time comes to men also when their powers begin to flag or solidify, and new schemes or rushes of hard work are inadvisable. Men hate to recognise this, and too often fly to stimulants to urge on their failing energies. It is better to let a man and a doctor have his say on this point, so I quote from Dr. Tyrrell :—

At whatever age it may arrive, the time when this failure of power begins is one fraught with danger to the nervous health and stability, and a time at which it behoves us to be especially watchful for any signs of collapse.

Now, this period is, with many men who are occupied in commercial or professional pursuits, just the time at which they are most called upon for effort and exertion. It is a time at which success in one's avocation is at its zenith ; it is also, unfortunately, a time at which men are apt to recognise this

success and to pursue it with renewed energy and vigour. Finding their capacity for business beginning to fail, that the clearness of brain and activity of memory which led to their early successes are no longer what they were ; and finding that stimulants rouse their failing energies into increased energy, they commence the fatal principle of working under pressure. This is especially liable to occur among that large class of persons who gain their living by the exercise of the imaginative faculties ; writers, journalists, and others who have to supply, often at rigidly fixed times, a certain amount of matter from an often overworked brain.

If a man of fifty finds his digestive organs, especially those of elimination, failing, and gout and nerves and insomnia bothering him, he will be wise to turn at once to a more simple and healthy life, work less with his brain and more with his hands, eat less and prefer vegetables to meat, drink and smoke less, and be in the open air as much as possible. Then after a few years, possibly, the constitution recovers tone, brain and body are healthy once more, and there is a green, healthy old age ahead, full of joy in the youngsters, instead of invalidism, misery, and dislike of children.

It is all very well to put sciatica, for instance, down to a chill, but I for one have never known a case which was not connected with business or domestic worries ; so that though a doctor or nurse may treat sciatica with salicylates or blisters, the housewife must try to remove or mitigate the source of worry and make a happy, peaceful atmosphere. How often that source of worry is the increasing domestic expenditure ! for the children are growing up, the wife's desires become more numerous, social duties multiply, and the husband

and the father, just when he ought to be taking life easy, is spurred on to further exertions, to the attainment of a greater income. If this should be so, the easing of those terrible pains in thigh or arm depend much more on the wife suddenly dropping her social ambitions and reducing her expenditure, than on the drugs ordered by the doctor. In cases of neurasthenia and neuritis, aim to secure peace of mind and rest of body. Two little practical points with regard to sciatica: the painful limb will rest better on a hard, flat mattress than on a feather bed or pillows. If salicylate is given, the patient is often depressed and given to tears without cause—this is merely a result of the drug. Warm applications are often very soothing in brachial neuritis or sciatica or lumbago, and the pain can be much diminished by sympathetic nursing.

There is another form of neuritis—called peripheral—and affecting chiefly the extremities, and here again it seems better to throw the onus of telling the truth on the doctors, so I quote from Dr. Fortescue Fox :—

If you were taken into a room, and found a young or middle-aged woman lying in bed complaining of burning and darting pain and numbness and tingling in the legs and feet; if you found these red and moist and tender to touch; if you discovered that she could not bend, that is to say, flex her feet, but that they were inclined to droop; if then she assured you that she *never* took any spirits or beer, you would of course look for the empty bottles in some likely place of concealment. The signs that I have mentioned are those of neuritis produced by chronic alcoholism. I remember the case of a girl who was once sent to me to be treated for rheumatism. Both her hands and feet

were exquisitely painful, not so much the joints as the muscles and the soft tissues. She was weak and wasted, and nervous and anæmic, and this had been going on for a good many months. I shall never believe that she was knowingly intemperate, but I found that for a long time she had been carefully "kept up" by port wine and other stimulants, with reduction of diet, increasing weakness, and necessary confinement to bed. Under these circumstances a highly sensitive condition of the nervous tissues had been developed, together with extreme debility, which provided the opportunity for an alcoholic neuritis.

There are other poisons besides alcohol which will produce neuritis—lead and arsenic, for instance, and doubtless readers will remember the outbreak, early in this decade, due to the use of adulterated beer. But the vast majority of cases are due to alcoholism, and many cases are due to unwitting alcoholism; women who would be horrified at the thought of drunkenness will have their whisky or their port wine or their beer ever beside them, and be constantly having "a half-glass." *Verb. sap.*

Dipsomania.—There is no policy more disastrous and unfair than that of hiding away and hushing up the drink question. If there is a family history of dipsomania, the children have a right to know it, and they should be warned of the special temptation awaiting them, and should be brought up to be teetotalers. For though it is true that the heredity excuse has been carried too far, and that no baby ever came into this world with a liking for brandy, still, predisposition and environment are the main causes of drunkenness. A person who has been warned early against drink should never become its victim, for there is nothing

so very pleasing in drunkenness, after all. The difficulty is largely the force of custom. In a street it is the custom for the men to go to the public-house at the corner every night and drink more than is good for them; it used to be the custom for English gentlemen to drink a bottle or two of port after dinner, and end up the evening under the table. In certain trades in certain towns every bargain has to be begun and ended with a glass of whisky. It is these customs which need amending, these foolish conventions which must be courageously trodden down. And if a mother has instructed her son that he can only go to church in a top-hat, and dine in a claw-hammer coat—*because others do it*—she must not be surprised if he gets into a drinking circle, if he drinks—*because others do it*. Train your children in force of character, and not in mere conventions, and then they will never become dipsomaniacs.

But if the youthful dipsomaniac can sometimes blame his parents, the elderly dipsomaniac can always blame himself. Let him do so, and cure himself. For it is a terrible lie that there is no cure for the drink habit: there are many cures, of which the chief is abstinence from the poison. The previous pages show how disordered nerves play us false and lead gradually on to inebriety; so remember that this also is a disease, a disease to be prevented if possible, to be treated by a doctor in its earliest stages if possible, or to be cured by decisive action of signing before a magistrate an order to go voluntarily into a retreat for six months. These retreats are duly licensed and inspected, and

it is better for a man or woman with a definite creed to choose a retreat where the moral support given will be most sympathetic. The Friends' Temperance Union, 15, Devonshire Street, E.C., issues a list of retreats, with particulars. Also, the Church of England Temperance Society, 4, The Sanctuary, Westminster, runs several Inebriate Homes; then there is Lady Henry Somerset's colony at Duxhurst, Reigate; the Salvation Army Retreat at Victoria House, Thundersley, Essex; and St. Veronica's Retreat, Chiswick, managed by a Roman Catholic sisterhood. There are also public Inebriate Homes for the compulsory detention of habitual drunkards sentenced under the 1879 and 1900 Acts; but these go beyond the scope of this book. The relative or friend may be of great use in finding a suitable retreat and making arrangements, and then, in a lucid interval, pointing out to the patient how he is ruining himself and hurting his family, and so persuading him to sign and get himself out of temptation for a time, so that the brain can clear and the bodily strength come back, and the dipsomaniac be sane once more and fit to wrestle and fight. But never argue with or scold a drunken man; get him as sober as possible before you ask him to sign.

The charges in the retreats vary enormously. Some retreats have golf-links and billiard-tables, and even grouse-moors and salmon-rivers; others are run on philanthropic lines and the charges are as low as possible. Advertisements with regard to the first class will be found in *The Lancet*, or in any medical journal. Also, the rules vary; in

some retreats they are stringent, in others the attempt is to train in self-control and the patients are free to go in and out. Some Homes will only take cases that sign for twelve or nine months ; in some Homes all letters are opened and read, and no money or valuables are allowed to be in the patient's possession. The following are typical rules from a moderate establishment, where the charges are from one to three guineas a week, and patients are received for either short or long periods :—

1. The applicant on becoming an inmate of the Northlands Retreat for Inebriates will be required to conform to the regulations of the institution.

2. The admission paper must be filled up and signed by the person responsible for payment before the applicant enters the institution.

3. All letters written by the patients must be given to the principals, who will post them, unless they shall have good reason to know that they are written for the purpose of obtaining stimulants and drugs.

4. Patients may open their own letters or parcels if they contain neither stimulants nor drugs.

5. Patients may not enter any bedroom except their own.

6. Patients are not permitted to go out alone except in the garden.

7. Patients must be responsible for their books, papers, work, etc., if left in the sitting-rooms.

8. Patients may not have more than 2s. 6d. a week pocket-money without permission of the principals, and if they try to buy stimulants or drugs the pocket-money will be suppressed.

9. Patients must neither give, lend, nor borrow money.

10. Visitors are not allowed to bring stimulants or drugs into the retreat.

11. A patient may not take any stimulant or drug without

special written authority from the medical attendant of the retreat.

12. Patients may go to see their friends, but the friends must fetch and bring them back, and patients must not be absent even for one night without due permission.

13. Patients may go to concerts, &c., with an attendant.

14. All patients are required to attend daily prayers and Church services on Sundays, except Roman Catholics or Jewesses.

15. Punctuality in respect to the hours of meals and other household arrangements to be strictly observed.

16. Suitable and sufficient clothing must be provided by the friends of each patient during her residence at the retreat; patients must find their own table-napkins and chamber-towels.

There are certain "short term" and "no restraint" institutions where there is much reliance on medicinal treatment, and where good results are sometimes secured. The following is from the prospectus of the Norwood Sanatorium :

Since the treatment is curative and not repressive, it is found quite unnecessary to enforce those irksome conditions of restraint which prevent so many who ought to be patients from submitting to what appears to them as something very like imprisonment. It is, of course, necessary for patients to present themselves for treatment at the three times requisite in the course of the day and to observe the directions of the medical superintendent in other respects, but otherwise they can dispose of their time as they will within the ordinary limits of reason.

Delirium Tremens.—The turning-point of the dipsomaniac may be an attack of delirium—the hands get more tremulous, the eyes more wild, the brain more confused, till at last there are actual delusions and the "powers of darkness" are in possession. Call in a doctor—don't try to hush things up. The doctor will probably give a sedative

to secure sleep, and the delirium will pass ; but the after-weakness is often great and perilous, and the nursing back to health a terrible business. Now, whilst the remembrance of the hell from which he has just issued is fresh with the patient, get your moral force to bear on him to secure his reformation. But be pitiful. Hope and love are stronger powers than fear and blame. Get your patient away to some country sanatorium, where they will build up his general health, keep him from temptation, and lead him along the first steps of a new life. The second steps are probably your business—and his.

The neurotic tendency, if not fought against, and if fed with drugs or stimulants, generally lands a woman in **Melancholia**, and a man in **Dementia**.

The characteristic symptoms of melancholia are depression of spirits, a sense of feebleness and fatigue, anxious apprehension and brooding over fancied impending evils, with loss of interest in pleasures and duties alike. Physically are associated disturbances of the digestive and assimilative processes of health, dryness and coldness of skin and extremities, loss of appetite, insomnia, headache, constipation, &c. If recognised early, melancholia can sometimes be cured by clearing the general system of the poisons stocked in ; this can mainly be done by pure air and outdoor exercise, and the use of laxatives and liver tonics. We all feel melancholy when we have a liver attack ; if our liver is permanently out of order through “soaking,” we get melancholia. Far more than worry or overwork is auto-intoxication from the bowels, the

contributory cause of melancholia. It may be more poetical to be melancholy because you have lost a friend, or failed to write a play ; but practically the cause will be found to be too much whisky or too little exercise, leaving in the body poisons which the bowels are too feeble to dispel. Once the brain is wrecked on this rock, the housewife can do nothing. Here we can only give the word of warning as to the tricks the body can play with the brain.

Premature old age, loss of sensibility, lethargy of mind and body—such is the form of *dementia* to which alcoholism, epilepsy, or syphilis often leads men. Such cases are better in an asylum. Why should their relatives be afflicted by the sight of the vacant face, the crouching attitude, the mental and moral degradation of those who might have been so different ? The patient himself has “ gone to his own place,” and the sooner others can turn from the hopeless case, and try to help those who are lingering at the beginning of the downward course, the better. It would be useless here to picture the horrors of mania, imbecility and other forms of insanity. These are all cases for the doctors ; but the one great cry of warning we would make ring through the land is, Keep your self-control, be temperate, be careful ; for your mental health is even more important than your bodily health.

CHAPTER VII

CONTAGION AND DISINFECTION

THE principal Infectious Diseases are seven in number, namely :—Small-pox, Scarlet Fever, Diphtheria, Typhus, Typhoid or Enteric, Measles, and Whooping Cough. The notification clauses of the Public Health Act deal with small-pox, cholera, diphtheria and membranous croup, erysipelas, scarlet fever, typhus, typhoid, and relapsing, continued and puerperal fevers ; all these last must be notified by the medical man in charge of the case to the Medical Officer of Health for the district, or the head of the family is held responsible for the notification if a medical man is not in attendance.

Besides these major contagions there are certain other minor contagions—mumps, German measles, chicken-pox, ringworm, the itch, pediculi—which are dealt with at the end of the chapter. Then we conclude with some particulars about disinfectants.

The following table may be helpful in diagnosing infectious fevers, but rashes and symptoms are apt to be very similar, and even doctors mistake chicken-pox for small-pox sometimes.

INFECTION TABLE

<i>Disease</i>	<i>Incubation</i>	<i>Duration</i>	<i>How Conveyed</i>	<i>Quarantine</i>
Small-pox	12 days	About 1 month	Air or clothing	18 days
Scarlet Fever or Scarlatina	4 to 7 days	6 to 9 weeks	Air, clothing, milk	14 days
Diphtheria	3 to 7 days	2 to 3 weeks	Breath, clothing, milk	12 days
Typhoid or Enteric	2 to 3 weeks	1 to 3 months	Drainage, water, milk	21 days
Measles	14 days	2 to 4 weeks	Air, clothing	16 days
German Measles	10 days	1 to 3 weeks	Air, clothing	16 days
Whooping Cough	7 days	3 to 12 weeks	Air	21 days
Chicken-pox	14 days	3 to 4 weeks	Air or clothing	10 days
Mumps	10 to 14 days	2 to 4 weeks	Air, breath	21 days

Small-pox.—Pains in the head and back (not unlike those of influenza), feverishness and lassitude are the early signs of small-pox. There may be sickness, and the temperature rises to 104° or 106° F. The rash shows first on the forehead, then on wrists and arms, in the form of small red dots, said to feel like shot beneath the skin.

Small-pox patients are always removed to a hospital if possible, or trained nursing secured, so here we will only run quickly over a few important points, in case some dweller in the wilds should need instruction. A soft bed and smooth clean linen are very acceptable, also a dark, quiet room with plenty of cool air, and not too much clothing. You may as well have a red blind and so cut off the chemical rays, for Finsen says in this way the case is milder and there is no scarring. Strangely enough, an old superstition has always existed in country districts in England in favour of red curtains, coverings, &c., in all feverish cases, and Dr. John Gaddesden, who died in 1361, is stated in his obituary notice to have "cured a son of Edward I., by red light, of small-pox." The red dots swell and become full of matter, which about the ninth day begins to ooze. Great cleanliness is necessary to prevent smell and discomfort, and the patient must not be allowed to scratch. It may be necessary to cut the hair. Tepid sponging is very soothing, and the eyes, nose and mouth must be kept clean. Eucalyptus oil, glycerine, or vaseline may be applied to the face to arrest the irritation and prevent scratching. The food must be light, chiefly milk, but soups, stimulants, and lemonade are generally allowed. Disinfectants must be freely used—boracic in the water for washing eyes and nose and mouth, carbolic or biniodide elsewhere. The twelfth day is supposed to be the most critical period of the disease. There is often delirium, and the nurse must guard against the patient getting out of bed. During convalescence lung trouble is

to be guarded against. The amateur nurse must aim at keeping the patient clean and comfortable, and preventing the disease from spreading to others ; she has then done probably all that mortal can do.

Scarlet Fever.—The early symptoms are high temperature, sickness and sore throat, possibly also shiverings and pains in the limbs. Most frequent in children and not very infectious in the early stage, so that it is important to isolate the case at once. If there is a hospital near, the child had better go there ; in London there is a paying hospital in the Liverpool Road for fever cases, where private rooms can be secured if necessary. If the case is nursed at home, the top of the house is best, and there a room must be stripped of all hangings and superfluities, a sheet wrung out in 1 in 20 carbolic must be hung over the door, and the nurse and her charge must go into isolation for *at least six weeks*, and probably much longer. Remember this in deciding whether a case shall go to hospital or not. Dr. Harding says :—

In scarlet fever there is danger of infection from the beginning of the illness until the last shred of desquamation has separated from the body. The poison is contained in all discharges as well as in the particles from the skin. Isolation and the details of disinfection must be carefully carried out. The poison clings to clothing or rooms, and after a very long time may convey the disease. Every article of clothing which has been worn by the child or exposed to infection should be disinfected. Children after the first year of life are the most subject to scarlet fever, and it is most fatal about the third or fourth year. If a case break out in a large household or institution, every—even the slightest—sore throat should be reported.

The rash appears after twenty-four hours. Dr. Woollacott writes :—

At this stage, in a well-marked case, the appearance of the patient is very striking. The whole of the trunk and limbs are bright red. The cheeks and perhaps the forehead are flushed, but the parts round the mouth remain pale. The skin feels hot and dry to the touch, and the pulse is very rapid. The throat is inflamed and swollen, and there may be exudation on the tonsils, with enlargement of the glands at the angle of the jaw. A thick white fur covers the tongue, from which the red, swollen papillæ stand out prominently. This is one form of the "strawberry" tongue. As a rule the patient is restless and frequently delirious, and the temperature may be raised to 104° F., or even higher. In favourable cases, after a variable time, improvement begins and rapidly progresses. The temperature falls, the rash fades, headache and pain in the throat subside, and sound sleep comes to relieve restlessness and delirium, so that by the end of a week all the acute symptoms may have disappeared.

No one must be admitted to the room but the doctor and the nurse. The latter must hold no unnecessary communication with members of the household, and must practise great cleanliness and careful disinfection.

A supply of crockery, &c., for her own and the patient's use should be kept in the room, any leaving the room being previously scalded and soaked in a solution of formalin. Meals must be put outside the room on a tray, and fetched in by the nurse, all waste food being burnt.

The floor should be washed with a mild disinfectant, and the room dusted with a damp duster. All slops should have disinfectant added before they are emptied down the w.c. Discharge from the nose, eyes and ears should be removed with pieces

of rag that can be burnt at once. All bed-linen and clothing worn in the sick-room must be soaked for twenty-four hours in 1 in 20 carbolic and then boiled.

The diet ordered is generally milk and light farinaceous food. The temperature must be taken night and morning. The urine should be measured and any unusual appearance—such as duskiness—reported to the doctor. “Peeling” sometimes lasts as long as six weeks, and is a very tedious process; frequent baths (to which a little carbolic has been added) and soaking of the feet and hands will help to accelerate the process. The nurse will need patience and skill at this time to keep the patient bright and amused through his long confinement, to keep him free from chills, and to build up his general health. “Relapses” and “complications” in fever cases often retard recovery for months, and are frequently the result of carelessness on the nurse’s part.

When at last the doctor gives leave to the patient to go out, a carbolic bath and a clean change of clothing, *put on outside the sick-room*, are necessary. Hair and all must be washed. If possible, the patient should then go straight out for a walk in the open air in an uncrowded place. For several days he should avoid going near children.

As a rule the local sanitary authorities disinfect the room; but if the nurse has to do it, let her make a fire and burn all papers and waste material; then throw open bed, open drawers, spread out clothing, and paste strips of paper over cracks of window-frames; then light the formalin lamp or sulphur

candles, or whatever disinfectant she uses, go quickly from the room, and paste up the door from the outside. Directions are always sent with the disinfectants as to how they are to be used. Practically a mattress can only be disinfected in a proper oven. After leaving your room sealed for twenty-four hours, throw open the door and allow some of the gas to escape before you enter; then, covering your mouth and nose, go quickly in and open the windows and close the door, and leave it so for twenty-four hours. Then it is better to have the walls stripped of old paper and redone, the ceiling washed and all the paint renewed. Dr. Newman says :—

By whatever method gaseous disinfection is practised, it may prove ineffectual on account of the fact that what is required is that the disinfectant should be applied directly to infected surfaces of a room. It is therefore better, wherever practicable, to apply the disinfectant by washing or spraying. Accordingly we have adopted the spray method in certain cases, and disinfectant solution (chloride of lime, 1-2 per cent.) is sprayed on to walls, floors, &c. Thorough and wet cleansing of infected surfaces is the desideratum.

Diphtheria, sometimes also called Membranous Croup.—This illness may be light or severe, but must always be treated seriously, as it is very infectious and has a high mortality. It begins with cough, sore throat and swollen glands, and general depression without high fever. Soon grey-white patches can be seen at the back of the throat, and this is the characteristic symptom of the disease. Dr. Woollacott says :—

There are three well-marked stages, the first characterised by croupy cough, but only slight discomfort, the second by

gradually increasing restlessness and struggling for breath, and the third by exhaustion and coma. Whatever be the patient's condition and however mild the symptoms, he must always be carefully watched, for at any time he may become suddenly worse, so that prompt treatment is necessary to save his life. The temperature of the room should be 65° F., or a little over, and the bed must be protected from draughts. If the air be very dry, benefit may result from the use of the steam-kettle. The old-fashioned steam-tent is occasionally useful, but is less often ordered than formerly. Our object in using the steam is to relieve the laryngeal spasm, so frequently present, to soothe the inflammation, and to assist in the separation of the membrane. The food should be liquid and chiefly milk, given in small quantities and at frequent intervals; but if the patient is sleeping he should not be awakened. At this stage rest is more important even than nourishment. It often happens that with this treatment the symptoms gradually subside and recovery follows. On the other hand, they may get more urgent and render an operation necessary.

Should the operation of tracheotomy be performed, the attendance of a trained nurse is essential. Diphtheria is chiefly catching through the breath, and the nurse must keep her head turned to one side when attending to the patient, must gargle constantly with a mild disinfectant, and never allow anyone, under any circumstances, to kiss the patient. It was through kissing her dying child that the Princess Alice contracted the diphtheria which proved fatal to her. Three or four of Calvert's Carbolic Lozenges may be taken daily with advantage by those nursing diphtheria. All cups, spoons, &c., used by the patient must be disinfected; also towels, &c. Any discharges from mouth or nose must be received on rags and burnt at once. The convalescence from diphtheria is often

slow, and the patient must be allowed to make no sudden movement, nor to get out of bed without the doctor's permission, or else heart-failure may result. If paralysis of the soft palate comes on, preventing swallowing, so that fluids return down the nose, the best treatment is patience and remembrance that the weakness soon passes. There may be other forms of paralysis, for the poison of diphtheria is very insidious, and so long care is necessary in these cases. Diphtheria is very largely spread through schools; a slow, silent child has a sore throat and says nothing about it, attends a crowded, ill-ventilated class-room, and one after another its class-mates go down with diphtheria, and possibly the first case is never discovered at all. Milk is also supposed to spread infection, so all milk used should be boiled when diphtheria or scarlet fever are known to be in the neighbourhood.

Typhus is the old gaol fever, due to starvation, overcrowding and gross insanitation, and almost unknown now. It is very deadly; in its main characteristics it is like a very virulent form of typhoid, and needs the same care and nursing treatment.

Typhoid, or Enteric Fever, generally attacks young adults, and is most prevalent in the autumn. It comes on slowly with depression, chilliness, and a tendency to diarrhoea; the temperature is not high at first, and the rash is absent in many cases. It is a very difficult illness to diagnose until you get the characteristic "pea-soup" stools. It is carried by water and milk, caught through personal con-

tact, spread seriously sometimes by the consumption of shell-fish taken from polluted water. It is contagious solely through the evacuations of the body, and probably the effluvia of the bed, and the nurse is most likely to catch the disease if she is not careful. A young person should never be allowed to nurse typhoid or even go near a case. From the beginning the patient must be kept in bed, lying quite flat ; if sensible, it is best to enlist his co-operation, explaining the danger (of perforation of the ulcerated bowel) of any sudden movement or of attempting to sit up. Should the patient show signs of wandering or delirium, he must never be left. In making the bed two people should be employed, if possible, and the patient carefully rolled from side to side. The back will want washing and rubbing with spirit once or twice every day, and a good-sized water-pillow should be placed under the draw-sheet. The stools should always be carefully inspected, and the slightest sign of bleeding at once reported to the doctor. Should the doctor not be immediately available, the nurse should cease giving brandy or beef-tea, and should at once apply an ice-bag to the abdomen. It is said that recovery from typhoid depends more on the nursing than in any other disease, and as it is an illness often lasting for months, the nurse will need all her patience. For the first ten days only milk may be allowed, or milk and lime-water ; four pints of milk should be given in the twenty-four hours. Then chicken-broth and strained beef-tea may be allowed, but no solid food is ever permitted till the temperature rests at normal. The result

of eating solids before the ulceration of the bowel is healed might cause perforation. The patient often feels very hungry and craves for solid food, but the nurse must be strict. Jelly is first tried after liquids, then Benger's, then a little thin bread-and-butter, then a little boiled white fish, then a little chicken, and health is in sight! Next to the feeding in these cases the most important point is sponging, if the temperature gets too high. It is as well to give the patient some nourishment, and take and record the temperature before beginning sponging; then close the door and window and put your basins, sponges and towels beside the bed. The water should be 85° for tepid sponging, straight from the tap in winter for cold sponging, or in summer a lump of ice should be put in the water to bring it down to 65° . Remove the patient's clothing and put a spare blanket over and under him; commence at the head and sponge downwards, only uncovering the part operated on. Sponge over each part several times, wringing the sponge out afresh each time; then dry the part with a warm towel and proceed to the next limb. From ten to fifteen minutes is the usual time ordered. Then put on a warm nightshirt, remove spare blankets, put back bed-clothes, and take and record temperature. Should the patient get faint and pale, and begin sighing during the sponging, stop at once and put hot bottles to feet, and wrap up in dry, warm blankets, and give a warm drink.

To avoid the spread of the disease the nurse must keep disinfectant in the bed-pan, and add more after use, and then (if in the country) empty the

contents in a trench dug in an out-of-the-way part of the garden, and throw a little earth over it. As a rule the sanitary inspector supplies Jeyes or some other disinfectant, and gives directions about the disposal of the excreta. All linen must be disinfected—by boiling in a cauldron in the garden if possible—and the room must be disinfected. The mattress is the most probably dangerous article, and should be burnt if possible. In towns it is almost better to let your typhoid case go to the hospital, especially if it happens that there is a general hospital with private wards, which will take typhoid cases.

Measles is chiefly a disease of childhood, but when adults take it they often have it severely. It begins with a cold in the head, headache and shivering ; in very young children it may be ushered in by convulsions. The rash shows on the second day behind the ears and about the neck, and spreads all over the body by the fifth day ; on the seventh day the symptoms should decrease, and by the end of two weeks the patient should be quite well, but still kept apart from other children. The mortality of measles is very low amongst the rich, but very high amongst the poor ; it is essentially a disease where a little care is “worth while.” In the majority of cases all that is necessary is to keep the patient in bed in a warm, well-ventilated room until the rash has completely disappeared. After that the patient may be allowed up if no complications ensue, and at the end of three weeks communication with the rest of the family may be allowed. The temperature of the room ought to be about 65° F.,

and it should not be allowed at any time, either day or night, to fall below 60° F.

The child should have slop diet until the feverishness abates, and then ordinary food. Someone should sleep in the room at night, for there is often slight delirium, and the fire must be kept up, and the patient given milk or lemonade at intervals. Tepid sponging night and morning is very refreshing. The danger in neglected cases is of pneumonia or kidney trouble, or intestinal catarrh following on; watch, therefore, the breathing, the temperature, and the urine, and report diarrhoea at once to the doctor. The nurse should not mix with the rest of the family, and no one should be allowed to enter the sick-room except the nurse and the parents. The old theory that everyone had to have measles at some time, and therefore all the children of a household might as well have it at once, is mere superstition. In a truly hygienic country measles will be unknown. And one attack does not prevent a second; there are people who have had measles four or five times. The infection spreads through the air and can be carried by clothes. The discharge from the nose is supposed to be peculiarly infectious, and therefore rags should be used, rather than handkerchiefs, and then burnt. The bed-linen and body-linen should be disinfected before sending to the wash, and the room should be well sprayed and scrubbed with carbolic, and then left empty to the air for some days. A doctor gives the following warning about the after-effects of measles :—

At times the patient is left delicate and weakly, and does

not regain his normal health for some months. In these cases a change of air to the country or seaside is invaluable. The child should not be allowed to go out in inclement weather, should be warmly clothed and well fed. In other cases more or less permanent ill effects may be left. As we have seen, defective vision may result from ulceration of the cornea, and deafness may follow inflammation of the ear. Pneumonia also occasionally leaves the lungs permanently weakened, and may even prove the starting-point of phthisis. It is a curious fact, too, that during and immediately after measles there is a strong susceptibility to the infection of whooping-cough.

German Measles is very similar, but comes on more swiftly, a pink rash appearing on the first day ; it runs a quicker, milder course. The treatment is the same, and the care against spread of infection must be the same. Complications and after ill-effects are rare.

Whooping-Cough is a disease of about two months' duration, and is chiefly characterised by bronchial catarrh and a frequent paroxysmal cough. It generally occurs as an epidemic late on in the winter, say from January to March. Though no age is absolutely exempt from whooping-cough, it is essentially a children's disease, most of the cases being met with in children under seven. More children die from measles and whooping-cough than from all the other infectious diseases put together. It is not always easy to recognise whooping-cough in its early stages, until the peculiar crowing sound is heard on the inspiration of the breath before coughing. The force of the spasms differs enormously ; in infants the whoop is scarcely heard, in severe cases in older children the paroxysm is often most distressing, making the child livid

and frightened at the time, and sick and exhausted afterwards. The cough is more frequent by night than by day. There used to be a superstitious belief that, no matter when a child contracted whooping-cough, it had to go on having it till May came round, so that a child who began to whoop in June had to whoop for eleven months! Certainly the disease is much shortened now by disinfecting the air of the room, and by sending the child out as soon as possible. Under the old stuffy, shutting-up treatment the child was constantly rebreathing its own breath, and reinfecting itself. If possible, there should be a day and night nursery for a case of whooping-cough, and the vacated room should have a carbolic vaporiser or creosote volatiliser going in it half the time, and the other half of the time should have windows wide open. The nurse should always hold and soothe the child whilst the fit of coughing is on. When the cough grows less spasmodic the child must be sent out for short, quiet walks on fine days, care being taken that the chest is well protected. Be very careful in bathing these cases that no chill is incurred; the most serious after complications arise from lung trouble and adenoids. Some sanitary authorities disinfect rooms after measles or whooping-cough, if desired.

Chicken-pox.—This illness is chiefly important because it is difficult to tell it from a mild case of small-pox, and in 1901 in London many cases of chicken-pox were, even by medical men in consultation, mistaken for small-pox.

During the year 1898, in which the total number

of small-pox cases admitted by the Metropolitan Asylums Board amounted to only five, we find that 31 cases were sent in certified as small-pox, and that in 17 of these chicken-pox turned out to be the real malady.

The diagnosis between small-pox and chicken-pox depends, Dr. Doty, of New York, says, upon (1) the character of the eruption, (2) the manner in which it appears, and (3) its distribution or location. In regard to the manner in which it appears in small-pox, the eruption presents itself in one crop, and passes through its different stages practically together, as papules, vesicles, and pustules. The eruption of chicken-pox appears abruptly as vesicles, and is not preceded by papules as in small-pox. As to the distribution of the eruption, in small-pox, even in mild cases, the hands and feet are to some extent almost always involved ; whereas in chicken-pox, even with a profuse eruption, the hands and feet are either unaffected or have but little eruption. The appearance of hard, tough, circumscribed, and distended papules or vesicles on the hands or feet, particularly on the palms and soles, is an exceedingly important diagnostic sign of small-pox. Even in mild cases we are quite sure to find a few along the fingers and toes and palms and soles, while in chicken-pox the hands and feet are singularly free, even when the eruption is profuse on other parts of the body.

The treatment is similar to that of most eruptive fevers as regards diet and disinfection and general nursing. Do not let the patient scratch, or scars

will be the result. A week in bed and two weeks' quarantine are generally sufficient.

Cholera is an infectious disease communicable chiefly through the stools and vomit; rare in England, but very fatal in hot climates. The characteristic symptom is "rice-water stools," and vomiting is one of the most distressing signs. Cramps and muscular spasms are also common, and then comes collapse. This very sudden and swift illness sometimes runs its course in twenty-four hours, and is greatly dreaded in India and elsewhere. Put the patient to bed and keep him warm and quiet, and give him champagne if he can take it. Gentle friction will allay the cramps. Note if urine is suppressed. Give fluid nourishment when it can be taken. Carry out strict disinfection.

Epidemic Diarrhœa, or "**English Cholera**," is peculiarly fatal to bottle-fed babies in towns, sweeping off London's infants by the hundred. Care must be taken to disinfect stools and clothing in these cases. Bottles and teats must be kept clean and only sterilised milk used (see page 73).

Erysipelas, called also St. Anthony's Fire, is a highly infectious notifiable disease, generally starting from some wound or scratch. It is greatly dreaded in the surgical wards of hospitals. It is most serious when it appears on the head or face. Any redness or "fieriness" round a wound or sore makes one fear erysipelas, and must be at once reported to a doctor. The patient will have to be isolated and most carefully nursed, and the nurse must cover any scratch or cut on her hands

with sticking plaster. All old dressings must be burnt at once. In severe cases there is delirium, pain and fever.

Relapsing Fever is a kind of recurring typhus. **Continued Fever** needs the same care as is given in typhoid. **Dengue** is like an eruptive form of rheumatic fever (see page 59), but is infectious. **Yellow Fever** comes on with sudden severity, is very fatal, and very infectious, but is a disease unknown in England. **Malta Fever, Beri-Beri,** and **Ague** are all of malarial origin and apparently infectious or contagious. The main points to be noted in the case of all fevers are rest in bed, light nutritious food, cleanliness, fresh air, and prevention of spread of the disease.

Mumps is a very catching childish illness, and very unpleasant whilst it lasts. It comes on with swelling of the glands of the neck and feverishness. Keep the child in a warm room, and ease the pain by warm applications to the neck and over the ears—perhaps the best is the leg of an old stocking filled with bran and made hot in the oven—but if your doctor prefers it use hot fomentations (see page 51). The child should practically be well in four days. Be sure not to let the disease spread.

Influenza is decidedly infectious, and comes on with a very sudden rise of temperature, pains in the limbs and eyes, and great prostration. Dr. Allbutt quotes a patient who, when out for a walk in the country, was seized as he passed from one field to another, having to hang on to a post, and scarcely knowing how he got home; and another,

of Sir William Broadbent's, who "drove in at one gate of the park in perfect health and drove out of the other prostrate with influenza." With regard to treatment, it is recommended that the patient should go to bed and stop there till the acute stage is well past, those who follow this counsel finding therefrom an enormous saving of time, trouble, and long convalescence afterwards. The main nursing points are a slop diet and avoidance of chills. The two chief sequelæ are pneumonia and melancholia. The depression following influenza is notorious, and brainwork and business are to be avoided till a change to some bracing climate has fully restored health. The temperature and breathing must be noted in case of lung trouble. Keep friends out of the sickroom, both for their sake and the patient's.

Ringworm is a very tiresome disease of the scalp, marked by circular eruptions; it sometimes also appears on the face or body. It is better to call in a doctor at once, and take strong measures, or the disease may go on for years. As a rule, all caps, hair-brushes, &c., are burnt, the hair is cut close, and the circles thoroughly soaped with strong ointment, and then only new, clean brushes and caps used, and the child's towels, pillows, &c., must be kept for its sole use and disinfected before sending to the wash. For home use, painting with iodine may be tried if there is no doctor to be had. Unfortunately, many parents fail to recognise ringworm of the scalp at first, and merely think there is a "patch of scurf" and that the hair is dry and breaking.

The Itch, or Scabies, is caused by a tiny black insect which burrows along under the skin, and its "runnels" are generally seen between the fingers. You will note the child scratching its hands, and tiny pustules forming. Get ready a hot Sanitas bath and an entirely clean set of clothing, have at hand some sulphur ointment, strip the child over a newspaper and pop it in the bath to soak; roll the clothing up in the paper and take it away and burn it at once. Wash the child well with some disinfectant soap, particularly where there is irritation, rub sulphur ointment on the parts, and dress the child in clean clothing. The bath and ointment had better be repeated the next night, in order to make sure of cleanliness. The same treatment is necessary for *lice on the body*. If the expense of burning the clothing is too great, the attempt may be made to disinfect it, but it is very difficult to do thoroughly. Anyway, the underlinen and stockings should be burnt.

Pediculi is the doctor's polite term for lice in the hair, a disgusting disease, but one few children escape altogether. A child is noticed scratching its head; on examination of the back of the neck, red eruption is found; little grey creatures, on further observation, will probably be seen crawling about the scalp, and on the hairs will be noted little white adherent dots—these are the eggs. These creatures breed at an enormous rate, and sometimes there are sores on the scalp, or eczema of the neck and shoulders, before the mother grasps what is wrong. Go to the chemist's and buy a fine-tooth-comb and threepennyworth of white precipitate

ointment; pin a piece of newspaper round the child's neck, and turn up the edges like a tray. Have a saucer near full of methylated spirit (but do *not* have an open light near, daylight is best), and put your toothcomb in it and comb the hair well, washing out the comb after each stroke in the methylated; then well rub in the ointment till the hair is quite saturated; then wash (or burn) all old brushes and combs, hats and pillow-cases. Comb the hair again after forty-eight hours, and apply more ointment. After another forty-eight hours, wash the hair well in warm soapy water. It is well to go on combing the hair with the toothcomb and methylated for ten days, to see that there is no life left; it also helps to get rid of the nits, or eggs, which are very adhesive and very unsightly. The ointment is a poison and should not be used more than is necessary—it also makes the hair look nasty. The smell of the methylated goes off very quickly, but its inflammable nature must never be forgotten. Pediculi are one of the greatest curses of elementary schools, for one dirty child will infect a whole class very quickly. In some towns school-nurses have been appointed to watch for and keep down this evil.

DISINFECTANTS

Bichloride of Mercury (corrosive sublimate; mercuric chloride). Poison. A 1 in 1,000 solution is usually supplied for use in the sick-room. Must not be used for steel instruments or other

metallic things. It destroys lead pipes and discolours linen.

Boracic Acid (Boric Acid).—Very useful for bathing eyes, fomentations, &c. Very cheap, a few pennyworths of crystals last a long time. It should be freshly made. Hot water dissolves the crystals best ; a teaspoonful of crystals to a tumbler of water is a useful solution. Lint impregnated with boracic is an extremely useful and safe dressing to keep in the house and apply to any small sores or cuts.

Carbolic Acid (phenic acid ; phenol ; phenyl alcohol).—An inflammable crystalline substance which partially melts on exposure to moist air.

Carbolic Acid (Calvert's No. 5) should be mixed with boiling water and used cold. It should be prepared of two strengths ; the stronger should contain one ounce (two tablespoonfuls) to each pint of water, and be used for rinsing bed-pans and in the water-closet ; the weaker solution should be composed of one ounce of carbolic acid to each quart of water, and be used for disinfecting clothing, wetting sheets, &c. This latter solution may be again diluted with an equal part of hot water for washing plates, spoons, feeders, glasses, &c. Poison. Blisters the skin if used too strong. Roughens the hands unless glycerine is applied after.

Chinosol.—A fluid ; to make the 1 in 150 solution, add two tablespoonfuls to a gallon of water and mix well.

Crenosol.—A thick, dark-brown preparation from coal-tar ; turns bluish-white on the addition of water. It can be used full strength, but must be

applied after the preliminary scrubbing with soap and water and when the skin is perfectly dry. Rub in well; leave on for one and one-half to two minutes; then wash off with cold sterile water. There is danger of burning if left on too long, or if not thoroughly washed off. For hand solutions, douches, &c., 1 per cent. and 2 per cent. solutions (1 in 100 and 1 in 50) are used.

Creolin (kreosol).—A dark-brown, oily product of coal-tar which makes a dirty, milky solution with water. It is used in strengths varying from $\frac{1}{2}$ per cent. to 2 per cent.

Chloride of Lime.—One pound to a gallon of water for flushing drains, washing slop-pails, &c.

Cyllin.—A solution of 1 in 400 (about one teaspoonful to a quart of water) is a good disinfectant. Used also to impregnate lint, gauze, &c.

Formaldehyde is a gas. Commercially it comes to us in solution, formalin, containing about 40 per cent. of the gas. It also comes as a solid, known as paraform or paraformaldehyde, used only for fumigation with a specially designed lamp. It is not so destructive as burning sulphur in a room (see page 123).

Iodoform.—A yellow powder, used to dust on wounds. Powerful smell, best got rid of by heat—such as by washing hands in very hot water.

Iodine Solution is made by adding to sterile water of the required temperature sufficient tincture of iodine to make the colour of sherry wine.

Izal is non-poisonous, and the usual solution

is made by mixing three tablespoonfuls with a gallon of water.

Jeyes' Fluid is non-poisonous, and the usual solution is made by mixing three tablespoonfuls with a gallon of water.

Lysol.—A reddish-brown preparation from coal-tar, used for douches and hand solutions in strengths of 1 per cent. and 2 per cent.

Lysoform.—Used in a 5 per cent. solution, especially in typhoid cases. Mild, pleasant, and non-poisonous.

Potassium Permanganate is used in a solution of purple colour. It should be freshly made. Fold in a piece of sterile gauze a few crystals, and suspend in sterile water of the desired quantity and temperature until the right colour is obtained. This is cheaper than Condyl's Fluid, and can be used instead.

Sanitas.—For use about the patient's person, for spraying the room, and for the doctor's and nurse's use, Sanitas will be found pleasant, effective, and harmless; not being poisonous, it may be used internally as well as externally. For internal use as a gargle or injection, it should be diluted with from four to six times the quantity of water.

Steam.—The most effective means of disinfection, but difficult except where there is a disinfecting station. Clothes should be exposed for twenty minutes to a temperature of 212°–220° F. The following articles are ruined by sterilisation with heat: Boots, shoes, rubbers, kid gloves, furs, buttons of horn, articles of skins, fur-trimmed garments, feather-trimmed garments, velvets,

plush, &c. A mattress tufted with leather buttons should have them removed before sterilisation.

NOTE.—Bodies of patients dying of small-pox and typhus are certainly infectious, and possibly also those dying of scarlet fever. The body should be coffined as early as possible. Cotton-wool, saturated with a strong solution of corrosive sublimate, should be packed into the mouth, ears, nostrils, and other orifices of the body. It should be washed with the solution, and packed in the coffin in sawdust mixed with Sanitas powder or carbolised lime. The burial should be as soon as possible ; cremation is greatly to be preferred, as it seems probable that several outbreaks of small-pox have occurred through disturbing the ground in which small-pox patients have been buried.

CHAPTER VIII

THE MOTHER'S HEALTH

“Ye suffer from yourselves, none else compels.”—E. ARNOLD.

IF we have left the question of the personal health of the housewife till now, it is not because it is of secondary importance, but because the woman who sees after her house and family properly must be in a healthy environment, and her care for others reacts on herself. She is much more likely to be strong and happy than the housewife who always considers herself first, and whose mind dwells chiefly on her own body. But there is no doubt that the beginnings of married life, the first possession of a home of one's own, the first responsibilities of motherhood, are times of great opportunity and great danger, and too often entered on ignorantly and hastily. Most of our knowledge is derived from novels—and this is better than nothing—but novelists naturally use strong colours, and leave out minor details. Who ever heard of a chimney smoking in a novel? And yet that is just the sort of little incident on which a first quarrel is often based. Let it be granted that a woman, as a rule, finds in married life even more physical joy than she expected or guessed; but let her not forget that here, as elsewhere, self-control and moderation are

necessary to avoid weariness, satiety, and ill-health. There is ever a revulsion following over-indulgence in any materialistic pleasure, and if this stage of revulsion is reached without due comprehension of its cause, the woman is apt to believe her husband's love is fading, and to have an attack of nerves and depression which will make both unhappy. The real lesson to be learnt is that the woman should withdraw into herself, and seek calm and peace in those spiritual joys which never ruffle and never cloy. And be it remembered that a man always respects a woman who treads fearlessly by the law of life she feels within ; no matter what his own creed may be—even if he have none and turns gentle ridicule on religion—he is sure, as time goes by, to have a greater and greater trust and affection for the woman he knows to be true to her God. It need never be a matter of words ; it should never be a matter of discord between husband and wife ; but

Nor knowest thou what argument
Thy life to thy neighbour's creed hath lent.

It behoves us all to live our religion, and not to judge others, if we want a healthy, moral environment ; if we want our light to shine among men.

And in the first rush of married life a woman is apt not only to drop her religion, but also her friends and her former occupations. How often when one sees the brilliant love-light in the eyes of the newly-married woman, sees her reckless disregard of all her past and her future, and her utter absorption in the present, one hesitates even to say "Steady !" because it is good to see any

human being so completely happy ! And yet our English society is so constituted that the husband is generally bound to his work all day, and the wife has long hours that ought to be devoted to the service of others. Perhaps there is one little servant in the new household, perhaps there are many, and there is no need for the new wife to do any domestic toil. And there is no mother to wait on, no brothers requiring this or that to be done. Are the days, then, to be spent in idleness and self-absorption, in the reading of novels, in lounging about the streets and looking at shops ? God forbid ! For in all probability there is the seed of a little new life growing up within you, and doctors have agreed that from the very commencement of pregnancy the life and conduct of the mother have a result in the health and character of the child she is going to bring into existence. Therefore, daily walks and daily exercise must not be forgone ; cheerful, wholesome companionship with friends and relations must be kept up ; good books must be studied and good deeds done. Now, more than ever, let your ideals have sway, and be what you wish your child to become.

It is important for a wife to know the first signs of pregnancy. The main one is the cessation of the monthly period. Not that it always stops at once ; it may be only lessened, it may be delayed, and when it comes be slight ; but as a rule it stops, and so gives the woman cause to think. The time should be noted, for it is usual to calculate the date of confinement by dating the commencement of pregnancy one week after the end of the last period,

and allowing nine calendar months from that day. The usual duration of pregnancy is 280 days, and sometimes it is possible to calculate to the very day. Other signs are a feeling of nausea on rising, or actual "morning sickness"; this may persist for the first two or three months, and rarely is so frequent as to impair health. Care in dieting and a little patience are all that are needed, as a rule; but if weakness and loss of flesh ensue, a doctor should be consulted, as a digestive tonic, or a sedative, may be needed. Then the breasts enlarge, and about the third month become darkened round the nipples; and about the fourth month the first movements of the child are felt like a fluttering in the abdomen—this is known as the "quickening," and is a decisive sign. Now, indeed, must the woman keep her mind and body pure, unshaken by any form of passion, for she is the temple in which is hidden another life. Strangely enough the nerve-force which is used up in forming this little new life often leaves the mother more fanciful and capricious than is natural to her. The most common form of aberration is a desire for unwholesome and highly seasoned foods, or for alcoholic stimulants. Cases of kleptomania are even reported—the woman becoming possessed with a mania for owning things! It is only the feeble-willed mother, however, who gives way to these sensations; the strong, sensible woman smiles at herself when she recognises that she would prefer cheese and pickles to milk-pudding—and eats the milk-pudding! It is told of the mother of Charles Kingsley that, when she knew she was pregnant, she resolutely determined to think

on and look on only the beautiful and good, and spend as much time as possible in pure air contemplating the glories of Nature. No wonder her son was such a splendid man ! Perhaps it is worth while to tell a tale of him. He decreed that in his household the domestics and domestic concerns were only to be discussed during one half-hour in the morning ; all grumbling about the servants and food, and so on, was to be got over then, and the mind during the rest of the day to be turned to larger and more profitable things. In most cases of married life such a rule would greatly help to the maintenance of happiness and peace.

The wife must not hide her condition from her husband—it is his right to know—but the less she says about it outside the home-circle the better. There is no need to alter her ordinary habits ; daily exercise, daily study, daily amusement must hold their sway. But the exercise must not be violent, there must be no sudden jerks, no jumping down off stiles, or the result may be a miscarriage or premature delivery. Sudden mental shocks, the taking of strong medicines, or strong drink, may also cause miscarriage ; all these things must be sedulously avoided. Remember that any accident during a first pregnancy must of necessity injure the womb, and probably cause difficulty in all future labours. As pregnancy goes on, there are often slight difficulties that need a little attention. One of the chief is constipation. Now, since purgative medicines are dangerous, this condition has to be met by hygienic treatment, by simple dietary and pure air, and gentle, regular exercise. The diet

should be largely vegetarian, light but nourishing. If flesh is eaten, fowl and fish are to be preferred to beef and mutton. Wine and beer had better be renounced, and only milk, lemonade, or barley-water taken. All highly-seasoned food and sauces are to be avoided, also iced dishes or very hot soups or drinks. Plenty of fruit, cooked or fresh, should be eaten. If the constipation fails at first to answer to these natural means, a glycerine injection, to clear the lower bowel, should be tried.

Piles, or varicose veins at the opening of the bowel, are often first noticeable during pregnancy, and few married women escape them altogether. They are made worse by constipation. Internal piles are generally only known by signs of bleeding when the bowels act, and a burning pain in the bowel after the action. Rarely, an internal pile comes down into the orifice of the bowel, and is then very painful; it should be gently pushed up again by one finger. External piles are like blue peas round the orifice, and sometimes cause pain when sitting. Choose a cane chair, avoid alcohol, keep the bowels open, sponge the parts with cold water night and morning, and put the feet up for an hour in the middle of the day.

Swollen feet and swollen veins of the legs may also occur, and if slight are of no importance. Lie down for a quarter of an hour when the discomfort is greatest, stand about as little as possible, but don't omit your daily portion of gentle exercise. The wearing of an abdominal belt may take the pressure off the thighs and relieve swollen veins, and will also relieve the sense of weight and size

that are often troublesome after the sixth month. Corsets, or any tight or heavy clothing round the waist, are absolutely forbidden ; and the wearing of a belt is not advisable unless necessary, for it serves to weaken the abdominal muscles. Dresses should be supported from the shoulders, unconfined at the waist and full in front. There is no need to make undue efforts to hide your condition ; in the old Italian pictures you can see how proudly the ladies of that day displayed their state, and, on the whole, that is a wiser position than to try and hide your pregnancy at the risk of the little human life given to you.

Faintness is certainly an irritating symptom to some mothers who have never previously been guilty of unconsciousness, and always looked on fainting with contempt. Lie down and take a drink of cold water—do not resort to spirits or wine. Faintness is only common during the early months, and after the first attack, which is often a surprise, the wife generally knows when it is coming on and can avoid “going off.” It is of no importance.

Is it necessary to say a word about fear ? Undoubtedly it is a strain to have much of your strength going to the building up of that little new life, and the more courageous a woman is naturally, the less she likes to let her husband or her doctor know how she dreads the coming ordeal. So she not unfrequently betrays her fear by irritability with her husband and snappishness all round. In the old days before the need of cleanliness was recognised, labour was often fatal, especially in hospitals ; but nowadays the danger is indeed a minimum, and

the great lying-in hospitals go on with their work, year in, year out, with never a death to record. Labour should be perfectly natural, should need no interference, and the pain should not be greater than in an attack of colic or difficult menstruation. If any difficulty arises, your doctor will give you a whiff of chloroform if you ask him ; it is better to talk this out beforehand and arrange it, than to bottle up your fears. A healthy young woman practically suffers nothing during a natural labour ; but when a first child comes later on in life, when the frame has settled down, the labour is apt to be longer and the pain greater. In these cases it is surely admissible to ask your doctor to have an anæsthetic on hand, so that you can doze part of the time away. Most women sleep a little between the recurring attacks of pain, even without an anæsthetic, so you can see that the suffering is nothing to be afraid of. It only needs a little courage and patience, and then, with your baby nestling in your arms, you can look back and laugh heartily at your fears.

The breasts and nipples need a little attention during pregnancy. The breasts swell and sometimes the distension is painful, and whitish lines form. Bathing with tepid water, gentle rubbing with olive oil, and slight support by means of a breast bandage may give ease. The nipples should be drawn out occasionally if they are retracted, and during the last month should be rubbed daily with a little scent or spirit of some sort, in order to harden them. This is in order to avoid what is known as cracked nipples. The breasts should be bathed daily and

kept very clean ; indeed, Dr. Stockham, in her book on "Tokology," which has done much to diminish the pains and fears of childbirth, urges a daily sitz bath. There is no doubt that the old "stuffy" treatment of the pregnant woman was largely responsible for her pains, and that the woman who goes out and about, wears no petticoats or confining bands round the waist, eats lightly of pure food and drinks chiefly pure water, bathes frequently, and sleeps with open windows, is likely to have an easy labour and give birth to a healthy, happy-natured child.

The Lying-in Room.—Before the end of the seventh month, the mother should make her arrangements as regards nurse, room, and baby's clothes. The minimum list of baby-garments will be found on page 70 ; but besides these there should be prepared a cot, not too deep, and with a straight, firm mattress, and a small, soft pillow. The fewer curtains or ornaments about the crib the better. It should stand as high as the mother's bed, so that she can easily lean over and attend to baby at night without getting up. A baby's bath, or a stool on which to stand a good-sized basin, should also be provided. The room should be thoroughly clean and easily ventilated ; it must have a fireplace. There should not be many hangings, nor any stuffy furniture about.

The bed is better narrow, and with a fairly firm mattress. As regards the mackintosh, towels, and so on, needed, they can be purchased as an "outfit" at a guinea or half-a-guinea from Southall's or Hartman's, and are very useful ; but if private

judgment is preferred, the *minimum* that must be provided is : Three dozen ordinary diapers or four dozen sanitary towels, four old sheets for draw-sheets, a piece of mackintosh about 4 ft. by 3 ft., some carbolised vaseline, a feeding-cup, an enema, two pieces of towelling half a yard broad and one and a-half yards long, some strong safety-pins, and some simple disinfectant such as Creolin or Sanitas. For the baby will be needed some soft, clean white rag for the eyes, a skein of whity-brown thread, a flannel square of about a yard, some powdered starch, and a hot-water bottle.

It is better to discuss and arrange all these details with the nurse ; only it is necessary to have some check, for some nurses are extravagant, and it is a mistake to prepare more than is absolutely necessary beforehand. Nor is it wise or needful for the mother to read up the subject widely ; if fuller information than is given here is desired, then Chevasse's " Advice to a Wife " and " Advice to a Mother " are good, so is Dr. Westland's " The Wife and Mother " ; but, on the whole, it is advisable for the mother not to be prepared for eclampsia or post-partum hæmorrhage, as under these circumstances the presence of a doctor is essential and the responsibility rests on him. I have deliberately tried to make this chapter as brief as possible, hoping that, in these days of open windows and simple diet, the wife will meet all her difficulties naturally, and come out of them easily. The nurse is generally engaged on the recommendation of the doctor, or of some female friend, but you should always see her yourself. Some ladies like a homely, old-

fashioned nurse, and feel easier in asking such a one to do domestic duties and wait on herself; other ladies like a smart young midwife who will manage almost entirely by herself and only get the doctor in at the last moment. Some people like a talkative, or "bright," nurse; others prefer a silent, reserved woman. It is all a matter of taste, and the wife must choose for herself. The general fee is from six to twelve guineas for the month; should premature birth or any other cause prevent you taking the nurse after engaging her, it is usual to give her half the arranged fee as compensation. Don't let the nurse talk to you about her other cases.

It is usual to arrange with your doctor beforehand, too, and he will then charge an inclusive fee for attendance on you throughout your confinement, and on the child till it is one month old.

At a first confinement it is better to have the nurse in the house at the time you expect labour to commence, but at subsequent confinements it may be sufficient to send for her only when the pains begin. The young wife is apt to be nervous about the oncoming of labour, and mistake a bilious attack or backache for the commencement of labour. True pains are known by their rhythmic character; they come and go at regular intervals, and the intervals gradually get shorter and the pains more intense. They are felt in the abdomen, but also in the back and loins. False pains are not felt in the back, and are not regular. Now is the time to get in your nurse, and your nurse will know when to send for the doctor; on these two now all

responsibility is thrown, and the mother can rest on the thoughts of her coming child and pray that all good may be with it, and that she may prove worthy of motherhood.

A very joyful, peaceful month ought to follow, if the young mother doesn't get nervous and worry. Watch all the nurse does carefully, and learn all you can about the care of infants; and before the nurse leaves, do the baby's morning toilet once or twice yourself, under the nurse's direction. The story of the proper care of the child from one month onwards is told in Chapter IV.

CHAPTER IX

SONS AND DAUGHTERS

Health was wooed by the Romans in groves of the laurel and myrtle.

Happy and long are the lives brightened by glory and love.

JOHN HAY.

THERE comes an anxious time for the house-mother when the children are old enough to go to school, and the choice of a school has to be decided on. "No child should do lessons before the age of six," writes Dr. Percy Lewis, and certainly no child should go to a boarding-school before the age of ten—for girls the age of twelve is better. Of course, much must always depend on individuals and on circumstances. A large family of children having other children living near them are almost independent of the *camaraderie* which is the most healthy point in school-life; but an only child, a lonely child, is certainly the better for mixing with its kind. The choice of a school is a very difficult thing, and too often lightly settled on the authority of some neighbour. Expensive schools are seldom the best; large schools are seldom the best; what is wanted is to select the one particular school which

will best develop your individual child; and include in that development growth of mind and body and soul—not mere cramming of facts. Let us take the question of boys first. Here the opinion of the father will be paramount, but the mother, who has reared the child from birth, must have her say. Few men who have written freely of their school days but have acknowledged the great faults of the ordinary education for boys—witness the confessions of St. Augustine or the confessions of Rousseau. It seems strange indeed to read the words of St. Augustine, written more than a thousand years ago, and yet terribly true to-day:—"Next I was put to school to get learning, in which I, poor boy, knew not what use there was; and yet, if idle in learning, I was beaten. For this was judged proper by our forefathers; and many who passed through the same course before us have framed for us these weary paths. And my very parents make a jest of my stripes, although to me a great and grievous ill. But woe is thee, thou torrent of human custom! Who shall stop thy course? Did I not read of Jove the thunderer and adulterer? As if we should never have known such words as 'golden shower' or 'beguile,' unless Terence had brought a lewd youth on the stage, setting up Jupiter as his model of seduction. What marvel that I was carried away after vanities? Thefts also I committed from my parents' cellar and table; in play, too, I often sought to win by cheating. And is this the innocence of boyhood? Not so! not so! And yet, thou hellish torrent, into thee are cast the sons of men, paying dearly for their learning."

Sad it is that the majority of boys' schools are still founded on the hellish torrent of custom. Classic authors are studied whose works are useless and immoral, and corporal punishment still goes on and carries deceit in its train; and the spirit of emulation in games and work is carried to such an extent that cheating is often engendered. The boys are always being set to compete, instead of to co-operate. Sir Richard Steele, writing two hundred years ago, writes much in the strain of Augustine as to the force of custom in making education monotonous and useless, and in maintaining the brutal custom of flogging. These essays of Steele's are well worth a father's perusal, before he decides to send a boy to a certain school, just because he himself went there. It is so much wiser to choose a school where the education is fitted to the boy, than to force the boy to cripple his own nature and powers by getting into the old, old mould of the past generations. A nervous, highly-strung boy should be sent to a country school where cramming is unknown, a cane is never used, and the outdoor life is cultivated. A lethargic boy will do better in the stress and stir of a big day school where there is keen interest in scholarships. An inventive boy had better go to a science school; your reading boy may not find the classics so unprofitable as Augustine did. But surely it is wiser to study the boy's mental, moral and physical powers before you decide on a school.

As regards the moral question, a father has no more right to send a boy unprepared into a big school than a mother has to let her daughter marry in

ignorance of a husband's rights. Canon Lyttelton has written a good book on this subject, and so has Dr. Hime ; the one is headmaster of a big public school, and the other headmaster of a big secondary school, and both are agreed as to the prevalence of vice, and as to the duty of warning boys. Nor is this a question only for school age and for fathers ; unfortunately, it is not uncommon for servants and others to teach children bad habits when they are very young, and it is the mother that must watch that the child goes to sleep with its hands visible or under the pillow, and must inculcate on the child never to do anything mother may not see, and generally cultivate a sense of purity and delicacy and cleanliness. Some of Dr. Hime's hints are worth quoting : the boy should sleep on a hard mattress, should rise directly he is called, take a cold bath daily, have no pockets in his trousers. As regards school arrangements, Dr. Hime is against cubicles, discourages intimacies between older and younger boys, never uses corporal punishment. A Roman Catholic manual has the following practical advice :—" In bed, let your hands be crossed upon your breast, or let them clasp the crucifix or medal that hangs round your neck."

It is important that at a day school there should be a separate desk for each boy, plenty of cloak-room accommodation, and well-ventilated, well-lighted class-rooms ; these things cannot be taken for granted, for many a child's eyesight is ruined by having to work in a poorly-lighted room. Children catch so many infectious complaints at

school, far more than they need, because separate desks and proper ventilation are not insisted on. The same points must be watched in a boarding-school, but also the soil on which the school is built, the amount of sun and air the building gets, and the arrangements of the dormitories. As regards clothing, in most schools the absurd and unhealthy Eton jacket and ridiculous big collar are still worn, though in the more modern schools, like Bedales, at Petersfield, a flannel shirt and collar, and hygienic clothing generally, are insisted on.

Then as to food. In some schools where the learning is excellent the dinner is poor, and the boy has to supplement a tea of bread-and-scrape with jam or cake from home. In other schools the boys are treated like little men and given a heavy supper—and ruined digestions and occasional peritonitis are the least of the evils engendered. All these things must be found out and settled beforehand, for once the boy is at the school the mother must be loyal to the authorities and to the traditions which are so binding on the boys. There never was a school yet that suited any mother in every particular; there is always something to put up with, and at any cost the mother must keep the confidence of the boy and of the headmaster. The boy may have a fight; if so, he ought to write and tell his mother all about it, if the confidence between them is complete; and though the mother may have moral objections to fighting, she must not interfere. From a delightful book called "Unwritten Laws and Ideals" it seems worth while to quote a few points from the boy's and from the master's point of view;

for many mothers find it extremely difficult to be patient with the customs of school life :—

Paradoxical as it may seem, boys have a great respect for authority ; if they had not, school life as at present conducted would be impossible. Further, they have an *exaggerated* respect for the authority of their fellows. Many boys would rather break a school rule than refuse to render a service to the captain of the cricket eleven. Most boys consider a prominent athlete of more importance than a fourth-form master.

At Winchester a “new man” may not go out for a walk with a friend of another house, nor may he, for some time begin a conversation with one who has been longer in the school than he has. All these rules apply to the junior boys ; it is a not unfrequent saying that “Jones major has a right to swagger” ; but one may be sure he is either a prominent athlete or a senior boy. At Harrow, when a boy has been in a “house” for three years he has the right to roll up his umbrella, to be invited into another house, to stand at his house-door. He has also another much-valued privilege : he may discard his tail-coat in the house, and don a short morning coat.

All of which may seem very silly to a woman, but is taken very seriously by the boys, and it is useless for the mother to try to interfere. Then, as regards the attitude to the headmaster :—

It has sometimes been thought that parents are the natural enemies of schoolmasters, and there are a good many sharp traditional sayings directed against the foolishness or inconsiderateness of parents. It would not be right to say that parents are always reasonable. They are sometimes victims of that subtle form of conceit which makes a man or woman unwilling to believe that his or her child, just because he *is* his or hers, has or can have committed any serious fault. But the faith of parents, and of mothers especially, in their children, even if it is not wholly justified, is a touching and beautiful trait. It is often a lesson to masters who are harsh in their judgments of the young.

It is wise to weigh children when they go to school and when they return, for one of the best proofs of whether a child is developing properly is steady increase of weight. Owing to faulty feeding and overwork, children have been found to positively lose weight at school, and grow and get heavier in the holidays only. It is in serious cases like these that the mother is justified in going to the headmaster, and, if she has facts to back her up, is sure of a considerate hearing. Even after school-life, a mother should guard her boy's mental physical and moral welfare by keeping his confidence, by making his home happy, by maintaining a healthy moral tone and plenty of innocent recreation. Perhaps the most difficult time of all is when the sons and daughters pass beyond the age of normal parental control, and the father and mother have to learn to drop the attitude of command and to become the companions of their children—become comrades of their sports and not directors, sharers in their misfortunes but not scolders. Nothing seems so impossible as to get some parents to recognise that their children have grown up and have the rights of adults, including the right to live their own lives.

The question of a choice of school for girls is momentous, but not so hopeless as it was twenty years ago. There are plenty of good High Schools now in the towns, and there are one or two big public schools such as Roedean and Wycombe Abbey. A mother must carefully consider what she wishes her daughter to become before she decides on a school. The long-limbed, hockey-playing young

lady is the delight of those whose sole aim is physical development, but there are many girls who hunger for a college career and whose brains require tough subjects to wrestle with. There are others to whom mathematics are an abomination, but who would make excellent housekeepers and heads of households. Let the sporting girl play, let the intellectual girl learn, let the home girl go to a school of domestic economy ; but whilst allowing each child to develop its special bent, see that the education is good all round, and that no girl gives all her time to either books or play, but does her best to develop both brain and body. And if the mother chooses with care as regards a healthily-situated and well-staffed school, with still more care must she try to ascertain the moral atmosphere of the school. For myself, I am not much in favour of the very goody-goody schools ; they are apt to be merely sentimental instead of solid. Nor is it wise to send a Protestant girl to a convent school on the Continent of which you know little, because it is cheap and the teaching of languages is practical. The diet of these schools and the moral atmosphere of these schools are essentially different from our English ideas, and the sudden change is generally productive of indigestion and hypocrisy. It is far safer to send a girl to a school of which the teachers profess the same religion that she does ; it is never safe to send a girl to a school the mother has not recently visited. Another point to remember is that the education which was good enough for us is not good enough for the rising generation, for woman's sphere is just now enlarging rapidly, and a girl requires to be as thoroughly

equipped for the battle of life as a boy does. The schoolgirl's health needs guarding particularly against anæmia and spinal curvature. Anæmia shows in pallor and whiteness of the lips and gums ; there is breathlessness and palpitations on taking exercise, a general listlessness, and often severe indigestion. Now, all this means an open-air life, light nourishing food, and an iron tonic. It need not necessarily mean no lessons, but for a time the physical health must receive more care than the mental development ; for a brain badly supplied with poor blood is incapable of any sustained effort. It is all-important to secure for such a case the oxygen and iron needed, for otherwise further evils will follow. Be very patient with a girl in this state, but don't let her get hypochondriacal and imagine that her breathlessness is heart-disease. Try to give her a little light occupation and some subjects for thought ; complete idleness is good for no one, least of all in youth, when the imagination is active.

Spinal curvature is often due to the unnaturally long time girls are kept sitting at school, to badly-designed desks, to the posture used in writing, to standing on one leg, or habitually carrying a school-satchel on one arm. Unfortunately, a slight curvature may not be recognised by a careless mother, but directly it is noticed that one shoulder is higher than another, that one hip is " a bit out," as it is commonly expressed, or that a girl " doesn't stand straight," get a doctor to examine the spine and advise as to exercises, rest, massage, or whatever may be needed. In slight cases, two half-hours daily spent lying flat on the floor, together

with more outdoor games and fewer lessons, may be enough. And this lying flat on the floor is excellent for girls who are inclined to be round-shouldered—much better than back-boards or braces or other mechanical devices. Most growing girls stoop a little in their teens, but strengthen up straight enough if they are given plenty of fresh air and good food.

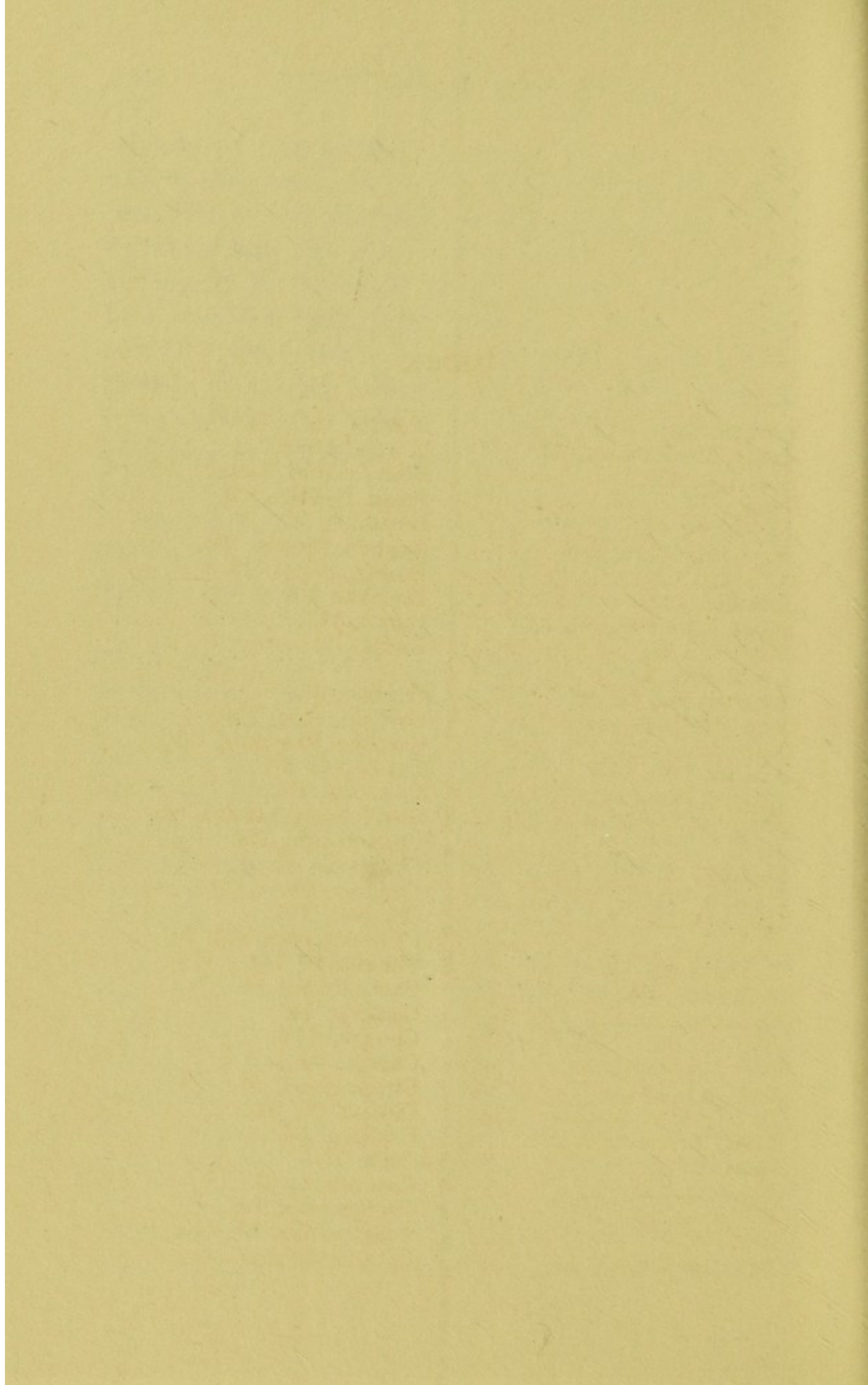
A mother should not let an ignorant girl in her teens get her first knowledge on sexual subjects from her schoolfellows; indeed, through botany and zoology such knowledge should be given quite early, when the child will receive it naturally and without curiosity. To point out how the pollen of the catkin falls on the little red bud and fertilises it, and becomes a nut; to take the child to a cottage where there is a young baby, and speak sympathetically about its advent, is sufficient to let such knowledge come slowly with growth as the mind is ready to receive it; but to avoid the subject altogether, to let the child pick up its information from servants and schoolfellows, is cowardly and unfair. There would be far less hysteria and love-troubles with growing girls if mothers were less reticent on these subjects, and the girls understood more what "love" between man and woman implies. And if this is true of school-life, still more true is it of married life; it is positively criminal to let a girl marry who is ignorant of the demands her husband may make upon her, and of the trials and troubles of child-birth. A home of her own, a trousseau, freedom from parental restraint, the importance of having

a husband of her own—all these may allure a girl into marrying a man she merely likes, because she doesn't know what love is. Really it would be better to let a girl read the coarsest of the old eighteenth-century novels, than to let her thus miss the crown and joy of a woman's life ; and better the old outspoken novel of such men as Sterne than the modern prurient novel, too often written by a woman. And if the daughter does not marry, still remember she has a right to live a life of her own—to have some outlet for her energies, some means of expressing her individuality. A strong woman asked to confine her powers to doing the lamps and going to tea-parties must, of course, become irritable or morbid, and so you get the terrible suburban household in which are shut up three or four idle, quarrelsome women, whose powers for good are fusing unused, and therefore their physical, mental and moral health is deteriorating. It is far better for your daughter to catch diphtheria in slumming than to develop "nerves" through idleness ; it is far better for her to work for the London B.A. than to ruin her eyesight over fancy-work ; it is wiser to run the risk of hunger in long mountain walks than to become ill-tempered with indigestion bred of over-eating. Ah ! it is difficult for the mother. Her daughter may be insulted when coming home from her lectures, may bring infection back from the slums to the younger members of the household. It is very trying, if the mother is not a woman of common-sense and courage ; but there are certain risks in this world we must all run, and character

can only come by facing difficulties and by steady work and self-discipline. You cannot spare either your sons or daughters the discipline of experience, and when they come to a certain age you must let life be their teacher—your place is no longer to teach, to lead; you can only stand by now and lend a helping hand in the day of adversity. If it is difficult to slip from the phase of parent to that of companion with a son, it is still more difficult for the mother to cease ordering her daughter and drop into line as a companion and a friend. But if she can do it, then the reward is very great, for there is no more beautiful relationship on earth than that between mother and daughter when there is mutual confidence and mutual respect.

So we have brought our home-life story down now to the swiftly declining days when the daughter becomes the housekeeper, and the son gives his supporting arm to his mother. But if it is a healthy and happy old age, if years have brought "the philosophic mind," and the mother can look on strong, bright sons and daughters whom she has reared, then, surely—

So shalt thou come to thy reaping,
So shalt thou say, "It is well."



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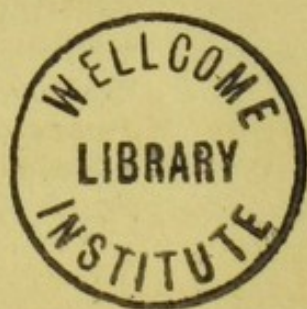
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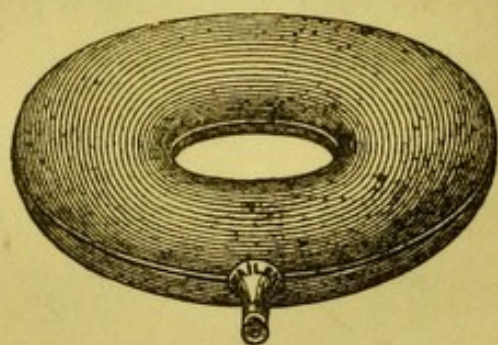


Fig. 3.

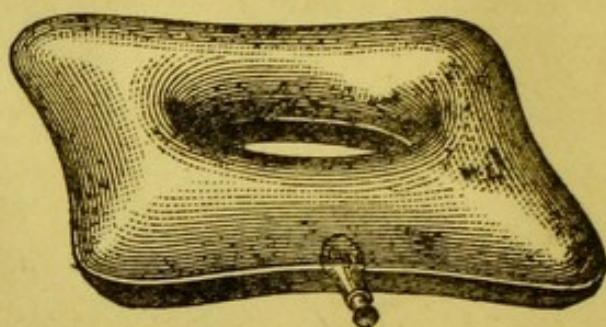


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