

How to treat accidents and illnesses : a handbook for the home / by Honnor Morten.

Contributors

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HOW TO TREAT ACCIDENTS AND ILLNESSES

BY
HONNOR
MORTEN.



LONDON:

JOHNSON LOW, MARSTON & COMPANY, Limited.

St Dunstons House, Fetter Lane, E.C.

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327, OXFORD STREET, LONDON, W.

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(Vide pages 1 and 2 of this work).

Ordinary sticking plaster or strapping
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Cotton wool.
Two triangular bandages.
Two or three roller bandages of
different breadths.
A stick of lunar caustic, in holder.
A pair of scissors.
Zinc ointment.
Carron oil.
Ipecacuanha wine.

Calvert's No. 5 carbolic.
Mustard leaves.
Sal volatile.
Two ounces of laudanum.
Some oil-silk.
Linseed meal.
Poppy heads (concentrated solution of)
Cascara sagrada capsules.
A piece of spongio-piline.
Some old handkerchiefs or linen.

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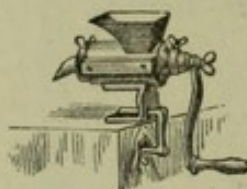
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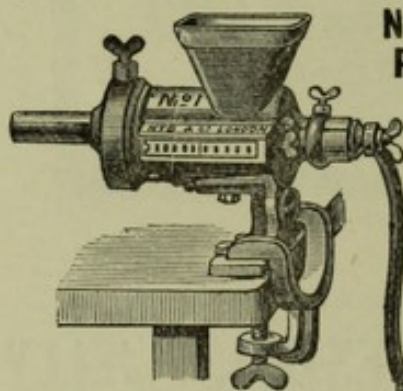
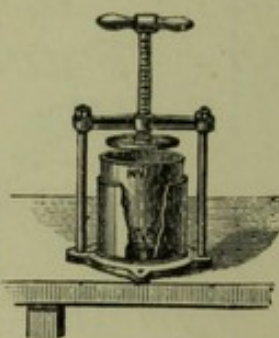


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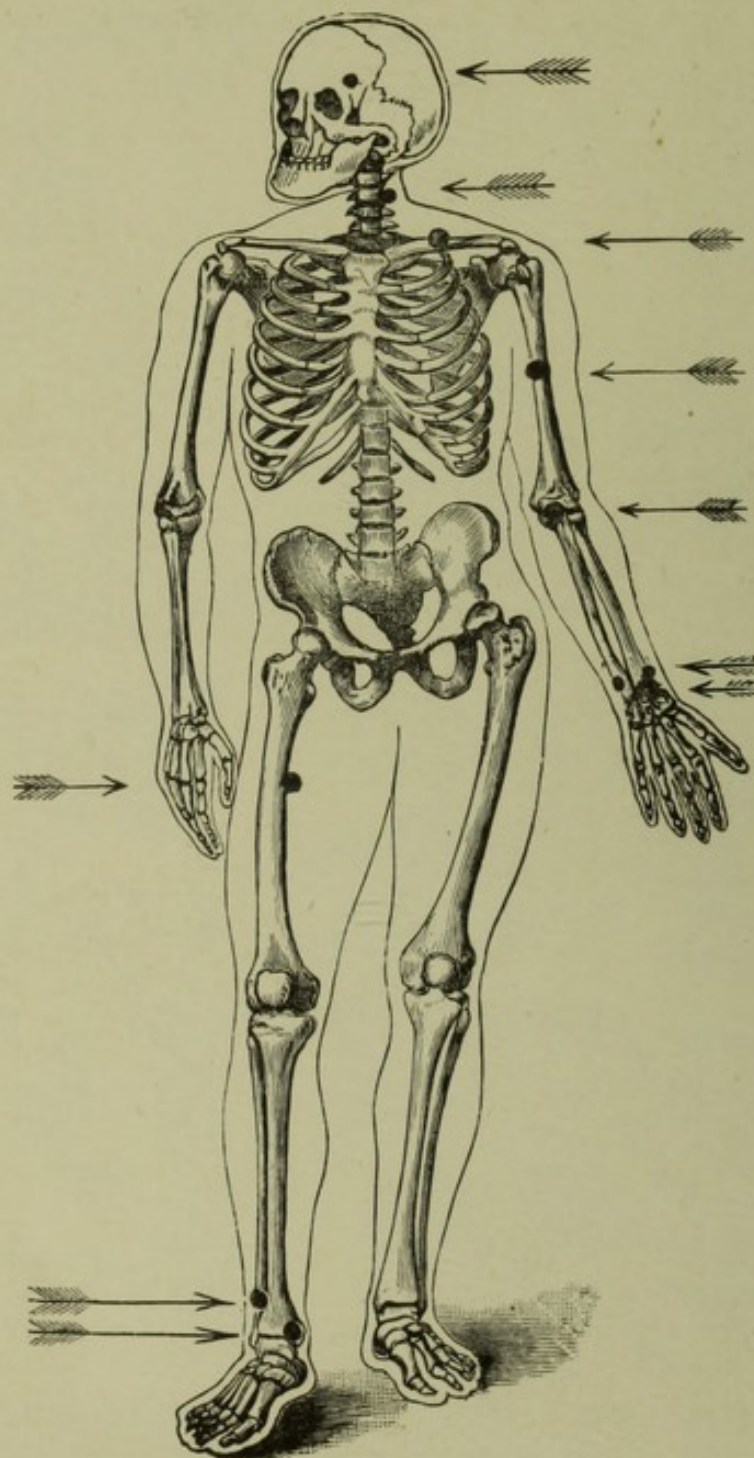
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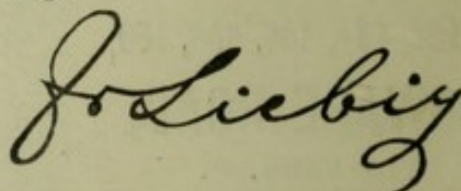
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HOW TO TREAT
ACCIDENTS AND ILLNESSES,

A HANDBOOK FOR THE HOME.

BY

HONNOR MORTEN,

AUTHOR OF "THE NURSES' DICTIONARY," "SKETCHES OF HOSPITAL
LIFE," &c.

LONDON:

SAMPSON LOW, MARSTON & COMPANY
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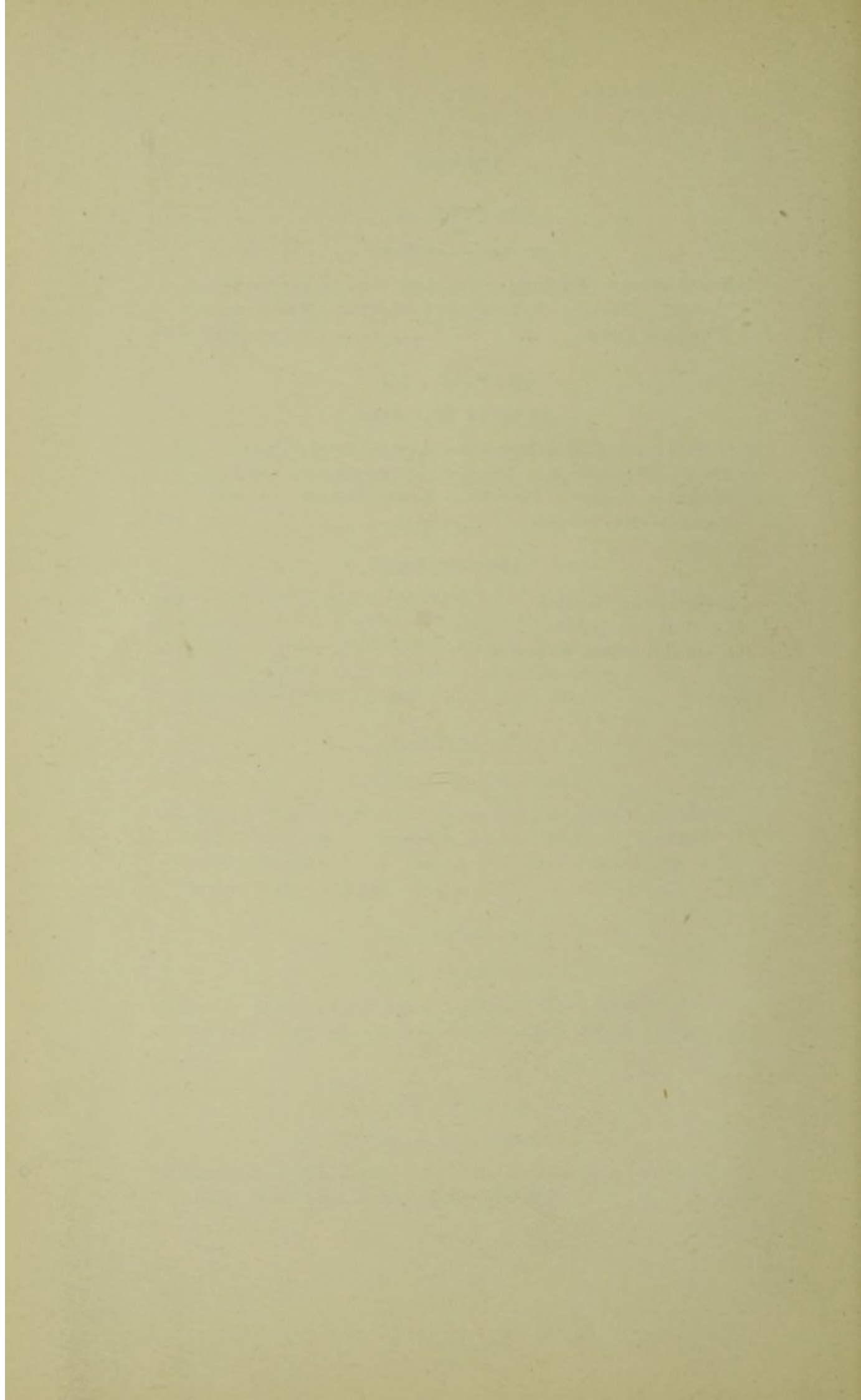
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ACCIDENTS AND ILLNESSES.

CHAPTER I.

COMMON ACCIDENTS.

First Aid—The Medicine Cupboard—Cuts—Scratches—Bites—Stings—Sprains—Dislocations—Broken Bones—Burns—Scalds—Injuries to the Head.

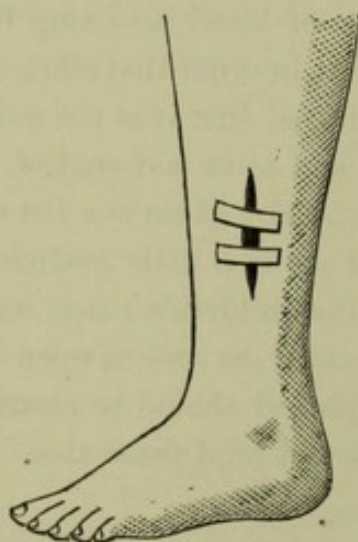
It is to be hoped that every family will shortly number amongst its members at least one person who has had some training in "First Aid to the Injured," and that ordinary accidents and emergencies will not meet with that hysterical treatment which in old days often did more harm than good. A simple fracture has been rendered complicated by the hurried lifting and foolish cuddling of the patient, and an ordinary cut been changed to a case of blood poisoning by being dressed with dirty cobwebs. But in order that efficient help should be rendered in the small ills of life, it is not only necessary to have a little knowledge and some self-control, a few appliances must also be kept at hand. Here is a list of articles which should be kept locked up in a little medicine cupboard, hung rather high out of the children's reach, and with such a simple lock that it can easily be broken open in emergencies. Everything in the cupboard should be clearly labelled, and some hand-book of treatment kept there also.

1. Ordinary sticking plaster or strapping.
2. Lint, $\frac{1}{2}$ lb.
3. Cotton wool.
4. Two triangular bandages.

5. Two or three roller bandages of different breadths.
6. A stick of lunar caustic, in holder.
7. A pair of scissors.
8. Zinc ointment.
9. Carron oil.
10. Ipecacuanha wine.
11. Calvert's No. 5 carbolic.
12. Mustard leaves.
13. Sal volatile.
14. Two ounces of laudanum.
15. Some oil-silk.
16. Linseed meal.
17. Poppy heads.
18. Cascara sagrada (concentrated solution in capsules).
19. A piece of spongio-piline.
20. Some old handkerchiefs or linen.

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Cuts.—Now the most common accidents in households where there are children are cuts or stabs with sharp instruments, such as knives or scissors. If it is a clean cut in a



fleshy part, and no artery or ligament is severed, the damage ought not to be serious. Let a little clean cold water run over the wound to wash out any dirt and to stop the bleeding, draw the edges of the cut together, and keep them in position with two narrow strips of plaster. Leave some space between the two slips, so that any oozing from the cut may have room to escape. Cover up with a handkerchief or bandage to keep out

all dirt. If the wound is more in the nature of a stab, deep and not long, and the bleeding not inclined to stop,

put a piece of lint over the place, and bind it on rather tightly, and leave it for a time; but loosen the bandage after not more than three hours, in case the circulation is impeded. If red blood spurts from the wound in unceasing jets, some artery has been severed. Send immediately for a doctor, and look up page 17, "Sudden Bleeding."

If a cut becomes red round the edges, and there is a throbbing feeling, some inflammation is going on, and a doctor had better be sent for. The great point in treating wounds is to keep them clean.

Scratches.—When on the hands, scratches should be covered up with a strip of plaster, for they are more apt to inflame than cuts if any dirt gets into them.

Bruises.—The best treatment of bruises is, as a rule, to leave them alone, or merely bathe them with a little warm water and arnica but if the bruise is on the face and causes a disfigurement one would gladly be rid of as soon as possible, the application of a piece of raw beef, changed every hour, will hasten its disappearance. Where there is broken skin as well as a bruise, a slough is sure to form, and then a bread poultice should be applied to help loosen and get rid of the scab; afterwards new flesh will form and fill in the wound.

Bites.—When bitten by a strange dog, wash the wound immediately with plenty of cold water into which a little carbolic has been put. If there is reason to believe the dog was mad, immediately tie a handkerchief tightly round the limb above the wound; burn each wound thoroughly with caustic, pressing the point well down into the teeth marks. This is not nearly so painful an operation as is usually supposed, and the cauterising of deep wounds is less sore than that of more superficial ones. Feeling is chiefly in the skin, which shows why a deep cut is no more painful than a shallow one.

A bite from a cat, horse, or any animal should be treated in

the same way, and then covered up with a little lint and a bandage. Adder bites are very rare in this country, and very seldom fatal. Tie a handkerchief or string tightly round the limb just *above* the bite, wash well with brandy and water or carbolic and water, and then anoint constantly with carbolic oil. Give the patient a little brandy or sal volatile, if necessary. There will probably be much swelling, and it may be well to apply a poultice to the wound. Sucking a poisoned wound, though usually recommended, should never be indulged in unless there are no means of washing the wound at hand; or unless it is absolutely certain that mouth and lips are free from the slightest crack or scratch.

Stings.—Occasionally the stings of bees, wasps, mosquitoes, &c., may cause severe symptoms of faintness and collapse. Then brandy should be given by the teaspoonful every two or three minutes. A single sting from a bee or wasp should be treated in the old-fashioned way with a blue-bag (after extracting the sting if it has been left in), and then care should be taken not to let a coloured stocking, or any source of dirt touch the place. The stings of gnats or mosquitoes should be touched immediately with a drop of ammonia, and then left alone.

Sprains.—The ordinary sprained ankle, if the accident happen on the hillside, can be given a cold douche in the nearest stream; but if the accident happen in the house, warm water is better and more soothing. Subsequent rest and cold water bandages will help, and then when the foot is being used once more to hold it under a running tap of cold water for a few minutes night and morning, will strengthen it.

Dislocation.—Some peoples' joints are specially liable to "come out" as it is generally phrased, and if they can be "put in" at once a great deal of pain is saved. The shoulder joint is most liable to this accident—some overstretching in tennis, climbing, or the gymnasium, and the

arm comes out of its place, and can no longer be raised or pressed close to the side. Some people can reduce this dislocation themselves by putting the arm over the back of a chair, catching hold of the seat, and then letting the weight of the body suddenly rest downwards and outwards on the other side of the chair. But the more simple way is for the patient to lie flat on the floor, the "sensible person" of the household sits down beside him, and having put his foot (covered with a soft towel) into the injured armpit, he catches hold of the wrist of the arm which is "out" and gives it a sudden pull. As a rule the bone goes back into its place with a click. The dislocation of the hip is a much more serious matter, and should not be attempted by amateurs if a surgeon can be obtained. Still, if the accident happen where help is not to be had, the reduction may be tried in much the same manner as the reduction of the shoulder; the foot being placed in the groin and the leg being grasped at the knee. To prevent the patient unconsciously acting against you, it is well just as you are going to pull to direct his attention to something else—ask him to raise his arms above his head for instance, and just as he does so give a strong steady pull at the leg.

A dislocated jaw is a most uncomfortable accident, as it prevents eating or plain speaking. The lower jaw usually slips out of its sockets at both ends, but sometimes only at one end. If both ends are out supply yourself with two strong cedar pencils or two wooden-handle forks. If the patient is of age, and is himself a sensible person, he can be trusted to put a pencil in each corner of his mouth and press down on the back teeth, while you, standing behind the patient (who should be seated), clasp your hands under his chin and pull steadily upwards. If the patient is a child, or without self-control, you must get someone else to give the downward pressure while you are giving the upward pull. The danger

is if the pressure on each end of the jaw is not equal, one end may slip into place but not the other. For some days after such an accident care must be taken in yawning, laughing, and eating, not to open the mouth too wide, or else the jaw may slip out of its place again.

Broken Bones—THE ARM.—When a bone is broken the limb hangs helpless, and if you try to raise it a grating sound is heard as the broken ends of bone rub against one another. It is not expected that amateurs should try and set broken bones, but they can greatly help the work of the

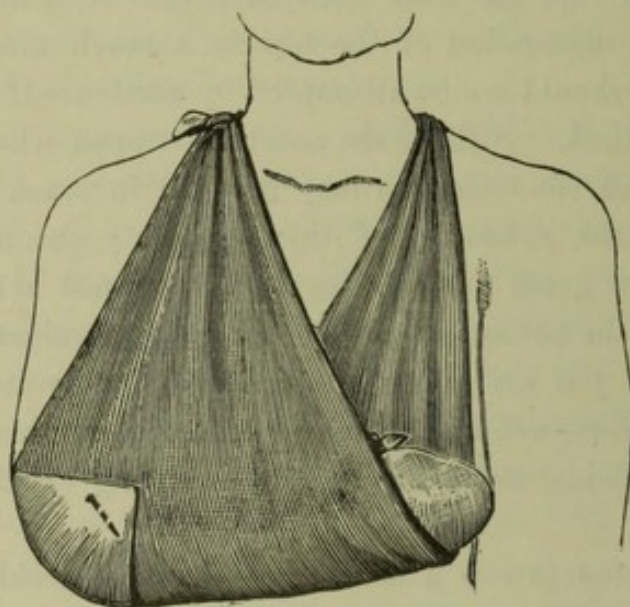


FIG. 2.

surgeon by putting the patient into the best possible position until skilled help arrives. If an arm is broken near home, let the patient lie down on a bed, put a pillow under the injured arm to raise it level with the body, and put a book or bag of sand on each side of the arm to keep it from jerking. Do not try and undress the patient—leave that for the doctor if he is within a few hours' reach. If the accident occurs away from the house, make a good broad sling for the arm, let the lower part of the arm rest in it, and tie it round the neck. If it is

the upper part of the arm that is broken, put some pieces of stick up and down it, and tie them on with a handkerchief. If by chance you have a large silk handkerchief you can make a regular triangular bandage, and put it on as shown in Fig. 2. You fold the handkerchief into a triangular form, put the double point under the injured arm, carry one of the long points over the one shoulder, and, folding the injured arm across the chest, lift the other long point over the injured arm and over the shoulder till it meets the other point. Now bring the double points round from behind the arm, and pin them in front. Remember the object of all temporary treatment is to prevent movement of the arm, to keep it in a comfortable, steady position, so that no jerking or waggling may occur and cause increased mischief. Do not wait till an accident occurs before practising how to apply this bandage—try it at once on some sound person, and then you will do it more quickly and skilfully should you ever have to apply it to an injured limb.

Broken Leg.—The leg may be broken above the knee or below the knee. If it is above, we speak technically of a “fractured femur”; between the knee and ankle there are two bones, known as the “tibia” and “fibula,” and either one or both of these may be broken. The temporary treatment aims at preventing further mischief before the

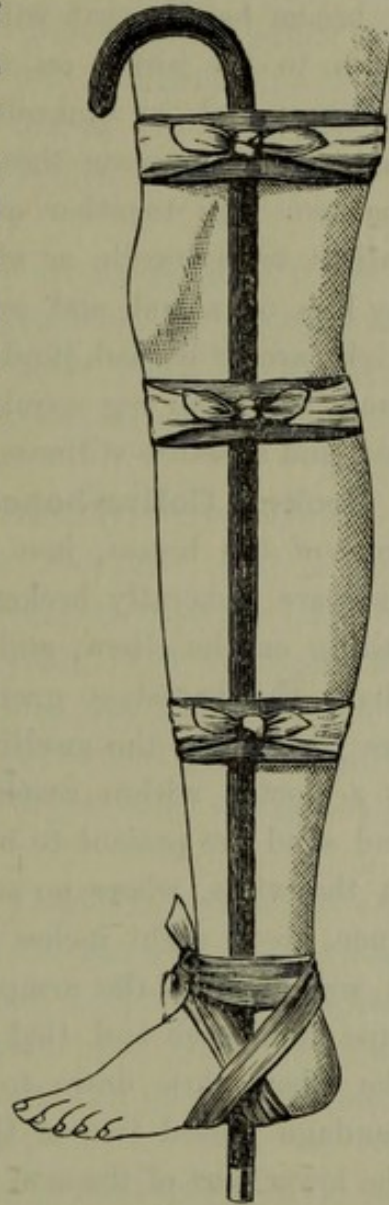


FIG. 3.

surgeon comes. If possible, keep the patient lying perfectly flat, with the limb in a natural position, and a sandbag or book on either side of it to prevent movement. But if the accident occurs far from home and help, get one long stick or broom handle that will go from under the armpit right down to the ankle on the injured side, then an ordinary walking stick or umbrella between the legs, and bind the limb firmly between these, as shown in Fig. 3. Then tie the two legs together at the knees and ankles. Put the patient on a hurdle or stretcher, and carry him home and lay him on a bed, and wait for the doctor. If no poles or sticks are to be had, bind the injured limb to the uninjured one. A broken leg requires as a rule at least six weeks in bed, and absolute stillness on the part of the patient.

Broken Collar-bone.—The collar-bones go from the front of the breast, just below the neck, to the shoulders; they are generally broken by some indirect jerk, such as falling on the elbow, and immediately a swelling is noticed above the breast, a grating noise is heard if the fingers are pressed on the swelling, and pain is caused. If there is a doctor within reach, merely put the arm in a sling and send the patient to him to have the fracture set; but if in the wilds, where no surgeon is, make a stout roll of old linen, about eight inches long and four inches thick, and put it well up into the armpit, keeping it there by a piece of tape from each end, tied above the other shoulder; then put the elbow close down to the side, and tie it there with a bandage passed two or three times round the body, then put the lower part of the arm in a sling.

Broken Ribs.—It is not always easy to know when the ribs are broken, but if after a fall on the side a pricking pain is felt on breathing, and a crackling noise is heard on putting the ear over the place, send at once for a surgeon. If in the wilds, bind a roller-towel round the patient's chest,

and allow him to make no exertion which would increase the breathing, but do not necessarily keep him in bed.

Broken Knee-cap. — There is a little flat bone in front of the knee which is sometimes fractured from falling on it. The break can easily be felt at first, before the swelling comes on, and the patient, who will be unable to use the injured leg, should be put to bed to await the doctor. Keep the foot well raised; perfect rest in this position for a month is necessary.

Broken Fingers or Toes only need bandaging up by a doctor with tape between some narrow strips of pasteboard, which must be worn for two or three weeks. The hand should also be put flat against a broad bit of wood, and a sling worn.

Broken Ankle is serious, and usually accompanied by dislocation. It is known as Potts' Fracture. Cut off the boot and sock, and put two sticks or splints from the knee to below the foot, and tie them in position. Put the foot in as natural and easy a posture as possible, and give it as much support as you can. It will be so twisted that you will have no doubt as to what has happened, but you must use no force in trying to dress it.

Broken Wrist, called Colles' Fracture, should be set as soon as possible. Put a broad, flat piece of wood from the elbow to the tips of the fingers, keeping the fingers extended. Bandage it lightly in place, put the arm in a sling, and send for the doctor, or if you are up country send the patient down to the doctor at once.

Burns need immediate attention. The first aim is to exclude air from the injured parts. Cut the clothes away from the burnt surface, pour olive or carron oil over the parts, or cover with well-oiled linen, and then put on lots of cotton wool. The second aim is to prevent collapse. Give the patient a little hot brandy and water, a dose of sal volatile,

or a cup of hot coffee; put hot water-bottles to the feet. The pain of a burn is very severe, and the shock sometimes brings on a stupor from which the patient cannot be roused.

The subsequent dressing will be done by the doctor, but someone ought to be at hand to help him, as the more quickly it is done the less the patient will suffer. The usual dressing is strips of lint soaked in carbolised oil, and a thick layer of salicylic wool over it. The primary danger of shock having been safely surmounted, there is danger for the first fortnight of internal congestion, which may show itself in the lungs, kidneys, or any other part, so careful watch must be kept.

Should the changing of the dressing be left to the "home nurse," she must be sure and never uncover the whole burn at once, but change the lint strip by strip.

Scalds need much the same attention as burns. Immediately exclude air from the injured parts by applying oiled rags covered with plenty of cotton wool; or, if there is no oil at hand, dredge on plenty of flour and cover up with lint and wool. Give the patient a hot drink, and if there are signs of faintness 30 drops of sal volatile in a wineglassful of water.

Scalded Throat is an accident which sometimes happens to children who try to drink out of a kettle. The doctor should be sent for immediately, or the child taken to the hospital if there is one near. The danger is that the throat may become so swollen as to cause suffocation.

Injuries to the Head.—A fall or a blow on the head may cause unconsciousness. Put the patient to bed very quietly and carefully in a darkened room. Turn the head slightly to one side in case of sickness. Put hot bottles to the feet, and cloths wrung out in cold or iced water to the head, changing them constantly. Do not try and make the patient swallow anything until the doctor has been. Unconsciousness may also be caused by fainting or fits (see page 49), or by poisons (page 13).

CHAPTER II.

COMMON EMERGENCIES.

Choking—Things Swallowed by Mistake—Things in the Ear—Things in the Nose—Things in the Eye—Poisons—Poisonous Food or bad Food—Drowning—Artificial Respiration—Suffocation—Bleeding—Spitting Blood—Premature Births.

Choking.—If the patient is getting purple in the face, put your finger as far down the throat as you can, and if you can feel the obstruction try to hook it up, or to move it upwards or backwards. If unsuccessful, slap the back sharply just between the shoulders. If it is a child, hold him up by the heels while someone else slaps the back. More than this the amateur cannot do, and a surgeon must be called in to operate. It must be remembered that choking is caused by some substance—a cherry-stone or a hard bit of crust for instance—getting into the windpipe, which passes from the mouth to the lungs, and through which we breathe, instead of going down the tube which passes from the mouth to the stomach, and is the proper road for food. When a fish-bone sticks in the proper road to the stomach it is very uncomfortable, but it does not arrest the breathing. In the same way, pins, money, &c., may be *swallowed by mistake* and go straight down into the stomach without causing much inconvenience. In such cases let the patient eat plenty of bread or light solid food, and take little to drink. If the bowels act naturally next day, the article swallowed will

probably be expelled without further trouble. If the bowels do not act, let a small dose of cascara be taken, and repeated after twelve hours if necessary. But do not immediately after a pin or other foreign article has been swallowed give a big dose of castor oil, and so hurry the article through the bowels in such a manner that it is sure to scratch the tender lining of the intestine, and probably set up inflammation. There is much less danger if any foreign article is allowed to pass slowly and imbedded in a solid mass. If the slightest pain is felt in the bowels send at once for the doctor.

Things in the Ear.— If it is a button, bead, or *anything hard*, syringe the ear with warm water; if not successful, take the patient at once to the doctor. Never probe the ear about with hairpins or bodkins, for the drum of the ear is a very delicate instrument, and the slightest injury may cause deafness, or even brain disease and death. If the foreign substance in the ear is a pea, or bean, or *anything soft*, on no account syringe the ear, as the water will cause the pea to swell, and great pain will follow. Do not let an amateur meddle in such a case; send the patient straight to the doctor.

If an *insect* gets into the ear, let the patient hold his head to the other side, fill the ear with warm oil, and the insect will probably float to the top. Anyway, it will be killed, and should it not float out, can easily be syringed out with a little warm water. Always syringe the ear gently; do not put the nozzle of the syringe right in the ear.

Things in the Nose.— Children are very apt to push shells, beans, &c., up the nose. Close the free nostril with your finger, make the child snort hard down the other nostril two or three times, keeping his mouth shut the while. Probably the intruder will be forcibly expelled. If not, pinch the nose above the obstacle to prevent its getting higher up, and try and gently pass the eye end of a bodkin between the

obstacle and the nose, and draw it down. If this does not succeed the first time, do not go on trying, but take the patient to the doctor.

Things in the Eye.—If an insect fly into the eye, or a piece of dirt is driven in by the wind, close the eye at once and keep it shut for a few minutes, when the natural rush of tears will probably wash the substance away. If this is not successful, examine the eye and find out where the substance is. Pull the lower lid outwards, and if you see it, remove it gently with a handkerchief or with a camel's-hair brush. To examine the upper lid, pull it forwards by the eyelashes, press a pencil downwards on the lid, and then pull upwards by the lashes. The lid is then practically rolled backwards over the pencil, and if the intruder is there it can be brushed away. If not there examine the eyeball carefully; sometimes a piece of cinder or glass will get fixed in the eye. If you can see it, make the patient close his eyes, tie a folded handkerchief loosely over them to prevent opening and shutting, and take him at once to the doctor.

If, after careful and thorough examination, you can see nothing in the eye, it is probable that the substance has been got rid of unconsciously, though the irritation may remain some time. It is well to keep the eye shut and lightly covered for an hour or so, when the irritation will subside. If this does no good, drop a drop of olive oil into the eye, and lightly bandage it.

If a piece of mortar or lime gets in the eye, remove it immediately, and wash the eye with weak vinegar and water—about a wine-glass of vinegar to a tumbler of water.

Poisons.—If the poison swallowed is any form of narcotic, irritant or excitant, give at once an emetic—that is, something to make the person sick (two tablespoonfuls of ipecacuanha wine or a tablespoonful of mustard in a

tumbler of warm water). The following is a list of these poisons :

Chlorodyne	}	Narcotics (<i>i.e.</i> , causing sleep and unconsciousness).
Chloroform		
Godfrey's cordial		
Laudanum		
Morphia		
Soothing syrup		
Arsenic (rat paste, fly papers)	}	Irritants (<i>i.e.</i> , causing internal pain, sickness, and weakness).
Antimony (tartar emetic)		
Aconite (monkshood)		
Colchicum		
Copper salts (bluestone)		
Digitalis (foxglove)		
Laburnum seeds		
Mercury (corrosive sublimate)		
Phosphorus (rat and beetle poisons, lucifer matches)		
Sugar of lead		
Almond flavouring	}	Excitants (<i>i.e.</i> , causing excitement, delirium, or convulsions).
Belladonna (deadly nightshade)		
Essential oil of almonds		
Hydrocyanic acid		
Henbane		
Prussic acid		
Solanum (black nightshade)		
Stramonium (thorn-apple)		
Strychnine (vermin killer)		

If the poison swallowed is a corrosive, an emetic must *not* be given. The following is a list of these poisons :

Aquafortis	}	Corrosives (<i>i.e.</i> , corroding, or burning, so that the lips and the mouth are blistered and white).
Carbolic acid		
Hydrochloric acid		
Lime (alkali)		
Nitric acid		
Oxalic acid		
Potash (alkali)		
Salts of sugar (acid)		
„ „ sorrel (acid)		
Soda (alkali)		
Spirits of salt (acid)		
Sulphuric acid		
Vitriol		

FURTHER AID.—NARCOTICS.—After having given the emetic, do everything you can to keep the patient awake. Dash cold water over the face. Force him to walk up and down. If in spite of all stupor comes on, and the breathing gets faint and slow, perform artificial respiration (see page 16).

IRRITANTS.—After the emetic has acted, give milk and white of egg, or gruel; and then, if there is great prostration, give a little brandy and water, and put hot bottles to the feet and hot flannels sprinkled with laudanum over the stomach.

EXCITANTS.—Immediately dash cold water over the face, hold strong smelling salts to the nose; try artificial respiration (page 16) if the breathing seems likely to stop.

CORROSIVES.—If the poison is an acid, give an alkali, such as some magnesia or carbonate of soda, in a tumbler of water. If the poison is an alkali, give an acid, such as lemon juice and water, or vinegar and water. Then give some barley water, gruel, or milk and white of egg.

Poisonous Foods.—Shell fish, tinned foods, and mushrooms sometimes cause poisoning, the main symptom being great internal pain and discolouration of the face. Give an emetic, and when it has acted give a dose of castor oil and some warm gruel.

Drowning.—If the person is conscious and breathing when got out of the water, put him to bed between warm blankets, give a hot drink, and send for the doctor.

If the person is unconscious and breathing has stopped, proceed at once at the water's brink to try means of recovery. First, clear the mouth and nostrils. Let the head hang face downwards for a second so that the water can run out of the mouth and the tongue fall forward. Then turn the patient on his back, wipe the nose and mouth with a handkerchief, and if the tongue seems inclined to fall back and stop up the throat get someone to hold it forward by grasping the tip

with finger and thumb round which a corner of the handkerchief has been twisted. Loosen tight clothing, roll a jacket or rug into a cushion, and put it under the shoulders so as to extend the chest and throw the head back a little. Now try to encourage the breathing to recommence by what is known as *artificial respiration*. Kneel at the patient's head, and, leaning forward, grasp both his elbows, and draw them upwards and outwards till they are level with his head. Pause a second, then slowly lower the elbows and press them gently but firmly against the patient's ribs. Continue to do this regularly, counting about ten to each completed movement. The outward movement expands the chest, so that air flows in; the downward movement, and pressing of the elbows against the sides, contracts the chest, and drives out the air from the lungs. In this way a sort of sham breathing is kept up, which often, after a long time, develops into natural breathing. Meanwhile, while you are doing artificial respiration, if there is anyone else present let them rub the legs, stroking them upwards from the feet to the knees, and get off all wet clothing you can, and throw dry garments or rugs over the patient's body; but do not let too many people crowd round to keep off the air. Be careful not to interrupt the first gasps of the patient, which show returning consciousness. Directly natural breathing is established, convey the patient to the nearest bed, and give him occasional teaspoonfuls of hot brandy and water. If there is a doctor within an hour or two hours' reach, do not give up hope till he comes. I have seen watermen, in a big town, after trying for ten minutes to recover a man who had only been under water from three to five minutes, give up, and cover the patient over, face and all, with a rug, and so leave him, while they stood round waiting for the doctor.

In *suffocation* of any sort arising, from *hanging*, inhaling stifling fumes, such as *choke damp* or *sewer gas*, dash cold

water over the face, loosen tight clothing, then, if breathing has stopped, perform artificial respiration, while someone else vigorously fans the patient. Let the windows be open, and get all the fresh air you can for the patient.

Bleeding.—Called by doctors *hæmorrhage*, and generally due to the cutting of an artery or canal through which the blood flows from the heart to the limbs. Note if the blood is bright red and is pumped out in jets as the heart beats. If it is, the bleeding is arterial, and pressure must be made on the artery so as to close it before the bleeding will stop. Never give stimulants in cases of excessive bleeding. Generally this bleeding is from the hand or wrist, and due to a cut from broken glass or to a stab. Luckily there is a place in the upper arm where the artery crosses the bone, and if the artery is pressed down on the bone the bleeding stops. It is very easy to find this place, which is just under the middle of the well-known bicep muscle. Practice finding it on an uninjured person. Put the three middle fingers of the left hand to the left wrist of the person just under the thumb where you can easily feel the pulse beat. Now with your right hand grasp the other persons left arm, half-way between the elbow and the shoulder, keeping your thumb behind and your fingers well forward towards the armpit, so that when you press with them you get under the big muscle. Now press fairly hard, and you will feel that the pulse has stopped beating—let go, and the pulse will at once begin to beat again. You have, in fact, stopped any blood from flowing down the arm from the heart by pressing the artery, or canal, tightly against the arm-bone and so closing it. Supposing there is any arterial bleeding then from below the armpit, it can be stopped by pressure on this point (marked with a spot on Frontispiece) and immediate pressure can be applied by the fingers until someone else can supply you with a potato or a pebble wrapped in a handkerchief, which you can apply just

where your fingers were, and bandage tightly in its place with another handkerchief. If the pressure is not sufficient, put a stick under the bandage and twist it round, and so tighten the bandage till the bleeding stops.

In the same way any arterial bleeding about the leg may be stopped; for the artery passes in a similar manner over the the leg bone half-way between the hip and the knee, or rather nearer the hip than the knee, at a place marked with a spot in Frontispiece. But the muscle of the leg is considerably larger than that of the arm, and greater pressure is required to get under it, so that you want to press with both thumbs over the spot, or else put on your pad and bandage and twist it with a stick, making what is called a *tourniquet*. The other points at which pressure can be made to arrest arterial bleeding are at the wrist (below the thumb and below the little finger), in the bend of the elbow, at the neck, and at the ankle, and in the bend of the knee; also at the temples between the ear and eye. The pressure can be made with the fingers or with a tightly bound on pad. At the neck, where a large artery runs up on either side of the windpipe, the thumbs must be pressed well into the depression, known as the "saucer," and the pressure exerted downwards and backwards. If this is insufficient, pad the handle of a key and press that in and down. These are the arteries which are severed in cut-throat cases (see Frontispiece).

VENOUS BLEEDING, or bleeding from the vein or tube which carries the blood from the limbs to the heart. The blood is purple in colour, and flows smoothly. Put a pad over the wound, and bind it tightly in place; put another pad about an inch lower down the limb than the wound, and bind that in place also. Keep the injured part raised. Venous bleeding usually arises from the bursting of a varicose or swollen vein in the leg (see page 88).

NOSE BLEEDING.—Frequent in children and in persons of

an apoplectic tendency. Let the person hold the head up, not hang it over a basin, and apply rags wrung out in cold water, or else ice, to the nose and to the back of the neck. If the bleeding continues for very long, in spite of cold applications, send for the doctor. Do not give stimulants. If the patient is faint give fifteen drops of sal volatile in a wine-glassful of cold water. If you are far from a doctor, and the bleeding really seems serious, if the pulse is feeble and the patient depressed, loosen all tight clothing and let him lie down, putting a succession of towels to the nose, but never letting him blow it. If you have any powdered alum or tannin in the house, let the patient snuff it strongly up the nose. Failing this, dip some lint in iced water or in a weak solution of iron or carbolic acid if you have it, and push it up the bleeding nostril, and try and plug the nostril entirely. But these means should never be tried unless the case is far from a doctor, and the patient a feeble or weakly person. In a healthy man, woman, or child, nose bleeding is often a relief, and should not be stopped too soon. When you do send for the doctor be sure and tell him what he is wanted for, that he may bring all that is necessary to arrest the bleeding.

BLEEDING FROM A TOOTH SOCKET.—After a tooth has been taken out it is sometimes difficult, in the case of unhealthy people, to stop the bleeding. The best way seems to be to stuff the empty socket full of cotton wool which has been dipped in weak carbolic acid, cover over with a pad of lint, let the mouth be kept shut to keep the pad firmly pressed down, and if the bleeding does not stop send the patient off to the doctor.

SPITTING BLOOD.—Let the patient lie down with head raised, and give ice to suck; or, failing that, give sips of vinegar and cold water. Open the windows. Sometimes a great deal of blood may be vomited up by a person. Then to

the above measures add that of applying ice or cold water cloths to the stomach.

Premature Births. — One of the most awkward emergencies for which handbooks of first aid and home nursing fail to prepare us, is the unexpected arrival of a baby in a house where there is no competent person in attendance. In these cases ignorant interference often works great mischief, hence the following few directions: Put a water-proof on the bed and a big folded sheet over it. Let the person lie down on her left side near the edge of the bed. When the child is born place it on its right side; if it does not cry give it a gentle slap on the back or sprinkle it with cold water. If there is hope of the doctor's arrival leave mother and child as they are. They will not hurt for half an hour, and meantime you can provide plenty of warm water and well-aired towels to be ready for the doctor. But if no help is at hand, as soon as the cord has ceased to pulsate, tie it tightly round in the middle in two places about an inch apart with some worsted, and then cut it in two between the two ties. You can now lift the child, and wrap it up in a blanket and put it before the fire. The after-birth is usually expelled soon after the birth of the child, put this in a basin, cover it up, and keep for the doctor to see. Give your patient a drink of hot milk, see that she does not get cold feet, and make her as dry and comfortable as possible without moving her. Be sure the baby is out of draughts and *quite warm*. Remember that labour is a perfectly natural thing, and that there is no need for hurry or anxiety or much interference. The chief danger lies in *bleeding*, which may come on, but is rare. In such a case let the patient's head be low, open the window, raise the foot of the bed and rub the abdomen vigorously with your hand or put on cold-water cloths. Get help immediately.

In a case of *miscarriage* treat it as an ordinary birth, and keep all that comes away for the doctor to see.

CHAPTER III.

ON CATCHING COLD.

Colds—Coughs—Sore Throat—Bronchitis—Poultices—Inhalations—
Beef Tea—Congestion of the Lungs—Jacket Poultice—Pleurisy—
Consumption—Quinsy—Hay Fever—Influenza.

Colds.—Some people are much more likely to catch cold than others, and the more a person coddles, as a rule, the more frequently they get cold. There is no better preventive of the ordinary cold in the head than a daily cold bath and the frequent use of cold water to the face. This is especially the case with women, clerks, and all those who lead an indoor life; if the skin is never hardened with cold water, there comes a time when it cannot stand frosty air without a sensation of chill, which probably starts a cold in the head or a cough.

A person who is liable to colds should wear woollen undergarments, but should not wear a lot of extra heavy wraps. What is desirable is not to keep the patient in a state of unnatural warmth and perspiration, and to weaken him by weighing him down with heavy clothing; but to prevent sudden chills to the body, such as are caused by cotton underclothing next the skin, and wet with perspiration, if a cold wind or draught is felt. Again, there is no reason to dread walking in the rain if a person is properly clothed; but to sit in damp boots or coat till cold shivers begin to run down the back is to invite death. In dealing with the whole subject of catching cold, what is wanted is the rarest sense, known as

common sense. To be careful without coddling, to be thoughtful without being anxious, to be daring without being rash. This is the way to avoid catching cold.

And the cold once caught must be treated on the same system of a little care and considerable neglect—care, not to let the cold develop into congestion; neglect, to prevent its being pampered into a fever. Many a feverish cold have I seen, the “fever” of which was solely due to fires and over clothing, and hot drinks. Be it remembered that so long as a cold is merely a cold, it is of little consequence; directly it develops into congestion it is of the greatest consequence. The ordinary course of a cold is forty-eight hours of sneezing and nose-blowing, followed by forty-eight hours of coughing and hoarseness, and then forty-eight hours of getting better. And such a cold needs no treatment whatever, save avoidance of draughts and damp clothing.

Coughs.—The second phase of a cold is usually a cough, and often the cough lasts longer than it ought and is very troublesome. Of course a cough means that there is some irritation of the throat, which may be due to a long uvula, to indigestion, or to many causes; but as a rule a cough is the second stage of an ordinary cold, and needs such simple treatment as black currant lozenges or honey and vinegar. If the cough is very troublesome at night and prevents sleeping, a teaspoonful of Kay’s Compound may be taken in water if the patient is grown up, but for children the honey and vinegar is safer. Patent cough mixtures should always be regarded with caution.

Sore Throat is the necessary result of much coughing, such as is caused by a severe cold. There are other causes of sore throats, such as the relaxed throat due to weakness or the ulcerated throat due to bad smells. Here we are simply speaking of the third stage of an ordinary cold, which can be met by the wearing of a bit of flannel round the throat and the rubbing in of some Elliman’s Embrocation to the neck and

chest at night. It must be remembered that a sore throat is half-way towards bronchitis, and therefore that care must be taken to arrest the cold at this stage and not let it grow into anything worse.

Bronchitis.—With bronchitis we first reach an illness in which nursing is everything.

CAUSE.—Cold and damp. Some people are much more liable to it than others.

COURSE.—Usually begins with cold and cough; the matter coughed up being clear and frothy. In a favourable case about the fourth to eighth day the sputum becomes thicker, and the patient is less feverish. In an unfavourable case the face gets purple, there is much feverishness, and there is not strength to cough up the matter in the bronchial tubes.

TREATMENT.—Keep the patient in one room, and if there is much weakness and depression keep him in bed. Hang a thermometer near the patient's head, and see that the mercury does not go below 60°. The best way to heat the room is by a fire and a steam kettle. The kettle must have a long spout to let the steam come well out into the room. Special kettles are sold at the chemist's, called "Bronchitis kettles," but if there is no chemist's near you can easily make a long spout to an ordinary kettle with a roll of brown paper. The doctor will probably order a *linseed meal and mustard poultice* to the chest. To make this you want

A kettle of boiling water.

A basin and spoon.

A flexible knife—a palette knife is best.

Linseed meal and mustard.

Some old linen, some tow, or some brown paper.

A tray.

A piece of oil-silk.

A broad flannel bandage.

Safety pins.

Pour some boiling water into the basin to heat it. Empty it away, and pour in more boiling water, guessing about the quantity you want according to the size of the poultice required. Now sprinkle in the linseed meal with your left hand while you stir the water with your right, and mix up a mass about the thickness of ordinary porridge. Have your piece of old linen or calico—or your pulled tow, or your bit of brown paper if you are poor—cut the right size wanted, and on the tray in front of the fire so that all is warm. Spread your mixed meal on it about half an inch thick (rather more than less) with your palette knife, dipping the knife into hot water to keep the meal from sticking to it. Leave an inch of stuff uncovered all round the edge, and turn this stuff up and over the edge of the poultice. Now you ought to have a perfectly smooth, stiff, flat poultice with an edging of linen, like a picture in a frame. Put this on the chest as hot as it can be borne, cover it with the oil-silk to prevent the moisture coming through to the nightdress, and bind it on with a broad flannel bandage passed round the body. Fasten your bandage in front with two safety pins, and then you need not take it off when changing the poultice, but merely unfasten it. Poultices should be changed every three or four hours; never take off the old poultice till you have the new hot one ready to clap on, and always have a warm towel to wipe the skin before putting on the new poultice.

INHALATIONS may also be ordered. These consist of hot water and some drug, and the patient breathes in the steam given off. A bought inhaler consists of a jug-like vessel fitted with a glass mouthpiece in the lid; but a teapot or a jug with a narrow mouth will do, the patient taking the spout of the teapot in his mouth, or leaning over the jug with his mouth close to the opening, and inhaling as much of the steam as possible.

With regard to food, probably *beef tea* will be ordered.

Take half a pound of lean beef, cut it up finely, and put it into a preserve jar with two tablespoonfuls of cold water and a very little salt. Put the jar into a saucepan containing a little boiling water, and put a saucer over the jar. Add more boiling water if required, put on the lid, and put the saucepan on the fire to boil for two hours. Then take out the jar and pour off the fluid, using pressure. Let it stand till cold, and then take off the fat, which will be in the form of a white scum. Then warm as much of the beef tea as you think the patient can take, and give it him. Many more hints on the feeding and care of patients in medical illnesses will be found in Appendix I., which should be read with care.

Remember with bronchitis, as with everything else, to carry out all the doctor's directions faithfully and punctually, and be sure and keep the sick room as bright as possible, and do not worry or let the patient see that you are anxious. It is a great virtue in a sick room to be able to look on the bright side of things.

Inflammation of the Lungs.—This is also called in its early stages *congestion of the lungs*, the congestion naturally causing inflammation; it is also called by the doctors *pneumonia*. It may affect only one lung, or it may affect both; in the latter case it is more serious.

The cause of inflammation of the lungs is cold or chill, particularly about the chest. The lungs are sponge-like organs which hold the air we breathe in, and are situated on each side of the breast bone, and just under the shoulder bones. A low dress, getting wet about the shoulders, the chill from a calico shirt wet with perspiration, may cause inflammation of the lungs.

COURSE.—This illness begins usually with a catch in the breath and a shivering fit, known to the doctors as a *rigor*; then the pain in the side becomes worse, and shoots through from the back to the front. Breathing is difficult and causes

pain, and the person is feverish and cannot sleep. By the second or third day the pain is so marked the doctor can easily tell what is wrong, and his means of finding this out is by listening to the breathing. These symptoms generally go on till about the seventh day, when there is a "crisis," marked by profuse perspiration or sound sleep, and the absence of restlessness. If by the ninth day there is no improvement, the case is serious. The convalescence takes three weeks if there are no relapses and no complications.

TREATMENT.—Put the patient to bed in a room the temperature of which is 60° ; get it to that heat by means of a fire and a steam kettle, if necessary. Send for a doctor. When he comes he will want to "sound" the patient by means of tapping over the part affected, or listening with his ear or his stethoscope against the place. While this is going on the patient must sit up, and you must be sure there is no draught. Probably the doctor will order linseed meal (page 23) or bran poultices (page 134) to the back and breast where the pain is, and if there is pain on both sides he may order what is known as a *jacket poultice*. This should cover all the chest and back from the shoulders down as far as the ribs go. If you have some old vests, a good plan is to slit them up under the arms and across the shoulders, so cutting them in two, and make the poultices on them. To keep a jacket poultice in shape you want two shoulder straps to your broad flannel bandage; they should be sewn on behind, brought over the shoulders, and pinned with safety pins in front. And you will find it more convenient to make your broad bandage fasten under one arm, then, when you change your poultices, let the patient lie on the other side, and you can easily change first the back one and then the front. Some doctors like cotton wool only over the chest, and others like ice bags; but whatever treatment the doctor orders be sure you carry it out exactly. There is usually great weakness with inflamma-

tion of the lungs, so try and feed the patient up well. Beef tea (page 25) and milk are nearly sure to be ordered, and probably some brandy and champagne also. The patient must not be allowed to worry or exert himself in the least, and all the hints given in Appendix I. will be found of great use. The patient often coughs up a lot of brown frothy stuff, so that you had better keep a cup or china spittoon by the bedside, especially as the doctor may want to see the matter coughed up.

Pleurisy is inflammation of the pleura, or bag which holds the lungs. It sometimes accompanies pneumonia. It is caused most often by chill, but it also follows on other illnesses, such as measles or kidney disease. It can be caused by accidents to the ribs or chest.

The early symptoms are much the same as in inflammation of the lungs; there is a stitch in the side, cough, difficulty in breathing, and feverishness. About the third or fourth day the cough and stitch ought to get a little easier, and after seven or eight days the patient ought to begin to get better. There is often a lot of fluid in the pleura in these cases, and an operation may be necessary to let it out; but, as a rule, this fluid gradually disappears of itself, and is quite gone in about three weeks.

Put the patient to bed in a warm room (60°), but see that lots of fresh air can get into it, and provide him with plenty of pillows, for he will probably breathe more easily when sitting up. The doctor may order leeches (which he will apply himself), or he may strap up the bad side with plaster, which by preventing it moving makes the pain less, or he may wish *blisters* put on. Blistering is now attained chiefly by fluids, which are painted on with a brush. Be very careful not to drop any of the fluid about, or to get it on your own fingers. Or the doctor may send up a fly blister, which looks like a black plaster surrounded with a border of ordinary

sticking plaster. Be sure you put this on exactly the place ordered, and do not stretch it tightly over the place, for remember the blister has got to rise underneath it. In about seven hours there ought to be a big bleb, and then the plaster must be removed with great care, if the doctor has trusted you with the dressing of it. Press the fingers of your left hand gently against the skin, and then with your right hand pull the sticky edge gently off towards the centre. Now snip the lower, pendulous part of the risen skin with a pair of scissors, and let all the fluid run out into some absorbent wool or a warm, dry sponge. Cover the place with a bit of lint spread with cold cream or any ointment the doctor may have ordered.

Be sure and save your patient all exertion, and do not make him talk—it gives him pain. The food should be light and nourishing—probably beef tea and milk—and do not give wine unless it is ordered.

Consumption.—This is called by the doctors phthisis, which comes from a Greek word meaning “I waste,” and the most marked symptom in consumption is a wasting away.

Consumption generally appears in weakly people whose parents have had the same illness. It is also most common in people who live an indoor life. It sometimes follows pleurisy or other illnesses, and that is why it is included under the heading of “On Catching Cold” instead of under “Inherited Illnesses.” For if anyone has a tendency to consumption they must be careful not to get a cold on the chest; but they must also be careful not to sit in stuffy rooms, for it is much harder to breathe stale air than fresh air, and bad air irritates the chest. Therefore all people with consumption want lots of fresh air and an outdoor life; and should always sleep with the window open, but not in a draught.

Consumption usually appears between the age of 15 and 25, and the most marked signs are a hacking cough, the spitting

up of sticky expectoration, and a loss of flesh. Gradually the cough gets worse and the patient weaker ; there may be spitting of blood, and the patient suffers from night sweats. Often there is indigestion or diarrhœa. A consumptive person may live to a good old age ; but there is a rapid form of consumption, marked by much fever and a sudden commencement, which is sometimes fatal in six weeks.

The treatment in slow cases lies very much in the hands of the family, and they must be sure to do their best, and not be frightened at the word "consumption," for medical science is so far advanced now that it can cope with the disease if it comes on slowly. To begin with, you must get your patient into a healthy place, and by no means let him live on a damp soil ; the doctor will tell you whether you ought to go to a warm or a cold place—often a cold place, such as Davos, in Switzerland, is the best, and you will find your patient will breathe quite easily there and be quite well. But, wherever you go, see that you live an outdoor life and are not afraid of fresh air. Then the next important thing is to fight against the wasting away and weakness. The doctor will probably order cod-liver oil, and all the food must be good and light, and the patient should have meat twice a day if he can digest it. Give plenty of milk and raw eggs, Beer, Stout, or Burgundy make the best drinks. Never let your patient get very hungry or very tired, but keep him occupied and amused, for if he broods over his illness it is bad for him. The clothing should be warm and light, and all woollen. Be sure there is not too much of it. A daily bath of tepid salt water is refreshing and helpful. If there are cold sweats at night, be sure there are always plenty of warm, dry flannel night-shirts to change into, and a warm towel to dry the skin. The exhaustion of consumption, and the wretchedness of the nights broken by cough and night sweats, are very hard to bear, and the attendant must be careful never to lose patience

and to be always quiet and helpful ; but too much sympathy is bad, as it induces crying on the part of the patient, and so tires him.

Quinsy.—The doctors call this tonsillitis, for it is acute inflammation of the tonsils, or two glands at the entrance to the throat.

The cause of quinsy is exposure to damp or cold, but a person who has once suffered from it is liable to have it again.

Quinsy begins with a headache and feverishness, and a difficulty in swallowing. Sometimes with children there is a little wandering at night, and the breathing is noisy. After four or five days, during which the swelling gets bigger and the pain goes up to the ear, the swelling may suddenly burst, and the patient get well almost immediately ; or the swelling may go down gradually, in which case it will be ten days or more before the patient is well.

The most comforting treatment is a hot salt bag round the throat and up to the ears—an old woollen stocking leg filled with salt does admirably. Change it frequently, for it does not keep hot more than an hour, and it is no trouble to have two going, one on and one always on the fire rack, or in a moderate oven, getting hot. The doctor will probably order gargles and inhalations (see page 24), and keep the patient in bed in a warm room.

You must try and feed the patient up, which will be a difficulty, as swallowing gives pain. Nicely made bread and milk is best, and semi-solids will be more easily swallowed than liquids. When the patient is getting better give strong soups and a little wine or beer.

Hay Fever is a sort of cold, accompanied by excessive sneezing.

It is caused by the pollen—or yellow dust—of certain plants, which gets blown about in summer and irritates the tender lining of the nose and throat.

It usually begins with an attack of sneezing when the patient enters a hay field, or goes out into the country on a warm June day. Then comes running at the nose and eyes, and some swelling of the throat, and headache, and all the symptoms of a heavy cold. If you can get the patient away to some place where there is neither seeding grass nor flowers the attack passes over at once; but if the patient has to live in the country—is a farmer, for instance—the attacks will probably go on for at least three weeks.

The only treatment, save change of residence, is to take a tonic or plenty of strong soup, and to wear a cotton wool respirator. This will be more comfortable if it is bought at a chemist's, but it can be made at home by inclosing a thin layer of cotton wool between muslin; shape the whole like a triangle, and put loops to it to fasten it to the ears. It should be so made as to cover both mouth and nose.

Influenza.—In 1890 and subsequent years a feverish illness spread through England, to which the name of “influenza” was given. It most frequently attacked people when they were chilled or tired, and it often led to congestion of the lungs. That is why it is included in this chapter, though there is little doubt that it is a “catching” illness, and that the most frequent cause was infection.

Influenza usually begins with heat, headache, pains in the back and limbs, and great depression. Sometimes there are symptoms of a cold in the head, sometimes there is a rash. After two or three days the pains go away, but the weakness remains. Getting really well takes a long time—at least two or three weeks—and often other illnesses or weaknesses follow, which keep influenza in our remembrance for months.

The treatment in the early stage is bed, warmth, quiet, and lots of light, nourishing food. The chief danger is after the pains have gone, and, when still very weak, the patient gets up; then any draught or chill is to be carefully avoided.

and woollen clothing worn. A little wine or stout may be given, and plenty of strong soup. Do not let your patient get hungry or tired, and watch carefully for any signs of chest mischief or for any weakness of the brain. So depressing is influenza, that in rare cases it causes an attack of melancholy, which needs careful watching, and may need treating away from home for a while. When your patient is recovering from influenza, change of air is of great use in restoring health. It is better for one person only to attend on an influenza patient, and to sprinkle some simple disinfectant about the room; there is then less chance of the illness running all through the house.

CHAPTER IV.

INDIGESTION AND ITS NEIGHBOURS.

Indigestion — Gastritis — Colic — Flatulence — Sickness — Jaundice — Constipation — Enemata — Piles — Diarrhœa — Dysentery — Turpentine Stupes — English Cholera.

Indigestion is failure of the internal organs to deal properly with the food supplied to them.

The cause of indigestion is, as a rule, unsuitable food, or too much food, or too little food. But it also may be due to some irritation of the stomach, or to constipation; or to any cause which interferes with the many processes that our food goes through after we have swallowed it, before the useful part goes to nourish our bodies and the waste is cast out.

Indigestion usually begins with a sense of discomfort, depression, and sleepiness after meals. This stage may last for months, but if no heed is taken it will in time be followed by headache, pain in the back and under the shoulders, a sense of fulness and consequent breathlessness, and generally bad spirits and a bad temper. If indigestion becomes chronic it is a bad look-out for the patient and for his family; besides, all sorts of complications may arise. Indigestion, therefore, should never be ignored.

The treatment of indigestion depends, of course, on the cause of the illness, but the question of food is sure to be the chief one. There are certain things that must be avoided: pastry, new bread or cakes, tough meat, hard-boiled eggs, cheese, and made dishes generally. And the

following can be recommended: dry toast instead of bread, fish and poultry, green vegetables, milk puddings, stewed fruit. When indigestion simply comes on from general tiredness, a little care to eat light wholesome food for a day or two will entirely send away all the bad symptoms. If you over-tire your legs by a too long walk, or over-tire your mind by too much study, the result is often felt first by an attack of indigestion. Then, besides eating suitable food, see that you eat it at regular intervals, and that you eat enough, but not too much. Cups of soup between meals are the very worst thing for indigestion, and eating too little at a meal so that you get a "sinking sensation" before the next meal is also bad. And if for the first few days of dieting indigestion still comes on after a light meal of fish, poultry, and milk pudding, do not begin to knock off the chicken without medical advice; for to get weak is to encourage your enemy to stay with you. Indigestion is usually the result of a long course of carelessness, and so you cannot expect your carefulness to be repaid at once. Try to bear your indigestion as cheerfully as may be, and do not think too much, or talk too much, about it. Constipation goes with indigestion, as a rule, and may need meeting at first with a liver pill; but it is very bad to get into the habit of taking pills, and fifteen drops of cascara sagrada in water at night is a safer remedy if the constipation continues. It is also a great mistake to run to carbonate of soda or patent medicines. If careful attention to food, the drinking of plain hot water with meals, gentle outdoor exercise, and keeping the bowels open does not make you better, you should go and see a doctor.

Inflammation of the Stomach, called by doctors *gastritis* or *gastric catarrh*. The inflammation attacks the lining of the stomach, and gives considerable pain; it is a sort of sudden acute indigestion.

The cause of inflammation of the stomach is generally the

eating of cheese, pastry, shell fish, or other unwholesome food, or the drinking of too much wine or spirit. But it may be due to some other disease from which the patient is suffering, and which has disordered the stomach.

A sense of fulness of the stomach is followed by sickness, which goes on after the stomach is emptied, and nothing can be brought up but a thick colourless liquid. A bad headache accompanies the sickness, and the doctor should be sent for at once. The sickness often goes on for twelve or fourteen hours, or until remedies are applied. The recovery takes place gradually, but the patient ought to be up in a few days. Where there is some other illness present as well, the case is more serious, and recovery must not be looked for for a long time.

The home treatment consists in easing the pain by applying warmth to the stomach. A linseed meal and mustard poultice (see page 23), not too heavy; or an indiarubber hot-water bottle, not too full. Possibly the doctor may order a linseed meal poultice sprinkled with opium. No food should be given till the sickness ceases; then give half a teacup of chicken broth that is perfectly free from fat. Continue this liquid food in frequent but small quantities. Wine is not allowed, but sometimes a sip of champagne will help to stop the sickness. The second day, milk and potash water might be tried. Then gradually try mutton broth, beef tea, and, in time, fish; get the patient's strength up again, but be very careful, for the inflammation may return if the stomach is irritated in any way.

Colic.—Severe griping pains of the bowels, usually followed by diarrhœa.

The cause is usually constipation, which young people often do not heed enough. But sometimes tinned foods, shell fish, ices, or mere over-eating, will cause these sudden severe pains.

The pains do not last long, but while they do a hot-water

bottle to the feet and to the belly will give great relief. A drink of very hot water is also a help. A dose of rhubarb or some quickly acting purgative is advisable. See that the patient does not get chilled, and if there is any tenderness or aching pains some hours after the severe pains have ceased, send for a doctor, for inflammation or twisting of the bowel may follow after colic, especially in children.

Flatulence.—Wind or gas in the stomach or bowels.

The cause of flatulence is usually indigestion or constipation.

There is great distension of the bowels and other internal organs, and sometimes discomfort at the heart, due to pressure caused by the distending of the other organs; this may cause faintness.

The home treatment is to rub the swollen parts gently, and to give a drink of hot water and ginger, or a little peppermint. Follow this up by a mild dose of rhubarb or cascara, and in future see that the food taken is light and digestible; no tea, and as little liquid as possible.

Sickness, called by doctors vomiting, is really a symptom, not an illness, and is nearly always due to some disorder of the stomach. When it occurs in children, it is often Nature's way of getting rid of the excess of food taken, and no attention need be paid to it, save to warn the child to moderate its appetite. In married women sickness is often a sign of pregnancy. In grown-up people generally sickness may be the first symptom of some slow illness.

As a rule, the treatment consists of lying down and resting; sucking ice or sipping cold water may help, but the great thing is to find out what causes the sickness, and to try and get rid of the cause. For *sick headache*, see page 46.

Jaundice is yellowness of the skin and body, from the presence of bile where it ought not to be.

The cause of jaundice is either over-eating or a chill, or

anything which interferes with the liver and causes the bile to pass into the blood.

The yellowness usually appears after two or three days of indigestion and constipation, or a few hours after a chill about the body. The length of the illness depends entirely on the cause. If it is merely a congested liver, a pill at night should get rid of the trouble, but sometimes jaundice arises from stoppage of the bile by a gall-stone, or from some poison in the system.

The home treatment of ordinary jaundice is a liver pill at night and a flannel bandage round the body, just above the waist. Let the food be light for some days, avoid fats and sugar, and drink no wine. If jaundice appears in a child, better keep it indoors for a day, be sure it has woollen clothing next the body, and see that the bowels act properly.

Constipation is failure of the bowels to throw off all the waste of the body. It is one of the chief ills of the idle yet anxious lives the rich live, but a greater ill is the amount of physic they take in trying to cure it; for habitual constipation should not be met by medicine, but by a more healthy life. A dose of medicine will clear out the bowels one day, but only leave them weaker and less ready to act the next; but a walk in fresh air will send the purified blood down to strengthen the bowels, it will set the liver to work, it will put the whole system of digestion into better going order, and do more good than any amount of castor oil. When constipation comes on in illness, or when it has reached the state of setting up a serious symptom, such as jaundice, then recourse may be had to a Cockle's Pill or a dose of cascara, but as a rule outdoor exercise and green vegetables are the best remedies. Stewed fruit and brown bread are specially to be recommended to those who suffer from constipation, and after middle age a glass of hot water the first thing in the morning may be tried; but this is a bad habit to form if it can be avoided. Children

should always be taught to invite the bowels to act every morning after breakfast, and the habit once acquired can generally be kept up in after life. But with some people the bowels only act every other day, and yet perfect health is maintained. There is often too much fuss about constipation, and if the daily habit fails there is a flying for medicine, and a worrying that is simply ridiculous, and only adds to the general bad tone which has probably induced the evil. Give Nature a chance of righting itself, and aid it merely by suitable food and exercise, and do not dwell too much on the subject. This is specially necessary with children. Try and make them form healthy habits without calling their attention too much to their bodies and their needs. The way in which some small children are perpetually dosed, one day for diarrhœa and the next for constipation, is an affront to Nature, and Nature resents the interference, and gives up acting since the mother or nurse apparently knows so much better when the bowels should be open and when they should not.

Supposing, however, that constipation has blocked the bowels, and it is necessary to get rid of the accumulation at once, the best way is by a *simple enema*. Take a pint of warm water, and stir into it a tablespoonful of soft soap, or rub down into it enough yellow soap to make it creamy. Have a syringe at hand. Higginson's is the best; it consists of an indiarubber bulb between two tubes—one tube being finished off with an ivory nozzle. The patient must lie on his side, near the edge of the bed—and it is well to put a towel to protect the sheet. Put the basin of soap and water on a chair beside the bed, and put the plain end of the syringe in it; now squeeze the ball with the right hand, and force all the air out. When the ball expands again it will be full of water, drawn up from the basin. Slightly grease the ivory nozzle with oil or vaseline, and insert it gently into the orifice of the bowel (called the rectum). Now gently squeeze the ball, and

the water will pass up into the bowel. Continue squeezing and letting go till the basin is empty, and all the water has been injected into the bowel. Gently withdraw the nozzle, and press a towel against the rectum, to help the patient to retain the injection. If the injection can be retained twenty minutes, or longer, when it is expelled it will bring away all accumulation with it. Giving an enema like this causes no pain, and only slight discomfort. If necessary, a tablespoonful of castor oil, or of turpentine, can be mixed in the soap and water, or in a pint of gruel, and thus injected. For a child, only half a pint of fluid should be injected. Food is sometimes given in this way when a patient is too ill to swallow. Then a ball syringe is generally used, but a Higginson's will do if there is no other at hand. This is called a *nutrient enema*, and consists of half a teacupful of peptonised beef tea (see page 139), two tablespoonfuls of cream, and a teaspoonful of brandy, mixed, and injected warm. If there is no cream at hand, beat up an egg in a little milk, and use it instead. In administering enemata, never use force, and be sure and oil the nozzle of the syringe.

Piles are swollen veins about the opening of the bowel. They are called by the doctors *hæmorrhoids*.

The cause of piles is constipation, or anything which upsets the order of the internal organs. They often come on after childbirth, and most people suffer from piles before they arrive at old age.

Piles are generally first felt by smarting and heat at the orifice of the bowel. Sometimes the swellings are just outside the opening, sometimes just inside. At first they are small, and cause but little inconvenience; but they are apt to grow large, and cause much pain at times. Then they may burst, and blood be discharged. This gives relief for a time, and is not serious, unless the patient gets white and weak.

The home treatment of piles aims at easing the discomfort

they cause ; thus piles are seldom painful except after drinking wine or when there is constipation and consequent hard motions, or when there is diarrhœa and frequent motions to irritate the bowel. So people with piles should not drink wine or spirits, and should do their best to avoid constipation and diarrhœa. They will also find it more comfortable to sit on cane chairs. Never take pills containing aloes if you suffer from piles. If the bleeding from the piles becomes excessive, cold water or iced water will help to arrest it, but in some cases this bleeding is a means of relieving the congested internal organs, and should not be stopped without medical advice. If piles become very big and inflamed, they can be removed by a surgeon.

Diarrhœa is frequent semi-liquid motions of the bowels.

The cause of diarrhœa may be unsuitable food, chill, or bad smells, but some people are much more liable to it than others. In children a fright or mere teething may bring on an attack ; and diarrhœa in children is always serious.

The treatment of diarrhœa depends entirely on its cause, but it is safe to at once put the patient to bed and keep him warm, and give only light food (served tepid), such as arrow-root with a teaspoonful of brandy in it, or barley-water, or milk and white of egg. Then the diarrhœa will probably stop of its own accord, but if it should go on longer than twenty-four hours you had better send for the doctor. If you are very far from a doctor give an adult patient 10 drops of laudanum in a wine-glassful of water. Do not be surprised if when the doctor comes he gives castor oil, for if the diarrhœa is consequent on something irritating in the bowel it must be removed before the motions will stop. When getting well from an attack of diarrhœa a flannel band should be worn about the belly and light food should be eaten.

In chronic diarrhœa it is absolutely necessary to have medical advice, especially if the patient is getting old.

In nervous diarrhœa, which chiefly affects women, much can be done by the companions of the patient in distracting her thoughts from the subject, and in trying to subdue her fears. In one case a girl broke off her engagement because she so dreaded the ceremony, and felt sure she would be ill and not able to go through with it. In another case a lady could never go out to dinner because of the same dread. If this dread is given way to, and once allowed to stop all outings, great evil is done. The great thing is to get the patient to the dinner or the church—once there the distraction is such that all thought of illness goes, and all is well. A little pocket flask with brandy is useful, and then when driving to the destination, and the patient begins—"Oh, I must go back," and "Stop the carriage," administer a drink of brandy neat, and say "Nonsense!" and go straight on. This illness shows a low state of health generally, and a doctor will probably order tonics and good food and sea air. It is a wretched state to be in, but if only the patient can be roused to exercise a little self-control it can be conquered. Sometimes an enema consisting of 2 fluid ounces of starch, prepared in the ordinary manner, and 30 drops of laudanum is given to arrest dangerous diarrhœa.

Dysentery is a form of diarrhœa in which the motions contain blood.

The causes are the same as those of diarrhœa, except that certain fevers common to hot countries, such as Indian fever, usually bring on dysentery. Drinking stale or foul water in a hot country is also a common cause of dysentery.

Diarrhœa often passes by slow stages to dysentery; the motions are merely tinged with blood at first, and pain begins to be felt in the bowels. The flow of blood then becomes more marked, and the pain more severe; the patient gets very prostrate and rather feverish; presently the matter passed becomes solely blood and slime, and has a very bad

smell. Common dysentery yields, as a rule, very quickly to remedies, but it leaves an after-weakness of the bowels for some days, and great care is necessary.

The home treatment of dysentery consists in putting the patient into a warm bed, and making him lie rather flat—with only one pillow. Do not let him get out of bed, but when he needs it slip the bed-pan under him, so as to cause him as little movement as possible. Give no food till the doctor comes, and only a little ice to suck if there is thirst, or if you have no ice, give cold water, a teaspoonful at a time. A *fomentation*, or thick flannel wrung out in boiling water, and sprinkled with laudanum and put across the belly, will give relief from the pain. Spongio-piline makes the best fomentation, and it should be put in a basin, and the boiling water poured over it; pick it out quickly by a corner, and drop it in the middle of a towel, catch hold of the two ends of the towel, and twist them different ways, and so wring the fomentation dry without burning your fingers. Put it on quickly, and cover it with some thick folds of dry flannel. Fomentations need changing every hour. Sometimes the doctor orders a *turpentine stupe*, which is a fomentation sprinkled with a tablespoonful of turpentine. It is apt to blister the skin if left on long, so take it off when the patient complains of pain. If you are a long way from a doctor, and the dysentery goes on in spite of rest and warmth, you may give a starch and opium enema (see page 41), and if there is weakness, a few teaspoonfuls of arrowroot with a little brandy in it. Relief still failing, give ten drops of laudanum in a wineglassful of water. A flannel bandage about the body, drives while lying down, and careful feeding will greatly help during recovery.

English Cholera, or simple cholera, a form of watery diarrhœa, often met with in towns in the summer and autumn months.

The cause is usually eating unripe or rotten fruit, or drinking tainted water.

English Cholera begins more suddenly than ordinary diarrhœa, and is accompanied by sickness. There is considerable pain of the abdomen, and the matter ejected by the bowels becomes almost colourless, and is quite liquid. There is great thirst, and the face becomes dusky. These symptoms follow one another very rapidly, and in the case of a child, death may occur in twenty-four hours; but it is seldom fatal to grown-up people.

Cholera needs immediate attention, especially in the case of old folks or children. Send for the doctor at once, and meanwhile put the patient into a warm bed, and put a mustard poultice (see page 23) over the belly. Give only cold water, by teaspoonfuls, or ice to suck. If the doctor lives a long way off, and the patient gets very weak, and the face dusky, put a little brandy in the water. In the case of a grown-up person, you may also safely give ten drops of laudanum in a half a wine-glass of water. In the case of a child, you may try a warm bath, with a tablespoonful of mustard in it, but you must be careful to slip the child in without tiring it, and to support it carefully. Be sure there is plenty of fresh air in the room, and that all soiled napkins, or anything which can poison the atmosphere, is at once removed. A few drops of carbolic had better be added to the water in which the napkins are soaked.

CHAPTER V.

NERVOUS ILLNESSES.

Neuralgia—Toothache—Earache—Sick Headache—Sleeplessness—Fainting Fits—Hysteria—St. Vitus's Dance—Stammering—Seasickness.

Neuralgia is sharp, darting pain along the course of a nerve.

The cause is generally a low state of health, a constitutional tendency, or damp cold.

Neuralgia is unknown to children, but is very apt to attack bloodless girls about fourteen years of age and onwards. It is also often associated with the worries of mature life, especially in women. At first the pains occur at intervals, but in sharp neuralgia they follow one another so quickly as to seem continuous. The length of the attack varies; in some people it lasts hours, in others minutes. Gradually the intervals between the pains increase, and finally they cease, leaving only a sense of soreness of the part, and of general exhaustion.

Much can be done to avoid neuralgic attacks by care of the health generally, and by avoiding over-tiredness and damp cold. Once the pain is there it is hard to find anything to relieve it. Bathing the part in very hot or very cold water, a mustard plaster, menthol, or, in fact, any form of counter-irritation may be tried, and a cup of hot soup should be taken at the same time. Neuralgia is most common about the forehead and eyes, in which cases the exciting cause is often a bad tooth. Neuralgia in the side, called by the doctors *intercostal*

neuralgia, is also particularly common amongst women and growing girls. The pain passes from the back to the front in stabs, and comes on at intervals with great severity. There is no feverishness, but rather general depression and cold. Rest in bed, with a hot-water bottle to the feet and a mustard plaster to the side may do good, and great care must be taken to secure nourishing food. The pain is so severe that a doctor is nearly always necessary, and he will order a tonic, and perhaps give morphia to relieve the pain. Attacks of intercostal neuralgia sometimes come on at intervals for months, and only great care will stop them. Do not give stimulants except under medical orders.

Toothache.—Of all the ills the flesh is heir to, the most annoying is toothache; and, because it is not dangerous to life or limb, proper care is not taken to avoid it. Children should have their teeth looked to at least once a year, and no one should allow their teeth to rot away, even though the process is not accompanied by pain. Bad teeth poison the food they chew, and so often set up indigestion and all sorts of internal difficulties.

When toothache arises from a hollow tooth, relief may often be gained by filling it with cotton wool which has been dipped in nervine, pain-killer, or brandy. At the same time, a little iodine painted on the gum of the tooth will help. Permanent relief can only be got by going to a dentist, and having the tooth stopped or drawn. If the pain, though specially located in one tooth, wanders at times, a glass of port wine, or some strong soup, will probably give relief. Toothache is often largely neuralgic in character, and shows that the health is below par. If the face swells with toothache, a poultice of poppy heads should be made, and applied to the cheek; or a hot flannel, sprinkled with laudanum, will do as well.

In children, toothache is often caused by a bit of sugar

stuck in a tooth, and holding warm water in the mouth will dissolve the sugar and stop the pain.

Creosote and carbolic acid are dangerous remedies, and apt to burn the gums and throat. Only a careful, grown-up person should use them, and then a fraction of a drop on cotton wool may be pressed into the tooth, and then some dry cotton wool put on the top of it. Sometimes toothache is caused by the accumulation of gases beneath a temporary stopping, and the removal of the stopping will give relief.

Earache may arise from wax in the ear, or from cold or inflammation. It is very painful, and should always receive attention. When there is continued pain and discharge from the ear, be sure and send for a doctor; for, if neglected, deafness, or even brain disease, may ensue.

In ordinary earache, syringe the ear gently with warm water, dry it with a soft towel, and put on a small linseed poultice, going well behind the ear. If the patient is a child, you had better secure a free action of the bowels. Never put cotton wool into a discharging ear, or, at least, change it constantly, and leave time for the discharge to escape while the wool is out.

Sometimes temporary earache, caused by a chill, may be cured by soaking a little bit of wool in glycerine, sprinkling it with black pepper, and inserting it in the ear, and keeping out of draughts for a few hours.

Sick Headache.—Severe frontal headache, accompanied by sickness. It is most common in women, but children and men sometimes suffer from it. It is called by the doctors *megrin*.

Sick headache is essentially nervous in its origin; a fright or over-tiredness will often bring it on. It is, however, sometimes the result of defective sight—one eye having a different focus from the other, for example—and it is always

worth while if the headaches are frequent to have the eyes examined, as spectacles may form a simple cure.

Sick headache often begins with a sense of chilliness and specks before the eyes. If the patient lies down at once with a hot bottle to the feet, and takes a glass of wine or a cup of strong soup, the headache is in some cases averted. If the headache comes on suddenly, however, without these early symptoms, do not give wine, but give a cup of coffee, or, if the sickness is severe, iced soda-water. Let the patient keep quite quiet in a darkened room. The doctor may possibly prescribe bromide, which often gives great relief. As soon as the headache lessens, a little fresh air and light food will help it to depart. To avoid its return, look to the general health, and try and improve it. Avoid over-work or worry, and give light, nourishing food, and a tonic if necessary. The very best tonic is fresh air—sleeping with the windows open and living out of doors as much as possible.

Sleeplessness, called by the doctors *insomnia*, is often started by anxiety or illness or over-work. It is most apt to come on during middle age, and should be met, not by drugs, which can only relieve, but by a more healthy life, which can remedy the evil. Many people complain of sleeplessness if they wake once or twice in the night, or if they fail to secure absolute forgetfulness for eight consecutive hours. After thirty years of age, few folk can hope to sleep more than seven hours, and it is not unusual for quite a healthy man or woman to be content in later life with six hours' sleep out of every twenty-four hours. To begin and worry directly your sleep is slightly shortened or disturbed is to encourage insomnia. Treat the matter cheerfully, and be content with such rest as you get, and better habits may prevail.

The sleeplessness which follows an illness is the most difficult to fight against, because it is often met by drugs in the first place. The doctor gives morphia, and the patient

sleeps and gets well, and goes off to the seaside to recover. But having learnt to trust to morphia, when night comes there is a distinct "want" which is quite as bad as hunger. It seems impossible to rest without the drug, and still more impossible to sleep. But the fight had better be fought out at once—a few bad nights, followed by days of exhaustion, are hard to bear while still only a convalescent, but the sooner the morphia or sleeping-draughts can be dispensed with the better. You may calculate that each night you rely on a drug to call sleep you are giving yourself seven bad nights in the future. The only *cure* for sleeplessness is a perfectly healthy life. Plenty of fresh air and gentle exercise, light food, and not too much of it, and the cultivation of a quiet spirit. Remember that worry never helped anyone out of any difficulty yet, and that it always causes deterioration of character and of health. Women are specially given to worrying over matters which they cannot help or hinder, and which time will surely deal with. Sir William Gull used to say that a warm bed was better than all the doctors in the world, and so absence of worry is better than all the medicine in the world. Read Marcus Aurelius, and cultivate a philosophical and resigned spirit, and your sleep will soon come back to you.

And without resorting to drugs, there are certain little alleviations of the long night that may be tried. First, as to the bedroom. Let it be the quietest in the house, and let it be well ventilated; but be sure no wind plays over the bed. And let the bed have a good spring mattress—on no account try to sleep on a feather bed—and let the clothes be warm and light. Hot, heavy bedclothes are a fertile source of restlessness and sleeplessness. But cold feet are to be avoided, so in winter have either a hot bottle or else wear woollen night socks. Never study during the evening. If dinner be at seven—a very good hour—let some light recreation, games, or music, for instance, follow after, and before retiring to bed

take a cup of soup or a glass of stout, if you can digest it. To go to bed at 10 and expect to sleep till 8 the next morning, is to ask too much of fortune. So it is well not to retire till 11 or 11.30, and to rise every morning at 7 or 7.30. Any form of indigestion will help to give a restless night, so avoid pastry, cheese, lobster, cucumber, &c., at dinner. A bad night often culminates in an attack of hunger and weakness about 3 a.m., so that biscuits and milk by the bedside are a wise precaution. Having done all you can to secure sleep, think no more about it; and if you do lie awake, remember there are thousands of others in a similar case, and that it is not a deadly evil to have to put up with abbreviated sleep for a week or two. If the insomnia does go the length of becoming a dangerous illness, consult your doctor, and on no account begin to take drugs without his advice. Never take sleeping draughts given you by friends; it is most dangerous, as what will merely cause sleep in one person will cause death in another.

Fits.—There are three kinds of fits to be discussed here :

1. Fainting.
2. Hysterical fits.
3. Epileptic fits.

A *fainting fit* is caused by an insufficient supply of blood to the brain. Lay the patient flat on the floor, loosen all tight clothing, open the windows, and do not let people crowd round; sprinkle cold water on the face. When consciousness returns, give a little brandy and water, or wine, or a teaspoonful of sal-volatile in water.

Find out what the fainting is due to—bad air, heat, hunger, pregnancy, bleeding, &c.—so as to avoid further attacks. Unless it is due to bleeding, fainting is not serious.

Hysterical fits are marked by laughing and crying, or convulsive movements. The patient only pretends to be unconscious, and the less attention that is paid to her the

better. A jug of cold water poured over the face is an excellent remedy. Do not give stimulants.

Epileptic fits. These are what are most commonly meant by fits. The patient falls suddenly, sometimes giving a little cry first, the thumbs are turned in on the palm of the hand, and there are convulsive movements of the limbs and the head and face. Often the tongue is bitten, so that there is blood and froth about the mouth. Prevent the patient from injuring himself—for instance, if he falls near a table, put a cushion between him and the table, or else draw him away from it. If you can insert a pencil, or any bit of wood, cork, or india-rubber between the teeth, and hold it there, you may save the tongue from being bitten. Secure fresh air; loosen tight clothing, and wait quietly for the fit to stop; it will not last more than a few minutes. There is a milder form of epilepsy, which resembles a fainting fit, only there are some slight twitchings of the face, and the fit comes on without any cause, such as heat or fatigue.

Epilepsy usually appears during youth, and points to great care of the general health, and avoidance of excitement, and too many lessons; also avoidance of stimulants, in case the drink habit should be formed.

Much may be done in some cases to keep off the fits. Sometimes the patient has what is called an "aura," or sensation of rising air, before the fit begins; and then a lump of ice to the back of the neck, dipping the hands in very hot water, or an inhalation that the doctor will order, may stop the attack. Again, when the fit begins by a sudden movement of head or limb, a sudden counter-action of the movement may do good. A boy suddenly throws his head back, and appears to be falling off his chair. He is sat upright, and the head brought quickly forward, till the chin rests on the chest. The boy sits dazed for a second, but there is no fit. Very often the fits come on regularly every month, or every week, or

even, in bad cases, every night. Then they should be watched for, and special care taken as the time comes near. For instance, a dose of rhubarb given, if necessary, and the patient kept occupied, but very quiet. Probably, also, the doctor will leave some soothing medicine to be given.

As patients very often injure themselves by falling when a fit comes on, see that the patient is not left alone near a fire, or on the stairs, when there is reason to dread an attack. There are nearly always early symptoms of a fit—sometimes merely crossness or dulness of the patient's manner. You ought to learn to notice these signs and be prepared. It is also well to have a light sleeper in the same room as an epileptic, that the cry may awaken the attendant or friend, who can then see that the patient does not turn over on his face or fall out of bed in the fit. After a fit the patient is often sleepy, and the limbs ache; quiet should be maintained. Always treat epileptic fits in a matter-of-fact way, and never talk about them or fuss about them. As the patient gets older the fits will probably grow less frequent, and finally cease.

Hysteria is a term vaguely applied to illness arising from disordered nerves. It is most frequent in growing girls, and takes many forms. Often it first shows itself in excitability, a trick of laughing till the tears come, and generally in lack of self-control. Sometimes the fits of excitement become quite convulsive, and then we have what are known as *hysterics*, or hysterical fits. (See page 49.)

Home treatment is of the greatest value in cases of hysteria, for the doctor can do little good unless he is aided by some sensible nurse—or relation who will constitute herself nurse. The commencement of hysteria is sometimes a love disappointment, a long fast gone through for religious motives, or any mental excitement and bodily weakness at the same time. It is also often the result of some internal disarrangement, and may be worse at certain periods.

The patient gets thin and cross—either talks too much, or is very silent. Constantly she refuses to eat. Never let a young, good-looking doctor attend a case of hysteria choose a staid and elderly man. The patient may simulate all sorts of illnesses, such as loss of voice, spinal disease, neuralgia of the head or side, loss of power in the legs, &c. She will, in fact, do or suffer anything to call attention to herself, and true hysteria is always marked by this self-consciousness and egotism, mixed with lack of self-control. Of course sympathy and pampering must be avoided, and it is a great point to arouse the interest in some work. "Slumming" has cured many a hysterical patient, though it is to be doubted if any but the patients benefit from such philanthropy. Where the patient is too young to be aroused by a sight of the miseries of the poor, she should be got to take an interest in painting or science, and her education should be carried on quietly, the aim being to teach discipline rather than book knowledge. All luxury must be avoided. A mattress at night, and not too much clothing on the bed. Light nourishing food but no wine (beer or stout may be tried). No theatres or gay company must be permitted, and companions must be chosen from the most sensible and childlike to be obtained. Always deal firmly yet kindly with the patient, and remember that it was probably the fault of a bad up-bringing that brought her into such a condition; therefore you must not get indignant if she proves untruthful, but show your displeasure quietly, and set her a good example of perfect self-control. You must keep your own temper through thick and thin if you would cure your patient, and give her back a healthy mind in a healthy body. If the illness has gone so far that the patient will not eat, and is, in fact, beyond the management of the family, make up your mind at once to sending her away with a nurse, or sending her to a medical home. It is the best

chance of cure, and if you are fortunate enough to get her back cured, do all in your power to help her to lead a quiet, healthy life in future, and be sure that no pampering or fidgeting on your part again leads her to self-consciousness and loss of balance. For sometimes the disease will return. Never encourage thoughts of love or marriage in hysterical persons, and never give them stimulants. It would be better to keep them single, and keep them teetotalers if possible.

St. Vitus's Dance, called by the doctors *chorea*, and by poor folk *the fidgets*. This is a disease of childhood, being most common between the ages of six and sixteen, and often being due to general ill-health or poor food.

Sometimes the cases are very slight, and the child only jerks about when walking or when watched, and is quite quiet when lying down; but in very bad cases the involuntary twitchings go on persistently, and the child knocks himself against the sides of his crib, has difficulty in swallowing, and needs constant care and attention. When there is delirium, or the patient is over sixteen years of age, the case is serious.

The less open notice given to cases of St. Vitus's Dance the better, and the main point is to watch the general health, procure plenty of fresh air, and not too many lessons, and wait for time to cure. Temporary cases may get well in a few weeks, but chronic cases often go on for years. Sometimes worms or bad habits cause chorea, and often a dose of rhubarb, if the child is very jerky, will do good.

To get the child to take sufficient food is often difficult, therefore whatever is given should be strong and good, such as beef tea, or egg and milk. The sides of the crib should be padded with pillows, and warmth and quiet secured. The daily bath must not be omitted, but two people should be present if the patient is very restless, and it should be done quickly and carefully. Sometimes the child involuntarily falls into dirty habits, and there must be no scolding or fuss about

this. A nervous relation ought not to be much with the patient; the presence of a calm, cheerful nurse will be better for the child.

Stammering is a difficulty in speaking which leads to a repetition of the first sound of a word and an inability to finish the word.

It is most common in children, and often disappears as they get older. It is generally worse when the health is bad, especially if there is anything wrong with the throat or mouth. If the stammering is persistent, the only cure is by teaching the person to speak slowly and to control himself. The greatest aids in this way are singing and reading aloud. When a difficulty is felt in pronouncing a word, the patient must pull himself up suddenly, and not go on stuttering at one letter; then he must take a full breath and try again. He must practice taking breath at regular intervals, and never allow himself to get excited when talking, or try to speak quickly. With care and daily practice on these lines, the stammering can generally be cured, and all that remains is an occasional slight pause or hesitation in the speech. When reading aloud a sing-song style should be used at first, and in singing it will usually be found that the stammering disappears entirely. It is very bad for a nervous child to be much with a person who stammers, as the habit is catching. Never laugh at a stammerer or correct him in public; pay no heed to his speech then, but secure the long readings in private.

Sea-sickness.—To avoid sea-sickness take a liver pill the day before starting, stay on deck in the fresh air as much as possible, and don't starve yourself. Take a cup of beef-tea, or Liebig's extract, if solid food is objectionable at first. Dread is the main cause of sea-sickness. A very nervous person may take a course of bromide of potassium a fortnight before starting, under a doctor's orders.

CHAPTER VI.

CONSTITUTIONAL ILLNESSES.

Idiotcy—Scrofula—Enlarged Glands—Tuberculosis—Rickets—Gout
—Dipsomania—Insanity—Delirium Tremens.

Idiotcy is feeble-mindedness, usually dating from birth.

The cause is often to be found in some weakness of the parents, or in the fact that there is insanity or idiotcy running in the family ; or in the marriage of first cousins. From its birth the child shows a form of head, a coarseness of skin, a dulness of sense, which shows there is something wrong. Great care must be taken with the feeding, and the child should live on a chalk soil and in a bracing place. Do not despair if the child has a very vacant expression—it is a known fact that the pretty idiots are the most hopeless idiots, and in these days much can be done to rouse a defective intelligence. And the affections of a feeble-minded child are often extraordinarily strong. During the early years the mother must devote her attention to building up a sound body for the child, and when it comes to be five or six years old she will be wise if she can make up her mind to part with it and let it go to a home and mix with its fellows, and be taught by trained teachers. Poor children can be got into special schools by applying first to the relieving officer of the district. The chief of these schools are at Earlswood (apply to 36, King William-street, London, E.C.), where payment is required according to means ; at Colchester ; at Starcross, Exeter ; the Royal Albert

Asylum, Lancaster; at Knowle, Birmingham; and at Darenth. Several doctors have private homes, two of the best known being those kept by Dr. Langdon Down and Dr. G. E. Shuttleworth. Failing sending the child away, a trained teacher should be secured, or the mother herself must learn kindergarten methods, and do her best to train the child. All the training must be by gentle methods, and the only punishment permissible is the withdrawal of the teacher's favour for a time. It is solely through the affections that a feeble-minded child can be guided. It must be remembered that the senses are often dull; there is very little sense of taste, and dirt and anything will be eaten by an idiot; and there is often defective power of feeling pain, so that an injury, such as a broken bone, even, will not be complained of. The first thing to teach the child is obedience and cleanliness. It should be taken to the lavatory at regular intervals. It should be made to sit still or to clap its hands when told, but the sitting still must only be for one minute at first. Then it must be given squares and balls to handle, and its sense of touch trained till it knows what it is handling. Then in time it can be taught to feed itself, to dress and undress, and fold up its clothes. The hearing can be trained by music—simple airs played over and over again. Then when the child has picked up the air, it may in time learn the words, or even to play the air itself. Music is one of the greatest aids in helping a slow intelligence. The great difficulty for a mother is to put herself low enough down to get at the very sparse intelligence of the child; and that is why it is better for the child to mix with others of equal lowness of intelligence for a time, and be taught by those who have learnt how patient, and slow, and simple must be the training of the feeble minded. Day after day, and week after week, the same simple lesson in form, or colour, or sound, or mere obedience, must be gone over and over, and the progress seems very

slow. But it is very sure, and it is well worth doing; the reward is a love as unalterable and true as any on earth. And remember your defective child should not be brought into company much; it is no kindness to the child, and it is only painful to yourself and your friends. Where bodily deformity or complete helplessness exist together with idiocy, the child is better kept entirely to its nursery and the garden, or else in some home.

Epileptic fits often occur in cases of feeble-mindedness, and then the child needs very careful attention, but should be taught all the same.

Scrofula, also called *struma* and *king's evil*, is constitutional defective vitality, which causes the patient to easily fall a victim to all sorts of diseases. The most marked characteristic of this illness is enlarged soft glands, particularly about the neck; but a scrofulous person is always delicate in every way. A cold in a scrofulous person will often turn to consumption; diarrhoea may become consumption of the bowels; toothache may start a swollen gland of the neck. If the tendency to scrofula appears in the child when about two or three years of age, much may be done to help it to outgrow the evil. Far the best remedies, are sunshine and bracing air, and good food. Such a child should live in the country or by the sea, and should be fed on unlimited milk and beaten eggs, and other light nutritious food. The bedroom and nursery windows should never be quite shut, winter or summer; but, at the same time, there must be no draught, for a scrofulous person is very liable to cold. The clothing should be light and warm—not too much of it, but what there is pure woollen. A daily cold bath in summer, tepid in winter, with Tidman's sea salt in the water, is excellent. Cod-liver oil or malt extract are valuable additions to the child's food. In fact, fresh air, milk, and cod-liver oil are the great wonder workers in this disease. In a

grown-up person, raw meat sandwiches and Burgundy may be useful.

ENLARGED GLANDS.—Supposing a gland at the neck, or elsewhere, begins to swell, immediate attention must be paid to the diet, and fresh air secured. Iodide of potash ointment may be applied on a piece of lint at night, if the skin is not inflamed. Directly the skin gets red leave off the ointment, and send for the doctor. For it is better to have the gland removed than to have it break and form a sore.

If the doctor decides to remove the gland, you must make the same preparations as for opening an abscess (page 93). If the gland comes away entire, the wound will probably heal in a few days, and the patient need not stay in bed. But if what is called a sinus has formed, and there is discharge, a drainage tube will be put in the wound, and the healing may take some time.

Tuberculosis is an illness sometimes attacking scrofulous persons. It consists of the presence of "tubercles," or certain morbid cells, which tend to invade one organ specially, and give rise to rapid disease. In this way are caused "tubercular meningitis," "tubercular consumption," and so on.

Therefore if there is a sudden rise in temperature and feverishness in a scrofulous person disposed to tubercular disease, it is necessary to get medical advice immediately.

Rickets is a constitutional disease of childhood, chiefly caused by improper feeding during infancy. To give a baby under seven months old any starchy food, such as gruel or biscuits, is to invite rickets. Rickets chiefly shows itself by large joints—especially the wrists—and bent bones, such as bow-legs. The child is also thin and peaky-looking, suffers from perspiration about the head during sleep, and is restless at night. These symptoms come on gradually, about the fifteenth or eighteenth month.

Feed the child chiefly on milk; if it is about two years old,

give it plenty of milk puddings and bread and milk; and if about three years old, give a little oatmeal porridge and milk, or beaten up egg and milk. Give no food between meals, and allow no sweets or cakes, as the child's digestion is sure to be delicate.

If the legs are bowed bind them together with soft strips of flannel, and do not let the child stand or walk. Leave them free at night when the child is in bed. Bathe the child night and morning in tepid water, in which a little Tidman's sea-salt has been put. If possible, take the child to the seaside in the summer, and give it sea air and sea bathing.

Let the child's clothing be light and warm; see that the bedclothes are not too heavy at night, or that will increase the restlessness; and see that you do not wrap the child up in heavy rugs or coats by day. Keep the child out of doors to a great extent, and let the room in which it sleeps and plays be well ventilated, and the window kept open as much as possible. As in scrofula, the three best cures are fresh air, milk, and cod-liver oil. Should the child have to wear splints a stocking or flannel bandage must be put on under the splint; and if the splint has to be worn all night, see that it is readjusted morning and evening, and that no rubbing is going on.

Gout.—This is also a constitutional disease, and when inherited appears sometimes in very young people, though as a rule its first appearance is between the ages of thirty and forty. When once it has appeared the attacks are almost sure to recur, and can only be kept at bay by care of the general health.

The symptoms of gout are manifold. Inflammation of the joints—particularly the joint of the big toe, is the most common; but gout also shows itself in indigestion, heart-burn, giddiness, low spirits, irritability, &c., all leading up to the paroxysm of pain, which usually comes on suddenly in the

night. Then if the attacks are frequent, chronic symptoms set in, such as stiffening of the affected joints, formation of chalk-stones, and perhaps even abscesses. The kidneys are often affected and the urine loaded with urates.

Even with a predisposition to gout, it is possible, with care, to keep the enemy at bay; and the care needs to be exercised chiefly as regards diet. Light, simple food, no late dinners, no rich, sweet wines, and plenty of exercise in the open air; and if not cured, gout can at least be kept well under. Beef and ale must be foresworn, and also port and pastry. Fish, fowl, and mutton, light milk puddings and stewed fruit; and to drink a little whiskey and soda must be the regimen; and any signs of indigestion or constipation must be promptly treated with pills. But should an attack of gout come on, then send at once for the doctor, and let him dose you; and wrap the inflamed joints up in cotton wool covered over with oil-silk, and keep the part raised; if it is the foot, keep it up on a sofa or stool; if the wrist or hand, keep it up on a pillow or in a sling. Never apply cold to a gouty limb. Take to a slop diet till the attack passes over, feeding chiefly on milk puddings, and drinking only Vichy water or tea.

Dipsomania.—This is the medical term for the craving for drink, which is one of the worst of hereditary curses. Where there is a family history of intemperance, and it is known that several members have fallen the victims of this terrible habit, children should be brought up on strict temperance principles, and never given wine, save as a medicine. They ought also to be warned before they are sent to school or college, for however much we may prefer to hide our family skeletons, it is not fair to a lad to send him forth where he will see others of his age drinking with no harm, and not tell him that his case is different, and that he has to fight against a predisposition. Unless you know your

enemy, and can meet him, the battle is likely to go against you.

True dipsomania—the real madness as regards drink—usually comes on at fairly regular intervals. There is first restlessness and irritability, and then the craving for stimulants, which only the most powerful counteracting influences can stop. But it can be stopped. There is a wicked fallacy abroad that there is no cure for the drink craving. There is also a false notion that the dipsomaniac is an irresponsible person. If he is absolutely the latter lock him up, and indeed it may be necessary for him to go into some sanatorium at intervals in order to cure himself, but remember that the cure is possible if the patient himself will help.

To begin with, it is well to tell the patient who, with an hereditary tendency to drink, has once given way to a drunken bout, what risks he is running, point out the liver troubles, congestion of the lungs, brain deterioration, imbecility, madness, stomach, heart, and kidney disease that drink causes. It means the loss of health and happiness for himself and his family unless he will make a great effort and conquer the craving; and every time the craving is conquered it lessens in power, and every time it is given way to it increases in power. Catch your man or woman then in a lucid interval, and tell them frankly and fairly, and prepare them for the coming battle. Build up their general health, give them plenty of nourishing light food, never let them get over-hungry or over-tired. Let the life be regular, yet full of quiet interest, and keep temptation out of the way. When the craving comes on double your attentions—you will note the growing crossness and restlessness—give plenty of salt beef tea and strong coffee, and if you have called in a doctor he will probably order some anodyne which will help to relieve the craving. Do not hesitate to call in a doctor in these cases; he knows well that dipsomania is a

disease, and his help may be invaluable. Also do not hesitate to watch and guard the patient—he may tell you lies, and deceive you in his efforts to get drink, but you must regard all that as part of the disease. As for those weak characters who habitually take too much, who drink out of mere idleness, or what they think comradeship, it is difficult to tell what to do for them. Sometimes a sudden attack of kidney trouble or heart disease will rouse them from their vicious habit, but as a rule they go on soaking till their constitution is quite ruined, and the first illness that comes along kills them off at once. Even when enough stimulant is not taken to cause actual drunkenness and helplessness, the constant taking of more than is good for health is a terrible evil, and often ends in gout, apoplexy, or even imbecility and a lunatic asylum. And by giving way to this habit of drinking, the horrible drink craving can be established, which is like handing yourself over deliberately into the hands of the devil. And not only yourself, but your children, who will probably inherit the craving, while you may also be leading your friends into temptation, and enticing them down the road to hell.

For drink *is* the road to hell—the old-fashioned hell full of devils, where the torments of the damned are experienced.

But there is always hope—every bad habit can be overcome; and the Salvation Army can show many cases of those who had gone far down the road, but who have managed to climb back, and get on the hill of health and happiness once more. It is just as difficult a road to climb up as it is easy to slip down; but still, step by step up you go, and mind you never give in. Stimulants must be given up altogether; and the companionship of those who drink must be given up altogether. Nourishing food must be taken, also plenty of exercise in the open air, and all theatres and places where there is bad air and excitement must be avoided. A doctor will be able to prescribe tonics and temperance drinks that may be of help.

If home influence and self-control are ineffective, the patient must go into a sanatorium for a few months, and put himself, or herself, entirely under medical control. Half measures are no use with this evil; a cure must be secured at any cost, and at once.

Insanity.—We come now to the worse of all hereditary ills—mental disease, the loss of mind-control. There can be no doubt that, where there is a family history of insanity marriage ought not to be allowed; it is the duty of anyone who has the taint of madness in his blood to remain single, and not transfer the curse to others. Besides, marriage or excess of any kind is likely to call down on himself an ill he might otherwise escape. By living a quiet healthy life, by avoiding every form of excitement and worry, and attending to the general health, and, above all, by avoiding alcohol, much can be done to preserve a sane mind. It by no means follows because your father or mother were mad that you also must go mad. If the taint is on both sides of the family, the chances are against you; but if on one side only, there is plenty of room for hope. But there must be no marriage, no passing on to others of the fear that will, of course, ever haunt your footsteps. The use of opium, morphia, and chloral are also unadvisable if there is a history of insanity.

Where there is reason to believe that a mind is not quite strong and healthy, certain periods of life need special care. Thus at the age of puberty—just when a boy or girl is entering on his or her teens—they should be kept free from excitement, such as theatres or school examinations; they should be well fed, and if possible live in the country. Then, again, at the climacteric or change of life, which is in women between forty and fifty, the health needs special attention, and a quiet country life is advisable if there is any trace of mental trouble. And then after the strain of childbirth women sometimes suffer from a passing form of insanity known as puerperal

mania. This must be specially watched for where there is a predisposition to brain disease, and the mother must never be left alone with her infant. It usually shows itself between the fourth and fourteenth day after labour, and begins with headache and restlessness. The patient needs perpetual watching, as she may do herself an injury or hurt her child. Often it is necessary to send the patient away for a few months, but it must always be remembered that three out of four of these cases recover.

With men the first decrease in power often induces mental disturbance—in some men this is seen at fifty or earlier, in others it may be delayed to sixty; and in business men it is specially noticeable that when they find their mind and memory flagging and their digestion getting troublesome, they are terribly apt to make matters worse by flying to stimulants as a spur to their failing energies. This is fatal. What is needed at this critical period is rest and fresh air, and then mind and body, becoming accustomed to the decrease of nerve power, will go on well to a green old age. But if ordinary business, hard mental work, or Stock Exchange worries be insisted on, then the nervous equilibrium may be lost, especially if there is any trace of insanity in the family. To over-work a flagging brain, to try and restore its energy by “nips,” is to court a complete breakdown; but to recognise a critical juncture and take the necessary holiday, is to secure an almost certain cure.

Delirium Tremens.—A heavy drinking bout sometimes culminates in a delirious attack. It comes on with trembling of the hands, dislike of food, suspicion, fear, muttering, and cold hands and feet. Get the patient to bed, and send for the doctor. Keep the room dark and quiet, try to soothe the patient and humour him—do not contradict him if he tells you there is a snake in the bed, but pretend to pull it out and throw it away. If he tells you someone is listening

behind the screen, do not say there is nobody there, but pretend to go and order someone to leave the room. Try and get the patient to drink a little beef tea, putting it in a strong earthenware cup—if it is in thin china he may unintentionally bite a bit out of the cup and swallow it. As a rule, after about fifty hours of delirium the patient falls into a heavy sleep, which lasts for many hours, and wakes up sensible but very weak. He then needs feeding every two hours, and the strength soon comes back. In severe cases the delirium goes on for days, the pulse gets very weak, the patient begins to pick at the bedclothes, and the case is dangerous. Collapse is to be feared. As much can be done by a doctor in the way of sleeping draughts, &c., never neglect to send for him early.

CHAPTER VII.

ON FEVERS AND INFECTION.

The Infectious Diseases Notification Act—Taking a Patient's Temperature—Measles—German Measles—Mumps—Scarlet Fever—Scarlatina—Chicken Pox—Small Pox—Typhoid Fever—Typhus Fever—Diphtheria—Delirium—Disinfection—Disinfectants.

THE following clauses from the Infectious Diseases Notification Act are of consequence to all who have to do with fevers :

3.—(1.) Where an inmate of any building used for human habitation within a district to which this Act extends is suffering from an infectious disease to which this Act applies, then, unless such building is a hospital in which persons suffering from an infectious disease are received, the following provisions shall have effect, that is to say :

- (a.) the head of the family to which such inmate (in this Act referred to as the patient) belongs, and in his default the nearest relatives of the patient present in the building or being in attendance on the patient, and in default of such relatives every person in charge of or in attendance on the patient, and in default of any such person the occupier of the building shall, as soon as he becomes aware that the patient is suffering from an infectious disease to which this Act applies, send notice thereof to the medical officer of health of the district :
- (b.) every medical practitioner attending on or called in to visit the patient shall forthwith, on becoming aware that the patient is suffering from an infectious disease to which this Act applies, send to the medical officer of health for the district a certificate stating the name of the patient, the situation of

the building, and the infectious disease from which, in the opinion of such medical practitioner, the patient is suffering.

6. In this Act the expression "infectious disease to which this Act applies" means any of the following diseases, namely, small pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet fever, and the fevers known by any of the following names, typhus, typhoid, enteric, relapsing, continued, or puerperal, and includes as respects any particular district any infectious disease to which this Act has been applied by the local authority of the district in manner provided by this Act.

Infectious diseases are very difficult to distinguish in their early stages. Remember this, and do not try and hurry your medical man into giving an opinion as to whether a child is sickening for measles or no. Rashes have a strong family resemblance, and nettle-rash has before now been mistaken for scarlet fever.

In every household at least one person ought to possess a clinical thermometer, and know how to use it. It is very simple. It consists of a little tube of glass, with a bulb at one end with mercury in. There is an index, usually running from 95° to 110° ; between 98° and 99° —to be exact, at 98.4° —there is a little arrow, and this marks the normal temperature of the human body. If the temperature is below 97° , collapse is to be feared; if it is above 100° , there is feverishness. To take the temperature of a patient, shake the line of mercury down to 95° , and put the bulb of the thermometer in the patient's mouth, under the tongue, and let him close his lips on it. Leave it there for three or four minutes, take it out, and make a note of the height to which the mercury has risen; dip the thermometer in cold water, dry it, and put it back in its case. If there is any fear of the patient having an infectious illness, see that there is a little carbolic in the water in which you cleanse your thermometer. If the patient



has some chest disease, it may interfere with the breathing to put the thermometer in the mouth; so put it in the armpit instead. Put it next the skin, and make the patient hold his elbow tight down to his side, with his hand across the chest; in this way the bulb will be quite surrounded with flesh, and will register the exact heat of the body. The thermometer should be left under the arm about seven or eight minutes. There are some clinical thermometers which register very quickly, and are known as "half-minute" or "minute" thermometers; but they are more delicate and dearer. The ordinary thermometer costs about five shillings.

The best means of judging whether a child is going to have a fever, and whether it is necessary to send for a doctor, is by the means of a clinical thermometer. All fevers are ushered in by a rise of temperature to over 100° —in some children the temperature will run up even to 104° —and in these cases 100° may mean only a feverish cold, or a stomach attack. Of course, in fevers the temperature remains up some days.

Measles, called by the doctors rubeola. To take the most common form of infectious illness first, measles usually show about ten days after the infection was taken; this period between the catching of a disease and its appearance is called the period of "incubation." The first symptoms of measles are headache and shivering, and a cold in the head. The temperature rises slightly, to about 100° . The eyelids swell, and the eyes water, the voice is hoarse, and the tongue white; on the second or third day the rash shows, first in little red dots behind the ears or about the neck or face. Measles are infectious during the early stage before the eruption appears, so the child should be isolated early; if the illness turns out to be a mere cold in the head no harm is done. The child will also desire to be in bed, and will complain of feeling tired. Keep him warm and quiet; keep the room at a temperature of 60° , and feed on slops. A warm bath will

help to bring out the rash, but great care must be taken that the child does not catch cold after it. The rash lasts about three days, during which time the child is very feverish, and will derive great comfort from lemonade (home made) and other cooling drinks, which should be given in moderation. The chief food should be milk. If all goes well, the child has a nice sleep on the third day, and wakes up cool and better. Measles must not be treated too lightly, as they sometimes leave chest and other troubles behind them. So see that for one week after the fever goes the child is kept in one room, and is well fed on light food, and kept bright and amused. Should there be any cough, or discharge from the ears, or sign of kidney trouble, tell the doctor at once. Change of air is beneficial when the child is well enough, and if the strength is slow in returning, a little cod-liver oil may be given, or the doctor asked to prescribe a tonic. The period of infection is supposed to last a month. The room and clothing will need disinfecting (see page 79).

German Measles, called by the doctors *rubilla*. This is a mild fever, accompanied by an eruption which is very like that of ordinary measles. But German measles begin suddenly, the rash appears about the face the same day as the feverishness begins, and there is no first stage of cold in the head. On the third day both rash and feverishness disappear, and at the end of a week the child is usually quite well.

Treat in the same way that you treat real measles, remembering that the disease is infectious, and that cold must be avoided when the child is first about again. Because the illness is a light one and seldom leaves bad results, do not therefore let your child spread it. The infection can be carried for a month.

Mumps, called by the doctors *parotitis*. An infectious swelling of the throat glands. Period of incubation about two weeks. Keep the patient in a warm room apart, and put

bran or linseed poultices round the neck and up to the ears. Diet, light and nourishing; lemonade will be appreciated. The patient usually gets worse for four days, and then better for four days, and is then convalescent. Remember this is a very infectious and disagreeable illness, and use disinfectants freely, and let no one but the nurse go near the patient.

Scarlet Fever.—Whenever you hear of scarlet fever or diphtheria near where you live, boil all the milk you use, and thoroughly flush your drains daily with carbolic. A mild attack of this illness is sometimes called *scarlatina*, but practically there is no difference, save in degree. The period of incubation in scarlet fever is from four to six days, though some cases have been recorded in which the infection showed in a few hours. The rash appears on the second day of the fever, chiefly on the chest and back, and disappears about the fifth or sixth day if the case goes well. The early symptoms of scarlet fever are sore throat, feverishness, headache, and lassitude, and very often sickness. Clear a room in a remote corner of the house, removing all curtains and ornaments, light a fire, and when the room is nice and warm put the child to bed. During the night the child will be restless, possibly slightly delirious; the next day the rash will appear, if the case is really one of scarlet fever. Now, tack a sheet over the top of the door, put a bath at the bottom, and put a strong solution of carbolic in the bath, and wring the sheet out in it; or else have a garden syringe and spray the sheet. Anyway, keep the sheet wet night and day, and so prevent the infection spreading through the house. Any chemist will supply Calvert's carbolic, and full directions for use are given with each bottle. If the patient is an adult, and there are children in the house, it is better to let the patient go to a fever hospital. Scarlet fever is not infectious in its earliest stage, so if you get the patient away at once,

you may save the children. The London Fever Hospital, Liverpool-road, N., takes private patients at a charge of three guineas a week, for which charge a private room is secured. Or servants and others, can be admitted to the wards, on the payment of three guineas, for as long a period of treatment as may be necessary. You will, of course, have notified the disease to the health authorities, and they will decide whether you may keep the case at home if you wish it. But if you are allowed to keep the sick person at home, then some one person must be set aside as nurse, or else a professional nurse procured. The sick room must be kept well aired—the window open day and night if possible, but the patient must not lie in a draught. The room must also be kept very clean, and had better be sprinkled with carbolic constantly. Of course no one but the nurse must be allowed in the room, and she must keep in the room such dusters, dishes, &c., as she wants. It is very convenient if a room entered through a dressing-room can be had, then one sheet can be put over the bedroom door, and one over the dressing-room door, and the territory between be considered neutral ground. Here the nurse can keep her outdoor garments, and here the servants can put down the food for the nurse to fetch it into the inner room. Before the nurse sends down again any cups or plates that have been used for the patient, she must disinfect them thoroughly by washing them in carbolic. The nursing treatment will consist in keeping the patient's strength up by light diet given in very moderate quantities, and by treating the various difficulties of the case as they arise. Remember that it is not unusual to treat scarlet fever nowadays by a cool room and a sparse diet, so if your doctor orders open windows and limited food, do not be surprised. The throat causes much suffering as a rule, and a spray or a lotion for painting it is likely to be ordered. There may also be discharge from the nose and the ears, which needs treating. Burn the rags

used for cleansing them. But kidney troubles are the worst evils left by scarlet fever, and are generally due to a chill in the early stage of convalescence, which care might have avoided. Any change in the character of the urine, or signs of scantiness, should be at once reported to the doctor. So should headache, drowsiness, or vomiting. See that the bowels are kept open.

When the skin begins to "peel" it is well to rub the patient all over every morning with carbolised lard or thymol vaseline. This helps the "peeling," and disinfects the flakes before they begin to fly about. A little later warm baths with carbolic in them are helpful. Sometimes the feet take a long time to peel, and then they should be soaked night and morning in hot water, and dried with a rough towel. Until the "peeling" is complete the patient is infectious, and this stage usually lasts six weeks from the commencement of the illness. When the doctor pronounces peeling as completed, the patient must have a carbolic bath, and the hair must be washed in carbolic. He must then pass out of the room, and put on completely fresh clothes. The nurse, before she leaves the room, must paste up the windows, close the register, put a pail in the middle of the room with a spirit lamp in it, and over the lamp a shovel on which is a pound of broken sulphur. Or else make the shovel red hot, and pour on it some pure carbolic. Then quickly leave the room and close the door. Then the nurse herself must disinfect and put on fresh clothing. The thorough disinfection of the room will be carried out by the sanitary officers, but it is better for the nurse to do this first fumigation. The bedding, carpet, &c., will have to be sent to be baked. All linen before it is sent to the wash must be soaked in a solution of carbolic. In cases of measles, chicken-pox, and typhoid, the disinfection of the room can be done by the nurse if the sanitary authorities will allow it. But this whole question of disinfection is in most places put in the

hands of local sanitary authorities, and their laws must be obeyed.

There is an acute form of scarlet fever, known as *malignant*; the rash comes and goes, and is more purple in hue, the brain is always affected, and there is often muttering delirium. Collapse is to be feared, and this form needs early and constant care. The strongest of beef teas and small doses of brandy will be necessary to fight the weakness.

Chicken-pox, called by the doctors *varicella*. The period of incubation may be as long as fifteen days. The early symptoms are lassitude and slight rise of temperature. The rash appears on the second day on the chest. Put the child to bed, feed it on slops, and prevent it from scratching the pimples, or scars may be left. Two days in bed and three days in the house, and the disease will probably have vanished. But remember it is infectious, and the child must not mix with others for a fortnight, and the rules for disinfection (see page 72) must be carried out. If the bowels are costive a small dose of castor oil or cascara may be given, and if the child seems weakly afterwards a few doses of cod-liver oil should be tried, but as a rule this slight illness does not call for medicine.

Small-pox, called by the doctors *variola*. The period of incubation is twelve days. The early symptoms are headache, feverishness, pains in the back and limbs, and sometimes sickness. After forty-eight hours or more of these symptoms a rash of red pimples appears on the face and wrists, and the temperature rises rapidly—sometimes to 104°. You will, of course, have called in a medical man, and have notified the disease at once. If there is a small-pox hospital near, you will have to send the case there, unless you can undertake to provide a nurse and carry out thoroughly the necessary precautions against the spread of the disease. If you keep the case at home, set apart a remote room, from which all super-

fluorous hangings and furniture have been removed, and put up a carbolic sheet (see page 70). In these days when vaccination is rife, small-pox is usually no more serious than any other fever—is, indeed, sometimes mistaken for chicken-pox; but it behoves all ministers, nurses, or people likely to come in contact with fever cases to be vaccinated at least once after the age of twenty-one (see page 91). When the rash of small-pox first appears it feels like shot beneath the skin, then these swell up and show like little bladders, and about the eighth day these bladders are full of thick matter, and they usually burst, and then scabs form. In another four or five days these scabs fall off. The patient is not very feverish, as a rule, after the rash is well out, but he suffers much from the irritation caused by the eruption; and he must not be allowed to scratch the pustules, or else scars may be left. The doctor will order some oil or lotion to allay the itching; and sponging with tepid water is useful if the doctor will permit it. It has to be done between blankets with great care to prevent chill. Plenty of beef tea, milk, arrowroot, and mutton broth may be given, and the patient will probably appreciate some nice home-made lemonade, as the throat is often dry and harsh. Keep the room well ventilated and fairly cool; wash out the patient's mouth and nostrils with weak Condy, and if his eyes are sore and swollen bathe them constantly with plain warm water. Use old rag for these washings, and burn it at once. In a bad attack of small-pox the rash all runs together, the throat and nose become almost stopped up with swelling and mucus, and bleeding may take place from the eyes or the bowels. This is serious, but luckily very rare. But even in mild cases about the ninth day of the rash there is often what is known as "secondary fever," that is, the patient has a slight return of high temperature, which usually disappears when a mild laxative has been given.

In cases of small-pox frequent changing of linen is necessary,

and, as the disease is highly infectious, it is always desirable to burn as many of the contents of the sick room as possible afterwards. So old linen should be used, if possible; old night-shirts or night-gowns should be begged from friends. The room should be washed out daily with carbolic, and some disinfectant should be kept in the utensils used for the patient. The patient should be kept in bed till the scabs have all come off and the skin has quite healed. When he first gets up watch carefully for any signs of brain mischief, chest disease, or swelling of the glands. After every fever there is a liability for the weakness to show in some slight subsequent trouble, and therefore a nurse should still be vigilant. During convalescence a daily disinfecting bath should be taken, and when at last the doctor proclaims that the skin is quite healed, hair and all must be washed, and the patient pass out into the ante-room and there put on completely fresh clothing, and so pass forth to freedom. Fresh air is of great advantage now. The nurse will stay behind in the room and burn all that can be burnt, put ready all the things for baking, and do the first fumigation (see page 72). Then she herself will disinfect and put on fresh clothing, and should go and spend a week in the country. The thorough disinfection of the room and house must be carried out by the sanitary authorities. Details of nursing in cases of malignant small-pox are not given here, as in such cases it is absolutely necessary to have two trained nurses. If anyone, far from doctors and nurses, should have to do with malignant small-pox—an almost impossible thing—let them console themselves with the thought that no help is of much avail in such cases, and that if they do their best to keep the patient comfortable, they have practically done all that can be done. The main thing is to remember how very contagious the disease is, and prevent its spread.

Typhoid Fever, also called *enteric fever*. If you hear of typhoid being present in the neighbourhood, boil all the

milk and drinking water you use, and flush your drains daily with carbolic. The period of incubation is from ten to twenty days; the disease usually attacks young people. The early signs are very slight—there is lassitude, chills, and headache, and a tendency to diarrhœa. The temperature rises gradually to about 103° , and on the eighth day a rose-coloured rash appears on the abdomen, which fades every three days.

There are a few points with regard to the nursing of typhoid fever every woman should know. To begin with, this fever is not infectious if care be taken to disinfect all vessels used by the patient, and to thoroughly flush the drains with carbolic. The chief danger is that any sudden movement on the patient's part, or the eating of unsuitable food, may cause perforation of the bowels, which are always ulcerated in this disease. Keep the patient quite still, not permitting him to attend to any of his wants himself; be very careful of his diet, and observe the character of the motions. For a long time, beef tea and milk will be all the food allowed, and these must be given alternately every two hours, or some doctors allow milk only. It is well to take precautions against bed sores from the first (see page 113), as typhoid is always a long illness, and often means a month in bed. The linen will need constant changing, and must be soaked in carbolic for twenty-four hours before being sent to the wash. The nurse must hold her breath while attending to the patient's wants, and if she encounters a bad smell had better rinse out her mouth with a little Condyl. Keep a carbolic sheet over the door, and some carbolic in the utensils used by the patient. If in the country, it is better to bury the excreta after disinfection, rather than put it down a drain or into a cesspool. Sometimes typhoid is complicated with inflammation of the lungs, brain trouble, or inflammation of the bowels. A constant watch must be kept for bad symptoms. No solid food is allowed till the temperature has been normal

for a week, and great care must be taken not to let the patient sit up in bed too early. In bad cases there may be delirium, or collapse, following on the constant diarrhoea. Nursing is of the utmost importance in typhoid; if possible trained help should be procured, or the patient sent to a hospital. General hospitals take typhoid cases as a rule, so there is no necessity to send to a fever hospital.

Typhus Fever strongly resembles a virulent form of typhoid. Period of incubation, two to ten days; begins with shivering, headache, and constipation; rash out fifth day.

Typhus is seldom seen now. It is easily recognised by the mulberry-coloured, slightly elevated rash, which disappears under the pressure of the finger. In the first stage the patient suffers from thirst, and iced water, lemonade, and various drinks may be freely given. At the end of the first week delirium usually comes on, and the second week is the most critical period. Waving the hands aimlessly in the air, and constant plucking at the bedclothes, are bad signs. Convalescence after the third week is usually rapid and complete. Treatment, the same as typhoid, with extra care as regards disinfection. After recovery, the room must be fumigated, and re-papered and whitewashed, and left empty for some days. Typhus fever is chiefly the result of dirt, and cleanliness and fresh air are the best means of avoiding it. It is such a serious illness that trained help is necessary in the nursing; or, if there is a fever hospital near, the patient had better be sent there.

Diphtheria.—Infectious inflammation of the throat, with formation of membrane. Whenever you hear of diphtheria being in the neighbourhood, boil all milk and water used, and flush the drains well with carbolic.

It is very necessary to be able to recognise the symptoms of diphtheria, for it is a disease apt to run beyond all remedy almost before it is known to be present. It is ushered in by

the usual feelings of chilliness and depression, and by an uneasy sensation of the throat. On examination the tonsils and soft palate are seen to be red, and the glands are swollen and sore. Very shortly the characteristic greyish-white patches appear in the throat, and thicken till they form a false yellow membrane. The nurse must be very careful not to breathe the breath of her patient. It is well to use a simple disinfecting gargle, such as Condly's fluid, in water, two or three times a day, to dip the hands in carbolic after attending to the patient, and to keep sheets about soaked in carbolic. It must be remembered that diphtheria is both infectious and contagious, and great care should be taken to try and stay the spread of this dangerous disease. The operation of tracheotomy is sometimes performed in cases of diphtheria, when the throat has become plugged by the false membrane, and breathing is impossible. It consists in making an opening into the windpipe by means of a slit in the neck, and a tube is then inserted, through which the patient breathes.

But before the case gets to this stage trained nursing will be needed. Sometimes diphtheria runs a mild course, this is especially the case where it is taken in time, and where the patient can be persuaded to take plenty of milk and beef tea. The throat will need spraying and washing out, and all rags used for this must be burnt. A steam kettle to keep the air of the room moist and warm is advantageous; the room may be kept at a temperature of 65°. Keep the patient as quiet as possible, and save all his strength; on no account kiss or allow anyone else to kiss a person who has diphtheria. There is the usual danger of lung, heart, or kidney trouble during convalescence, and the patient must not be allowed any exertion or sudden movement till the strength is well restored.

Delirium.—Whenever there is high temperature there is

the chance of a patient's mind wandering. The tending of delirious persons requires special anxiety and watchfulness; their whims and vain dreamings must receive a certain heedfulness, and they must be soothed and restrained as the nurse sees best. Notice if any particular colour or odour excites the patient, and carefully protect him from it. In delirium those most loved in sanity are often regarded with horror and loathing, and this must be explained to the patient's relations, should the presence of any one of them increase the raving and fever. It is very seldom that the gentle pressure of the hand on the chest will not restrain the violent movements of delirium, but should further force be necessary, put a large sheet over the bed and tie each of the four corners down to the four legs of the bed. Be very careful in feeding a delirious patient, and do not give him large lumps of ice to suck. Never be left alone with anyone disordered in mind, unless a capable person is well within call in case of emergency. Neither should a nurse show any signs of fear should such an emergency arise; a calm collected mind will stand her in good stead. If you have to struggle with a patient try and hold him by his clothes, not by his limbs. For instance, if he raises an arm to strike you, catch hold of his sleeve—if you catch hold of the wrist there is the chance of a broken bone.

Disinfection.—After any infectious illness the sick room must be fumigated. When the room is vacated a fire should be lit in the fireplace, and all papers, old linen, old clothes, and other objects of small value burnt there which might have been contaminated. The chimney, windows, and other openings should then be shut, and in the middle of the room containing the furniture and bedding a jar with some live coals should be placed. On the coals should be put a layer of sand, and on that a quantity of sulphur broken into pieces, proportionately to the size of the room (one pound to 1000

cubic feet). The door should then be shut. After being thus hermetically closed during twenty-four hours, the room should be fully aired by opening the windows, and must not be again occupied for at least a week after being disinfected.

Burning carbolic may also be used in less serious cases, where the destructive work of sulphur fumes on paint, &c., is dreaded.

As regards avoidance of infection, the attendant should observe the following rules: Neither food nor drink should be taken in a room occupied by a patient. The mouth should be carefully rinsed before each meal, and the hands and fore-arms washed with a solution of borax. The face, head, and hands, and, if possible, the whole body, should be washed daily with water containing carbolic or corrosive sublimate. The chief disinfectants are:

CARBOLIC ACID, of which you want one ounce (two tablespoonfuls) well shaken up in a pint of cold water to make one in twenty, the proper strength for dipping the hands in and to have in the utensils. For soaking linen, for sheet over door, and for bath one in eighty is strong enough. It is poisonous, and must be kept out of the patient's reach, and out of the way of children. The pure carbolic burns the fingers if it gets on them.

CONDY'S FLUID is a solution of permanganate of potash. Two tablespoonfuls to a quart of water does for douching and for dipping the hands in. Half that strength does for rinsing the mouth. It stains linen and crockery.

CORROSIVE SUBLIMATE, or perchloride of mercury, is a powerful poison and disinfectant. It is generally sold in the shape of "tabloids"—little lozenge-like cakes—one of which has to be dissolved in a quart of water. It is not a safe disinfectant for amateurs to use.

SULPHUR, a powerful disinfectant, most easily used to fumigate a room in the form of Kingzett's Sulphur Candles.

IODINE.—Sometimes a tablespoonful of tincture of iodine to a quart of water is used as a disinfectant. It spoils sheets and linen, and its strength evaporates quickly.

Other disinfectants are salufer, two grains to two ounces of water ; thymol, one in 5000 ; salicylic acid, one in 300 ; boracic acid, four per cent. ; and chloride of zinc, five per cent.

ODOFORM, a yellow powder, used to dust on wounds or sores to stimulate them to heal, is a powerful disinfectant. The smell clings terribly, but luckily it is volatile, and can generally be got rid of by heat—*i.e.*, by washing the hands in very hot water, and hanging the clothes in front of a big fire.

CHAPTER VIII.

OUR HANDS AND FEET.

Chapped Hands — Chilblains — Excessive Perspiration of the Feet — Whitlows — Ingrowing Nails — Blistered Heels — Corns — Bunions — Flat Foot — Club Foot — Bow Legs — Swollen Veins — Ulcers — Cramp.

Chapped Hands.—Cracks in the skin of the hands are generally due to insufficient drying of the hands after washing or to cold winds. The treatment is to rub vaseline, lanoline, or glycerine on the hands at night, and to protect the hands from cold and damp. Wear kid or washleather gloves, not coarse woollen ones, and use glycerine soap when washing. If the cracks are rather deep, put on a little zinc ointment at night.

Chilblains.—Small inflammations of the skin caused by cold. Children and young people sometimes suffer great inconvenience and irritation from chilblains, and it is often worth while to consider whether the faulty circulation does not denote that the sufferer is rather “run down,” and wants a little cod-liver oil or malt extract. Chilblains also point to the necessity for warm woollen underclothing, particularly woollen stockings and cuffs, and when in bed woollen night-socks. Keeping the ankles and wrists warm will often prevent chilblains, unless the patient is foolish enough to keep on damp shoes or to warm the feet and hands by putting them close to the fire. On coming in with damp, cold feet the best and

safest way to warm them is to wash them in hot water, drying briskly and thoroughly with a rough towel, and putting on dry woollen stockings.

Friction—that is to say rubbing—is always a more wholesome way of restoring warmth to the extremities than going close to a fire. Chilblains once formed in the shape of red lumps should be promptly treated to prevent their breaking. Painting freely with tincture of iodine, and then shielding with a bit of plaster, is the best treatment if on the foot, care being taken not to wear shoes which will rub or press on the part. If on the hands or ear, white iodine or hazeline may be painted on, or the part may be rubbed with camphor liniment. If, in spite of precautions, the chilblain becomes a blister, the blister should be pricked with a clean needle to let the water out, and then a piece of lint spread with resin ointment bound firmly over the place. Peruvian balsam is also very healing for chilblains, or if only zinc ointment is in the house, use that. If a broken chilblain is neglected, the consequences may be very serious; for instance, if it is not kept clean and covered up, the dye of the stocking may get into it and cause blood poisoning. Where there are bad broken chilblains, it is well to give a little iron or port wine, or add more milk to the usual diet.

Sweating of the Feet.—Excessive and sometimes unpleasant sweating of the feet may occur. Bathe the feet night and morning in a basin of warm water, to which half an ounce of solution of sub-acetate of lead has been added. Avoid excessive walking or standing; wear woollen stockings and laced shoes. Attend to the general health, and take a tonic if necessary.

Whitlows.—Inflammation near the finger nail, and subsequent formation of pus or fluid under the skin.

At first there is a little red swelling, very tense and painful; sometimes throbbing. The finger should be soaked

in hot water, and a bread poultice put on to bring the swelling to a head. As soon as the skin is well raised and soft, and it is easy to see where the matter is, either prick it or snip the skin with a pair of clean scissors and let the matter out. Then bathe the finger in plenty of warm water, and wrap it up in a piece of lint or rag on which a little zinc ointment has been spread. If a whitlow causes the nail to come off, and a sore forms under the nail, or if the pain runs up the arm, and the glands under the arm begin to swell, send for a doctor; in the latter case there is some blood poisoning.

If common whitlows are constantly forming, first on one finger then on another, the health is probably a little below par, and a tonic may be tried, or a daily glass of wine. Of course the best tonic is fresh air—particularly sea air.

Ingrowing Nail.—This painful malady, most common on the big toes, is generally due either to wearing too tight boots or shoes, or to cutting the toe-nails down at the corners instead of cutting them straight across. It is of importance that mothers should from the first cut the toe-nails of their children square, and not in the shape known as “filbert.” If the evil has already started, scrape the middle of the nail very thin with a piece of glass or a sharp knife, and then soak the foot well in warm water. Prevent all pressure on the part, and do not cut the nail on the ingrowing side at all, while keeping it rather short on the other side. Probably the inflammation will subside, but if it goes on medical help must be sought, as it is sometimes necessary to remove the nail.

Blistered Heels.—Wearing new shoes for too long at first, or walking far with boots which do not fit, often causes blistered heels. If the heel is only red, cover the part with a piece of soap plaster. If the blister is broken, wash thoroughly, and cover with a piece of clean rag or lint on which a little vaseline has been spread and keep the foot at rest. Be very careful not to let the dye of the stocking get to the broken

skin, or blood poisoning may ensue. To prevent blistering of the feet rub them with methylated spirit or whiskey before starting for a long walk, and wear thick stockings.

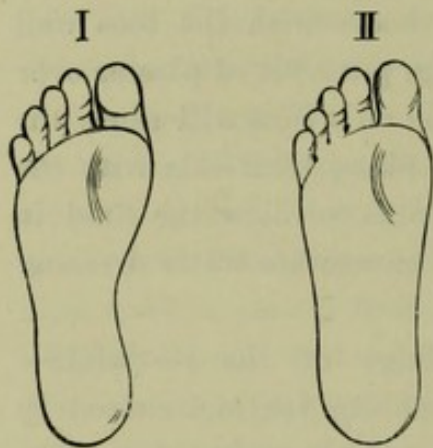
Corns.—Hard thickenings of the skin of the feet due to pressure; most common on the joints of the little toes. Put a bit of wet lint round the toe and cover it over with oil-silk; leave this on all night, and next morning the corn will be quite soft, and you will easily be able to extract it with the point of a knife. If the corn persistently grows again, the hard skin can be carefully shaved off at intervals with a sharp knife or a razor, or it can be painted with iodine. Soft corns are most easily trimmed or snipped with a pair of scissors. To avoid corns, wear square-toed boots with the toes well bevelled, and if there is any rubbing, put a bit of plaster over the part rubbed. Continued friction on a corn will cause the formation of fluid under the thick skin; treat this with the water dressing, and then cut it so as to allow the fluid to escape, wash it well, and then put on another water dressing for twenty-four hours.

Bunions.—Inflammatory swellings of the toe-joints—most frequently of the joint of the big toe, and caused by the wearing of narrow-toed boots. The great thing is to allow the toe to assume its natural position, and to procure this square-toed boots and shoes must always be worn, and the boots must be half an inch too long. Give the big toe lots of room, and free it from all pressure. It is better to wear stockings with a separate department for the toe. If the toe will not then return to its natural position, the wearing of surgical boots with a toe-post in them, or of a small steel splint along the inside of the foot, to which the toe is bound, may be necessary. When a bunion is very painful, temporary relief may be obtained by painting it with iodine, or if it is very red and inflamed, by applying cold water bandages.

Flat Foot.—This is a condition in which the arch or

instep of the foot gives way, and the whole of the sole is pressed on the ground in walking. It is most common in boy messengers and errand girls, or general servants, and is the result of too much standing, walking, and carrying weights while the boy or girl is still growing. It is often associated with knock-knee, or other small deformities. The result is an ungainly walk, and difficult and clumsy movements, and the condition is one which requires immediate attention. The result is generally good if the person is fairly young, but if a hospital nurse, or woman over twenty-one is the victim, she may as well throw over her active vocation at

once, and take to a more sedentary occupation.



I.—Impression of normal foot.

II —Impression of flat foot.

A good method of testing the success of treatment is to smear the foot all over with ink, and then make the patient stand on a sheet of white paper. Do this once a week, and keep the impressions. The cure of flat foot chiefly rests with the patient himself, and depends on perseverance. First, walking exercise must be severely restricted ;

secondly, the general health must be attended to—plenty of light nourishing food and fresh air must be obtained, and, if necessary, a tonic or cod-liver oil must be given.

Then the muscles of the leg must be strengthened by certain exercises. On rising in the morning, the patient must stand with bare feet, and very slowly raise himself on to his toes, and then very slowly come down on to his heels again. This must be done twenty-five times night and morning for the first week, and then fifty times for the second week. Immediately after the exercise a jug of cold water should be

poured over the legs—particularly over the calves—and then the legs and feet rapidly dried with a rough towel. In the middle of the day the patient should twice take off his shoes and socks and walk up and down the room for three minutes on the tips of his toes. Before the socks are put on a pad of cotton wool should be bandaged under the inner side of the foot with a bandage, which, beginning over the instep and passing the outer side of the foot, comes up the inner side of the foot and then goes round the ankle—in fact, what is known as a figure of eight bandage. This will help to support the instep. A boot with a sole twice as thick on the inner as the outer side is also useful. Frequent rubbing of the legs—particularly massage by a trained masseuse—is very useful, as also is electricity; but these can only be carried out under the direction of a surgeon. It is even necessary in certain cases to have an operation.

Club Foot.—A side twist of the foot. It is important to notice it early in infants, as if not cured they will afterwards walk either on the inside or outside of the foot instead of on the sole. The attention of a surgeon should be secured at once, and he will order whatever instrument it may be necessary for the child to wear. It may also be necessary to snip one or two tendons if the foot is drawn up or contracted; this is a very slight operation. The child will probably be put under chloroform for it, and the small puncture made will heal in a few days, and will need no dressing beyond that put on by the surgeon, and subsequently a small piece of clean lint. The mother's care must be directed towards carrying out the surgeon's instructions, and preserving the child's general health. To her also may be left certain exercises, such as holding the foot in proper position night and morning with one hand, while with the other she rubs well the muscles of the leg. Cold douches and other means of strengthening the muscles may also be ordered. Probably the child will have to

wear irons or a bandage. Watch must be kept that the skin does not get rubbed by these, and when they are changed the limb must be washed, and thoroughly dried and dusted with a little starch powder. Great delay may be caused in the treatment if through the carelessness of mother or nurse a sore is allowed to form.

Bow Legs.—A bending outwards of the bones of the legs. Most common in children inclined to rickets. Directly it is noticed that a child's legs are inclined to bow it must not be allowed to walk more than a few steps at a time, and it is well to tie its legs together during the day time with a piece of flannel. Attend to the general health, giving the child lots of milk, and keeping it out in the air as much as possible. See that the bedroom is well ventilated. As a rule a child grows out of bow legs, but if it does not get better the help of the surgeon must be called in, as it may be necessary for the child to wear irons or surgical boots.

Swollen Veins, called by the doctors varicose veins. Increased size of the veins (generally of the legs), which stand out and can be rolled between the finger and thumb. As soon as varicose veins are noticed care should be taken not to stand too long at a time; and if extra exertion, such as a long walk or a game at football is contemplated, an elastic stocking should be worn.

If the veins get very bad it may be necessary to wear the stocking always, in which case it should be put on in the morning while sitting up in bed and before the foot has been allowed to hang down, and must be taken off after the patient is in bed. Every occasion of keeping the feet up should be taken advantage of. The great danger with varicose veins is that one may burst, and then if proper care is not taken the patient may bleed to death. If the vein does burst the patient should lie down, and the foot should be raised high on a cushion. A large, firm pad should be placed *over* and *below*

the bleeding spot, and be firmly bound on with handkerchiefs or a bandage. This will arrest the bleeding. The doctor should be sent for at once, and on no account let the patient move, as any exertion will probably bring on the bleeding again.

People who suffer from varicose veins should beware of constipation, should never wear garters or tight ligatures round the limbs, should not follow any occupation which necessitates much standing, such as serving behind a counter or washing.

Besides the tendency to burst, a varicose vein may become inflamed, and an ulcer form. This needs treating as any other ulcer (see below), but at the same time the vein needs supporting with a stocking or elastic bandage. There are various small operations for the cure of varicose veins if they are very painful, such as removing part of the vein, but these are only undertaken under the directions of a surgeon.

Ulcers.—Chronic ulcers or sores on the front of the shin are frequent amongst poor women of middle age, and are commonly known as “bad legs.” They are terribly difficult to heal, chiefly because the main thing necessary is *rest*, and rest to the poor is an impossibility—if they do not work, they starve. There are several causes of these ulcers; varicose veins is one, constitutional taint is another, but the main fact is that the sore is what is known as “indolent,” that is, shows no desire to heal. Rest on a couch with the leg up, and the sore covered with some stimulating ointment, such as zinc or iodoform, plenty of nourishing food and fresh air, the sore to be syringed twice daily, and the surrounding parts kept perfectly clean—that is the treatment which, with time, may work a cure. Where neither time nor treatment can be given, it must still be attempted to secure as much rest and cleanliness as possible, and this is best done by getting a surgeon to strap up the leg with strips of plaster. This is

put on so evenly and neatly that, though the patient can stand and walk a little, the part is kept comparatively at rest, and a cure is sometimes achieved.

Cramp.—Sudden painful contractions of the muscles, generally of the legs. Cramp usually comes on at night, and is due to indigestion, or over-exertion of some muscle not often used. The pain is severe, and the muscle sometimes stands out in a hard knot. Forcibly drawing the leg straight, or springing out of bed and walking about is the best cure. Then rub well over the part with camphor liniment, or with the dry hand. If cramp is frequent, look to the general health; see there is no constipation, &c. Take a tepid sponge bath before going to bed; have the foot of the bed several inches lower than the head, and in cold weather wear night socks, or have a hot-water bottle to the feet.

CHAPTER IX.

SMALL OPERATIONS.

Lancing Gums—Vaccination—Tongue-tie—Blistering—Opening Abscesses—Circumcision—Cleft Palate—Hare Lip.

Lancing Gums.—When a child cuts its teeth with difficulty, and the irritation seems likely to cause convulsions, a slit can be made in the gums over the tooth, which will enable it more easily to come through. This gives the child great and instant relief. As a rule the mother sits holding the child on her lap and the surgeon sits behind the child and draws its head down between his knees. The mother holds the child's body and hands, while the surgeon opens the mouth and makes the little incision. There is never more than a few drops of blood lost, and no preparations are necessary save a clean handkerchief to wipe the child's mouth, and some water for the doctor to wash his hands.

Vaccination.—The introduction of cow-pox lymph into the arm as a protection from small-pox. The law demands that every infant be vaccinated by the time it is three months old, and it is advisable for children to be again vaccinated when in their teens. Should an infant have a skin disease, or be in such a state of health as to render vaccination dangerous, a certificate must be got from a doctor to this effect, and then the operation can be delayed for a time. In Scotland the law gives till six months in all cases, but for the mother's sake it is better for the baby to be done early, before the teething

begins. In every district there is a medical man whose duty it is for a fee of 1s. 6d. to vaccinate every child brought to him for that purpose, to see the same a week after, and give a certificate and certify to the vaccination officer the vaccination. The penalty for non-compliance with the vaccination law is 20s. for each offence.

It is usual to vaccinate high up on the left arm, and the place should be washed with soap and water before the child is taken to the doctor. The operation is not painful, and as a rule the child does not cry. Three days after successful vaccination a pimple should appear on each place. At least three places should "take." The pimple slowly enlarges, and must be kept free from rubbing. About the eighth day the doctor should see the arm, and if he is satisfied, fasten a pad of antiseptic wool over the arm and leave it on for six days. Then it can be taken off, and usually the arm will be found healed. Just about the eighth day the child may be feverish, and the arm may cause some pain, but many children get through without any constitutional disturbance whatever.

Tongue-tie.—Sometimes infants are found not to be able to suck freely, and on examining the mouth it will be seen that the tongue is held down and back by a little fold of mucous membrane, and that the child cannot protrude its tongue or press it against the roof of the mouth. It is then necessary for the doctor to snip this little fold—an operation which is not painful, and needs no previous preparation and no after treatment—save that the infant should not be put to the breast immediately after it has been done.

Blistering.—A form of counter-irritation, often used in cases of inflammation, sciatica, &c. The old form of blister was a plaster of cantharides, or Spanish fly, which was warmed at the fire and then applied to the part. But as the skin rose under the plaster the edges of the plaster dragged and tightened and caused unnecessary pain. So if you have

to put on an old-fashioned blister, do not stretch it tightly in applying it. As a rule now a blistering fluid is used, which has to be painted on with a camel-hair brush. The part must first be washed with soap and water, and the spot outlined with oil to prevent the blister extending too far. Then paint on the fluid, being very careful not to let any drop, or to let it touch your own fingers. A blister takes about seven to ten hours to rise; when it is well risen, if the doctor is not coming to dress it, take a pair of clean scissors and snip the most pendant part of the blister, and let all the water run out into a soap dish or a sponge. If no special dressing has been ordered, spread a little vaseline on a piece of lint and apply it over the place, bandaging on lightly with a bit of old linen.

Opening Abscesses.—An abscess is a collection of pus under the skin. Sometimes an abscess is said to “disperse;” that is, it goes away without any outward escape of the pus. Sometimes it bursts, sometimes it is opened by the doctor.

The most common forms of abscesses are on the neck in scrofulous persons, or on the hip in cases of hip disease. But often after an illness an abscess may form and be of little importance, save as a symptom of weakness. When an abscess has to be opened the doctor will need a good light, so a small bed should be wheeled near the window; or, better still, a mattress should be put on a table in the window. Never be afraid to make too many preparations for the smallest operation. Have two or three basins handy, and plenty of hot and cold water and some clean towels. You had better have some antiseptic wool and some carbolic and lint near, though as a rule the surgeon brings all these things with him. Wrap your patient up warmly in a dressing-gown and stockings, but be sure that the doctors can get easily at the part. Very often it is necessary to leave a drainage tube—that is, a piece of indiarubber tubing through which the pus can escape—in an abscess after it has been opened, and as it is sometimes

rather painful inserting it, the patient may be given chloroform. If you know a patient is going to have chloroform you must not give her any solid food for four hours before the doctors come, or else she may be very sick in the middle of the operation. Some beef tea may be given two hours before the operation. It is better to ask the doctor beforehand if he intends to give an anæsthetic, and where he would like the table put. So often a trained nurse is got in for the smallest operation when there is no necessity, for, as soon as the patient comes to, she is quite well. Of course during the coming to the patient must be watched, and the head kept on one side in case of sickness. There is nearly always sickness after chloroform. There are one or two places from which a trained nurse can be got just for the day; for instance, from the Nurses' Co-operation, 8, New Cavendish-street, Portland-place, London, W., the charge being 10s. and fare.

Different dressings are ordered for different abscesses, but they are always antiseptic—sometimes the dressing has to be soothing, sometimes stimulating. Of course, rest of the part is necessary to allow an abscess to heal. During the healing the general health should receive attention, and the food be nourishing. Often a patient who in a town is troubled with abscess after abscess will get quite well if taken to the seaside or out into the country.

Sometimes bits of dead, or "necrosed," bone come away in the pus flowing from an abscess, and these should always be kept for the doctor to see.

Circumcision.—When there is tightness of the foreskin so that a child is unable to pass water freely, and only passes a few drops at a time, and that with pain, circumcision should be performed. It is a very simple operation, and if not done inflammation and other evils may occur. Besides, the younger the child is the more easy the operation. If the mother has common sense, and is not well off, she can quite easily manage

the child without help; if not, a nurse can be had for the day. (See page 94).

The child is given chloroform or some anæsthetic, so that it must not have any solid food for four hours before the doctors are expected, but may have a little milk two hours before.

A table should be prepared in a window where there is a good light. Put a blanket and low pillow on the table, and over the middle of the table a bit of mackintosh covered with a big pad of absorbent wool, or a folded sheet.

Dress the child in its night-shirt, a little woollen jacket, and stockings. If the night-shirt is long, pin the ends up under the arms when the doctors come.

Have in the room plenty of hot and cold water and several basins and a utensil, some old linen rag or antiseptic wool, and some clean towels. Have the child's crib ready for it to go into, and it is better to make it up with a mackintosh and draw sheet. If it is cold weather have a hot bottle in the crib. You will need a "cradle" or some contrivance to keep the weight of the bed clothes off the child. A bought cradle is made of iron bars, but a good one can be made out of a band-box or hat box. Take the bottom out and the lid off, and then slit down the round piece which forms the sides. Make a hole in each of the four corners and insert a piece of tape. When the child is put in bed stretch the cradle so as to make a curve over his body and tie it to the two sides of the bed by the pieces of tape. Put the bedclothes over the cradle. Watch for sickness when the child is coming to after the chloroform. If the child is very restless it must be fastened down in the crib—this can easily be done by tapes sewn to the shoulders of the bed jacket and by a bit of flannel tied round each ankle and then to the bed; or by a broad flannel bandage over the child's chest and fastened to the sides of the bed. These restrictions are not often needed.

The dressing the doctor puts on will be left on some days, so that all the mother has to do is to keep the child very dry and clean, and see that he does not interfere with the dressing. The child can generally be up in a dressing-gown on the fifth or sixth day.

Cleft Palate.—A split in the roof of the mouth so that the nose and mouth form one cavity. It is very difficult to feed a child with cleft palate, and the mother should see to the feeding herself, or the child may be starved. Sit the child upright when feeding it, and, with a small spoon put well back in the mouth, slowly pour the milk down the throat. The child cannot suck, so it is no use giving it the bottle or putting it to the breast.

When the child is two or three years of age an operation should be performed. Chloroform will be given. Prepare the table in a window (see page 93), and have water, &c., ready. Watch the child very carefully as he comes to, for he must not be allowed to talk or cry or the stitches may break down and the operation be useless. Constant care is necessary in these cases, especially as if bleeding begins, the child is apt to swallow the blood, and it may be some time before it is discovered. As little food as possible is given the first few hours, and for some days only thin liquid food is allowed. If beef tea is ordered, strain it carefully through muslin for fear a little bit of meat should have been left in.

Hare Lip.—Cleft palate is sometimes complicated by hare lip—that is, a split in the upper lip, often reaching to the nose. Double hare lip consists of two slits, one on each side. But sometimes hare lip occurs alone, and then it should be operated on when the infant is only six months or a year old.

The preparations for the operation are as in other small operations, and the after treatment essentially consists in preventing the child from crying, and in feeding it very slowly and carefully.

CHAPTER X.

SKIN DISEASES.

Birth Marks—Ringworm—The Itch—Vermin—Lice—Blackheads—
Nettle Rash—Erysipelas—Eczema.

Birth Marks, called by the doctors *nævi*. A blemish of the skin, dating from birth; often a purple patch known as a port wine stain.

The attention of the doctor should always be called to a birth mark, as in some cases they are only curable if treated early. In other cases the child grows out of them without any treatment at all; a great deal depends on whether the mark shows signs of increasing in size. Any treatment is likely to be of a mild nature, such as vaccination, or tying up with a piece of silk. Electricity is also often employed in later life.

Ringworm.—A catching disease of the skin, marked by circular eruptions, very difficult to cure, especially when it appears on the head.

If the ringworm appears on the body or limbs, wash the part well with soap and water, and then paint over the red parts with tincture of iodine. See that no one else uses the towels used by the patient, and disinfect the patient's body-linen and towels by soaking them for twenty-four hours in carbolic before sending them to the wash.

If the ringworm is on the scalp the hairs will break off. If there is only one patch on the head, cut the hair about the

patch as short as possible, wash the part well with soap and water, and rub in some sulphurous acid lotion with a rag. Burn the hat the child has been wearing, and the brush and comb it has been using; buy new ones and see that no one uses them save the patient. The child must not be allowed to go to school or to play with other children. If there are several patches on the head a doctor had better be called in at once, as ringworm is most difficult to cure, and each doctor has his favourite remedy. In all probability it will be necessary to shave the child's head and let it wear a cap of oil-silk. Line the cap every morning with tissue paper and burn the old bit. A new cap should be made every week or ten days, and the old one burnt. The cure greatly depends on the care of the mother or nurse. Carbolic acid, salicylic acid (a drachm made into an ointment with an ounce of vaseline), and acetic acid are sometimes used, but it must be remembered that they all need careful handling, or you may injure the child and burn your own fingers. Always get full directions from the doctor or chemist how the remedy is to be applied.

The general health of the child will need attention, and nourishing food should be given. Cod-liver oil, or bacon fat, or bread and dripping are good. Often a change of air will help a child to throw off a persistent attack of ringworm.

The Itch, called by the doctors *scabies*. A catching skin disease, marked by intense irritation, and the appearance of tiny blisters and pustules, especially about the joints and between the fingers. It is caused by a little insect; the female burrows under the skin and the male runs about the clothes.

Drop off all the clothing and burn it, or else boil it thoroughly for six hours, and then hang it in the air to dry. Step into a warm bath, and wash well with soft soap all over; get out and dry, and rub in all over the body, but especially where there is itching, a plentiful supply of sulphur ointment.

Put on flannel underclothing, and next day repeat the bath and the ointment. This ought to be sufficient to cure the disease, but if a third bath is necessary it is better to use as an ointment a teaspoonful of balsam of Peru mixed with one ounce of vaseline, for the continuous use of sulphur is too irritating to the skin.

Vermin.—Bugs, fleas, and lice are all apt to cause skin eruptions. Bugs are very difficult to get out of a house, but are easily kept at bay by cleanliness. If on moving into a house these pests are found, unpack as little furniture as possible, fumigate every room with carbolic or sulphur (see page 79), and at night sprinkle Keating's insect powder freely round the skirtings of the rooms and between the cracks of the floors. In the morning sweep up the powder and its victims and *burn*; the powder often stupifies instead of killing, hence the necessity to burn. It is quite safe to sleep in a room thus treated, if there is Keating's powder about the legs of the bed, and the clothes do not touch the floor. After a few days, if the trouble still persists, fumigate again. In scrubbing out the room use carbolic soap, and put a little carbolic in the water. Bug-bites are best treated by a little ammonia or toilet vinegar. For fleas, Keating's powder is not so efficacious, but fumigating with carbolic and washing down the bedstead with carbolic is excellent. Of course, in travelling this cannot be done, and then the powder must be trusted to do its best.

Lice, small soft white insects, called by the doctors *pediculi*, are usually found in the hair, and are very liable to spread. Occasionally they are found about the body, but only when there is a lack of cleanliness. In the latter case take a hot bath with a little carbolic in the water, and use carbolic soap. Put on clean clothes throughout, and have all the dirty ones boiled or baked.

If lice get into the hair comb it well with a tooth-comb

dipped in methylated spirit or one in fifty solution of carbolic. Let the hair be thoroughly wet about the roots with the lotion, but be careful it does not run down on to the forehead or into the eyes. Do this three nights running, wash brushes and combs thoroughly, have clean pillow-cases, and clean linings in hats. Do not let anyone else use the same brushes and combs or sleep in the same bed.

The first symptom of the presence of these pests is usually noticing a child constantly scratching his head, for they cause great irritation, sometimes spreading down the back of the neck, and turning to eczema, sometimes causing the glands of the neck to enlarge.

Blackheads.—During their teens many boys and girls are troubled by a form of skin disease, chiefly on the face, marked by the presence of little black spots, especially about the nose and jaw-bones. Sometimes these spots turn red, and matter forms in them. In these cases the face should be well washed at night with hot water and soap, then press out any of the little blackheads that will come out easily (never press too hard; if they do not squeeze out at once, leave them alone) and rub a little lavender water over the face. If there are any inflamed spots which have come well to a head, prick them with a clean needle and press out the matter. But do not go pressing and pricking at a spot unless you can easily see where the matter is—always allow it to come to a head before you meddle with it. In the morning sponge the face well with cold water. Take frequent baths—hot at night, cold in the morning—and plenty of exercise. Do not worry over this very trifling ill, as it is merely a trouble of youth and will soon get better. On no account buy and use advertised face washes, or go to any woman who makes up complexions. If hot and cold water and patience is too simple treatment, go to a doctor and follow his advice.

Nettle-rash.—Called by the doctor *urticaria*. A non-

catching skin disease, appearing in white bumps, as though the part had been stung by nettles. Great irritation. It is generally due to indigestion, and may be accompanied by feverishness, sickness, or diarrhœa. Some people always get nettle-rash if they eat shell fish, others get it after eating cheese. If the attack is not very severe, take a pill—any purgative pill, such as Cockle's, will do—and take a warm bath, putting a small handful of common soda into the water, or half a pound of bran. Dab the parts where the rash shows with vinegar and water (one part water, and two parts vinegar), or lead lotion, and go to bed. Take only light plain food, and in twenty-four hours the rash will probably begin to disappear.

There is a chronic form of nettle-rash which comes back again and again, and is most common with children. It is very troublesome to cure, and will need the advice of a doctor, and great care in following out his orders, especially with regard to food. Half the battle in these cases is to see that the child gets no sweets or rubbish to eat, has plenty of active exercise, and that the bowels are open regularly.

Erysipelas, called also St. Anthony's fire, a contagious inflammatory affection of the skin. It sometimes occurs in wounds; the patient will complain of pain, heat, and tingling of the part, and upon examination the skin will be found red and hard, and perhaps small vesicles may be seen round the wound. The immediate attention of the doctor is necessary, and it must never be forgotten that this serious complaint spreads if proper precautions and means of disinfection are not taken. In other cases, erysipelas appears without a wound, generally about the head and face, and the fever may run so high as to cause delirium. When an infant has erysipelas it shows lack of strength, and a good wet nurse is to be recommended, or other means of feeding up.

Eczema.—A non-catching skin disease, at first appearing

as a bright red rash, often about the head, but after a short time scabs form. There is much smarting and burning, and care must be taken to prevent the patient scratching himself. There are many forms of eczema; some of them are acute and dangerous, and medical help should be called in at once. Others are chronic and linger on a lifetime, getting worse when the patient is in bad health or the stomach is out of order, and better when he is in good condition.

As a rule the home part of the treatment consists in preventing scratching, in allowing the patient to wash once a day only, and then with oatmeal and water and not with soap, and in applying the powder or ointment ordered. Rice powder dusted on, or vaseline smeared on gently may be used if no other directions are given.

If the scabs will not come off anoint them with warm carbolic oil, or put an oiled rag over them for an hour, or a tiny linseed poultice.

If the patient is a child make him wear gloves at night. Some children always get eczema when a tooth is coming, or their general health is in any way upset.

Wine should not be given when there is eczema, but light nourishing food; raw fruit and too much meat are specially to be avoided. Cod-liver oil may be given if necessary.

In nearly all skin diseases sudden changes of temperature—such as going out into an east wind straight from a warm room—will cause an increase of the illness, and chills and sudden heats ought alike to be avoided.

CHAPTER XI.

BABIES' ILLNESSES.

Inflamed Eye — Teething — Convulsions — Blue-disease — Thrush —
Worms—Suffocation—Rupture—Red-gum—Whooping Cough.

THE special point in nursing sick babies might be summed up in one phrase—extra care in all cases—were not such unexplicit directions apt to leave no impression on the mind. But a mother must remember that little lives go out quickly, and also that it behoves her always to *see* what is wrong with her child, because babies cannot speak. Luckily childish gestures and glances are very expressive, and a good mother soon learns to interpret the language of a cry. The punctual administration of suitable food goes half-way towards curing many infantile ailments; and no mother should feed a child of under seven months on anything but milk. When a child is in its bath always note particularly if there seems any curvature of the spine—for early help is essential in these cases.

Inflamed Eyes, called by the doctors ophthalmia. The whites of the eyes are red and the lids are swollen, and there is a profuse yellow discharge, which in the mornings glues the lids together. Directly an infant is born the eyes should be wiped with bits of clean white rag dipped in warm water—each bit of rag being burnt after being drawn once across the eye. In the same way the eyes should be cleansed night and morning for a fortnight. In this way that terrible scourge—

ophthalmia of the newly born, can generally be avoided. If the eyes show signs of inflammation at once substitute boracic lotion for the warm water used for cleansing, and wash the eyes every two hours.

Though inflamed eyes in infants can be avoided by cleanliness, ophthalmia is a catching disease, and a child may contract it later in life—by using the same towel that a child with ophthalmia has used, for instance.

Once contracted the cure is in the hands of the mother or nurse, for only perseverance and perpetual care are of any use. A lotion will be ordered probably to be dropped into the eyes every two hours, except when the child is asleep. The child must be laid on the knee—if small enough—and the head thrown well back. With the left hand separate the lids and wash the eye well with a white rag dipped in warm water, then pull forward the outer corner of the lower lid—the corner furthest from the nose—and drop in the lotion, letting the child shut its eyes for a time. If the child rebels against this treatment have someone to help you by holding the hands, and you can, if necessary, hold the child's head between your knees. Remember that ophthalmia leads to blindness if not cured, and that it would be poor kindness to the child to let the disease go on rather than to subject it to the short trifling smart of the lotion. In very bad cases where there are granulations of the lids, these parts have to be touched with blue stone, and then it is necessary to well pull out and down the under lid, and to reverse the upper lid over a pencil (see page 13). Before the child goes to sleep just touch the lids with a little vaseline or boracic ointment. This will prevent their sticking together.

Burn at once the rags used to cleanse the eyes, and wash your own hands thoroughly with coal tar soap, or dip them in some disinfectant such as Condy. So long as you are attending to a case of ophthalmia remember never to put

your hands to your own eyes, and be very careful that the towels, &c., which the patient uses are used by no one else, and are soaked in carbolic before being sent to the wash. It is safer to keep the child quite away from other children.

Teething.—There is a perfectly ridiculous notion prevalent of the dangers that accompany the first appearance of teeth. This is partly due to the fact that nurses are apt to ascribe any illness in a baby of from six months to two years old to “teething,” when in reality the illness may be due to the nurse’s carelessness as to the child’s food, or to letting it catch cold. In a healthy baby of about seven months old, it will be observed that the middle of the lower jaw is swelling and broadening, and that the child dribbles more than it used. Soon after, two little teeth ought to appear. A few weeks later the two front teeth of the upper jaw should show, and then gradually the others, till, at the age of two years, the child should have a set of twenty “milk” teeth, ten in each jaw. These are merely called milk teeth to distinguish them from the second set of teeth which a child begins to get about six years of age, and which are called “permanent” teeth, though too often they fail to fulfil the adjective.

A child ought to dribble while it is teething—it helps to keep the gums cool—and it ought to be allowed an indiarubber ring to bite on. But care must be taken that the baby is not allowed to wear bibs or dresses all soaked by the dribbling, or it will certainly get a cold on its chest. Nice thick bibs are sold which, if changed often enough, do not allow the moisture to soak through. Also slight occasional diarrhoea during teething is a natural process, and need not cause anxiety if it ceases soon of itself.

But though teething as a rule is not—or need not be—the dreaded and awful time most mothers picture it, it must be confessed that some children cut their teeth with difficulty, and are very cross during the process. Some help is necessary

in these cases, or else convulsions may occur. The gum can be rubbed with the mother's finger and so helped through, and the child may be given a warm bath and a small dose of castor oil, if the bowels have not acted. If absolutely necessary, the gums can be lanced (see page 91), but this should not be done too early, for, if the gum heals with a hard scar, it is still more difficult for the tooth to get through.

Other children get eczema when they are cutting their teeth, others get bad diarrhoea. If the child is *very* cross and screams at night, call in a doctor. He may allow you to give tiny doses of bromide, and so secure some sleep. If the child gets run down and feverish, take care to keep it out of draughts and to clothe it warmly; but on fine days let it have as much sunshine and fresh air as possible.

Some children, especially boys, get their teeth much later than others, and this is of no importance; but if the teeth have not begun to appear when the child is a year old, consult a doctor, for there may be a tendency to rickets, which can be fought against by means of nutritious food and strong air.

Convulsions.—Infantile fits. The child turns blue, shows the whites of its eyes, and all the muscles twitch and the limbs twist about. Loosen the child's clothing, force your finger between the gums, so as to open the mouth and allow air to get into the chest, and order the nurse to prepare immediately a hot bath. The fit is generally over in from one to two minutes, but, unless steps are taken to remove the cause, the fits will recur. So pop your baby into a hot bath for a couple of minutes, rub gently up and down its spine, give it a dose of castor oil, put it to bed, and watch it. The most common causes of convulsions are unsuitable food, constipation, worms, inherited tendency; but any illness may in children be ushered in by a fit, even as their elders have rigors. If you are not perfectly certain that the convulsion is the result of some mistake in feeding, call in the doctor. A

fit often looks far more alarming than a more serious illness, and causes the mother unnecessary anxiety.

Blue Disease.—Called by the doctors *cyanosis*. The child is a blue colour, always cold, and breathes with difficulty. The cause is the non-closure of one of the valves of the heart, so that the impure blood circulates through the arteries. Don't let the child lie on its left side, and do not let it exert itself in any way, or cry violently. Serious.

Spinal Swelling.—Called by the doctors *spina bifida*. A swelling at the lower end of the backbone in babies. Cover it carefully with nice soft cotton wool, and do not let the child lie on its back. Serious.

Thrush.—Called by the doctors *aphthæ*. Small white specks in the mouth and on the tongue.

When an infant suffers from thrush the cause may almost always be said to be dirt. The bottles are not clean, the teat is not kept sweet, the baby's mouth is not washed out after each feeding; and therefore it is bottle-fed babies which suffer most from this disease, and the spots appear most often in summer time, when the milk is liable to go sour quickly.

So, when a baby gets restless and peaky, and on examination white spots are found in its mouth, immediately boil the bottles, tubes, and teats to kill any germs that may be hanging about them, and put a drop or two of glycerine and borax on your finger and rub it well over the whole of the inside of the child's mouth. Then wash your hands. Be very careful in the preparation of the child's food, and see that it and the bottles are perfectly sweet, and try by regular and careful feeding, and plenty of fresh air, to get the child's health up, or else the thrush may linger long. After each meal wash the child's mouth thoroughly out with a bit of clean white rag dipped in boracic lotion, and then burn the rag.

Sometimes the thrush "goes through" the child, as the old nurses say, and small spots may be seen about the anus. This.

is rare except where the child has inherited a bad constitution, and it points very strongly to the necessity for healthy surroundings for the child and good food. Probably the doctor will order some little addition to the ordinary milk and water. The spots about the anus should be touched with borax or glycerine night and morning.

Worms.—No properly fed child in England ought ever to be troubled with worms—in hot countries it is different, this nasty illness being more difficult to avoid there, and great care should be taken. To escape intestinal worms never eat raw vegetables, and be sure that plenty of salt is used in cooking and in washing vegetables. Avoid doubtful fruit. When the action of the bowels is slimy give a mild purgative. Encourage the child to eat a little salt with its meals.

The symptoms of worms are itching, and therefore scratching of the anus; pains and swelling of the abdomen; grinding of the teeth, foul breath and capricious appetite.

The only way to be certain of the presence of worms is to carefully examine the motions. There are three kinds of worms: tape, round, and thread worms.

Tape worms are very rare, they are flat and come away in joints. The doctor will order a strong dose, and the mother or nurse will have to carefully strain the motions through muslin to see that the head of the worm comes away, otherwise the cure is incomplete. The head is rounded and supplied with suckers, which easily distinguish it from the ordinary jointed bits of the worm.

Round worms are not unlike the ordinary garden worm, and only one is usual in the intestines at a time. Sometimes a child is sick and brings up such a worm, but these cases are not common. As a rule a strong dose has to be given, and then the worm is passed with the motions. If it is *santonin* which the doctor orders you will find it best to give it in a little powdered sugar when putting the child to bed,

and to follow it up with a small dose of castor oil in the morning.

Thread worms are the most common, they are very small and may exist in great numbers. They can sometimes be seen crawling about at the outlet of the bowel. The usual treatment is a dose of santonin, followed the next night by a dose of castor oil. Then, when the oil has worked thoroughly, dissolve an ounce of common salt in a pint of warm water, and inject a little with an enema into the lower bowel. This should be done for three mornings, and the bowels should be kept well open.

Never worry a child about worms, and, if possible, don't tell it what is the matter with it, and look after its general health. The irritation caused by worms is apt to bring on nervous illnesses such as St. Vitus's dance or convulsions, and though these will probably disappear at once when the worms are expelled, it is safer for the child's mental health to be as reticent as possible about the cause of its illness.

Suffocation.—Just a word of warning against veils and head-flannels and against sleeping with the baby in the arms or in the bed. An enormous number of babies are killed annually because mothers will not recognise how necessary air is for the tiny lungs, and how easily the child's feeble breathing can be arrested. Note how short and quick is the breathing of a tiny babe, and you will understand how little air the small lungs can hold at a time, and how needful it is that the child should have plenty of fresh air and unobstructed breathing. A woman wrapped her baby's head and face up in a shawl to carry it across to the doctor's one cold day when it was not well. When she got there the child was dead—suffocated by the shawl. A mother drops to sleep with the babe at the breast; she unconsciously draws up the bed-clothes, or turns so that the soft breast presses on the infant's

mouth and nose. When she wakes, the child is dead in her arms. The trick of putting a handkerchief over a child's face when it is taken for a walk is also most injurious; it is such care that kills.

Artificial respiration (see page 16) may be used for a child if the breathing has stopped, and the heart can still be felt; but the motions need to be rather quicker than of an adult.

Rupture, called by the doctor *Hernia*. It is very necessary to notice early whether a child has a rupture—or protrusion of a bit of the bowel through the surrounding tissue. It is usually felt as a lump which gives an impulse when the child coughs or screams. The most common places for it to appear is at the navel or lower down in the left or right groin. A rupture is always dangerous because while it is down the surrounding tissue may tighten on it so that it cannot be pressed back, and then of course there is complete stoppage of the bowels. But if a suitable truss is provided early and worn constantly this accident is not likely to happen, and the rupture may be cured in time. In travelling it is always better to carry a spare truss in case of accidents. Should the truss have to be removed for any purpose, keep a firm pressure on the part with the hand. Great care as to cleanliness is necessary with infants to keep the skin from chafing with the truss. It is well after washing and drying the parts to dust on a little starch powder. Sickness and abdominal pain are serious symptoms when a child has a rupture, and need the immediate attendance of the doctor.

Red-gum.—A rash consisting of innumerable tiny red spots appearing on the child's face, body, and limbs. It is seldom seen on babies more than twelve months old. It scarcely can be called an illness, but as the appearance of the child often frets the mother it is referred to here. Red-gum only appears when the child's digestion is out of order, and generally means that more barley-water should be added to

each bottle; and that the child needs a dose of magnesia. Dust the rash with Fuller's earth. If red-gum is allowed to go on it may lead to eczema.

Whooping Cough.—Spelt also Hooping Cough. An infectious spasmodic cough most common in childhood. The period of incubation is about six days. The first symptoms are those of a common cold, but with considerable feverishness, the child being very restless and hot at night. The fits of coughing come on regularly—sometimes two or three in the day—sometimes as many as ten or twelve. They are very exhausting, and the child naturally dreads them. They are marked by the peculiar crowing sound from which the illness takes its name, and they often end in sickness. Too much exertion or excitement will bring on an attack, so keep the patient very quiet. For the first few days keep the child indoors, and in an equable warm atmosphere; give light nourishing food, such as plenty of milk and beef tea. Keep all the other children away, and, if possible, fumigate the day nursery every night after the patient leaves it, and the night nursery every morning after the patient leaves it. This can be done by sulphur, or by pouring carbolic on a hot shovel (see page 79). This often helps to shorten the illness, and one of the great worries of whooping cough, is the time it lasts. Old country folks used to say that it only left the child in May, therefore, if the poor child got it in June, it had it for a year. This, of course, is gross superstition; from three to six weeks is the usual length of the attack, and towards the end of the time the child needs plenty of fresh air. Indeed, change of air is often absolutely necessary to cut short an attack. The doctor will probably order some medicine, or spine rubbing, or application for the throat; his orders must be very faithfully carried out.

The old-fashioned remedy of a dose of ipecacuanha wine, when the paroxysms are bad, is excellent. The child needs

warm light clothing, and protection from draughts; chest diseases following the cough are not unusual from neglecting these precautions. Remember, whooping cough often leaves the child very weak, and the general health will need building up.

CHAPTER XII.

LENGTHY ILLNESSES.

Bed Sores—Paralysis—Locomotor Ataxy—Palsy—Cancer—Acute Rheumatism—Chronic Rheumatism—Bright's Disease—Dropsy—Diabetes—Heart Disease—Angina Pectoris—Hip Disease.

IN the care of the old it is necessary to remember that they want warmth more than the young and vigorous do, and that their food needs to be light and easily digestible, and that their lives should be simple and regular.

Bed Sores.—One of the main troubles in all long illnesses is the prevention of sores caused by lying in one position. These sores, commonly called bed sores, appear most frequently at the bottom of the back, the hips, on the shoulders, on the heels, and even on the elbows. Once formed they are very difficult to cure, and therefore great attention should be paid to their prevention. If anyone is likely to be confined to bed for more than a week, every morning after washing the back and hips well with soap and water, rub in a little methylated spirit or whiskey and water to harden the skin, and then dust the parts well with fine starch powder. The smell of the methylated does not hang about so much as that of any other spirit, hence it is to be preferred. Should any sign of redness appear on the shoulder blades or heels, treat in the same manner. The chief causes of these sores are pressure and damp, so don't leave your patient too long in one position; if the doctor will allow you, move him constantly

first on to one side, then on to the other. Of course, there are certain illnesses in which the patient has always to lie on his back, and these are the most difficult cases. Then constant changing of the sheet, freedom from creases and crumbs, and perfect dryness must be attempted. Where there is complete helplessness, a draw sheet should always be used with a macintosh under it, and in cases of paralysis a water bed is a necessity.

If signs of the skin breaking appear tell the doctor at once, and he will paint something over the part, and probably order a circular water pillow with a hole in the middle, so as to relieve the part from all pressure. Sores once formed need daily and thorough washing and dressing, usually a syringe and some mild disinfectant is used for washing, and some astringent, such as zinc ointment spread on lint for dressing.

Paralysis.—This term, as commonly used, includes many illnesses, marked by a loss of power and sensation in some part of the body. *General paralysis* is usually the last stage in certain cases of mental disease. *Creeping paralysis* comes on gradually and is marked by wasting; it is often the result of overwork, cold, &c., and can be arrested by nutritious food and general care. Should wasting of the muscles of the shoulder be observed and consequent weakness a doctor should immediately be called in. The mind is unaffected. Sometimes the disease lasts for years.

HEMIPLEGIA is paralysis of one side; it is what is meant, as a rule, when people talk of a "stroke." It often comes on suddenly, one arm and one leg lose power, and one side of the face is distorted. Sometimes it comes on gradually with headache and sickness. There are many causes, but the chief are the bursting of a blood-vessel on the brain, or some sort of stoppage in an artery or vein. The mind is affected as a rule, there is a tendency to depression and tears, and the patient may have difficulty in speaking. As freedom from

worry is conducive to recovery, those in attendance must be on the alert to anticipate the patient's wants so that he may seldom have to attempt to speak. Precautions against bed sores must be taken, and the sick room kept quiet and well ventilated. As a rule power begins to return to the leg first, and the recovery is slow. Care must be taken to avoid over-excitement afterwards, or anything which may bring on another attack.

PARAPLEGIA is partial paralysis, or loss of power in the legs and lower part of the body. Comes on slowly, with bad general health and numbness of the feet and legs, when medical help should at once be called in. Occasionally there is pain in the backbone. This disease is sometimes hysterical, sometimes merely due to the presence of intestinal worms, or to skin diseases, but may be due to inflammation of the spinal cord. The treatment will entirely depend on the cause, which only the doctor can ascertain; but in all cases there must be quiet and care, and special arrangements will be necessary to keep the bed clean and dry. Special beds with a hole in the middle of the mattress are made, but where these cannot be had, a macintosh and draw-sheet can be used, and every precaution taken against bed sores on the back. Not unfrequently medical rubbing or massage is ordered, and a masseur or masseuse sent daily to carry out the treatment. Untaught rubbing is not of use.

LOCOMOTOR ATAXY shows itself at first by unsteadiness in walking, not by loss of movement or feeling. It is most common in middle-aged men. Loss of power in the lower limbs comes later, if a cure is not achieved before. Never forget that, though this is a very serious illness, there have been cases of recovery. Keep the patient cheerful and amused, attend to his general health; let him drive out every day if possible. He will probably be shy of walking in public, and must be shielded in this. It is also well not to talk much

about his illness, nor to give it any name to his friends, because this malady is sometimes due to excesses. The ill-natured are always ready to put it down to this, though in truth it may be caused by rheumatism, a severe chill, &c.

BELL'S PARALYSIS is loss of movement of one side of the face, usually only a temporary affliction caused by weakness, and nothing to be frightened about.

SHAKING PARALYSIS, or *palsy*, is marked by uncontrollable trembling of the muscles, usually beginning with the hands and arms. It is a slow disease, and always serious. General attention to the health, plenty of fresh air, and baths may be useful. Often loss of power comes on, and all the details for the prevention of bed sores need attention.

Cancer.—A malignant growth on some part of the body. There are three sorts of cancer. Scirrhus or hard cancer, usually of the breast; encephaloid or soft cancer, usually internal; and epithelial cancer, usually of the lip. There is only one cure for cancer, and that is early removal, and no faith can be placed in any of the quack nostrums so freely advertised. There are always being theories advanced as to the cause of cancer—heredity, meat eating, living near rivers, &c., but none of them have ever fully met the requirements of the case, so too much attention need not be paid to them. The dread and horror of cancer have been greatly increased in the public mind by all these theories, and few people have the common sense to regard it as philosophically as other illnesses. By early treatment it may be absolutely cured, or rather, removed; by late treatment it may be relieved, and often can be kept in abeyance for years.

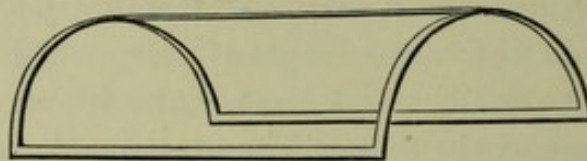
It is in the long cases—one might almost call them the chronic cases—that the home circle can do so much for the relief of the sufferer. To begin with, the subject is not one to talk about, and the fewer people who know the exact nature of the illness, the better; it avoids long discussions about

quack remedies, which only keep a disagreeable subject before the patient's mind. The more depressed the patient is, the more his thoughts dwell on his illness, the quicker will be the course of the disease. To forget it is half the battle. Therefore ordinary occupations should be gone on with as long as possible; but over fatigue must be carefully avoided. A simple healthy life should be led, with plenty of fresh air and plenty of cheerful society, but with strict regularity as to hours of meals, hours of sleep, &c., and give only light wholesome food. Worry is to be avoided. There may be occasional attacks of pain, which the doctor will probably allow you to meet by giving some anodyne in small doses.

Strict cleanliness is necessary in dressing the sore of an external cancer; it will probably need syringing with warm water twice a day, and a clean dressing put on. If this is not attended to there may be an offensive smell. It is impossible to give further directions for an illness which may attack any part of the body. The great points to remember are early operation if possible—if not, by securing bright, healthy surroundings, to delay the disease.

Rheumatism.—There are two forms of rheumatism, acute and chronic. Acute rheumatism, most common in youth, is often called *rheumatic fever*, and as it is the result usually of a chill, ought perhaps to have been treated in the chapter on colds; but then it often leaves the chronic form behind it, and this latter is indeed a long illness. To take acute rheumatism first. After getting wet, or standing about in the cold, the patient gets restless and feverish, the joints are stiff, and ache. Send for the doctor at once, as the patient will probably get worse very quickly, and this is a most painful illness, and needs every care. But do not get frightened, for acute rheumatism is rarely fatal in itself. Soon one or more of the joints—usually the wrists or knees—begin to swell, and the pain becomes extreme, the slightest

movement or jar, such as slamming the door of the room, causing the patient agony. At the earliest stage put the patient to bed *between blankets*, and keep the room at a temperature of 60° . The weight of the bed-clothes must be kept off the limbs by means of a cradle or of strings tied from the top of the foot-rail of the bed down to the sides, or by some other contrivance to be invented by the woman of common sense who is in attendance. The patient's temperature must be taken night and morning, or, if it rises above 104° , every four hours. Probably there will not be delirium, though the temperature is high, but the patient will be sleepless, irritable, bathed in perspiration, uncomfortable, yet afraid to move. Milk and lime-water and a little Brand's Extract or arrowroot will probably be the diet.



BED-CRADLE.

Always have brandy at hand, but do not use it without the doctor's orders unless an emergency arises. Medicine is much in rheumatism, so give it with the utmost regularity. It will probably contain some opiate to relieve the pain, and very possibly some salicylic—this latter always causes great depression of spirits, and if your patient begins to cry for nothing in particular put it down to the medicine and don't worry about it. The affected joints may be ordered to be wrapped up in cotton wool, or other local treatment may be tried.

The great point is to keep the patient still and the room quiet—no bundling on of great shovel-fuls of coals, no knocking against the bed as you walk about—these things are actual cruelty to the patient. In attending to the patient's wants move him as little as possible, but remember that

sponging, if ordered, and quickly, lightly and carefully done with warm water, will not only be cleanly but will relieve the pain. The smell of the perspiration is peculiarly sour and is distinctive of the illness.

There are certain complications only too common in rheumatic cases, chiefly of the chest and heart. Watch, therefore, very carefully for any cough or difficulty in the breathing, and *on no account let the patient move quickly or suddenly sit upright* for any object. Any complaint of pain at the heart must be immediately reported to the doctor. If there are no complications and no relapses the fever begins to abate about the seventh day and convalescence begins between the twelfth and twentieth day.

Do not begin a meat diet too soon—keep to milk and light puddings, and then a little white fish for as long as possible. Avoid wine.

Chronic rheumatism seldom appears in youth, and is not often troublesome until middle age. It is said to be a constitutional illness, and due to a certain acid in the blood. There are always hundreds of quack medicines being advertised for its cure, and superstition supplies such quaint and illogical remedies as a potato carried in the pocket, or a necklace of beans. Truly there is no limit to the absurdities some folks believe, and hence it is that quacks flourish in the land.

In chronic rheumatism the joints are often enlarged and deformed, and can only be moved with pain and difficulty. These symptoms become worse in damp weather, or when the patient has had a chill. The pain is not always severe, but more of an aching and continuous character, and the treatment also has to be continuous. Diet is of the utmost importance, and indulgence in a big dinner or in wine will often bring on a rheumatic attack. The food should always be light and wholesome, and meat should be taken only once a day. A little whiskey and water may be drunk, but wines must be

avoided. The clothing should be entirely woollen. The Jaeger system is to be strongly recommended.

Courses of baths at different places, such as Buxton, Aix-la-Chapelle, and Strathpeffer, often do good. The ordinary Turkish bath is also useful if care is taken to avoid chill. Various liniments rubbed into the affected joints will ease the pain—camphor liniment, for instance. Amongst the poor it is usual to shake up in a bottle a little oil, vinegar, and mustard, and it makes a good homely stimulating liniment. The rubbing is half the battle, and, if the patient can do it himself, by all means let him. Afterwards the joints may be bandaged with flannel bandages.

If the patient can afford to leave England and go and live in a dry climate, the rheumatism may disappear. Anyway, care must be taken never to live in a damp house or on marshy ground.

Bright's Disease.—A term used in common parlance to denote those illnesses called by doctors *nephritis*, *renal disease*, &c.; in fact, any kidney disease marked by the presence of albumen in the urine (albumenuria).

Sometimes the illness comes on suddenly after a chill, more often it comes on very slowly, following some other illness, such as scarlatina or erysipelas. The abuse of alcohol is also a common cause of this and other kidney diseases.

The first symptoms noticed are generally indigestion, the decrease in quantity of urine, or some change in the urine—for instance, the presence of blood. Towards night the legs get swollen, and the face often has a puffy appearance.

The immediate help of a doctor should be sought, and if his rules are faithfully observed the unfavourable symptoms may vanish altogether, and it will only be necessary to avoid the cause which first produced them; or, if not completely vanquished, they may be kept in abeyance for years, and give the patient no serious trouble. If the course of the illness is

not so favourable dropsy usually sets in, and causes much inconvenience.

It is necessary, when there has been any sign of Bright's disease, to be careful to avoid constipation, and only to eat sparingly of light, wholesome food, and drink milk and soda-water, avoiding spirits and strong wines. It is also essential to avoid chills and going out in cold winds. If the patient gets worse sickness is often a troublesome symptom, and then ice to suck and ice in the milk may be tried. The feeding is very difficult under these circumstances.

It is possible that vapour baths may be ordered for the patient, and these can be given at home, but great care must be exercised. The patient should be wrapped in blankets, and afterwards sponged down with a sponge well wrung out in hot water, then rubbed dry and warm blankets put on, and so left for two hours. The least chill after a vapour bath is highly dangerous. Directions as to how to use the bath will be sent with the apparatus, which varies with different makers, but as a rule the vapour is caused by a spirit lamp, and is made to pass through a bent funnel, which is placed under the upper blankets. For those that are well enough to sit up there is a chair vapour bath, in which the lamp stands under the chair on which the patient sits, while blankets fall from his neck all round the chair like a tent, holding in the vapour. Hot-water baths daily may also be ordered if the patient is pretty strong. As a rule a patient with bad kidney disease should sleep between blankets in preference to sheets.

Other home treatment may consist in poultices or blistering on the loins, as the pain in the small of the back is sometimes severe.

If dropsy comes on relief is often obtained by the simple operation of tapping. A hollow needle is inserted beneath the skin and the water drawn off. As a rule an anæsthetic is

not given. As it is very difficult to move a patient with dropsy it is best to have a water-bed if possible.

Diabetes.—Excess of sugar in the urine. Comes on slowly with increase of quantity of urine, great thirst, and sense of weakness and irritability. It is an illness which can, as a rule, be kept quite in abeyance by attendance to food and general health. Warm clothing should be worn, with flannel next the skin, and a daily warm bath must be taken if vapour baths are not ordered. But the food is the great trouble; it must contain no sugar, therefore pastry and ordinary puddings are absolutely forbidden, so are most fruit and vegetables. Shell fish, coffee, beer and spirits, are also prohibited.

The things that may be eaten are meat, game, fish, eggs, greens, salad, onions, butter, and cream cheese. The greatest difficulty is with regard to bread; in slight cases, well-toasted stale bread may be eaten, in other cases special bread or biscuits made of bran, gluten or almonds is alone allowed. Here are a few recipes:

Almond Bread.—Beat up six eggs, add teaspoonful of baking-powder, pinch of salt, beat again. Pour into hot waffle irons smeared with butter, bake in quick oven. Pounded almonds may be added if liked. The result is a pleasant crisp sort of biscuit.

Bran Bread.—Take two quarts of wheat bran and wash it thoroughly first in warm and then in cold water; dry it in a slow oven till it is quite crisp. Then grind or rub through a fine wire sieve. Take 3oz. of the powder, three fresh eggs, 1½oz. of butter, and half a pint of milk, and mix together, adding a little spice if liked. Then stir in a saltspoonful of bicarbonate of soda, and then three drachms of dilute hydrochloric acid. Bake in a buttered basin for one hour.

Heart Disease.—It is impossible here to give any explanation of the many diseases of the heart which are known to medical men. The great thing for a patient with heart

disease to remember is that threatened lives last long. Sir Andrew Clark used to tell an amusing story of the house governor of the London Hospital, who was discovered to have heart disease—badly it was thought—and who retired on a handsome pension and lived for forty years. A little care and common sense not to overtask the heart, and the disease may be there, but cause no discomfort even. Then the second thing to be sure of is that you have heart disease. Indigestion will cause palpitation, rheumatism or neuralgia will cause sharp pains in the region of the heart, and then the patient sits down patiently to die. Rather than bear this fear and ruin your life, go to the very best man you can hear of—some man who is on the staff of one of the big general London hospitals, and it is ten to one you will come home rejoicing to take up your life again with zest. But supposing the big man does find some little valve not quite right, or some other slight trouble, and bids you avoid stairs, never hurry for a train, or take violent exercise. At first thought will be required to remember these directions, and there may be some irritation, but soon habit will accustom you to taking life easily, and it will become natural and even nice. As a rule it is easier and wiser for a person with heart disease to use plenty of pillows in bed and not lie quite flat. A quiet life, free from late hours and bad air—if possible, an outdoor life is advisable, and though worry is to be avoided, it is seldom well to give up all work. Heart cases are often very morbid and too apt to brood over their illness if not kept bright and employed. Indigestion must be avoided, tobacco and tea are often forbidden, and only light wines or spirits and water allowed.

Where there is *angina pectoris*, or sudden intense attacks of pain at the heart, the remedy ordered by the doctor must always be kept at hand. As a rule, it consists of little capsules, each of which contains five drops of nitrate of amyl, and one of

these can be crushed in a handkerchief, and then the handkerchief held to the patient's mouth and nose. If these are not at hand when an attack comes on, a few drops of brandy may be given, or a mustard plaster applied over the heart.

Often after over-work or worry there may be a little weakness of the heart, or pain, which is only functional; that is to say, there is no organic disease. In these cases all bad symptoms vanish if the patient's general health and tone can be restored, and he can be persuaded to take a wiser and more cheerful view of life. As a rule this illness occurs in nervous women who drink too much tea and get their digestions out of order. Fresh air, change of scene, and cheerful companionship will do much.

Hip Disease.—Inflammation of the hip-joint, most common in children. This is a very lengthy and painful illness, and is often accompanied by abscesses. If a child is noticed to limp, to dislike walking, to scream with pain suddenly in the night, advice should be sought. The child is generally put in splints, and a weight hung from a stirrup fastened at the ankle. This weight keeps the leg from involuntary jerking, which might otherwise give the child much pain.

Rest is the great cure—rest, and good air and food.

Be very careful in moving the child not to jar him, and if you lift him in your arms, keep the bad side from you. If necessary to strap him down in bed, make a sort of harness of webbing with a loop for each shoulder connected with a broad band to go across the chest, and tie down to the sides of the bed with bands fastened to the other sides of the loop.

Keep the bed sweet and clean, and always use a draw-sheet; it is so easy to draw it through a little way, and so give the child a cool, uncreased bit to lie on without moving him.

If there is an abscess, it will need syringing and dressing daily. When the child gets better, he will probably be put in

the full-length splint called Thomas's—this, with a special boot for the well side, will allow the child to get about with crutches, while yet the bad side has complete rest.

In readjusting the splint, see that it is not rubbing the ankle or any part of the body, and wash the parts it touches and then dust with starch-powder. If necessary, pad any part which is getting red with a little cotton wool, and call the doctor's attention to it when he next comes.

Hip disease is a most wearisome and painful illness for a child to suffer from, and a mother must call forth all her brightness and patience to aid the small sufferer to bear his burden patiently, while at the same time she must avoid spoiling him, as obedience to the doctor's orders can alone work a cure.

APPENDICES.

I.—THE HOME NURSE.

SINCE we are "set in families" it behoves at least one woman in each family to know somewhat of the art of nursing. We speak advisedly of nursing as an "art;" for it is essentially skilled means of accomplishing an end; it is the application of a system of knowledge to practical purposes. The natural functions of the human body having failed, or altered in some respect, the science of medicine attempts to discover a remedy, which the art of nursing puts into effect. There are six things necessary to a good nurse: first, strong, equable health; second, sound nerve; third, minute observation; fourth, a retentive memory; fifth, habits of neatness and cleanliness; sixth, a calm, collected mind. A nurse must never disregard her health, not only because it is essential to her own well-being, but because attendants on the sick should always be cheerful and hopeful. A short walk should be taken in the open air every day, and everything of notice that is seen should be observed with interest, that it may prove a subject of conversation with the patient, should he be well enough to listen. Sound nerve is often a matter of training, but its root lies in unselfishness. Anyone who, in an accident or operation, forgets self in the desire to aid others, will not be troubled by trembling or fainting.

Faith in the doctor is often necessary to a patient's recovery, and no nurse should ever hint at the possibility of the doctor

making a mistake to the patient, or talk to the patient at all about the details of his illness. The nurse will be required to receive the doctor's orders and to fulfil them with every care and attention; also to observe and report with accuracy all the symptoms the doctor desires should be noticed.

No woman ought to need reminding that those who are sick and suffering should be treated with unfailing gentleness and patience. Nothing can ever excuse a nurse for losing her temper with her patient; though the patient be most ungrateful and aggravating, the nurse's duty is still to treat him with kindness and calmness, and in time the affection and respect of the sick man is sure to be gained. The nurse must watch the patient carefully and wait on all his wants. No duty is too little or trifling for the nurse's attention, and no work that is for the good of the patient can be degrading.

To render the most unpleasant services with a pleasant manner, and to carefully repress all expressions of disgust for menial duties, are the signs of a true gentlewoman. The reward of a grateful glance or a relieved smile follows instantly on your unselfish act, and you have gained a step towards the true ideal. Never approach your case fasting; always have a meal before going on duty, and it will be best for both nurse and patient.

The Sick Room.—Air is composed of oxygen, nitrogen, a small quantity of carbonic acid gas, and other extrinsic substances. We inspire oxygen, and expire carbonic acid gas with every breath in order to maintain the purity of the blood. It is necessary, then, in a room to have a constant supply of fresh air, that the carbonic acid gas may be got rid of, and more fresh air supplying us with oxygen introduced. The chief means of ventilation is the window, and in most cases this may be left open an inch at the top both day and night. If there is a fire in the grate a current of fresh air must be drawn in somewhere to supply the place of the warm air con-

stantly ascending the chimney. If it is summer time, and there is no fire, the nurse should see that the register is open, and the chimney not stuffed up with a sack of straw. Throwing the door wide open is sometimes a good way to ventilate a room without causing a draught. Though it is necessary for fresh air to come in somewhere, it should not come in the form of a cold wind blowing right across the patient; the bed should be placed so as to make this impossible. If a nurse has charge of a hospital ward, she should daily inspect the ventilators and see they are in working order. It is also well, in either a ward or school dormitory, to take a foot rule and make sure that each patient has at least 1,000 cubic feet of air.

The sick-room must always be furnished with a thermometer, hung somewhere near the patient's head. It is not unusual to see the thermometer on the chimney-piece, where it probably registers five or ten degrees higher than the temperature surrounding the patient. In medical cases an equable temperature of 60 degs. should be maintained, but in fever or surgical cases 58 degs. is usually considered high enough. The fire is the chief means of raising the temperature, and can be allowed to dwindle, or can be increased, as is necessary; in any serious illness it should never be allowed to go out. In the evening, when the gas is lighted, or a lamp is brought in, let the fire get low, but be careful to bank it well up again for the night, as the temperature of a room is apt to fall suddenly towards morning. Have some knobs of coal, each rolled up in paper, at the mouth of the scuttle, that you can put on with your fingers quietly if the patient is asleep. A steam kettle is often useful to raise the temperature quickly, and is necessary in cases of congestion of the lungs and bronchitis to keep the air moist. A kettle is seldom out of place in a sick-room, for hot water is constantly needed for poultices, fomentations, or merely for washing.

We have stated before how essential it is for a nurse to be methodical in everything. The routine work should be gone through every day in the same order, then there will be less likelihood of any duty being left undone, or receiving less than its proper share of attention. In a hospital this regularity is compulsory, but in private nursing the good habits of the hospital are too often left behind. The nurse should get her breakfast not later than half-past seven, and see that her patient has some food at the same time. The first duty is to make the bed, an easy proceeding if the patient can be lifted on to a sofa, but if the patient is too ill to admit of this, two persons can make the bed comfortably. It is a good plan to change the under sheet daily, as it is otherwise difficult to get rid of all crumbs and creases. Draw the patient on the sheet well to one side of the bed, after removing the upper clothes and substituting one blanket folded small. Make the side of the bed that is free as smooth as possible; and place a fresh pillow ready that has been well shaken in another room. Put your clean sheet over this half of the bed, with enough rolled up lying close to the patient to cover the other half. Roll the patient gently over to the fresh side draw away the old sheet, which can be aired and used again, unroll and tuck in the clean sheet, and replace the coverlet, &c.

The nurse must then wash the patient's face and hands, and brush the hair. The whole body should be sponged over twice a week, and the feet thoroughly washed with soap. Let the patient have some beef tea, or food of some sort after the fatigues of the toilet. The nurse can now turn her attention to the room. If the patient is very ill, do not use a broom to sweep, but take up all dust from the floor with a damp sponge; dust all the furniture with a light cloth. The grate should be blacked with Judson's "Black All," or something which does not require polishing, and the ashes should be caught in a pan that can be sent down stairs to be cleaned.

Keep all medicine out of sight, allow no food to stay in the room, and be sure there are no dead flowers in stagnant water. Slops of every kind must be thrown away as soon as possible. The doctor's visit may usually be expected in the morning, and everything he may need should be ready. Always prepare a basin with warm water and a towel, in case he wants to wash his hands. The nurse should take a few minutes to make herself neat after cleaning the room, and on the arrival of the doctor should take her place on the opposite side of the bed to him. She will probably be required to remove poultices or bandages, and otherwise aid the doctor. Her report on the patient's progress should be given clearly and quietly when it is asked for. The nurse should follow the doctor from the room to receive any private orders he may wish to give, or to report anything the patient should not hear.

When visitors are allowed they should be admitted in the afternoon. See that they do not stay long enough to fatigue the patient. Between nine and ten at night supply the patient with a fresh pillow, strain the sheet smooth, make up the fire, lower the lamp, and if there is a sleeping draught to give, give it. In nursing a bad private case the nurse may find it convenient to sleep from ten till two, and come on duty again in the early hours, when the patient is liable to collapse. Another two, or even three, hours sleep can be obtained in the afternoon.

WHAT TO OBSERVE.—The first thing to notice in a patient is the posture and aspect. If the body lies very flat, slipping down off the pillows, it is a sign of extreme weakness; in diseases of the lungs the patient prefers to be propped up, he will also generally turn on to the injured side. The truest observations of a patient's posture are taken while he is asleep. Notice the amount and depth of colour in the face, and whether there are constant flushes. See if the white of the eye is tinged with yellow, and what is the general

expression of the face. In diseases of the brain there is a vacancy in the look; in diseases of the heart or lungs there is an anxious expression; mere fractiousness and pouting are usually signs of returning vigour.

The temperature of the body is of the greatest importance in diagnosing disease, and anyone intending to take up nursing must be provided with a good clinical thermometer, and learn how to use it. The normal temperature in health is 98.4° ; a temperature of over 100° is a sign of some derangement in health; a temperature of 103° should be immediately reported to the doctor.

The pulse can be best felt at the wrist, below the thumb. The normal number of beats is about 75 to a minute; a pulse of 130 should be reported at once to the doctor. When a nurse is left alone with a weak patient for whom stimulants are ordered, she should notice the pulse, as a thin, easily compressible pulse denotes the need of stimulation.

A correct memorandum of the food taken by the patient should be kept, and the nurse must accustom herself to say, so many ounces of meat were eaten, so many ounces of milk were drunk.

Respiration takes place about eighteen times in a minute. Much can be learned from the breathing of a patient, and a nurse should teach herself to notice the slightest change in the manner of respiration.

The crisis of an illness is often marked by a profuse perspiration, during which the patient must be carefully shielded from any chance of cold. Constant perspiration at night is a sign of consumption; frequent bursts of perspiration both day and night is a sign of great weakness. Children with rickets generally perspire about the head.

DIET AND DRUGS.—The physician having ordered the food and medicine suitable for the patient, it is the nurse's part carefully and punctually to administer the same. The

recovery of a patient from a serious illness is often due to the amount of nourishment the nurse has persuaded him to take; it is, therefore, well to consider how a poor, capricious appetite can best be tempted.

The patient who is very ill can generally take only liquids, in small quantities, at short intervals; but the nurse must not have beef tea and jelly always standing by the bedside. Let her keep the food in another room, and bring it in fresh, when it is wanted. Beef tea is made by putting a pound of lean beefsteak cut small in a jar with a pint of water. Let the jar stand in a moderate oven for two hours, then strain through muslin, and flavour with a little salt. It must be distinctly understood that soup or beef-gravy are not fair substitutes for beef tea, and do not contain proper nourishment. A feeding-cup with a spout, such as can be bought anywhere for a shilling, offers an easy method of administering liquid to a recumbent patient. The spouts of these cups are difficult to keep clean, especially when they are used for milk; therefore the nurse should wash the cup in hot water, passing a feather down the spout, after each time it is used. A patient who has once had sour milk put to his lips will probably turn from that form of food with loathing for months afterwards, and the carelessness of the nurse may cause irreparable mischief.

Mutton broth is made by putting a pint of water to a pound of lean mutton, and letting it boil gently for two hours. Skim off the scum and fat, strain through muslin, and flavour with salt. A teaspoonful of barley can be added to the broth while it is boiling, for those who like it. Chicken and veal broths are made in the same way.

Do not talk about a patient's food before him, or ask him if he feels inclined for it. If he is ordered to take three ounces of beef tea at eleven o'clock, slip out of the room exactly at the hour, warm the beef tea, see that it is salt enough and

free from fat, put the correct quantity in a clean cup, and put the cup on a tidy tray with a few dainty strips of dry toast, and then carry it to the patient. If he is tired of beef tea, tell the doctor and gain his permission to try broth, or you may add a little gelatine to the beef tea and serve it cold as a jelly.

In these days great care is taken to disguise the nauseous flavours of drugs prescribed for any illness. We do not believe that Mrs. Squeers ever doses her boys with brimstone and treacle now. She probably gives them a pill or effervescing draught. Still, medicine is occasionally nasty to the patient, and a little care may be needed to get him to swallow it. If the throat, mouth and lips are dry, give the patient a drink of water before his medicine, or let him wash his mouth out with a little lemonade or lime water. Tell him to avoid touching it with his lips as much as possible, and give him a towel to wipe his mouth with immediately after. If the medicine has an unpleasant odour, do not take it near the patient till he is quite ready to swallow it; if the medicine is effervescing, do not mix it till the patient is prepared to drink it.

Castor oil should be floated on the top of coffee or beef tea; the last is preferable, especially if it be made rather salt. Cod-liver oil, iron, and arsenic are usually given after food, but directions will be written on the labels: the nurse's part is to see that all directions are faithfully and carefully carried out. Many dreadful accidents have happened through the administration of the wrong medicine, and a nurse cannot be too solicitous in the accuracy of the measurement, and in reading the label before giving a dose. The good arising from many drugs depends entirely on the regularity with which they are taken, and habits of punctuality and order are here of much use.

If a medicine produce very marked symptoms in a patient

such as sickness, diarrhœa, or lethargy, the nurse should mention it to the medical attendant.

EXTERNAL REMEDIES.—The ordinary linseed poultice is described on page 23.

A mustard poultice consists of equal quantities of mustard and linseed meal, made in the same way. To obtain a large amount of irritation, pure mustard mixed with warm water is sometimes used, and must be kept from direct contact with the skin by a piece of fine muslin. Ordinary mustard leaves are best in such a case. To make a bread poultice, pour boiling water over stale crumbled bread, strain off the superfluous moisture, spread the pulp half an inch thick on linen and apply it as warm as can be borne. Laudanum, poppy-water, and decoctions of herbs are often ordered to be sprinkled on the surface of either bread or linseed poultices. A charcoal poultice is used to clean foul wounds, and consists of an equal quantity of linseed meal and powdered wood charcoal mixed as above. Sprinkle the surface of the poultice well with charcoal before putting it on. After poultices are discontinued on the chest, the affected part should be covered with a layer of cotton wool for some days, to prevent any chance of fresh cold being caught. Flannel bags full of hot salt or bran are sometimes prescribed for lumbago and other painful affections.

POULTICE FOR INFLAMED EYES.—To half a pint of decoction of poppies add sufficient fine linseed meal to bring it to the desired consistence.

FOMENTATIONS are warm fluids applied to reduce swelling or inflammation, and to allay pain. When a nurse is ordered to foment a sprained ankle, she is to support the injured part over a basin, and sponge warm water gently over it for fifteen minutes. If a hot fomentation is prescribed for a painful breast, the nurse should put a piece of flannel double the size required in a basin and pour boiling water over it.

When the flannel is thoroughly soaked, lift it quickly on to a towel, twist up the ends, and wring all the moisture possible out of the flannel. Apply it as hot as is comfortable to the patient, and cover it with oil-silk; it will keep warm for only ten or twenty minutes. Spongio-piline, such as is sold by every chemist, is a splendid substitute for flannel, as it combines the waterproof and flannel in one, and keeps longer hot. In cases of severe pain, a few drops of laudanum sprinkled on the spongio-piline will often give great relief. If turpentine is ordered to be sprinkled on a poultice or fomentation, see that it is not left on long enough to injure the skin; half-an-hour will usually set up sufficient irritation without doing any injury.

LINIMENTS.—A nurse's duty in connection with liniments consists in rubbing them in gently for the exact time specified. It is best to look at the clock, as the process is so tedious that ten minutes often seem twenty. In rubbing, use the flat of the hand, except in the case of croton oil, when you should use the tips of the fingers protected with oil-silk caps. Be careful in rubbing in stimulating liniments that you do not continue long enough to flay the skin. A very soothing effect for aching limbs is gained by merely rubbing the hand up and down, after moistening the palm with olive or linseed oil. Many a suffering patient has been "rubbed" to sleep when other means have failed, and sometimes as soon as the weary nurse lessened the friction the patient has aroused, and the patience and unselfishness of the nurse have been again called into practice.

BLISTERING is now attained chiefly by fluids, which are painted on the skin with a brush. Be very careful not to drop any of the fluid about or get it on your own fingers. The blister will rise in about seven hours, and must then be opened and the effused liquid pressed out. If it is desired to keep open the wound, the cuticle must be cut away and an

irritant ointment applied; in the more common case of desiring the wound to heal, the skin must not be removed, and the wound must be dressed twice a day with an emollient ointment spread on lint.

BATHS.—When a bath is ordered medicinally, the temperature must always be ascertained by a thermometer, the bulb of which must be plunged in the water for thirty seconds or one minute. A hot bath increases the circulation in the surface of the body, and therefore deprives the heart of its usual support. This is why accidents so often happen from a person being attacked with fainting while in a bath. A nurse should always remain within call if she does not personally superintend the bath; she should see that the heat is not greater than 100 degs. or 110 degs. Fahr., and that the patient does not remain in the water more than eight minutes. A warm bath, such as is used for ordinary cleansing purposes, should have a temperature of 95 degs., a tepid bath 85 degs., a temperate 75 degs., a cold 60 degs. A cold bath chills the surface and increases the circulation of the internal regions. On first entering a cold bath, a feeling of shock is felt, which soon changes to one of exhilaration. At this stage, usually a period of three minutes, the bath should be vacated, as a sensation of depression is apt to follow.

Tepid sponging is a very soothing process in fever, and can be continued for half an hour if part of the body is done at a time, and lightly dried with a soft towel as it is finished.

Alkaline baths are useful in gout and rheumatism, and consist of a pound of common soda to thirty gallons of water. In adding soda, sea-salt, or mustard to a bath, enclose the substance in a muslin bag and suspend it in the water till it is dissolved; in this way the patient will not be irritated by the presence of grit in the bottom of the bath.

Hot-air and vapour baths require a special apparatus, which an ingenious nurse can, however, generally manage to

construct if she is in the country, where the proper instruments cannot be obtained. For a mercurial vapour bath put ten to thirty grains of calomel in the lid of a small tin box, place this in a rather larger lid containing some plain water. Suspend the two over a methyated spirit lamp, or the lower portion of an etna. Place the patient on a cane-bottomed chair, put the lamp under him, and light it, and wrap patient, chair, and all up in a large blanket, so that the fumes of the calomel cannot escape.

CONCLUSION.—Death is very seldom accompanied by consciousness or suffering, and the scenes depicted in stories of the last moments of men are mostly utterly untruthful. It is needful for a nurse to know the signs of death, as in many cases so peaceful is the end, that it is hard to say when the last breath is drawn. If a looking-glass be held over the lips, and sustain no shadow of dimness, if no beat of the heart or pulse can be felt, if the eyes become dull beneath the half-closed lids and the lower jaw becomes powerless, the "Angel of Death" is present. In cases of accidents the eyes are sometimes wide open and the pupils dilated, while the jaw is tightly clenched. When death occurs through the lungs, the breathing becomes more rapid and laboured as the end approaches. The sound known as the death rattle is caused by the accumulation of mucus in the throat, which the patient no longer has the power to cough up. The extremities become cold, the fingers remain half closed, the finger-nails are livid, and on touching the eye-ball there is no reflex movement observed. When a nurse perceives these signs she should gently warn the friends, that those who choose may gather round.

Hot-water bottles can be put to the feet, and the doctor will probably order brandy and water to be constantly applied to the lips. It is no uncommon occurrence for one whom all believed to be beyond recovery, to take a sudden turn for the

better, and come back as it were from the very gates of death. As a rule, neither by word nor look must you warn a patient that his case is regarded as fatal. The shock of such an announcement, however gently made, may cause the fulfilment of your prophecy, for the element of hope is one of the chief aids to recovery.

One parting word to ask those who have a slight knowledge of nursing, to guard against the unnecessary display of those powers. Do not boast of what you *know*, but be ready when the times comes to *do* faithfully and intelligently what the doctor demands of you. Remember always that your obedience must be implicit, your patience inexhaustible, and your spirit bright and strong.

II.—A FEW RECIPES.

Barley Water for Invalids.—Patent barley one ounce, mix with a wine-glassful of cold water into a smooth paste free from lumps, pour into a stewpan containing one quart of boiling water, stir this over the fire while boiling for five minutes; flavour and sweeten to taste.

Gruel.—According as gruel is intended to be more or less nourishing, it can be made with milk or water, or both. Two tablespoonfuls of oatmeal must be placed in a saucepan, a little water added, mixed well till smooth, then half a pint of milk or water added, or a mixture of both, and gently boiled for half an hour, stirring all the time. Sugar or salt to taste.

Raw Meat Sandwiches.—Scrape good juicy meat as fine as possible, put it on thin bread and butter, sprinkle with salt, press another piece of bread and butter, cut into strips; must be given fresh.

Raw Beef Juice.—Lean beef chopped fine, then pounded in a mortar, and as much water added as there is beef; it must be mixed and pounded thoroughly, and finally put in a

muslin bag and strained off by pressure. It should be taken cold and while quite fresh. It will not keep.

Arrowroot Pudding.—Mix one teaspoonful of arrowroot with a very little cold milk, boil half a pint of milk, two or three lumps of sugar, pour into the mixed arrowroot, stir well, cool a little, stir in the yolk of one egg, whip the white to a stiff froth, stir lightly to the rest, and bake ten to fifteen minutes.

Peptonized Milk.—A pint of milk is to be diluted with a quarter of a pint of water and gently warmed. Three teaspoonfuls of saline essence of pancreatine (Savory and Moore) and twenty grains of bicarbonate of soda are to be added to it. Pour into a jug and keep in a warm place under a cosy for an hour and a half; then boil for two or three minutes. Skimmed milk may be used and cream added after the boiling, also a little sugar if required.—(*Roberts.*)

Peptonized Beef Tea.—Take a quarter of a pound finely minced raw beef, or chicken, or beef and chicken mixed; cold water, half a pint; cook over a gentle fire, stirring constantly till it has boiled a few minutes; then pour off the liquor, rub the meat to a paste, and put both into a jar or bottle with an additional half-pint of water. Add extractum pancreatis (Fairchild), thirty grains; soda bicarbonate, twenty grains. Mix well, and set in a warm place at a temperature about 110° Fahr. for three hours, shaking occasionally; then boil quickly. It may be strained or clarified with white of egg. Season according to taste, adding condiments as permissible. Peptonized ox tail, mock turtle, and other soups are similarly prepared.—(*Mrs. Thwaites.*)

Mutton Broth.—Take one pound of the scrag end of the neck, cut it up into small pieces, bones and all, take also two tablespoonfuls of pearl barley, a small onion sliced (one slice having been burnt), a small piece of celery leaf (if procurable), a small carrot in slices, five or six peppercorns, and a few

sweet herbs according to taste. Put these into two quarts of cold water, let it boil gently down to one pint and a half, and strain. When cold take off the fat. Warm again before serving.—(*Ridge.*)

III.—SOME HEALTH HINTS.

Prevention is better than cure, and the "sensible person" will always devote some time to seeing that the home is kept sweet and wholesome. A morning round of all departments is necessary, special care being given to see that all taps and plugs act properly, that there is a proper flush of water everywhere and no smell of drains. Look into the dustbin every day and insist on vegetable rubbish being burnt and only legitimate rubbish put in the bin. Notice the scullery sink and have hot soda and water put down it daily; notice all the traps and gullies in the yard and see that they are cleaned weekly and don't smell. A bad smell always means something wrong.

Notice all the saucepans, &c., and scrape the inside with your finger-nail to see if they are clean. Look in the cupboards to see that all stores are kept in clean jars and properly covered. Go round the larder and see that plenty of fresh air can get in and all is clean and sweet. Open the oven and examine the top of the kitchen range to see if it is free from grease.

Go into the servants' bedrooms and see that the windows are open and dirty clothing is not allowed to accumulate.

Spend plenty of time in the nursery, and secure to your children:

1. Fresh air.
2. Sunshine.
3. Warm, loose light clothing.
4. Light nourishing food.

With regard to clothing be sure and avoid tightness anywhere—neither dresses, nor shoes, nor garters should be tight, and don't sacrifice your girl's health to corsets and other ridiculous fashions. Women are too apt to wear pointed-toed shoes so that they get corns and bunions and cannot walk, and for want of exercise and fresh air they get constipation and a hundred other ills. Then they wear high heels which further cripple them, and often throw out the spine. Tight dresses cause indigestion, anæmia, depression, and unhappiness. Heavy mantles cause weariness, hats pinned on to the hair cause headache, or tiny bonnets give neuralgia. Half the illnesses of women come from folly in dress. So clothe your girls sensibly and teach them to romp in the open air, and to be strong and happy. That favourite trick of making women lie flat on their backs upon the smallest occasion is utterly wrong; it is the women who give way to this who suffer so terribly, whereas working girls have far fewer pains and headaches. Daily outdoor exercise is what women want to secure better health.

Always make your life as regular as you can, avoid late hours, heavy meals, and stuffy rooms. Sleep with your windows open except in foggy or bitter weather. Try not to worry over trifles—be large-minded and tolerant, and take a cheerful view of life. And thus shall you make your household healthy, and your home a happy one.

IV.—SOME WEIGHTS AND MEASURES.

Dry Measure.

20 grains	1 scruple
3 scruples	1 drachm
8 drachms	1 ounce
16 ounces	1 pound

Fluid Measure.

60 minims	1 drachm
8 drachms.....	1 ounce
20 ounces	1 pint
8 pints	1 gallon

NOTE.—Minim = 1 drop
Drachm = 1 teaspoonful
Ounce = 2 tablespoonfuls.

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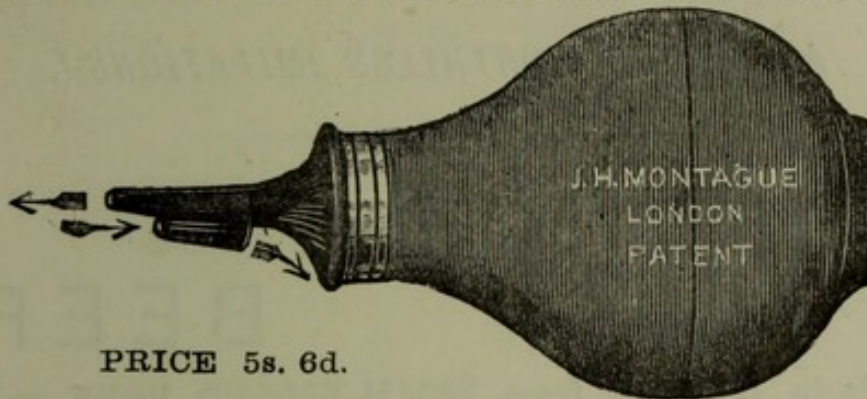
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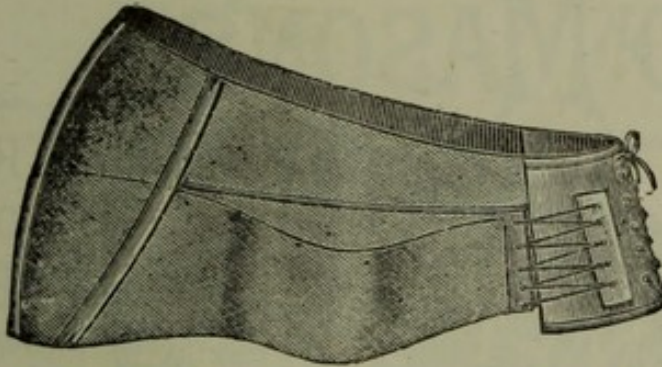
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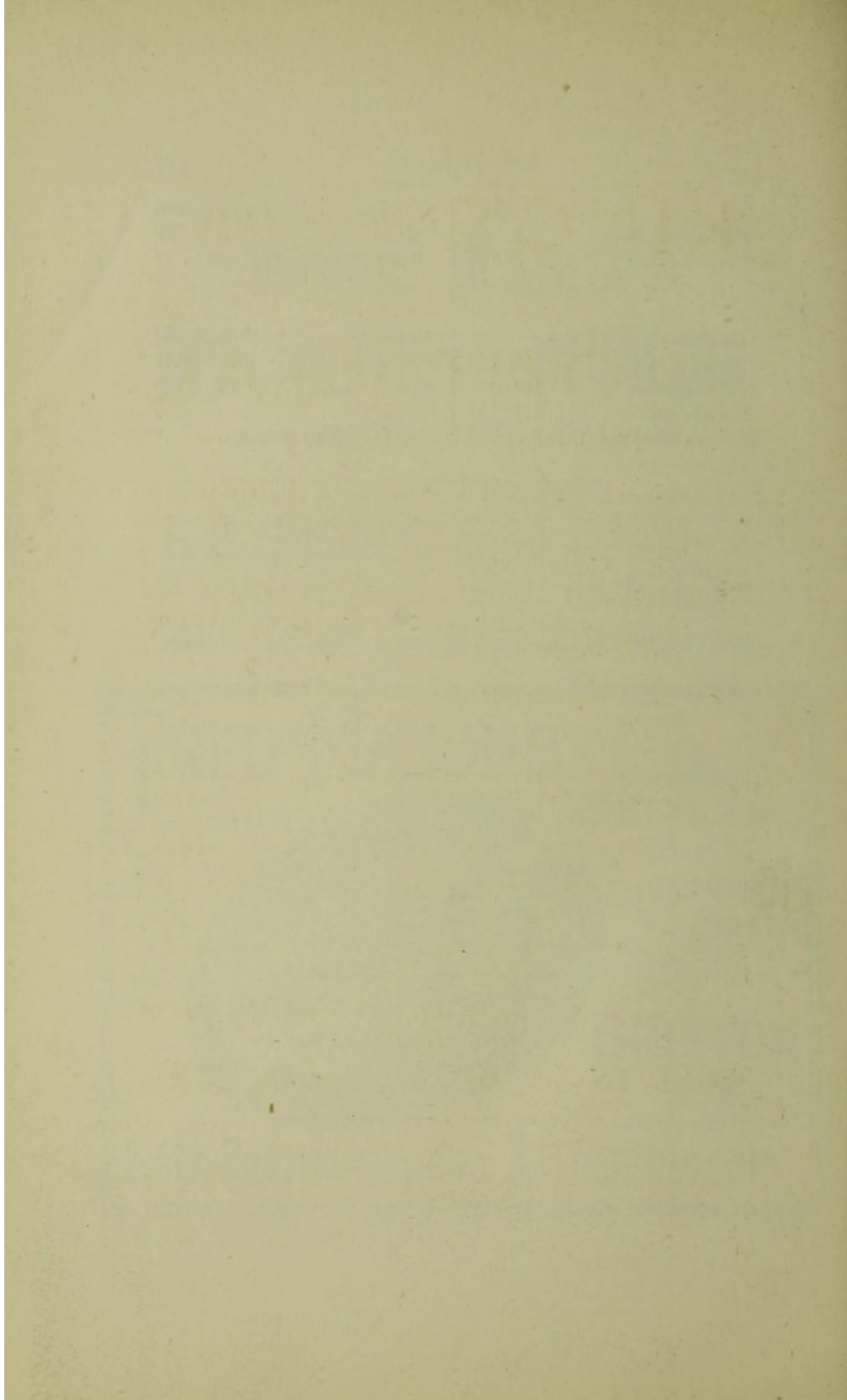
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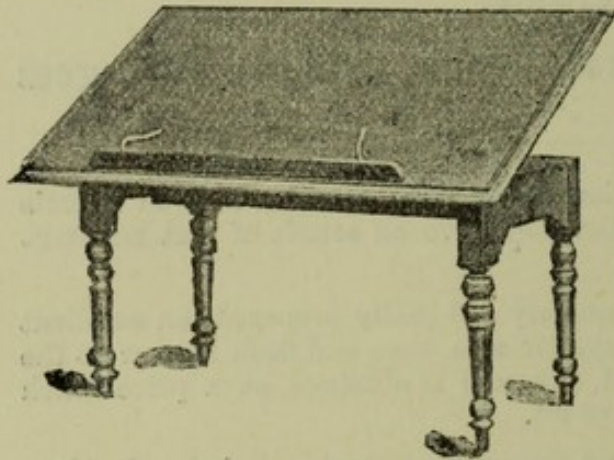
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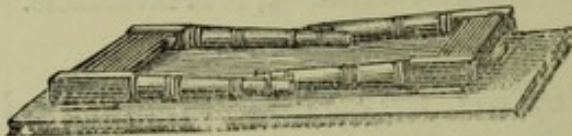
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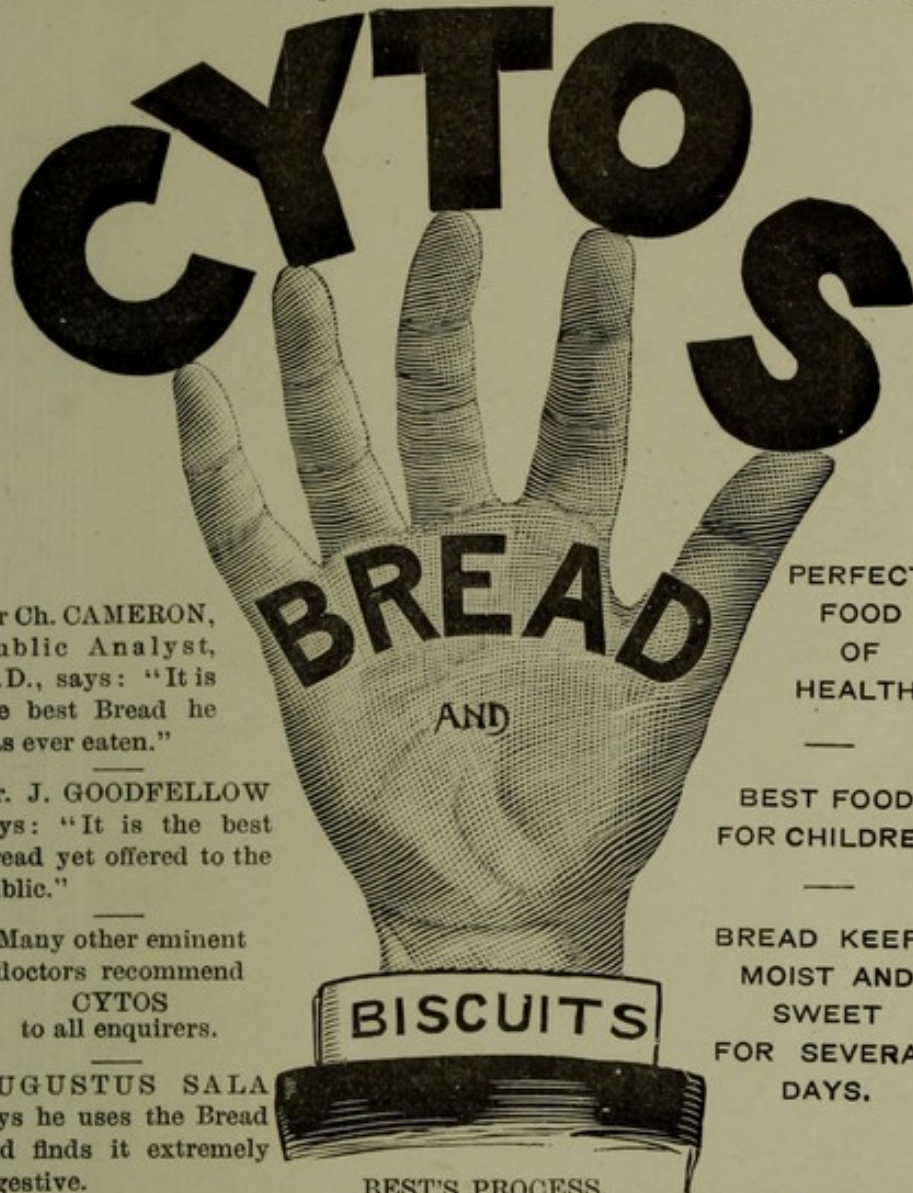
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