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LECTURES
ON
HOME NURSING
FOR THE POOR

BY
A DISTRICT NURSE

THE SCIENTIFIC PRESS, LIMITED
28 AND 29 SOUTHAMPTON STREET, STRAND,
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The image is a vertical rectangular advertisement with a dark, textured background. At the top, the word 'THE' is enclosed in a small box with dots on either side. Below this, the words 'SCIENTIFIC PRESS' are written in a large, stylized, serif font, with a small 'LD' in a superscript position. To the left of the central illustration, the words 'PUBLISHERS' and 'BOOKSELLERS' are stacked vertically, separated by a box containing the word 'AND' with dots on either side. The central illustration is a framed drawing of a multi-story building with a prominent spire, likely the publisher's office. At the bottom, the address '28, SOUTHAMPTON STREET, STRAND, LONDON.' is written in a simple, sans-serif font within a rectangular border.

INTRODUCTION.

TWICE I have given these lectures in my district, mainly to working girls. At the examination held afterwards the answers to questions drawn at random were generally correct and detailed. I have also found good results from them in my district.

They are based on my experience of sickness amongst the poor, and a knowledge of what can be done under their conditions; and what cannot be done. Those limits make the difference between private and district nursing. But an immense amount of unnecessary suffering would be prevented, many complications, too, and many lives saved, if the simple teaching of these lectures were understood generally by the poor.

Plain everyday terms, illustration, minute explanation on any detail that could be misunderstood, repetition—all this is essential. Everything that can be done before the people I do; and I never use a technical term. Before the second lecture I give half the time to questions on the first; and so on each succeeding lecture I begin by questions on the last. After the last lecture I give an evening to going through all the questions.

It is necessary to charge a penny at the door to keep uninterested people out. I have also restricted attendance to women and girls over fifteen. In a rough district it is best to have a man at the outer door.

Prizes after an examination are a great incentive to attendance. It is well to have strangers to examine, two nurses, or a nurse and a lady to help her. Before the "question" evening, the questions and answers must be so arranged (combined or sub-divided) as to have a question from each lecture for each competitor.

To prevent confusion at the examination, or suspicion and discontent afterwards, I have found the following plan answer. (It is impossible to avoid a good deal of previous work if an examination is to go smoothly.)

(1) Write out the questions and answers as you have asked and taught during the lectures. Say there are 20 competitors. Divide your list at 20, 40, 60, 80, 100, 120 by (1), (2), (3), (4), (5), (6). So that you have before you every question and answer with its number.

(2) Have 20 folded slips of paper, numbered from 1 to 20.

(3) Have 120 folded slips of paper, numbered from 1 to 120. Divide into six groups—1-20, 21-40, and so on.

(4) Fold a margin on a sheet of lined foolscap. Under the number of each lecture write numbers from 1-20 in the margin, and on the line corresponding to it *a*, *b*, *c*. Like this—

Lecture (1).

- | | | |
|--------|-----|-----|
| 1. (a) | (b) | (c) |
| 2. (a) | (b) | (c) |

and so on. (a) means fully answered, (b) partially answered, (c) not answered.

The examiners sit at a table facing the competitors. One has the numbered list of questions and answers; the other the paper for marks. The slips of paper are in seven heaps—one in front; the others in a row according to the order of the lecture each represents. Like this—

- (1) (2) (3) (4) (5) (6).

(1).

First, each competitor draws a number from the front heap, and takes it back to her seat. That is her number for the evening.

An examiner calls "Number I." The competitor who has drawn (1) goes to the table, picks out a slip from heap (1), and hands it to the examiner, who asks her the question belonging to that number on the paper. After she has answered, an X is put against the (a), (b), or (c) on the line of her number in "Lecture (1)". When the 20 questions are asked, the next heap is begun. And so all through. It is well to let the competitors know the method that is followed, and which letter is marked each time. If "a" means 2 marks, "b" 1, and "c" none, the counting and decision are simple.

I have made a point of keeping at the further end

of the room. As the examiners are strangers, I generally hold a duplicate of question and answer paper, in order to help in any mistake or possible blunder. The prize giving should be made as festive and public as possible.

I hope these hints may spare my readers all the time and trouble it cost me to think out these details.

My lectures are the outcome of my own observation of what teaching on nursing the poor need most. During nearly twelve years I have done district nursing in a mining and manufacturing town in the north, and in a large provincial town. I have also nursed the poor in Paris and in London.

Even amongst the educated and well-informed, when I did private nursing abroad, I found an extraordinary ignorance of the simple teaching conveyed in these lectures. In adapting these lectures for that class I should use briefer and technical language, and advise luxuries instead of makeshifts. For use in schools scarcely any alteration would be needed.

The books that helped me in my nursing have also helped me in the preparing of my lectures. I have to thank specially, Laurence Humphrey, M.A., M.D.; Percy G. Lewes, M.D., M.R.C.S., L.S.A., A.K.C.; C. S. Weeks-Shaw; Sam. Osborne, F.R.C.S.

NURSE A. M. F. COLE.

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LECTURE I.

GENERAL CARE OF THE SICK PERSON AND THE SICK-ROOM.

THINGS REQUIRED FOR LECTURE I.

1. A rough diagram¹ of the human form, with heart, *main* arteries and veins, and a rough idea of circulatory system.

2. A rough diagram of sections of the heart, showing auricles and ventricles, and the beginning of veins and arteries.

Note.—These may be done in red and blue pencil, or in red and *blue* ink. All that is arterial must be red. All that is venal, blue.

3. A small bed made in the ordinary way. A girl in a loose nightgown over her clothes. Two extra blankets and sheets. Two towels. A mackintosh. A small piece of blanket, or a clean flannel garment. An extra nightgown.

4. A basin, flannel and soap.

5. A cup, spoon and feeding-cup.

Note.—The pretended patient's clothing need never be removed, nor need any water be used, nor drink be given. Only show all the movements.

In giving these lectures, the lecturer must have an assistant.

¹ I give miniatures in this book of the rough diagrams I made in red, blue, and black pencil. They are sufficient for the subjects.

LECTURE I.

1. The three things most necessary in a sick person's room are (1) fresh air ; (2) cleanliness ; (3) order.

2. Fresh air is so necessary because nothing else can make good clean blood ; and health and life depend on the blood.

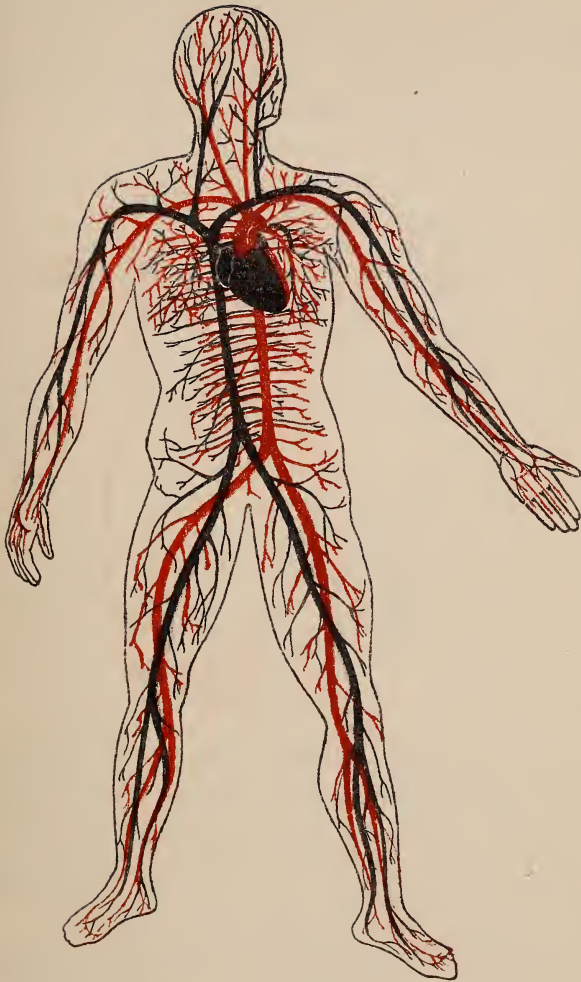
3. The blood starts from the right side of the heart and goes all over the body, giving nourishment and taking up impurities. It comes back, poor and impure, to the left side of the heart.¹

4. The blood goes from the left side of the heart into the lungs. The fresh air that we breathe into the lungs makes the blood clean and good again. The air we breathe out from the lungs carries out the impurities the blood has taken up during its journey through the body. From the lungs the blood goes back to the right side of the heart, and begins its journey all over the body again.²

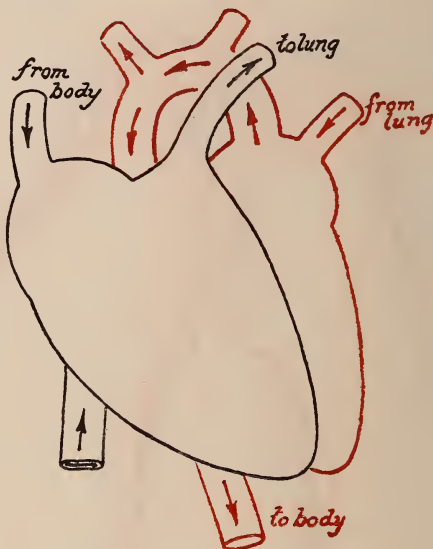
5. Fresh air contains a gas called oxygen, which is necessary for life, and which the blood carries all over the body. Too little oxygen makes people ill. Without any they must die.

6. People in a room with doors and windows shut, and no fresh air coming in, breathe in the dirty air that other people have breathed out. In the air we breathe out there is a poisonous gas called carbonic acid. In a "close" room we breathe in this poison instead of oxygen. In that way the blood becomes poor and impure.

¹ Show diagram 1. ² Show diagram 2.



7. A sick person should always be washed when he is ill, just as much as when he is well. Use hot water, and wash and cover up quickly. Always keep the feet clean. A sick person should be clean from the crown of his head to the soles of his feet.



8. To wash the feet in bed,¹ turn up the bed-clothes from the foot of the bed, lay something thick under the foot you wash first, and leave the other covered. Use hot water and soap and wash quickly; dry, and cover up in a blanket or something as warm. Do the other foot the same. Have all you want ready before you begin.

9. To wash a sick person all over in bed put a blanket

¹ Get basin, soap, towel, something to lay under the feet to be washed, and something to wrap them in after, ready first. Then show how. Keep stockings on.

under him and another over him.¹ If you have a mackintosh, put it under the blanket. If not take care not to wet the blanket so as to make the bed damp. Take off the nightgown, and if in winter hang it by the fire. Wash the face and ears and dry them. Take one arm and wash and dry and cover up. Then the other arm, and cover up. Then wash the chest and all the front part of the body, uncovering as little as possible. Then turn up the bed-clothes from the foot of the bed. Uncover and wash one leg, and dry and cover again. Then take the other leg and do the same. Turn on one side and wash back, and all that has not yet been done. *Wash most carefully and thoroughly* those parts that need most washing. Draw the blankets away, and put on the nightgown.

10. A sick person should have only what food the doctor orders, and as much as the doctor orders. If he cannot take what is ordered tell the doctor, and he will tell you what to do. Give a little at a time.² Don't leave any in the room. Always bring it on a clean plate, or in a clean cup or glass. Before giving food to a very sick person tuck a cloth under the chin to prevent soiling bed-clothes.

11. In the room of a sick person be quiet and cheerful. Don't allow any one to talk loudly or to whisper. *Oil* creaking doors and *wedge* rattling windows. Keep coal outside, and bring in, on a shovel, as you want it. For the night shade light from the face. Get ready lumps of coal wrapped in paper, so that you can put them on with your fingers. Take care that the feet are warm.

¹ Show how to do this. Go through every detail except actual washing. ("Patient" of course keeps her own clothes on.) Make a great point of having everything at hand before beginning.

² Feed with spoon and feeding-cup.

12. One window should always be open night and day—wide open in warm weather, and at least a few inches open in cold weather. If in cold weather the room needs thorough airing, cover the sick person entirely, even his face, with a thin blanket and open the window wide for a few minutes. *Never cover the face of a dying person, or one who has a difficulty in breathing, or one who is unconscious.*

13. If the bed is in a draught between the door and window hang a curtain, or a sheet, on a line fastened to nails in the wall, so that it will screen the sick person either from the door or the window.

14. The bed should be made every day. Ask the doctor if the sick person may get out of bed to have it made.

15. A draw-sheet¹ is any sort of sheet folded lengthways, wide enough to reach from the waist to the knees of the person in bed, and laid across the bed, and tucked in on either side. Its uses are (1) to protect the bed from soil or wet when it is over a mackintosh; or (2) for lifting or moving a helpless person.

16. To make a large feather-bed with a sick person in it, move him as far to one side as possible, and after one side of the bed is thoroughly shaken up and made, move him on to it, and make the other. Be very careful to get *plenty of feathers in the middle of the bed.* This can only be done by moving the sick person quite to the edge of each side. Some one should always stand by him to prevent accidents, or the fear of them, which might do harm. Put plenty of feathers under the pillows.

17. To make up a bed for a person who is very sick

¹ Put draw-sheet on bed.

and cannot be got out for anything, lay a mackintosh over the bottom sheet, and the draw-sheet over the mackintosh so that it covers it.¹ If you have no mackintosh a piece of oilcloth, or even some thick brown paper under the draw-sheet, will help to protect the bed. *Paper must be taken away and burnt once it has got wet.*

18. To change the under-sheet for a person who can be turned on his side, first roll the clean sheet lengthways to the middle of the sheet. Turn the sick person on his side, roll up the under-sheet lengthways, and tuck it as far under the sick person and the pillow as you can. Then lay the clean sheet on the bed, see that there is enough to tuck in at the side and at each end, and tuck the rolled side under the sick person, against the rolled up soiled sheet. Turn him over on to his other side and on to the clean sheet, draw away the soiled sheet, and pull the roll of clean sheet out, lay it smooth and tuck in.² *Be careful, in all changing of sheets, not to uncover the sick person.* You may turn the heavy covering off, and double the rest back over him, if he cannot bear the weight of the whole.

19. To change the bottom sheet under a person who cannot be turned on his side, first untuck the soiled sheet and roll it down from under the pillows, roll the clean sheet from bottom to top, leaving enough to tuck in at the head, lay it straight in the middle, tuck well in at the top, and unroll as far as the roll of soiled sheet. Two people must stand, one at each side of the bed. One hand of each must be clasped under the sick person's back, to raise him bit by bit, while with the other hand they tuck away the soiled sheet and unroll the clean one. At the foot of the bed pull the soiled sheet away and tuck

¹ Make bed up as described.

² Change the sheet as described.

the clean sheet well in. Be careful to pull the sheet smooth as you unroll it, and do not uncover the sick person.¹

20. To change the top sheet with a person in bed, first untuck all the bed-covering, lay the clean sheet over the bed-covering, and if it is cold weather, or the sickness is rheumatism, or the chest, or anything where a chill is feared, lay a blanket over the sheet, then hold the clean sheet up with one hand, while you pull the bed-covering down with the other. At the foot of the bed pull them out and arrange them over the clean sheet, leaving the soiled sheet off. If you have not a spare blanket you can take one, or the counterpane, off the top before you begin.²

21. To change a nightshirt³ for a helpless person in bed, first draw it from under him, and up towards his neck. Take one arm out of the sleeve, and get the head through the neck-hole by gathering the loose part up in one hand, lifting the head with the other, and drawing the shirt over it, and away from under it. Put the free arm into the sleeve of the clean shirt, and draw the shirt over and under the head. Draw the soiled shirt off the other arm and from under the sick person's shoulders. Put the other sleeve of the clean shirt on, and turn the sick person a little on his side so that you can pull the clean shirt down comfortably.

22. If one arm is injured in any way always take it *out* of the sleeve last and put it in *first*, because it is much easier to take out the second arm and put in the first.

23. If a person cannot be turned on his side get the

¹ Change the sheet as described.

² Change sheet. Take a blanket off first and put on the top.

³ Change nightgown (over clothes).

clean shirt down, with hands clasped under his back, as already described for changing a sheet in the same case.¹

24. A person who can use his arms may be most easily raised to a sitting position in bed by clasping his arms round your neck. Or you may take his hands in yours and pull him up.²

25. To raise a helpless person higher in the bed two people are required, one at each side. Both must grasp the draw-sheet with one hand, *close* to the heaviest part of the sick person, and clasp the other hands together under his shoulders. Then lift both together. Be careful to take hold of the draw-sheet and to clasp hands *low* enough, so as to *raise* and not drag.³ *Never drag a helpless person or drag anything under or away from him.*

QUESTIONS ON LECTURE I.

1. What three things are most necessary in a sick person's room?

2. Why is fresh air so necessary in a sick-room?

3. Tell all you know about the blood, from the time when it leaves the heart to the time when it first comes back to the heart.

4. What happens to the blood after it has come back to the heart?

5. Why must we have fresh air from outside to be healthy?

6. What happens if people stay in a room where no fresh air can enter?

7. How often and how much should a sick person be washed?

8. How would you wash the feet of a person in bed?

9. How would you wash a person all over in bed?

¹ Do this.

² Do both.

³ Do this. Also show what is meant by *dragging*.

10. Tell me all you know about feeding sick people.

11. Tell me all you can remember of the care you would take for the quietness and comfort of any one very ill in bed.

12. Say all you know about opening the windows in a sick-room.

13. How would you prevent a draught if the bed were between the door and the window?

14. How often should a sick person's bed be made? Should he always be got out of bed?

15. What do you mean by a draw-sheet? What are its uses?

16. How would you make a large feather-bed with a person in it?

17. How would you make up a bed for a bad case?

18. How would you change the under-sheet for a person who can be turned on his side?

19. How would you change the under-sheet for a person who cannot be turned at all?

20. How would you change the top sheet over a person in bed?

21. How would you change a nightshirt for a helpless person in bed?

22. If you changed a nightshirt for a person with an injured arm, which arm would you take the sleeve off first? And on which arm would you put the sleeve first?

23. How would you get the clean shirt down under a person who cannot be turned at all?

24. How would you help a person to raise himself to a sitting position if he can use his arms?

25. How would you raise a quite helpless person higher in the bed? Tell me what special care you must take in doing this.

LECTURE II.

THE DOCTOR—PREVENTION AND TREATMENT OF BED-SORES.

THINGS REQUIRED FOR LECTURE II.

1. Bed, bedding and patient as in Lecture I.
2. Shape and size of a water-bed and water-pillow in double brown paper.
3. Air-cushion and cover.
4. Old nightgown to tear up the back.
5. Extra pillow, blanket and sheet.
6. Some old pieces of sheeting; plenty of white clean rag.
7. A pad made and another not stuffed. Wadding.
8. Pail. Jug. Basin. Knife.
9. Safety pins. Ointment.
10. Mackintosh.
11. Some large pieces of paper.

Note.—Lay everything ready in the order in which you will want it.

LECTURE II.

26. 1. Tell the doctor all you know about the causes of illness, and all you have noticed about the illness, when he first comes.¹ The more he knows the better he can judge what the illness is, and how to treat it. Make out all you can before he comes, and make up your mind what you should say, so that you may neither forget nor waste time.

27. 2. Between the doctor's visits notice anything fresh in the sick person's state, such as sickness, sleeplessness, pain, wandering, or anything different. Be sure to tell the doctor, even if these changes have passed before he comes. If the medicine or food has not been taken for any reason you must be sure to mention that too. If you are not sure whether anything that the sick person does or that you do for him is right, ask the doctor.

28. 3. *To deceive the doctor in any way is not fair to him or to the sick person.* If you pretend that the medicine and the amount of food ordered have been taken when they have not, or if you allow the sick person to take food or drink, to get out of bed, or do anything that the doctor forbids, or if you don't take the trouble to remember and tell any changes you have noticed, how can the doctor know how the sick person really is, or whether the medicine he has given or the treatment he has ordered are doing him good?

¹ If the audience is equal to making notes for the doctor suggest it.

29. 4. Truthfulness and obedience to the doctor are necessary in nursing. It is both stupid and conceited to think you know better than he does. He has spent years in learning about the human body and disease, and has a reason for all he orders. Hospital nurses, who learn their work for years, and have to know a great deal, would be sent away in disgrace if they disobeyed the doctor or did not tell him all the truth. The sick person is bound to suffer if the doctor is disobeyed or deceived.

30. 5. When any one has to lie in bed, pressure against the bed may cause a bedsore. There are three stages in a bedsore. First, the skin is red, secondly, the skin breaks, thirdly, there is a sore place that matters, gets deeper and deeper and is very painful.

31. 6. To prevent bedsores, *relieve the pressure*, wash the back and hips, and rub in methyated spirits; keep the bed smooth and dry.

32. 7. The best way to prevent pressure is to use a water-bed, water-pillow or air-cushion. To change the position frequently is another way, never leaving the sick person on his back or on the same side more than a few hours at a time. If he is obliged to lie on his back always, shift him ever so little, even half an inch, to one side from time to time, and prop the other side with pillows. *This is no use unless you shift the lower and heaviest part of the body, as the worst pressure is at the end of the spine.* If he is obliged to lie always on one side, shift ever so little off the hip-bone. Pads like flat pin-cushions, with a hole in the middle for where the bone sticks out, will also prevent pressure.¹

¹ Show how to shift patient a very little off the end of the spine or the hip-bone. Turn with draw-sheet, and prop middle and shoulders with pillows or anything rolled.

33. 8. When the bed gets wet or soiled often you must put a mackintosh under the draw-sheet, and tear or cut the nightshirt up the middle of the back, above the waist,¹ roll it up out of the way of the wet on either side and fasten each side with a safety pin, so as to leave nothing under the sick person except the draw-sheet. Small pieces of old sheeting, doubled several times, may be laid against him in such a way as to save the draw-sheet from the worst of the wet or soiling. In these cases it is best to use small draw-sheets, an old sheet torn into four, or any pieces big enough to cover the mackintosh, and tuck in at the side. Never leave anything wet or soiled under the sick person, and *never drag anything under him or from under him.*

34. 9. Take everything wet or soiled out of the room at once. If you are short of draw-sheets wring out those that are only wet at once in hot water, hang out to dry, smooth by mangling, ironing or stretching—but they *must be smooth*—and hang by the fire till you want them. It shows good management and good sense to keep a supply of clean aired linen for such a case. What is soiled should be put out of doors in a covered pail, and washed as soon as possible.

35. 10. Any illness that makes a person heavy, thin, helpless, unconscious, or liable to make the bed wet, is likely to cause bedsores. Those who are obliged to lie in one position, or who have any fever, are also liable to bedsores. A bad state of the blood from fever makes the skin more likely to give way and become sore.

36. 11. Be very careful to prevent the beginning of a bed sore in dropsy, consumption, paralysis, broken leg, and typhoid fever. Dropsy makes people heavy, con-

¹ Put mackintosh under draw-sheet. Show how to roll up and pin nightshirt torn up to waist.

sumption makes them thin, paralysis makes them helpless and often wet. Broken legs and typhoid cases are obliged to lie flat on their backs. *At the beginning of all these illnesses* the back and hips should be washed and rubbed with methylated spirits, night and morning.

37. 12. In the first stage of a bedsore, which is redness of the skin, relieve pressure, wash, and rub gently with spirits, and dust with starch powder. This should be done night and morning, and as often as the sick person gets wet or has his linen changed under him. *If he flinches from the spirits, look for a break in the skin.*

38. 13. In the second stage, when the skin is broken, spread boracic ointment on soft linen¹ and lay on the place. Change it as often as it gets wet or dirty, or comes off. The pressure must be relieved or a bad bedsore will certainly come next.

39. 14. In the third stage, when there is a mattering sore, bathe frequently with bits of soft linen dipped in warm water, and dress with ointment spread on linen.² A bedsore like this must be shown to the doctor, and he will say what ointment should be used. Nothing must press on it, or it will soon become a great hole. I have seen holes big enough to get my fist in, and running into each other.

40. 15. It is cruel to let a sick person get a bedsore, because it causes great pain. And it generally prevents the sick person from lying in the only position in which he has been easy.

41. 16. It is much easier to prevent the beginning of a

¹Show how to spread ointment on rag with a knife.

²Have bits of rag, basin, and show how to dab wound with a bit of wet rag, throw it on to paper to burn, and take a fresh bit each time.

bedsore than to cure one. Often it is impossible to cure them, although care would have prevented them. People have been known to die of bedsores who had recovered from the illness during which they were allowed to come.

42. 17. In a hospital it is considered a disgrace for a nurse to allow a patient to get a bedsore. Any one who hears this lecture ought to prevent any one she may nurse from getting one, and teach her friends and neighbours how to prevent them too.

43. 18. To fill a water-bed,¹ first make sure that you have a copper full of very hot water, and plenty of cold water at hand. Two pails and a jug you must have too. The water-bed must be on something flat, so if the sick person is on a feather-bed you must take it away. If there is no mattress you must get a flat board. Lift the sick person on to a sofa or another bed, and lay the water-bed on the mattress or the board, exactly where he will want it. Put the part where you fill it *outside*, and at the foot. Fill it with a jug from a pail.

44. 19. The water must be just warm enough not to chill, and not hot enough to be uncomfortable. The bed must be so full that any one lying on it rests on the water, not on two thicknesses of india-rubber, with water all round.² And it must not be full enough to be hard. Test it by lying on it yourself, and you will get some idea of when it is full enough—only if you are light, and the sick person is heavy, he will want more water to keep him up. Judge as nearly as you can, and then you can

¹ Get pail and jugs ready; lay paper shaped like bed in the right position; show how to fill.

² Show what happens if the water is all round patient and not under him.

add or take from the water, or make it cooler or warmer when the sick person is on the bed.

45. 20. To move a person off a large feather-bed on to a water-bed, first lift him on the draw-sheet to the extreme edge of the bed, *on the side where he is to be*. Then move the bed half off the mattress, so that the sick person is *on the other side on half the bed*, while you arrange and fill the water-bed. Make the bed with under sheet over it and pillows, and lift the sick person back on to it on the draw-sheet. Pull the feather-bed off on the other side and arrange the bed-clothes.¹

46. 21. If the sick person is on a small bed you must draw another bed or a sofa, or two tables with pillows and blankets on them, close up to one side. For a helpless or heavy person you want four people for this. Two must stand beside the bed and two on the other side of the table. *The under-sheet must be strong*. Grasp the sheet close to the body at the heaviest parts, and draw and lift on to the other bed. If the person is very heavy and quite helpless some one must lift the head also. In any case take care that the head is moved with the rest of the body and is always on a pillow, and that the feet are not entangled. Cover him comfortably and leave there till the water-bed is filled. Then make the bed with sheet and pillow and lift the sick person back on to it. Roll the extra sheet away from under him and make all comfortable.²

47. 22. A water-pillow is meant to reach about from

¹ Show how to do all this. Put chairs against the side of bed, and explain that the audience must think it is a double bedstead, and a feather-bed. *Explain this very clearly. Never trust to imagination more than you must.*

² Do all this, drawing attention to each point as you do it.

the small of the back to the thighs. It must be on a mattress or something level. A feather-bed under a water-pillow is a very senseless arrangement. Because it is uneven, the water in the pillow is generally in the wrong place. As the sick person is on the water-pillow the feather-bed is of no use to him. As the feather-bed cannot be turned or shaken under a heavy water-pillow it will be spoiled. Fill the pillow and move the sick person as for filling a water-bed, but lay the pillow over the bottom sheet, and cover with a mackintosh and a draw-sheet well tucked in under the mattress on either side.¹

48. 23. Try to leave the corner where you fill the bed or pillow near the edge of the bed, so that you can let water off into a pail without moving anything when you want to change the water or make it cooler or warmer. If the funnel is not over the edge of the bed put something under it thick enough to save the bedding from getting wet. Foresee and prevent any accident of any sort that will oblige you to move the sick person about unnecessarily.² That is a great sign of clever nursing, and sometimes makes the difference between the sick person getting better or not.

49. 24. An air-cushion is useful for people who cannot move at all, or who have sense and strength enough to keep it in the right place. The tender or sore part (which is generally the end of the backbone, or the hip) must be in the hole. A helpless or unconscious person who can move is apt to shift himself so that the sore or tender part is on the edge of the air-cushion, causing pain and chafing the skin. If one is used in such a case some one must be always on

¹ Show how to place the pillow. Show what would happen on a feather-bed. Cover with mackintosh and draw-sheet, smooth and well tucked under mattress.

² Do all this, drawing attention to each point.

the watch to keep it right. Fill the cushion by blowing into it and covering with your finger between breaths ; screw quickly when it is full enough to keep the sore part from touching anything. Make two covers of any old calico or linen, tied with tapes *underneath*, and *leaving hole empty*.¹ Lay over draw-sheet and put a pillow above and below, so that the sick person lies level.

50. 25. Pads,² like air-cushions, are useful for people who cannot move, or who have sense and strength enough to keep them in the right place. If you put one under a person who is restless and helpless it will be sure to shift into the wrong place—very likely just where the hard edges will hurt the sore place. To make a pad for the end of the spine, the hip-bone, or a sore place, cut a round of calico, or any white material that you have, doubled. Cut a hole in the middle and sew the edges together, making a round hole. Then stuff the ring all round with wadding, just enough to keep the bone or sore part off the bed. Tack round roughly because, as soon as it gets wet, you must take the stuffing out, wash and refill. Two covers and half a yard of cheap grey wadding will last a long time.

QUESTIONS ON LECTURE II.

26. 1. What should you tell the doctor when he comes first? And what should you do before he comes?

27. 2. What should you notice between the doctor's visits? What should you tell him and ask him at each visit?

¹ Fill. Put cover off and on. Arrange with pillows on bed. *To make cover, cut a hole in a double piece of calico the shape and size of cushion ; sew round inside of hole. Tack strings on outside and tie on to cushion.*

² Show a pad made. Have another cut out and show how to make. *You need not stuff it all nor sew it.*

28. 3. What harm is done if you deceive the doctor, or don't take the trouble to remember and tell him what changes you have noticed in the sick person?

29. 4. Why is it both stupid and conceited not to obey the doctor's orders and not to tell him all the truth? Give all the reasons you can remember.

30. 5. What causes a bedsore? What are the three stages?

31. 6. What can be done to prevent bedsores?

32. 7. Tell me three ways of relieving pressure from the bed. What would you do for a person obliged to lie on his back or on one side to save the hip-bone, or the end of the spine?

33. 8. Tell me all the care you would take in a case where the bed often gets wet or soiled.

34. 9. What would you do with wet or soiled bed-linen in an ordinary case when you took it off the bed? How would you keep a clean dry draw-sheet always ready if you were short of them, and the bed got wet constantly?

35. 10. What sort of cases are most liable to bedsores? Say the sort of illness, not the names of any special complaints.

36. 11. Mention the names of five illnesses in which you should take care to prevent bedsores from the beginning. Say why each illness you mention is likely to cause bedsores; and what you would do to prevent them in all these cases.

37. 12. Say all you would do for a bedsore in the first stage—redness of the skin.

38. 13. Say all you would do for a bedsore in the second stage—broken skin.

39. 14. Say all you would do for a bedsore in the third stage—a mattering sore.

40. 15. Give two reasons why it is cruel to allow a sick person to get a bedsore.

41. 16. Is it easy to cure a bedsore? Say all you remember about this.

42. 17. What is thought of a hospital nurse who allows a sick person to get a bedsore? What ought all who hear the lecture to be able to do? Say all you remember.

43. 18. What would you have ready before you began to fill a water-bed? What must it be laid on? Tell me how you would place the water-bed before you began to fill it. How would you fill it?

44. 19. How warm should the water be for a water-bed? How much should you put in? Say all you remember about filling the bed (not about moving the sick person).

45. 20. How would you move a sick person off a large feather-bed on to a water-bed? Say all you can remember.

46. 21. How would you move a person who is in a small bed on to a water-bed?

47. 22. About how much of a sick person should lie on a water-pillow? Why should you not put a water-pillow on a feather-bed? What should be under and what over a water-pillow?

48. 23. Why should the corner where you fill a water-bed or pillow be at the edge of the bed? What special care would you take in letting water out, or putting more in, if the funnel is not clear of the bed? What sort of accidents does a clever nurse prevent?

49. 24. In what cases are air-cushions useful? Say all you remember about filling, covering and placing them.

50. 25. In what cases are pads useful? Say how you would make them, and all you remember about them.

LECTURE III.

POULTICES—FOMENTATIONS—DRESSING OF WOUNDS—
DANGERS OF QUICK HEALING AND QUACK
REMEDIES.

THINGS REQUIRED FOR LECTURE III.

1. Plenty of clean white rag.
2. Old sheeting or towels to tear into, bandages.
3. Flannel enough for covering and fomentation.
4. Towel or cloth for wringer.
5. Linseed meal. Ointment. Safety pins.
6. Two jugs of water. Two basins. A knife.
7. An old pail or pan. A little kettle (a spirit lamp if there is no fire).
8. Two pairs of scissors.

Note.—It is worth having oil-silk and wool to show their advantages to those who can get them.

I believe it is best to teach poor people to keep dressings and applications *on* and *up* with any sort of broad bandage they have to use. If any special sort of bandaging is taught, whole lectures must be given to that subject, as of course each pupil must do it to learn.

LECTURE III.

51. 1. If a linseed poultice is ordered, four things are necessary to make it useful. It must be (1) hot; (2) the right size; (3) in the right place; and (4) must be kept in the right place.

52. 2. If the doctor orders a poultice, ask him (1) how big it is to be; (2) how long you are to keep on poulticing; (3) how often the poultice is to be changed.

53. 3. Before you begin to make a linseed poultice see that you have ready boiling water, linseed meal, a basin, a knife, a piece of linen the right size for the poultice, flannel (if you cannot get oil-silk or wool) to cover it with, a handkerchief, towel, piece of linen, or anything large or long enough to bandage it on with, and some safety pins.¹

54. 4. Lay the piece of linen ready on the table. Pour a little boiling water into the basin to warm it, and the knife in it. Throw the water out and pour in what you think will be enough to make the poultice. Throw in handfuls of linseed meal and stir quickly till it is thick and mixed enough to turn out clean. Turn out on to the linen, spread evenly and quickly about a quarter of an inch thick, turn down the edges of the linen all round. Roll it up to carry to the sick person. If the poultice

¹ Show all these.

is to go on an open wound, lay a piece of clean muslin over it before you turn down the edges.¹

55. 5. To keep any sort of poultice or fomentation on the back or chest use a broad piece of anything clean for the bandage, and tear down a little way where each arm will come. Then, when you have fastened the bandage safely, *in front or at the side*, fasten it over each shoulder with a safety pin. To keep any poultice or fomentation up on the neck you must bring the bandage over the head.² For the thigh you must bring it round the waist. For the leg you must bring it over the knee. For the forearm take your bandage over the elbow. For the upper part of the arm take it round the neck.³ Use a bandage *broad enough to cover* whatever you want to keep on, and so long that, when you have split it at both ends, you will have enough to tie it round below, and take the upper ends where I have told you they must go. *Poultices and dressings in the wrong place are of no use.*

56. 6. A linseed poultice is generally changed every four hours. When you have all ready to make it, unfasten the bandage over the one to be taken off, and any garments that are in the way. Then leave the poultice on and the sick person well covered while you make the other. Bring your poultice rolled up, remove the other, put the new one on, cover with flannel (or oil-silk and wool if you have it) and fasten with a bandage.⁴

¹ Do all this, first without muslin; then unroll, turn back edges, and lay muslin on. Lay great stress on being quick.

² Show exactly how to do chest or back over clothing. Also neck and arms.

³ For legs and thigh show as well as you can over clothing and explain. Only the simplest easiest way will do. Use safety pins too besides tying.

⁴ Show how to do all this with sham poultice.

57. 7. Never remove the old poultice till the new one is ready to put on. Never put a very hot poultice on suddenly. It should always be *hotter than the sick person can bear* all at once. If he is well enough let him press it against his skin as he can bear it, you holding it. If he is sensible let him guide you in putting it against him, hold it close, and get it on gradually.¹ If you make the skin sore so that the sick person cannot bear more poultice you do great harm. If the poultice is not very hot it is not much good. So be careful. Take special care with babies and unconscious or paralysed people. When you leave off poulticing back or chest lay flannel or wool where the poultice was (unless the sick person wears a flannel nightgown or vest).

58. 8. If you are short of rag, and the poultice is not on a sore place, lay it in cold water when you take it off. Then all the linseed will peel off, and you can wring the rags out in hot water and dry them. Never use the same linseed again. Burn poultices off open sores *just as you take them off*.

59. 9. If the doctor orders a fomentation ask him how often it is to be changed, and if you are to go on with it till he comes again. If it is for some gathering or swelling you will know how much you have to cover. But if it is for something you cannot see, ask about the size. Be quite clear in your own mind how big the fomentation should be before you make it.

60. 10. To make a fomentation, have ready before you begin doubled flannel the right size, boiling water, a basin, a cloth big enough to lay in the basin with the ends outside, double flannel big enough to cover the

¹ Show how to put hot application gradually to the skin.

fomentation (if you cannot get oil-silk), something big enough to fasten it on with, some safety pins.¹

61. 11. Lay the wringer in the basin with the ends outside. Lay the piece of doubled flannel for the fomentation on the wringer in the basin. Pour on boiling water. Wring the flannel in the wringer, and carry it in the wringer to the sick person. Take the flannel out of the wringer, lay it on the flannel (or oil-silk), put it on as hot as the sick person can bear it, fasten with bandage and safety pins.²

62. 12. Hang the wringer to dry between the times of changing. Hang the flannels to dry also. Have two pieces of flannel for the fomentation, and covering, and never take one off till the other is wrung and ready to put on, *in the wringer*.

63. 13. If you have to dress a wound that requires washing see that you have all you will want ready before you begin. You will want something that is never used for anything else, and that can be broken and thrown away when it is done with, for the dirty water, a thick piece of paper, in which you can afterwards burn them, for the used dressings, some *boiled* water, both hot and cold, a lot of little bits of soft *clean* rag, and whatever dressing is ordered, ready to put on.³

64. 14. If a poultice or fomentation is ordered for an open sore, you must have everything ready to make them, especially boiling water, before you wash the sore. Then cover it with a piece of clean dressing while you make the poultice or fomentation.

¹ Show all these things.

² Do all this; but you need not use any water. Show *how* to take out of wringer and apply.

³ Show all these.

65. 15. If the dressing you take off is very dirty, keep a pair of scissors to get hold of it instead of touching it with your fingers. If the dressing sticks, never pull it off roughly. Drip warm water on it from one of the bits of rag, and loosen gently till it comes off.¹

66. 16. When you dress an ulcerated leg or foot that discharges a great deal and is very dirty you can put something under it, and pour very gently some warm water over it to clean it a little. Then DAB with the bits of rag dipped in the basin of clean water till the wound is clean. Never dip the same bit of rag in the water twice. When you have used each piece once, throw it on to the piece of paper to be burned.² *The water in the basin must be as clean when you have finished washing the wound as it was when you began.* Sores and wounds are generally washed entirely by dabbing. Only very old dirty ones can have water poured over them.

67. 17. If you wash a wound for a person in bed, put something under it thick enough to keep the bed dry.

68. 18. If you use ointment spread a good bit while you are about it, keep it folded,³ *ointment to ointment*, and cut off pieces the right size as you want them. Use pieces the size of the wound, neither too small nor too big. Fasten with some sort of bandage, according to where the wound is.

69. 19. *Never* take the dressing off a wound to show it to any one unless you are obliged. *Never*, in any case, put the same dressing against the wound if you have taken it off for an instant. *Never* leave a wound uncovered. *Never* rub a wound to wash it. DAB it.

70. 20. If the doctor has dressed^{ac} a wound after an

¹ Show how to do this, holding dressing with scissors.

² Show how to do all this. ³ Spread and fold.

operation or an accident, ask him exactly what you are to do before he comes again, *and do not meddle with anything without his leave till he comes back.* If blood or matter come through the bandage, or if the pain increases very much, you had better let the doctor know.¹ If you cannot go yourself take care that whoever goes *gives the right message and brings the right order back.* Mistakes are dangerous.

71. 21. Remember that whatever touches an open wound may be carried straight into the blood and may poison the wound. Hands and nails must be well washed and brushed before you begin to dress a wound, rags washed and boiled, basins scalded out. In water there is what may poison open wounds, so use boiled water. The air may poison wounds, so uncover them as little as possible. Keep all dressings, rags and everything else covered with a clean cloth in a clean place.

72. 22. It is very dangerous to heal up an old wound or any sort of sore without a doctor's advice. It is generally necessary to take some special means to cure what causes the sore or old wound in the blood while it is being healed outside. Quick healing of the sore, without any treatment for what causes it in the blood, may simply seal up the opening that lets poison out, and drive it into the blood.

73. 23. Blood-poisoning may cause a rash or sores all over the body or perhaps *on the face.* It may cause a very long and dangerous illness, or it may cause death in a few days.

74. 24. Quack medicines are dangerous because in curing something outside they may do some great harm

¹ Make a great point of sending some one reliable, or if possible going oneself to the doctor.

inside. Diarrhœa may be getting rid of some poisonous stuff. A cough may be the one thing that saves some one from being choked with phlegm. A quack medicine stops the diarrhœa and drives the poisonous stuff into the body, or stops the cough and the phlegm stops up the air-tubes.

75. 25. The difference between going to a doctor and going to a quack (or buying patent medicines) is this : A doctor understands the working of the whole human body, and takes care that the remedy he gives to cure one complaint does not cause another. You or the quack doctor cure the complaint, and run the risk of causing something worse, or your death. (I remember a case of a young woman near my district dying suddenly from the effects of the same dose of the same drug that cured my complaint. She had dosed herself.)

QUESTIONS ON LECTURE III.

51. 1. Say what four things are necessary to make a linseed poultice useful.

52. 2. If the doctor orders a linseed poultice, what three questions should you ask him?

53. 3. Before you begin to make a linseed poultice, what should you have ready? Say all you remember.

54. 4. Say exactly how you would make a linseed poultice. What difference would you make in one that was for an open wound?

55. 5. Say how you would keep a poultice or fomentation up on the neck, back or chest, thigh, leg or arm.

56. 6. How often is a poultice generally changed? Say exactly how you would set about changing one.

57. 7. Would you take one poultice off before you make the other? What care would you take not to put it on too

hot? In what cases must you take special care not to put it on too hot? What must you do when you leave off poulticing the back or chest?

58. 8. What may you do with a poultice that is not off a sore place? May you ever use the same linseed twice? What would you do with a poultice taken off a sore place?

59. 9. When the doctor orders a fomentation what questions should you ask him? Say all you remember about this.

60. 10. What would you have ready before you began to make a fomentation?

61. 11. Say all you remember about how to make a fomentation, and how to put it on.

62. 12. What would you do with the wringer and flannels between changing the fomentations? Why should you have two pieces of flannel both for the fomentation and for covering it?

63. 13. Say all that you would have ready before you began to dress a wound that required washing.

64. 14. If you have to wash a sore or wound that is being poulticed or fomented, say exactly what you would do first, and how you would do it all through.

65. 15. If the dressings you take off a sore are very dirty, what had you better use? What would you do if a dressing stuck?

66. 16. How may you begin to wash a very dirty ulcer on a leg? Say exactly how you would use the little bits of clean rag. May you leave the water you have been using in the basin soiled?

67. 17. What would you do before you began to wash a wound on a person lying in bed?

68. 18. Say all you remember about ointment dressing.

69. 19. Say four things that you must never do when you have the care of any wound or sore.

70. 20. Say all you remember of what you ought to do and ought not to do when the doctor has dressed a wound after an operation or an accident.

71. 21. Why must you be so careful about cleanliness in dressing a wound? Say all the care you would take. Why should water be boiled? Why should a wound not be left uncovered?

72. 22. Why is it dangerous to heal up an old wound without a doctor's advice? Say all you remember about this.

73. 23. Say all you know about what may come of blood-poisoning.

74. 24. Why are quack medicines dangerous? Say all you remember about this.

75. 25. Why is it safe to go to a doctor for treatment and not safe to go to a quack, or buy patent medicines? Say all you remember.

LECTURE IV.

TYPHOID, WHAT IT IS, AND HOW TO NURSE IT.

THINGS REQUIRED FOR LECTURE IV.

1. Rough diagram of the intestinal canal.
2. Feeding-cup.
3. Higgin's syringe.
4. Jug of hot water.
5. Soap, vaseline, towel.
6. Bits of rag.
7. Diagram 1.

LECTURE IV.

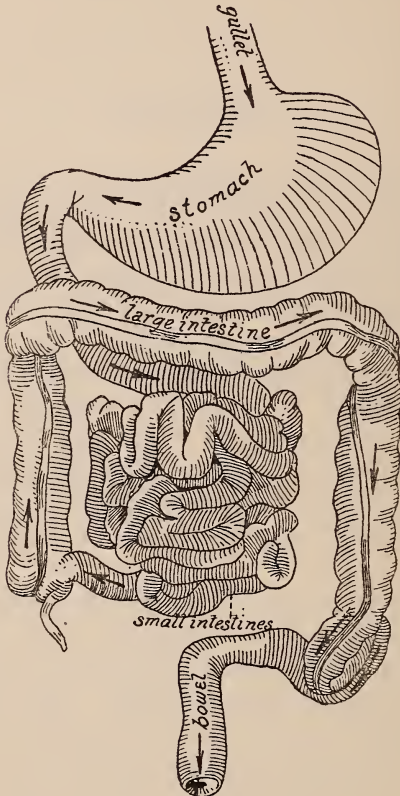
76. 1. One caution I must give you at the beginning of this lecture on typhoid fever, and it applies equally to all I tell you about what nurses should or should not do. I give you the general nursing rules. In every case the doctor gives special orders, which may sometimes contradict all ordinary and general rules. Remember that there are often special dangers that have to be met by special treatment, or some fresh discovery concerning the disease and its cure of which you know nothing. Obey the doctor, as a soldier obeys his officer. Never forget that he has not only to cure the disease you know of, but to foresee and prevent evils of which you know nothing.

77. 2. To understand what typhoid fever is, you must know something about the intestines. And to understand the reason for very careful nursing, you must also know something about the digestive system. This picture¹ will make both plain to you. There is the gullet, down which the food goes, after it has been chewed and softened in the mouth, into the stomach. There are the small intestines, into which the food goes after it has been changed very much, mostly into fluid, in the stomach. There is the large intestine. What goes there is chiefly what is

¹ Show the diagram.

undigested and cannot be digested. That is what passes away through the bowels.

78. 3. By "digestion" we mean the changes that



take place in the food we have eaten, when it is in the stomach and intestines. These changes are made by certain juices that mix with the food, changing hard substances into fluids and so on. In many sorts of illness

these juices do not act properly, and that is why solid food is forbidden. "Indigestion" means that the food is *not* so changed that what is good nourishes the body, and what is useless is passed out.

79. 4. If the intestines were spread out they would be about thirty feet long. They are like tubes of tough skin, and the stomach is like a bag. As the food passes slowly along the intestines, what is good for nourishment soaks through, as ink soaks through blotting-paper, and is taken up by tiny blood-vessels, and passes by degrees into the large blood-vessels that you have seen.¹ Good food, well digested, makes good blood. Fresh air keeps blood clean.

80. 5. Typhoid fever means ulcers on the small intestines. An ulcer is a mattering sore that keeps getting bigger and deeper. An ulcer can only heal if the part that it is on is kept still. (You know how a "bad leg," which means an ulcerated leg, must be kept up and at rest if the leg is to be healed.)

81. 6. Ulcers on the intestines make thin places, and anything hard pressing against those thin places might make a hole, when the sick person would almost certainly die. Even the pip of a grape has been known to cause death in this way. Or, because digestion does not go on properly when any one has this fever, any food that disagreed might cause diarrhœa or sickness, working and straining the intestines, making the ulcers bigger, and perhaps causing a thin place to give way.

82. 7. You will understand now that the very first rule in nursing typhoid fever is *to give nothing, either to eat or drink, but what the doctor has quite distinctly ordered.*

¹ Show diagram of circulatory system again.

The second rule in feeding is to give all he does order, or the sick person may die of exhaustion. The third rule is, have a regular system of giving the food. Divide the quantity to be given into so much every two or three hours. Ask the doctor how often to give the food. It makes a difference, and must be given according to the condition of the person.

83. 8. Use a feeding-cup¹ (don't forget to tuck a cloth under the chin). If the sick person is too ill to raise his head and hold the cup, be very careful not to choke him. Directly you have given the drink rinse the feeding-cup well (especially the spout) and lay it in a basin of clean water till you want it again.

84. 9. In a bad case of typhoid fever there comes a time when the sick person seems to be always asleep, and cannot bear to be disturbed. At that stage he must be roused enough to take his food at regular times. Often, if you are firm in telling him that you dare not let him go to sleep again till he has taken the food, he will take it in order to be allowed to sleep. But there may be a time when a quiet undisturbed sleep makes the turn towards recovery. So *ask the doctor whether or not you are to waken the sick person to feed him.* Ask as often as you do not feel sure, on account of some change.

85. 10. Never let a sick person's teeth or tongue or lips get coated with brown stuff. A person with typhoid must have his mouth washed out night and morning. Use glycerine and borax, or borax in water. (Some people cannot bear the sweetness of glycerine.) Wrap a bit of clean rag round your finger,² dip it in whatever you use, and clean the tongue, teeth, lips, in fact the whole

¹ Show a feeding-cup and lay stress on keeping the spout clean.

² Show rag on finger, and bits of rag, *and piece of paper* ready.

mouth. When you have used the bit of rag once put it on a bit of paper, laid ready, to be burnt at once. In a bad case you must wash the mouth out after each feed. (To keep a sick person's mouth clean and nice is a sure sign of clever and careful nursing.)

86. 11. You will understand, too, why a person who has typhoid fever must be kept lying down in bed. Movement prevents the ulcers from healing: it may also cause a thin place to give way: there is also danger of an ulcer eating into a large blood-vessel,¹ and any movement increases the danger of the breaking of a blood-vessel inside the body. Therefore, the second great rule for nursing typhoid fever is, *keep the sick person lying down in bed till the doctor says he may sit up or get out.*

87. 12. Have your bedpan always at hand; thoroughly clean (*especially the spout if it is a round one, and the toe part if it is a slipper*) and with a little disinfectant in it. If the sick person is helpless and heavy you must have some one on the other side of the bed to help you. Clasp hands under the end of the spine and raise enough not to scrape the skin while you put it under or take it away. Directly it is used, add more disinfectant in the room, and empty it at once. (Notice what the motions are like, as the doctor will want to know.)

88. 13. Take all the care you have already learnt to prevent bedsores. Take special care of the shoulder-blades and the end of the spine. Keep a draw-sheet and mackintosh under the sick person, and make the bed as you have learnt, moving him from side to side. Ask the doctor if he is to be washed all over every day, and do as you learnt in the first lecture. Keep his hair combed, and his nails cut and clean.

¹ Point to blood-vessels on diagram.

89. 14. Typhoid fever is not catching, like scarlet fever or small-pox. But it may be taken from another person (1) if food is touched with unwashed hands by a person who is nursing typhoid; (2) if anything that comes from the sick person is left about so that the air gets tainted and taints the food; (3) if motions are not thoroughly disinfected *before the bedpan is taken out of the room*. (If you leave it about, you taint the air. If you empty it without disinfecting it, you may start an epidemic of typhoid.)

90. 15. Keep a basin of water, with disinfectant in it, in the room, and dip your hand in it *before you leave the room*. Put all soiled linen into disinfectant *before you take it out of the room*. Pour disinfectant over the motion *before you take it out of the room, and empty at once*.

91. 16. Unless you use enough of any sort of disinfectant it does not kill the infection. *A strong smell does not mean that it is enough*. Therefore ask the doctor how much of whatever sort of disinfectant you get must be used in each case, *and use enough*. It is generally given for typhoid cases at the sanitary offices.

92. 17. Most likely you will have to give enemas, that is, injections into the bowel. You must have ready some hot water, yellow soap, a basin (rather a deep one is best), a thick towel or piece of old sheeting, a little vaseline and a syringe.¹

93. 18. Rub plenty of soap into about two pints of warm water. Pass some of this several times through the syringe,² and be sure that there is *no air but all water* in your syringe before you begin to use it. Vaseline the nozzle. The sick person must lie on his left side at the edge of the bed, with his knees drawn up. Tuck the

¹ Show all you mention.

² Show preparations of soap suds and syringe.

towel a little under him in case of any accident. Put the nozzle into the opening into the bowel very gently, a little backward and upward. (*Take care that the other end of the syringe is always in the water.*¹ Squeeze the bulb of the syringe gently and slowly.) If the sick person says he cannot bear it, wait a little and go on again. If it comes back, hold a fold of the towel pressed against where the nozzle is. Be very slow and gentle. Generally you can inject a pint and a half. (*Stop before the basin is empty or you will inject wind.*)² Persuade the sick person to wait as long as he can for the bedpan. If he has not sense or strength to make any effort, hold the folded towel pressed against the part for a few minutes before you give the bedpan. Clean the syringe thoroughly and disinfect it.³ *It must not be used for other cases.*

94. 19. If the diarrhoea becomes much worse, or comes back after it has left off, if the sick person turns much hotter or more delirious, or if you notice a little blood with the motions, send word to the doctor if you are not expecting him directly. These may be very bad symptoms.

95. 20. If a person with typhoid has a sudden increase of pain and swelling of the body, and seems weak and sinking, *keep him still*, and send for the doctor *at once*. If he turns pale and giddy, feels sick, turns cool suddenly, and breaks out in cold perspiration, or seems to have difficulty in breathing, *keep him still, give no stimulant*, and send for the doctor *at once*. *In both cases write or send word by some reliable person what has happened.*⁴

¹ Show how to work the syringe and what happens if the other end is out of the water.*

² Show this. ³ Show how to clean the syringe.

⁴ With time and a suitable audience it is worth while to explain the meaning of these symptoms.

96. 21. Be very careful when a person with typhoid *begins to get better*. He will be dreadfully hungry and feel much better than he is. Therefore he will beg for food that he may not have, and want to do things he must not do. If you let him sit up, get out of bed, walk, or take any sort of food or drink, or a quantity of food, without the doctor's leave, you risk his life.

97. 22. The two dangers to a person getting better of typhoid fever are, causing the whole illness to begin over again, or breaking through the thin places of the intestine. *Unsuitable food or exertion* may cause either of these results.

98. 23. Even when the sick person is fairly well and about again it is wise to avoid *currants, new bread*, and anything very *hard or indigestible* for some time.

99. 24. When a person begins to get ill with *headache, no appetite, feverishness* and a feeling of being ill all over—and more especially if there is *diarrhœa* or a *cough* as well—remember that it *may* be typhoid, though it may not. In any case it can do no harm to keep the person lying down and without solid food till he is better, or till you get the doctor. *Rest and a milk diet will probably cure a slight ailment. Keeping about and taking solid food may cause the death of a person sickening for typhoid fever.*

100. 25. I have chosen to take typhoid fever at length, because to nurse it well you must practise those rules which are necessary in all good nursing—*obedience, regularity, watchfulness*. Also everything that you have learnt in this lecture will be useful in general nursing.

QUESTIONS ON LECTURE IV.

76. 1. Why will the doctor give orders in particular cases that seem to go against the general rules given in these lectures? Give three reasons.

77. 2. Say where the food goes from the time you eat it (I mean while it is in the stomach or intestines).

78. 3. What do you mean by "digestion," and what causes it? Why is solid food often forbidden in illness? What do you mean by "indigestion"?

79. 4. How long would the intestines be if they were spread out? What are the intestines and the stomach like? How does what is nourishing in the food get into the blood? What makes good blood?

80. 5. What do you mean by typhoid fever? What is an ulcer? What is absolutely necessary for the healing of an ulcer?

81. 6. Say why ulcers on the intestines make improper feeding so dangerous. Mention three chief dangers from improper food.

82. 7. What is the very first rule in nursing typhoid fever? What are the second and the third rules with regard to feeding? Say all you remember about both.

83. 8. Say all special care you would take in using a feeding-cup, and after using it.

84. 9. Should a typhoid case be wakened from sleep to be fed? Say all you remember about this, mentioning two different stages, and what you would do in each of them.

85. 10. Say exactly what care you would take of a sick person's mouth, and especially of one who had typhoid.

86. 11. What is the second great rule in nursing typhoid fever? Mention three reasons for this rule.

87. 12. Where and in what state must you always have the bedpan? How should two people lift a helpless person on to a bedpan? What must you do directly a typhoid case has used the bedpan?

88. 13. In a typhoid case, what would you do to

prevent bedsores? How would you make the bed and change the bed-linen? How much would you wash a person with typhoid?

89. 14. Mention three ways in which typhoid fever may be given from one person to others.

90. 15. Say all the care you would take to prevent spreading typhoid fever.

91. 16. What must you make sure of in using any disinfectant? How would you make sure?

92. 17. What must you have ready to give an enema?

93. 18. Say all you remember about giving an enema: from getting it ready to after you have given it.

94. 19. What changes in a person ill with typhoid should make you send word to the doctor if he is not coming directly?

95. 20. Under what circumstances should you send for the doctor at once when you are nursing a typhoid case, and what should you do and not do till the doctor comes in each case?

96. 21. What special care must you take when a typhoid case begins to get better? Why?

97. 22. What are the two great dangers to a person beginning to get better from typhoid? What may cause either of these results?

98. 23. Even when a person who has had typhoid is fairly well, what care should he take for some time?

99. 24. What signs of illness may mean typhoid? How should you treat them? Give your reasons.

100. 25. Why is it particularly useful to learn how to nurse typhoid fever? Give two reasons.

LECTURE V.

INFANTS AND CHILDREN.

THINGS REQUIRED FOR LECTURE V.

1. Baby's feeding-bottle.

Note.—If you can conveniently get samples of properly made infants' garments, with strings where anything *can* be tied, it is worth showing them, at Section II. (111).

LECTURE V.

101. 1. Milk is the only food an infant can digest. Nature meant babies to live on milk, so she only provides those juices in the stomach and intestines of a baby that will change milk into nourishment.

102. 2. A baby may like bread sop, and seem more satisfied with it than with milk for the moment. As the bread cannot be digested, that is, changed into nourishment, *it does the baby no good*. It is not fair to a baby to stop its crying for food with something that is no real food. Some babies do manage to live and thrive who have a *little* bread sop. But they would have been spared a good deal of wind and pain, and have grown up healthier than they are, if they had not been given *useless* and *indigestible* food. Some die from it.

103. 3. Do not give the baby little bits and little drops of what you take yourself. *They always do it harm*. Often they cause the ailments that bring its death. (I once saw a father giving his baby some of his tea and potato. Soon afterwards I saw the baby dead.)

104. 4. *Not to be brought up on its mother's milk is a great loss to a baby*. The reason why Japanese mothers rear more sons than are reared by English mothers, and such sons, too, as we have seen lately, is that Japanese women are more careful to feed their babies from the

breast—to give them nothing else—and to give them digestible food and no meat for long after they are weaned.

105. 5. If an infant must be brought up by hand, use a bottle¹ without a tube. Take it to pieces,² rinse it, and lay it in a pan of clean water between each feed. Long tubes seem to save trouble to a busy woman, because the bottle does not want holding. But they cause stomach-ache, bad nights, and “thrush”; and so cause loss of time and sleep to the mother.

106. 6. *Babies ought not to have “thrush”* or, as it is sometimes called, “red gum”. If, after they are fed, their mouths are washed with warm water, as you would wash a sick person’s mouth, and with a little borax in the water if there is any sign of soreness, they would have no “thrush”. The soreness of the mouth is caused by want of care of the bottle or the mouth. The rash on the lower parts is caused either from that soreness coming down through the body, or because the baby is not kept clean and dry. Never let a baby you have the care of get “thrush”.

107. 7. To prepare a “bottle” for an infant under a month old you must mix warm *boiled* water with the milk, a little more water than milk,³ and add half a teaspoonful of sugar. From the first to the seventh month keep giving a little less water and more milk, till, at seven months old, it has sweetened warmed milk alone. After seven months you may thicken the milk with a little baked flour or good, well-baked bread. This must be thin

¹Show bottle. ²Take it to pieces.

³Explain these are general rules, to be varied under different circumstances. For instance, two parts water to one part milk may suit some children better.

enough to pass through a strainer, and must be given in the bottle once or twice a day. Give plenty of good sweetened milk besides.

108. 8. A child should be weaned at *about* eight or nine months of age. It may have some thin broth when it is ten months old. It must not have meat till it is a year and a half old.

109. 9. The four great rules for rearing a baby are (1) *feed it properly*; (2) keep it out of doors as much as possible; (3) wash it all over every day; (4) keep it dry, clean and warm.

110. 10. If a baby cries and cannot be stopped make sure that it is not *wet, cold*, or pricked by a pin. See if it is chafed anywhere, and if the creases of the skin are well dried and powdered. If it seems to have pain in the stomach give it a little dill-water mixed with warm water. Make sure that the bowels act properly. You may also add a little lime water to the milk.

111. 11. A baby's clothing should be loose, soft and warm. *Use safety pins.*

112. 12. If the baby suddenly begins to twitch, and the twitching keeps coming on, it is dangerously convulsed, and you must send for the doctor. Prepare a hot bath and put in mustard about a teaspoonful to the gallon. *Tie the mustard up in muslin or thin rag.* The way to test the heat of a bath for a baby is with your elbow. Your hand is no rule for a baby's tender skin. Put the child in the bath, hold its legs, and support its head on your arm so that the water does not get into its eyes. Keep it in for about five minutes, then *wrap it in blankets.*

113. 13. Croup may come with a cold or it may come on quite suddenly. You will know it by the cough and

the difficult breathing. *Send for the doctor at once.* Get a hot bath ready and give it, keep the room warm (*but not stuffy*) and a kettle *boiling* so that it steams into the room. (Add *boiling, not cold*, water when necessary.) You may also put hot fomentations of doubled flannel on the throat. (*Remember that a baby's skin is very tender and don't scald it.*) Prop it up with pillows in bed, and try to keep it from crying and coughing.

114. 14. There are two sorts of croup. From one sort a child generally gets well. From the other it generally dies. As you never know which it is, and the remedies you use are the same in each, always act as if it were the worst sort. *Do not lose a moment in sending for the doctor and doing all you can before he comes.*

115. 15. Feeding a sick child is one of the most difficult duties of a nurse. Often its life depends on its strength being kept up with milk, and it shrieks at the sight of the cup. I have found *some sort of play* the best way to get a child to take food. One child got amused over a great show of counting spoonfuls, and often forgot to resist swallowing the milk in his eagerness to count. A very spoiled child in my district probably owed his life to having a spoonful of milk put in his mouth each time he opened it to roar! Sometimes some little reward can be promised. To get a child to take plenty of nourishment without crying or excitement often means to save its life.

116. 16. In a bad illness a child that has been taught to be obedient and clean has far better chances of getting well than a disobedient and dirty child. The one takes its food and medicine quietly, allows all to be done for its good, and has not to be taken up or moved much. The other shrieks itself into a fever over being fed, resists treatment and medicine, so that sometimes a doctor has to

order both to be given up to spare the excitement and exertion, and has 'to be constantly moved, washed and have its linen changed.

117. 17. Rickets is a complaint that comes almost always from bad feeding and bad air. The child is weak and cross. It gets thin, its stomach is too big, and often the head is too big also. The bones bend, so that often the child ends by being deformed. A child does not often die of rickets, *but it is often ruined for life by it, and very often dies of complaints that it catches because rickets has made it so feeble.*

118. 18. To prevent rickets, feed the baby as you have heard it should be fed, and keep it out of doors as much as you can. When the child is older still give it plenty of milk: make rice puddings and cook oatmeal, fruit and vegetables for the children. Such feeding costs no more than tea, heavy dumplings and lumps of bread and butter and cheese. It is this sort of careless feeding and sleeping in rooms with the window shut (and the chimney shut up if there is a fireplace) that causes rickets.

119. 19. "Bandy-legs" often come from letting a child stand before his legs are strong enough to bear the weight of his body. Sometimes a baby who is old enough to be on his feet a good deal is so fat that his legs bend under him, or has rickets, which makes the legs bend because the bones are soft. In either case, if you let the child stand and walk on legs that bend he will grow up "bandy-legged" (and it is very hard on a man or woman to be afflicted with an ugly deformity that a little care would have prevented).

120. 20. Measles is not a serious complaint in itself, but if a chill sends the rash in, or keeps it from coming out properly, it may be very serious. Also a child with

measles, or after measles, is liable to bronchitis, inflammation of the lungs, a bad form of indigestion, a serious disease of the eyes, or inflammation of the ears.

121. 21. To prevent a chill, keep a child with measles in bed as long as it is feverish. To prevent trouble with the eyes, do not let a strong light from window or lamp fall on them. To prevent indigestion (*of a bad sort*) give light food, such as bread and milk, milk-puddings or lightly boiled eggs. *Don't be afraid to wash children with measles, but use hot water.* A child wants care after measles because it is weak, and liable to the complaints I have mentioned. If you notice any weakness of the eyes or running of the ears (or if the child has earache) you must take it to a doctor. Many cases of blindness or deafness are the results of neglect after measles. So don't let children strain weak eyes over lesson-books, or run about with aching or running ears stopped up with wool. *Take them to the doctor at once.* (There is a doctor appointed to see school children and say if they ought not to go to school.)

122. 22. If a child complains of headache, feeling sick, sore throat and aching all over, and is feverish, it may be sickening for scarlet fever. Keep it warm and quiet, give it milk, and look out for a rash. It generally begins on the chest, or you may see it first *inside* the bends of the arms. Send for the doctor, and if you are living within reach of a fever hospital allow the child to go there without fear. With good nursing and care for some time afterwards scarlet fever is not often dangerous, and may leave no bad results.

123. 23. If you are obliged to keep a case of scarlet fever at home, do your best not to let it spread. *Nothing that has been in the room must go out of it without being*

disinfected. Remember this rule. *Ask the doctor* about carrying it out in any way you are not sure of, and do exactly what he orders.

The infection lasts till "peeling" has quite finished, and *the soles of the feet always peel last*. A child with an attack of scarlet fever that seems no worse than a bad cold may give it to another who will have it in the worst form. So be careful.

124. 24. An experienced nurse is as careful over the getting better of a mild case of scarlet fever (*scarlatina* and *scarlet fever* are only different names for the same disease) as she is over a bad case. Peeling all over makes one very liable to chill, and a chill may cause kidney disease, rheumatism, abscess on the glands or in the ear *after the child seems quite well*. About three weeks after the fever begins take special care against a chill, then the kidneys are peeling and very sensitive. If the eyelids or limbs swell, if there is anything unusual about the breathing, or if it passes very little water, and that of an unusual colour, *send word to the doctor, and put the child to bed*; keep it very warm, and give it *nothing but milk*. (All that has been said about scarlet fever applies equally to grown-up people.)

125. 25. Sore throat or soreness and swelling on the glands may come from many causes, and are often not serious. As they *may* always be the beginning of ulcerated throat, quinsy, abscess on the gland, mumps, or some other complaint, always watch and take care till either are well. If a child who seems ailing and feverish suddenly complains of *sore throat, difficulty in swallowing, and the throat is tender outside*, it is safer to have a doctor. These may be the first signs of diphtheria, and there is need of treatment *at once*. If it is possible, and

the doctor advises it, let the child go to the hospital. With doctors on the spot, and the best skilled nursing, the child has a far better chance of getting well. If you must keep it at home, obey the doctor's orders in EVERY DETAIL EXACTLY. *Keep whatever spoons, cups, plates, or anything you use for the child in the room for him alone*: afterwards ask how to disinfect them before they are taken out of the room. Do not let the child breathe or cough in your face. If he coughs or spits into your clothing or hands *remove and cleanse the place with disinfectant at once*. The child must be taken great care of for a long time after diphtheria. There is danger of paralysis of the heart for some time. (All this applies equally to grown-up people.)

QUESTIONS ON LECTURE V.

101. 1. What is the only food an infant can digest? What sort of food can the juices in an infant's stomach and intestines change into nourishment?

102. 2. How much good does bread sop do a baby? Why? Say all you remember about bread sop for babies.

103. 3. Should you give the baby a little of your own food? Why not?

104. 4. What is the best sort of milk for a baby? Why are so many men, and such strong men, found in Japan?

105. 5. What sort of a feeding-bottle should you use? What would you do with it between the feeds? Why does this sort of bottle save time in the end?

106. 6. Should a baby have "thrush"? What causes the soreness of the mouth and the lower parts? How should you prevent both?

107. 7. How would you prepare a bottle for a baby under a month old? How between one month and seven

months? How at seven months and after? Say all you remember about this.

108. 8. When should a child be weaned? When may it have thin broth? When may it have meat?

109. 9. What are the four great rules for the right rearing of a baby?

110. 10. If a baby cries, and cannot be stopped, what must you make sure of? If it has pain in the stomach what will you make sure of, and what will you do?

111. 11. What are the three rules for a baby's clothing? What must you never use?

112. 12. How would you know that a baby is dangerously convulsed? What would you do? Say all you remember.

113. 13. Say all you would do if a child were attacked with croup.

114. 14. How many sorts of croup are there? Why should you always act as if it were the worst sort when it comes on?

115. 15. Is it important that a sick child should take as much food as is ordered? What is the best way to get a child to take food it does not wish to take? What should you try to prevent when feeding a sick child?

116. 16. Say why a child that has been taught to be obedient and clean has far better chances of getting well than one that has been allowed to be disobedient and dirty?

117. 17. What are the two chief causes of rickets? What are the signs of rickets? What harm comes of rickets?

118. 18. Say all you would do to prevent rickets. Mention two ways in which you may cause it.

119. 19. What often causes "bandy-legs"? Mention

two cases in which a child old enough to run about is in danger of getting bandy-legged. What would you do?

120. 20. What may happen to a child with or after measles? Say all you remember.

121. 21. What care would you take of a child with or after measles? Say all you remember. Would you wash it?

122. 22. What signs should make you look out for scarlet fever? What would you do if you saw these signs? Where would you look for the rash? Why should you be willing to send it to a hospital?

123. 23. If you nursed scarlet fever at home, what rule must you remember? How long does the infection from scarlet fever last? What peels last?

124. 24. Why must you take great care of a child getting better of a mild attack of scarlet fever? Why is there danger of chill, and what may a chill cause? Why must you take special care about three weeks after the fever begins? What signs must you look for, and what will you do if you see any of these signs?

125. 25. What signs should make you on the watch for diphtheria? If a case of diphtheria is nursed at home, what special care would you take against infection? Say all you remember. Why must you take great care of a child for a long time after diphtheria?

LECTURE VI.

CONVALESCENCE—EMERGENCIES.

THINGS REQUIRED FOR LECTURE VI.

1. Bed and patient, with extra blankets and pillows.
2. Jacket or shawl. Slippers.
3. Armchair. Footstool. Chair. Box.
4. Diagrams (1) and (2).
5. Handkerchief. Some old linen. Basin of water.
6. A bed-rest.

LECTURE VI.

126. 1. When a person is getting better of an illness you must take care that he does not *tire himself, get a chill, or bring on indigestion*. Over-exertion or a chill is likely to throw him back into a feverish state. Indigestion will prevent his food from nourishing him, and perhaps bring on some fresh illness.

127. 2. A person who gets a return of his illness or some new complaint after he begins to get better has very little strength left to fight against it. He will be a long time getting over it, and often he never does wholly get over it. Care when a sick person is getting better *often means a perfect cure, instead of a chronic invalid*.

128. 3. The first thing allowed after a bad illness is sitting up in bed. A loose flannel jacket is best, but if you have not got one, cover the shoulders with something warm and light, and take care that the arms are kept in. The pillows at the back must be firm and high enough to rest the head. If you have not got a bed-rest, turn a chair upside down, with the outside of the back against the pillows, and the front legs against the back of the bedstead or the wall.¹ To prevent slipping down, wrap any old wooden box in something clean (and aired) and put it against the foot of the bed so that the feet press against it.

¹ Do all this with bed-rest and with chair.

As either a bed-rest or a chair generally brings a person down to the middle of the bed, you will not want a very big box.

129. 4. The second stage in getting better is generally sitting up in a chair wrapped in blankets. Lay one blanket *over the seat and arms of the chair, and over a footstool, leaving enough to turn up over the knees.* Put pillows at the back and, if it is a hard chair, on the seat. If you have a warm dressing-gown or a jacket put it on the sick person before you uncover him.¹ Anyhow put something light and warm over his shoulders and arms. If you have no soft slippers, draw socks or stockings over his feet. Throw the other blanket round his shoulders and wrap him in it as he gets out (unless the dressing-gown is long and warm). Wrap one blanket well round the legs up to the waist, and the other must overlap it and cover up to the neck. *The pillows must rest the head.*

130. 5. In winter see that the room is warm, and have a hot bottle instead of a footstool. In hot weather be careful of draughts and wrap up the legs as I have told you, but don't keep too much on the shoulders, or the sick person will probably turn faint. Ask the doctor how long he may sit up, and never keep him up longer. But if he turns faint or feels too tired let him go back to bed. Often a sick person can stay up longer if he sees the bed all ready for him to get into it. If it is unmade he is afraid of having to wait while it is made. Remember that any one is very low and nervous after a long or severe illness, and ought to be humoured in every little thing that does him no harm. I once found a woman sitting with her head down on her knees, almost fainting. The

¹ Do all this with dressing-gown and without.

bed was unmade, and two women sat looking on. This was because the doctor said she was to sit up for an hour! She never got well. The doctor always means you to use your common sense in obeying this order.

131. 6. If you are short of pillows, use the cushions and bolsters of sofas and chairs downstairs, or even shawls or anything else rolled up. *Always put them in pillow cases if you can.* If you have not an armchair put the lowest and largest chair you have in a corner¹ against a chest of drawers, or something solid, and arrange your pillows accordingly. If you have not a footstool use a box, a child's chair, or anything low. *Think,* and use your common sense.

132. 7. The first time a sick person dresses have the clothes all ready at hand: clean, aired, and (in winter) warmed. The first time he goes out see that he is warm and has just taken something nourishing before he starts, and bring him in before he gets tired.

133. 8. If a person who is getting better has no appetite, take thought and trouble to tempt him. Don't let him know what he is going to have. Cook it nicely, and put it on the plate nicely, and a little at a time. *Be very punctual.* If he has a great appetite you must be careful not to let him have too much. The great secret of getting really well is to be slow and sure. A little more done and a little more food taken every day. The rule of feeding a "convalescent" person is much the same as for feeding a sick person. *Give all the doctor allows. Give nothing that he does not allow.*

134. 9. As these lectures are nursing and not ambulance lectures, I can only give you a few directions about what

¹ Show how to arrange chair in corner if you can conveniently.

to do in "emergencies". As the most common and terrible emergency is a fire, we will take that first.

Remember that flames always go up. So if your clothing catches fire, *throw yourself down on the floor at once.* Crawl or roll to any rug, tablecloth, curtain, or anything you can roll yourself in. In that way you are almost certain to put the fire out before it has done you much harm, or got to your face or hair. Don't rush to the door and stand in a draught shrieking. The draught and your upright position will cause the flames to shoot up, and you will be sure to be scarred on the face and lose your hair, if you don't lose your life.

135. 10. If you are with any one whose clothing catches fire *force her to lie down at once*, and roll her up in the first thing you can get hold of. If anything catches fire pull it down if it is hanging up: smother it: shut doors and windows.

136. 11. In removing the clothing of a burnt or scalded person, *take great care not to break the skin.* It is better to cut a sleeve or a stocking or a vest than to drag so as to break the skin, and so change a slight injury into a serious one. If a child steps into boiling water (which they often do, and never ought to have a chance of doing), you may wrap cloths saturated in oil (carron, olive or linseed) *very gently* round, outside the sock, till the pain and inflammation are gone down. Then you had better cut it down. (Unless you know for certain that nothing has been done to drag the skin off you had better get the sock off at first.)

137. 12. Burns are of three classes: (1) when the skin is inflamed but not blistered; (2) when the skin is blistered but not broken; (3) when the skin is broken and the flesh burned and charred.

138. 13. In any burn or scald the first object is to

exclude the air. If you are wise enough to keep carron oil in the house, use that. Olive or linseed oil or vaseline, or boracic ointment are all very good. *If the skin is not blistered or broken* you may use flour or wadding. Get some one to dip rags in oil or spread vaseline or ointment on them while you remove the clothing, and as you uncover each bit of the burn or scald cover it with dressing. If you use flour, powder it on thickly so as to keep the air off, and cover with wool; then soft old flannel, or soft rag.

139. 14. Except for the most trifling burns or scalds have a doctor, because there are several dangers in such cases, even when the injury seems small. (I have known a child to die of blood-poisoning from a scald, caused by the spilling of a cup of tea.) If the burn or scald is at all serious let some one run for the doctor at once; but do not lose a moment in getting dressing over the burnt or scalded part.

140. 15. One danger from a large burn or scald is what is called "shock". If the person turns pale, seems to take little notice, breaks out in cold perspiration, or shows any such signs of sinking, you must act quickly. Put hot bottles (ginger-beer bottles will do if you cannot get bigger ones) to the feet and stomach, keep the head low. Give stimulant with a teaspoon slowly. Give hot tea or coffee if it does not cause a feeling of sickness.

141. 16. If any one is bleeding a great deal you must do all you can to stop it before the doctor comes. (Of course you must send for him at once.) If the blood oozes out it is from a little blood-vessel. If it is bright red and jets out it is from an artery. If it is very dark and streams out it is from a vein.¹

¹ Show diagram 1.

142. 17. In any case of bleeding, *raise the limb high, and take care that your hands and everything you use are perfectly clean.* Bleeding from an artery must be stopped by pressure above the wound; because in arteries blood is coming *from* the heart. Bleeding from a vein must be stopped by pressure below the wound, because blood in the veins is going to the heart.¹

143. 18. You may be able to stop the bleeding when the limb is well raised by pressing with your thumbs above or below the wound. If not, tie a handkerchief round tightly, above or below, according to whether the blood comes from a vein or an artery.² If it stops bleeding, on no account leave it tied up and think it is all right. You must get a doctor, or get the person taken on an ambulance to the hospital *at once.*

144. 19. Oozing can generally be stopped by raising the limb and dropping clean cold water on the place.³ *Never use cobwebs to stop bleeding. Never give stimulants : they make the blood go faster.*

145. 20. If a person is subject to epileptic fits, you can do a good deal to prevent them. See that the bowels act regularly, that he eats nothing indigestible, and takes very light suppers. During the fit all you can do is to loosen the clothing about his neck, put something between his teeth to prevent him from biting his tongue (a folded handkerchief, or the handle of a teaspoon, or *something that will not slip down his throat*), and stay with him till it is over. Never try to make him take anything during the fit. When it is over let him have his sleep out without being disturbed. You ought to take the greatest pains to prevent epileptic fits because, though they seldom cause

¹ Show diagram 2.

² Show all this.

³ Do this.

death directly, if they are frequent and severe they ruin health of mind and body.

146. 21. Hysterical fits often look like epilepsy, but the person is not really unconscious, and never hurts herself. She will resist if you try to open her eyelid, and the eye sees and feels. The less notice you take of hysterical fits the better. They are sometimes cured very quickly by a suggestion of cutting the hair, dousing with cold water, or any other unpleasant treatment. Hysteria must not be looked on as a deliberate sham, it often comes from weak health. But it makes a girl or a woman so ridiculous and such a nuisance to every one that you ought to be very firm with any one who gives way to it. The best rule is, take as little notice as possible of any one who is hysterical. Desire for notice causes the silly actions and selfish ways of hysterical people.

147. 22. When any one has an apoplectic fit send for the doctor at once. *Move the person as little and as gently as possible*, lay him with his head and shoulders raised, loosen his clothing about the neck, put a hot bottle to his feet (as he probably cannot feel take care not to blister or burn him), put cold wet rags on his head, and keep him quiet and still. Remember that the seat of the complaint is in the head, so move it gently when you must, keep it settled comfortably and raised; ask the doctor if you are to go on putting wet rags on it. If so have two pieces of rag, wring them well, and change them often.

148. 23. Death or paralysis for life often result from apoplexy, and the whole or partial cure often depends on careful nursing. Do all that the doctor orders thoroughly, and if you fail tell him how and why. For instance, if he orders an enema, and the soap and water runs back as you try to inject it, or comes back directly without causing any

action of the bowels, then or later, the doctor must know, so that he may order something else. Often the throat is partly paralysed, and sometimes you can only give a few drops of milk at a time, watching for the gulp of swallowing between each. Be most careful not to cause choking. As a person with apoplexy is helpless, and the bed is likely to be wet and soiled often, take all the care you know to prevent bedsores. As he breathes with his mouth open, take care it does not get sore through dryness. Make the bed and change the linen as for a typhoid case, with special regard to the head. There is no case in which a sick person is so dependent on his nurse, or in which she can do more for his good and comfort, than a person in an apoplectic fit, or helpless with paralysis afterwards.

149. 24. Be careful to distinguish one sort of fit from another. A person with epilepsy is convulsed, all or part of the body jerks and twitches, his eyes do not see or feel, and he will not resist your opening the lids. An hysterical fit may have all these symptoms, except that the person will resist your opening the eyelids, and probably betray in some other way his consciousness. A person with apoplexy is seldom convulsed, and generally the face is flushed. He loses consciousness suddenly, breathes loudly, the pupils of the eyes are fixed, and one or both is "dilated," that is, big. He will also be paralysed on one side. *Do not mistake apoplexy for drunkenness even if the breath smells of drink.* Total unconsciousness, noisy breathing, or one pupil bigger than the other distinguish apoplexy from the stupor caused by drink.

150. 25. In any case of suffocation from drowning, hanging, gas, or any other cause, breathing often stops some time before a person is dead; and by making the person breathe "artificially," real breathing is sometimes started

again, even two hours after what looks like death. So always try it at once, while you wait for the doctor.

Lay the person on his back, with his shoulders and head slightly raised.¹ If the case is strangulation turn him face downwards for a moment, and clear out with the fingers any accumulation of thick stuff at the base of the tongue (that is, by the throat). In a case of drowning you must do this also, and lay the head on one side, so that any fluid must ooze out of the mouth. In all cases loosen all the clothing, draw the tongue out of the mouth, and let some one hold it in his finger and thumb with a handkerchief or it will slip (or you may fasten it with any sort of elastic band under the chin, if you have one with you).²

Stand, or, if the person is on the ground, kneel behind him. Grasp his arms above the wrists, pull them away from the sides, and up till they meet above the head; keep them there for about two seconds. Then bring them *slowly*³ back again till the elbows meet over the chest. Press with your hands over the arms on the chest, then begin again. Repeat these two movements slowly, not more than sixteen times in a minute. Keep on (if no result) for two hours, or till a doctor tells you it is of no use.

If you happen to be on the spot where some one hangs himself, remember that your first duty is *to cut the body down*; and drag a table under it, or get up on something, or take any care you can not to let it fall. Many lives are lost through a mistaken idea that a hanging person must be left untouched. Besides not saving a life, you are liable to be blamed at an inquest for such neglect.

¹ Lay the patient on the floor. Roll something up to put under his head.

² Show how to do all this. ³ Do this.

Now I hope you will all try to practise what you have learnt here, as you have opportunity; not only in your own house, but to teach and help people about you. (I know one excellent nurse, a poor woman, who has constantly practised what she has learnt at lectures, and from helping trained nurses. She could make a good living by her nursing, and is a blessing to the neighbours all round her.)

QUESTIONS ON LECTURE VI.

126. 1. What special care must you take of a person who is getting better of a serious illness? Mention three points, and give the reason for each?

127. 2. Why is it so important not to let a person who is getting better get ill again? Say all you remember, and the difference great care at that time will probably make.

128. 3. Say all you would do when a sick person is first allowed to sit up in bed.

129. 4. Say all you would do in getting a person up for the first time, not dressed. (Say only up to the time you settle him in his chair, and at any time of the year.)

130. 5. What special care would you take in winter when getting a person up for the first time? And in summer? Should you keep him up as long as the doctor orders?

131. 6. What should you do if you had not enough pillows, or an armchair, or a footstool?

132. 7. Say all the care you would take when a sick person is (1) dressed for the first time; (2) goes out for the first time.

133. 8. Say all you would do to tempt a sick person, getting better, who has no appetite. What care would

you take with a person who is very hungry? Give the one great rule in feeding a person who is getting better of an illness.

134. 9. What is the main thing to remember when any one's clothing or anything catches fire? Say all you would do if your clothing caught fire. Say one thing you must never do.

135. 10. What would you do if some one else's clothing caught fire, or if anything caught fire?

136. 11. What great care must you take in removing clothing from a burnt or scalded person? How may you change a slight injury into a serious one? What must you do rather than drag anything off? What may you do when a child has walked into a pan of boiling water? When is the only time that you may do this?

137. 12. Mention the three classes of burns.

138. 13. What is the thing to do in any burn or scald? What may you use? When only may you use flour or wool? Say how you would set about getting dressing on a burn or scald.

139. 14. When must you have a doctor for a burn or scald? Why? Would you run for the doctor yourself?

140. 15. What are the signs of "shock"? What would you do if you saw those signs in a person who had been burnt or scalded?

141. 16. If any one bleeds a great deal, how will you know whether it comes from an artery, a vein, or a small blood-vessel?

142. 17. What must you do in any case of bleeding, and what care must you always take? Where must pressure be used to stop bleeding from an artery? Why? Where to stop it from a vein? Why?

143. 18. How would you apply pressure to a blood-

vessel? If you manage to stop the bleeding, should you leave the handkerchief on and think it is all right? What must you do?

144. 19. What will generally stop oozing? Should you use cobwebs to stop bleeding?

145. 20. What can you do to prevent epileptic fits? What must you do during the fit, and after? Why should you take the greatest pains to prevent epileptic fits?

146. 21. How would you treat an hysterical fit? Why should you be very firm with any one who gives way to hysteria?

147. 22. Say all you would do for a person in an apoplectic fit up to the time that the doctor comes.

148. 23. Mention two results to be feared from an apoplectic fit. What special care would you take in feeding a person whose throat was partly paralysed? Say all you can remember of the special care you would take in nursing a person in or after an apoplectic fit.

149. 24. How would you know epilepsy, hysteria apoplexy? How would you know apoplexy from drunkenness?

150. 25. In any case of suffocation, such as drowning, hanging, or from gas, what must you try to do? What special care must you take before you begin in a case of (1) strangulation; (2) drowning? Say all you can remember of what you would do. What must you do if you are on the spot when a person is found hanging? Say all you can remember.

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