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THE

NURSE'S MANUAL

437

AND

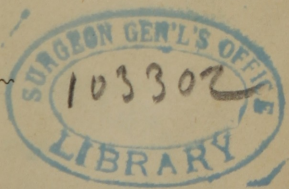
MOTHER'S MEDICAL ADVISER,

A

GUIDE TO THE INEXPERIENCED.

BY A

PRACTISING PHYSICIAN.



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PREFACE.

The work now offered to the public differs from most of the few extant upon the subject of which it treats. The plan pursued is in nowise a studied, systematic one; but, on the contrary, the various subjects dwelt upon are taken up, one after another, as they are known to arise in actual practice, thus making the work one of practical instruction. Most authors, who have written on the subject of nursing, have considered the detail of minutiæ, as regards the nurse's practice, of paramount importance to the inculcation of fundamental principles; judging from their productions, at least, this would appear to be the case. Some of the works alluded to contain protracted narrations of the duties the nurse is required to perform in the presence of the medical attendant, which, in our view, is entirely out of place, since he alone should be the sole director in those matters, for which his relation to the sick requires him to stand accountable. Almost every physician has, upon occasions where his presence is required any length of time, a course of management to be pursued by the patient and nurse peculiar to himself and according to his own views of propriety. Whether such views are correct, or such a course most consistent with the welfare of the patient, is not to be decided by one entirely unacquainted with the circumstances of the case, or in nowise connected with it; for, in attempting to determine the point, he would be trespassing on grounds belonging to others, and, by giving instructions to the nurse thus situated, would be forestalling his directions; or, in other words, improperly interfering with his business.

This particular presents a point wherein the present work differs from those. In the following pages we have endeavoured, as much as possible, to avoid this kind of interference, and throughout the whole, as opportunity offered, to impress on the mind of the nurse the idea that in the presence of the physician she should receive and obey instructions from him, and him only. Another material point of difference is, that this work embraces principles and practical instructions in nursing in general diseases, as well as those belonging to the lying-in room, while all others that have come to our knowledge are devoted exclusively to the latter.

Our object, in preparing these sheets for publication, is more to instruct those persons who are called upon to act as care-takers of the sick, in the general physiological principles of this highly important profession, than to *retail* the minutiæ of each particular duty; and here arises a third prominent point of difference, for instructions heretofore in the principles that should govern the nurse's actions have been manifestly neglected.

From what has just been said, however, let it not be understood that we have omitted entirely to give directions in the *practical* exercises of the profession of nursing, for, upon items of difficulty and consequence, the endeavour has been to mingle these with the fundamental principles which should govern them, thus making the work what it purports to be, "The Principles and Practice of Nursing, or a Guide to the Inexperienced."

January 12th, 1842.

INTRODUCTION.

In introducing to the public this little book, the result of a maiden effort in authorship, we crave of those into whose hands it may fall the favour that the performance may not be viewed so much with the eye of a critic as the matter examined with regard to its importance. It was written more with a view to confer a practical benefit than with an aim at literary excellence; the latter, perhaps, in many instances, has been neglected through a desire to satisfy the earnest cravings of the honest inquirers after truth in those matters relating to their duty towards the sick, and to put into their possession the most effectual means of removing disease, and restoring to health and usefulness the objects of their solicitude.

We are fully aware that there are a few, who profess to practice the healing art, who will look upon this as an innovation calculated, in a pecuniary point of view, to detract from the value of the profession! But, we envy not the heart of that man who is so blinded by avarice as to be unable to view this heaven-sent science in no other light than an ordinary trade, or, who is influenced, while practicing it, by no higher motive than the acquisition of gain. And we would here say to the public, beware of him, let him be found where he may, for he will make a trade of your infirmities, and reap wealth from your afflictions.

But to those (who, we rejoice to believe, constitute a large majority of the profession,) that are influenced by nobler motives, this humble effort is designed to render assistance, by properly instructing those

upon whose fidelity they are obliged to depend in their absence from the sick room.

Every experienced physician can readily call to mind instances where he has had to lament the entire inefficiency of those in whose charge he was obliged to leave his patient while absent. He has often had his heart to melt with pity for his patient, while his soul burned with indignation towards the nurse. He has frequently been hurried to the sick room to behold "a ghastly spectre," where, but a few hours before, "a smiling angel lay." He has seen the distressed brother bending in pity over the dying couch of a beloved sister; and the weeping sister bathing the cold damp brow of the expiring brother. He has heard the wild shriek of despair from the youthful mother, as "her first-born was snatched from her tender bosom." He has seen the father, "whose sterner grief could find no vent in tears," with brow knit with bitter anguish, stand mute and motionless, beholding the last struggles of his favorite boy. He has seen the young wife in the attitude of prayer, supplicating the throne of mercy in behalf of the departing spirit of the dearest object of her earthly affections; and the devoted, forlorn husband holding in his embrace the almost lifeless remains of his young wife. He has seen the bosom heave, and heard the deeply drawn sigh of those whom delicacy forebade to weep, as they beheld the vacant glare, the parched lip, the fevered brow, and the final mortal struggle of the betrothed object of their early love. Even this, and more, he has witnessed as the consequence of a want of a thoroughly qualified nurse; one that could see evil as it approached, and who was capable of protecting the patient against its influences at times when the various duties of an arduous profession required his protracted absence.

Having repeatedly witnessed the sad effects of incompetency in this class of persons, the task of conveying what is deemed the necessary information, we have assumed; less, however, from choice than

necessity. With the evidence continually before us of the fact, that the best directed efforts of the ablest physician will often prove abortive if not duly assisted by a well qualified and faithful nurse, we consented to the silent, though pressing, demands of the afflicted to undertake the work; but rejoiced would we have been had public necessity not required the effort, or that it had fallen to the lot of one better qualified by age and experience for the duty. We consider such a work calculated to secure to the patient the full benefit of the united efforts of the physician and nurse.

We are aware that some few of our cotemporaries esteem it a better policy so to disguise their practice as to prevent the least possible chance for the nurse to acquire any information with regard to principle; and, with an air of assumed wisdom, throw a mantle of mystery over their proceedings, with a view, as they aver, of securing public confidence, while they screen the baseness of their motive behind the *very patriotic* excuse, "that the people are not prepared for further light on subjects of disease." We would ask, when will they be prepared, while they are designedly kept in perpetual darkness? Let those few parsimonious worshippers of Mammon be told that the light of physiology must go forth, and every where illumine that mental darkness that has so long pervaded the land. The spirit of the age requires it, humanity requires it, and the dignity of the medical profession requires it.

When chemistry threatened to unmask and expose the deceptions of the worshippers and shrine-makers at the Ephesian temple, "they rose up to secure their craft from the danger they feared." So with the superficially instructed practitioner of medicine; he dreads the analyzing influence of inquiry, lest it should expose his worse than alchymistical deceptions, strip him of his ill-gained reputation, and subject him to the just scorn of a deceived and injured community.

But, the thoroughly qualified physician has no such terrors; he

shrinks not from inquiry, nor dreads its results; but, on the contrary, cheerfully puts the means of instruction into the hands of every one who desires knowledge on the important and interesting subject of the preservation and restoration of health.

In an age like the present, when inquiry, laudable and boundless, is rife with regard to every subject that can engage human attention, it is no wonder that empiricism, with a plausible exterior, should find favor with the public, while a constant effort is vigilantly maintained to keep closed every avenue to correct knowledge. Let once the portals to the temple of Medical Science be thrown open; let all who desire become familiar with the first principles of Physiology, Anatomy, &c., and there is a death blow given to Quackery; and the sentiment breathed by Homer will be owned by all:

> "A wise physician, skilled our wounds to heal,
> Is more than armies to the public weal."

THE

PRINCIPLES OF NURSING.

CHAPTER I.

QUALIFICATIONS OF THE NURSE IN GENERAL.

Even Temper and Good Humor—Firmness—Discrimination—Self-Denial—General Intelligence—Abstinence from Improper Habits — Cleanliness — Industry — Economy—Housewifery—Discretion.

IMPORTANT as is the office of nurse, it is a matter of no little astonishment, to reflect how few there are who assume the responsible station, that are qualified either by nature or education, to discharge its duties. If the saying be true "that a patient stands a better chance with a good nurse and an inferior physician, than with a good physician and an inferior nurse, (and we are not disposed to doubt it,) every one will admit that those who offer themselves to the public as nurses, or guardians of their welfare in the hour of danger, should have previously, by reading and observation, amply qualified themselves for the under-

taking. But how many are there who have devoted even one month or week to preparatory study or reflection; or how many, previously to the commencement of their career, have passed one day in the sick room, for the purpose of acquiring, by observation, that knowledge necessary for an efficient and agreeable nurse? Very few, very few, is the response to the inquiry. But it may be asked, what great amount of knowledge is required; sure it calls for no wonderful skill to hand a drink of water, to give a dose of medicine, as directed by the physician, to make a mustard plaster, or bread and milk poultice, and apply them as directed? Very true. But there are other duties than the mere drudgery of the room, of a higher and nobler order, to efficiently discharge which frequently calls forth all the energies of a virtuous and enlightened mind. In seasons of deep distress, when fell disease holds unbounded sway over the vitals of a languishing fellow being, and the spirits droop beneath the heavy load, and naught but a cloud of dark despair gathers around the wretched couch, then, by the regard she has for suffering humanity, and by her desire to make herself useful in her occupation, she is called upon to exercise the best feelings of her nature, to dispel the gloom, and pour the oil of consolation into the bleeding wounds of the desponding sufferer. Though the bosom may heave high with compassion, and the soul's best sympathies be awakened, and an earnest desire manifested to af-

ford relief, but for want of a certain tact (which can only be acquired by previous study, reflection and observation,) in bringing those feelings to bear advantageously upon the object that has aroused them, they can but rarely be of any substantial benefit.

Having made the insinuation that many who assume the responsible station of nurse are not sufficiently qualified to discharge its duties, we shall now proceed to lay down a few of what we conceive to be necessary hints, and trust they will not prove unprofitable to those who are about to enter upon the exercises of this anxious and important calling.

EVEN TEMPER AND GOOD HUMOR.

An even temper is among the principal qualifications, if not the most desirable one for a good nurse. For those whose profession requires of them constantly to change their situations, who are consequently called upon to associate with the greatest variety of tempers and dispositions, some mild and amiable, some peevish and fretful, some sullen and morose, some passionate and tumultuous, we say, for those whose lot is cast on such a sea of calm and tempest, with all its intermediate vicissitudes, an even temper cannot but be the anchor of safety, which, amid the ravings of the foaming surge, and

dashing of the angry spray, holds the barque unmoved—unalterably fixed.

Good humor is a qualification which may be considered natural, and thought to be possessed only by those who have inherited it from old mother Nature, but which may be acquired in a great measure by others, of whom she, in her jovial moments, may have been more unmindful; by properly cultivating the temper and disposition, and mingling in gay, sprightly society. Numerous instances will occur, in the course of a nurse's practice, where this will be found an indispensable auxiliary; in fact, in those cases where there is a prostration of the spirits, from nervous debility or other causes, which tend to produce dejection, and a melancholy state of mind, a lively agreeable nurse can frequently, by a proper directed effort, so far succeed in diverting the mind of the patient from the cause of her affliction, as to render her situation at least abundantly more comfortable, if not entirely change her turn of thought from low despondency to comparative cheerfulness and vivacity. We do not wish to be understood, however, as recommending a foolish giddiness, a senseless hilarity, calculated to tire and disgust, rather than to soothe and to cheer, but "that calm, placid serenity of mind," duly tempered with sprightliness, "that diffuses a kind of sunshine on the countenance," exhibiting confidence and satisfaction, and spreading a "halo" of contentment "on all who

come within its influence." But few of the "social virtues" are there, "that make so forcible an impression upon the mind, or that are so lasting in their effects, as these most excellent qualities; they imperceptibly take possession of our minds under whatever circumstances we encounter them." Whatever may be the qualifications of a nurse, in any situation pertaining to her occupation, without a share of good humor, and "gentleness of temper," she must be considered deficient.

FIRMNESS.

Next in importance to an even temper is firmness and decision of character, the exercise of which is frequently, indeed, it might be said, to a greater or less extent, always, absolutely indispensable in the management of the sick. Instances are not rare where the nurse is importuned, with all possible earnestness, to yield her better judgment to the gratification of some momentary desire. And, unfortunately, it too often happens that the entreaties of the patient are permitted to prevail; resulting almost always in her* serious injury, and by no means is it unfrequent,

*As this work is intended more particularly for the female part of the community, for the sake of uniformity, in speaking of the patient, we shall use the feminine gender; though the present, and the following chapter, relate to nursing in general, be the case either male or female.

that apparently the slightest deviation from prudence terminates in the destruction of life.

To these solicitations, where, it is presumed, the object desired will produce the slightest injury, a prompt and decided denial is required of the nurse; but let it be made in kindness, and by her actions and conversation strive to convince the patient that every thing to make her comfortable, consistent with her good, shall be done; perhaps her momentary displeasure may be incurred, but during its reign be more than usually kind and attentive, and reason will soon reascend her throne, and the patient, upon reflection, will feel, if not confess, gratitude for the promptness used. Against the importunity of friends the nurse will also frequently be required to take a decided stand: it is the practice of the friends of the patient to lavish their visits upon her with unmeasured profusion—an evil always to be deprecated—as they come, generally, loaded down with prescriptions, both medical and dietetical, which they urge upon her with apostolic zeal; and she, weak, languid, and tired of her restricted regimen, and anxious for a speedy recovery, listens with rapture to the high wrought encomiums showered upon each favorite panacea, until she is brought to believe that convalescence is the work of magic; that the redeeming wand is at hand, and longs to become the happy subject of its hallowed influence. But judgment and prudence forbid an indulgence in the enchantment,

and require it should be laid aside, as an unsubstantial phantom, a vain delusion, unworthy of consideration, much less of confidence.

There is another species of interference, perhaps not quite so general, but, if possible, more prejudicial to the welfare of the patient, than that of intermeddling prescribers; we allude to ranting religionists. To deny the patient the consolation often afforded her by conversing with, and unbosoming herself to a pious friend, when at all practicable, would be committing a most unwarrantable outrage against the noblest and best part of our nature. So far from this being an injury, we have frequently known it to be productive of much good. But for a noisy ranter to rush impetuously into a sick room, when the patient is reduced, by an acute disease, to the last extremity of bodily weakness, and consequently mental debility; and at a time when the greatest possible degree of silence is required, and a perfect quietude of mind and body is most desirable; and there, in a loud tone, to commence what he calls devotion, and continue it from fifteen to thirty minutes at least, which time is generally devoted to throwing out remarks calculated only to produce excitement of the mind by creating undue alarm, which can be productive of no good either spiritual or temporal; but, on the contrary, much harm must be the inevitable result. The amount of evil resulting from this course of procedure, is proportioned to the extent of excite-

ment. Where there is a great prostration of physical strength, a long continued mental excitement, according to well known laws of the animal economy, cannot but tend to increase the prostration, inasmuch as the vital energies are increased in a corresponding ratio to the extent of the mental disturbance; then let the cause of this increase of vital energy be removed, and the system, tending to an equilibrium, sinks into a state of debility, proportioned exactly to the extent of excitement—during which state the patient is very liable to succumb. But we are told that the soul must be saved at all hazards. We grant, to be prepared to die

"The death the righteous die,"

should be made the object of our whole existence. But where is the evidence of this being the result of that imprudence and rashness we so often see exhibiting itself, where quite a contrary course is indicated by both reason and experience? At a time when the mind is utterly unfit for reflection, or any other active exercise, instead of its being soothed by the consoling accents of genuine piety, is thrown into a state of disorder, approaching nearer to panic than that calm serenity of soul which gives evidence that it has received the placid influence of heaven's own beatitude.

When the unpleasant task of taking a stand against this character of visitors becomes necessary, the nurse

is required to be decisive and firm in the discharge of her duty; but, at the same time, a due regard for the feelings of all parties concerned, demand a politeness of manner, and respectful demeanor.

The administration of medicine is frequently rendered unpleasant to the nurse, by the abhorrence manifested to it by the patient. However unpleasant the task may be, the good of the patient forbids any compromise of duty, and feelingly, but firmly, must the importance of a compliance with the directions of the physician be insisted upon. If, however, the stomach should actually reject it, more harm than good may be done by urging the prescription too far. But more of this hereafter. Not exclusively in the instances here noticed is firmness indispensable; but in various others it will be found essential, as will be dictated by judgment, and directed by the physician.

DISCRIMINATION.

This is by no means an unimportant qualification; sometimes the nurse is required to exercise it in an eminent degree. It is a sort of talent, whereby she is enabled to distinguish between circumstances, which, to an unobserving person, appear nearly allied to each other, but where in reality there exists a difference, which, if left to pass unnoticed, might be productive of serious consequences. It is only to be

acquired by experience and observation, and is eminently advantageous in the absence of the physician, when the circumstances of the case imperiously demand a deviation from his directions.

We are well aware that there are some high blooded gentlemen belonging to the medical profession, who presume to look upon their prescriptions as holy things, not to be polluted by the unhallowed approach of busy intermeddlers.

While we set as high a value upon the prescriptions of a judicious physician as he himself, or any other person can, we still hold that much harm has been done by too rigid a perseverance in following them. The eye of the physician can, no more than that of any other individual, penetrate into the dark vista of the future; but, from existing circumstances, his experience may enable him to judge of probable results; but to foretel certain events is palpably absurd, and an attempt at it is nothing else than the creature of ignorance or knavery, either of which should receive the frowns, not only of every practitioner of the healing art who has not received a portion of the prophetic inspiration, but also of an intelligent community.

Now, for illustration, we will suppose an instance. A patient with intermittent fever, during the presence of the physician, feels very comfortable; has had no fever for the last two days; is taking bark or quinine; appetite improving; covered with a moist

perspiration; tongue almost, or entirely free of coat, and every symptom evidently favourable: this is in the morning, if you please. The physician directs a continuation of the medicine, at intervals of every hour or two hours, as the case may be, until his return. Perhaps just before his visit she had imprudently subjected herself to some slight exposure, sufficient to give her cold, or had eaten something that should have been avoided; and before he had been gone one hour the fever should have returned, and continue to increase in violence until his return the next day. Would the nurse, under such circumstances, have been justifiable in following the directions?

Another.—The physician visits a patient in a low, delicate state, disposed for the last two or three days to costiveness. He directs aperient pills, one every hour, until she has taken three or four. In half an hour after having taken the first pill, she has a free evacuation; in fifteen or twenty minutes another. The second pill is given; a diarrhœa sets in, attended with prostration of strength, &c. The third, and to go to the extent of the direction, the fourth pill is administered. Was she justifiable in giving the last two or three for the sake of following the directions of the physician, with their injurious effects thus staring her in the face?

Another.—The patient is found with considerable fever, restlessness, more or less pain in the bowels, stomach, side, or chest; after necessary depletion,

eight or ten Dover's powders, of five or six grains each, are prescribed: after the second or third had been exhibited, the patient becomes comparatively easy, is bedewed with a gentle perspiration, with a disposition to doze: the fourth and fifth are given; perspiration becomes profuse; sleep unnaturally sound; the medicine is continued as directed; the consequence is, a colliquative perspiration; melting down of the strength, and all the evils arising from excessive sleep, &c. &c. Would not the nurse have been justifiable in stopping at the third or fourth powder, after the whole benefit of the perspiration had been obtained, and before the evils of excess had been incurred?

Now no one will presume to say, in giving directions in the cases just cited, the physician in the least deviated from the established principles of medical philosophy; and that in the general, under ordinary circumstances, by not following the prescriptions, the nurse would have been guilty, at least, of neglect of duty, if not of unjustifiable interference.

Any one who is at all acquainted with the practice of physic, must readily admit that there are cases analogous to those we have supposed, though they may not resemble them in every feature. If, then, it be true, that cases may assume a different aspect during the interim of the physician's visits, and his prescriptions have a different effect from what he anticipated, it must also be acceded, if the good of the

patient be kept in view, that in his absence, and when his presence cannot be procured, the discriminating mind of an intelligent nurse may, with great propriety, be permitted to step in the gap, arrest the progress of the destroyer, and, like a redeeming angel, stand between the patient and her probable ruin, until the physician comes to the rescue.

Thus, it will be perceived, that the "interference" of the nurse, when duly qualified for her responsible station, instead of being a hinderance, may become a valuable auxiliary in bringing about the restoration of the patient's health—an event so desirable to every conscientious physician.

There are various other circumstances connected with the profession of nursing, which render it necessary for the nurse to exercise her judgment, in order for her to sustain her reputation and discharge her duty to the patient. For instance, the physician may direct a certain article of diet, which, upon trial, is found to be offensive to the patient. Now it is not to be expected that she must be obliged to go without any nourishment until the physician returns, because the stomach refused what he directed, neither is it to be expected that, in order to prevent her starving, the nurse is to give her whatever comes to hand, or whatever she may incline to take, without regard to its fitness, but her judgment must dictate what course to pursue, which will be to select such other articles as most resemble in quality that directed by the phy-

sician. If this also be rejected, another effort will be required; should that fail, still another, until something is found that can be taken; always keeping an eye to the object the physician has in view.

And again; in the administration of medicine, where any one of the common-place articles are prescribed, such as castor oil, Epsom salts, magnesia, senna, rhubarb, &c., if the object is merely to produce an action upon the bowels; and if the stomach reject the medicine prescribed, it would certainly be better for the nurse to select some one or other of the mild cathartics and administer it, than to let the patient suffer for the want of it, until the next interview with the physician. We have seen much more mischief done by letting her remain unmoved for twenty-four or thirty-six hours after a dose of medicine had been rejected by the stomach, through the timidity of the nurse, than by following the dictates of an enlightened judgment, and administering some other article of the class which could be retained by the stomach, and produce the effect required.

But, at the same time, an undue intermeddling with the prescriptions of the physician, on the part of the nurse, is highly reprehensible, and should never fail to meet the most unequivocal reprobation, not only of the physician, but of the patient and the community.

It frequently occurs, that external applications, such as cabbage, or burdock leaves, or poultices to

the feet, or bathing with vinegar and water, or diluted alcohol, or mustard plasters over acute pain, should it occur in the absence of the physician, in almost any part of the body, may be employed with considerable advantage; in those instances the nurse may exercise her judgment, in general, without much danger of doing harm.

SELF-DENIAL.

The business of taking care of the sick, if rightly attended to, will be found almost one uninterrupted series of self-denial. Constantly an inhabitant of the haunts of sickness, whether it be in the statelier mansions of the wealthy, or the low hovels of the poor, it is sickness still, bringing in its train distress, misery and wo. Through long tedious days, and "wearisome sleepless nights," she must be found ever at her post, for ever ministering to the suffering object of her care: she is not only required to forego the enjoyments of the day, and the evening amusements, but in the dark watches of the night, when nature, all around, is wrapped in quiet, and naught is heard save the deep moan of her afflicted companion, which eloquently admonishes her against indulging in that most desirable luxury,

"Tired nature's sweet restorer, balmy sleep."

In the discharge of her various duties, however

disagreeable many of them may be, or however repugnant to her feelings, an air of cheerfulness and willingness must mark her whole course; this will not only create feelings of gratitude in the patient, which tends to make the nurse's lot more tolerable, but will produce a bland agreeable state of mind, which will exert a wonderful influence in promoting convalescence. If, on the contrary, she loathe her occupation, and proceed reluctantly to the discharge of its duties, the patient will soon perceive her unwillingness to wait upon her, which will result in fretfulness, accompanied with hard feelings, and the work which might have been rendered comparatively pleasant by a little self-denial, becomes disagreeable, and the patient, by ruminating over her fancied neglect, and hard fate, raises a bar against her speedy recovery; an event ever to be lamented both by patient and nurse.

To sum up all, as regards self-denial, in a few words, is to say that a devotion to the interests of the patient, a constant attention to her wants, and an ever readiness to administer to them, go a great way in constituting a good nurse.

GENERAL INTELLIGENCE.

It is important that the nurse should possess a respectable share of intelligence on general subjects; by means of this, she will be able to interest the pa-

tient, beguile the tedious hours, and divert her attention from the disagreeable forebodings that sometimes haunt her bosom, and disturb that equanimity of mind so essential to her speedy recovery. She should so qualify herself in this particular as to be the agreeable companion, as well as the faithful nurse of the invalid.

The woman whose mind is well stored with general practical information, will be neither too loquacious, nor disagreeably retired,—will not be gossiping or tattling, or tiresome with trifling conversation; but, on the contrary, her remarks will be well timed, pertinent and edifying. This qualification will also act as an effectual restraint upon that presuming forwardness in passing professional opinions, and casting oblique insinuations against the directions of the medical attendant, which, unfortunately for the patient, characterises to too great an extent the generality of the sisterhood. We say the generality, because it is not universally the case; there are some worthy exceptions, and these constitute the physician's right arm in combatting the disease, and promoting the convalescence of his patient, and for their valuable services he is deeply indebted in gratitude and respect.

While justice requires us to commend the one, duty to the sick calls upon us to condemn the other: we condemn the faults, and not the persons; for we do not believe they arise so much from a badness of

heart as a vacancy of intellect; and as we esteem these defects, resulting from a neglect of mental culture in the nurse, as highly detrimental to the well-being of the invalid, we feel free to hold them up before the public gaze, that their deformity may not be concealed, but that those especially who practice them, may see their faults, abandon them, and reform.

The time employed in reading miscellaneous works, as a preparatory step to her profession, and at intervals of leisure, while exercising it, will by no means be misapplied; nor the labor thus devoted to collecting rich gems, from this prolific source, spent in vain. Let her reflect, that genuine merit seldom goes unrewarded; and that intelligence, a faithful discharge of duty, and general good qualities, will not fail to secure to their possessor a large share of public confidence, and a liberal patronage.

ABSTINENCE FROM IMPROPER HABITS.

The habit of snuffing or chewing snuff, smoking, using intoxicating liquors, opium, or laudanum, should by no means be indulged in by the nurse; the habitual use of snuff or tobacco, in any form, is not only filthy in itself, and entirely unbecoming female delicacy, but it is peculiarly disagreeable to the sick, to be constantly assailed by, and obliged to endure the offensiveness encountered by coming in contact

with the breath of its votary. While intoxicating drinks are objectionable on the same account, they, with their kindred poisons, opium and laudanum, are, if possible, more reprehensible, in consequence of their ruinous results; either of these stimulating narcotics, taken in moderation or excess, produce corresponding effects; if taken in what is termed moderate quantities, they first exhilarate and enliven, which state directly subsides, leaving the wretch stupid and doltish; when taken in excess, the one produces almost instantaneous intoxication, the other uncontrollable sleep. A protracted indulgence in the moderate use of either, (and but little less can be said of tobacco,) has a direct natural tendency to impair the intellect, blunt the sensibilities, and obtund the sympathies of the human heart; either of which disqualifies an individual for that responsible vocation that frequently calls into action all the mental powers, and requires the exercise of the finest feelings of our nature to efficiently and conscientiously discharge its duties. Hence the necessity of the nurse adopting the "total abstinence" principle, so far as it regards all habits in any way likely to molest the sick, or injure her own health or reputation.

Profane language, or the use of vulgar, commonplace proverbs, or low unmeaning provincialisms, are extremely disagreeable and odious to those accustomed to well informed and refined society; they not only evince the absence of polite intelligence, but

also betray a want of moral culture, and a low state of moral feeling, which argues unfavorably to the character essential to every nurse. Instead of employing these common or rather low phrases to make known her meaning, she should endeavor to cultivate a more polished, chaste, and delicate mode of expression. This will render her more agreeable to those around her, and tend to create in them a disposition to solicit rather than shun her society.

CLEANLINESS.

A want of a proper regard for cleanliness is a most unpardonable trait in the character of any female; but more particulariy so in those who are about to engage in the important vocation of taking care of the sick, where it is so imperiously demanded, and where it exerts so beneficial an influence.

The nurse should spare no pains in having the room of the patient kept sweet, and the air as pure as the circumstances of the case will admit; by having the patient frequently changed, always observing the caution to have her clothing perfectly dry and aired; by changing the bedding* and airing the bed, if circumstances will allow it; by promptly removing every thing offensive; by airing the room in good

*The bed linen should be changed at least three times a week, and oftener when necessary.

weather; but in this process care must be taken that the patient may not take cold by being exposed to a current of air blowing directly upon her, to avoid which it is better to admit fresh air in at the top of the window, by letting down the upper sash; if, however, the windows are so constructed as not to admit of this, air may be let into the room by raising the lower sash; but previous to this, if the patient is sitting up, she had better get into bed and cover up during the airing, as a means of security against taking cold.*

There is frequently an inordinate itching among the members of the family, which sometimes extends to the nurse, where the room floor is not carpeted, to have it washed, while other matters of greater importance pass without in the least exciting their concern. This is, upon almost all occasions, highly reprehensible, as greater danger is to be apprehended from dampness arising from the wet floor, than can possibly be incurred from letting it remain dry, though a little soiled. It should never be attempted without first consulting the physician as to its propriety.

In preparing food for the patient, cleanliness is of

*If the adjoining room be of the same temperature with the one to which she has been accustomed, and other circumstances propitious, it may be occupied during the process with less danger of evil, than to remain in her own apartment even in bed.

the utmost importance; it is, in fact, the most agreeable spice with which it can be seasoned; upon every occasion it should be got up with the most scrupulous regard to delicacy. The quantity and quality of diet will be considered in another place.

It becomes a tidy nurse likewise to pay strict attention to her own clothing and person; and in warm weather particularly, when she perspires freely, to prevent, by frequent ablution, the emanation of that rank, disagreeable effluvium, that is being continually eliminated from the surface of the body, where due attention is not paid to cleanliness; her clothing should be frequently changed, lest the patient become annoyed by a sour disagreeable smell arising from them, produced by the absorbed perspiration they contain.

Some, we are aware, will think this caution wholly gratuitous and uncalled for, as none who make any pretensions to respectability, will so far neglect their own persons as to require directions in performing so imperious a duty they owe to themselves. However surprising it may be to be informed that there are those of this description, it is nevertheless true; and that many weak, delicate patients have spent whole sleepless nights in consequence of the annoyance cautioned against, when obliged to occupy the same bed with the nurse; an arrangement objectionable, for reasons hereafter shown.

INDUSTRY.

It is often required of nurses, when employed in families not too large, and who are not in affluent circumstances, to take charge of the household affairs, where the patient does not call for their whole attention; this, perhaps, occurs more frequently in country places than in larger towns and cities; and unless the nurse is of industrious habits, and calculated to manage both branches of her business, she will find that either the patient or her domestic concerns must suffer, in consequence of inattention; either of which will render her disreputable in her profession. But whether she be required to attend to any other duties than those pertaining to the sick room or not, indolence can in nowise find a place in the catalogue of qualifications essential to a good nurse; for a person of indolent, idle habits, cannot but manifest more or less repugnance in performing the most trifling duty; which is extremely tiresome and disgusting to those whose misfortune it is to be harassed with them.

One of the most essential constituents of industry, is to habituate oneself to a light quick step in walking; and to no person is it more indispensable than the nurse, let her be employed either in the domestic concerns that may come under her notice, or in discharging her duties to the sick; in the former instance it will enable her to despatch them with much more

facility, and consequently afford her more time to be with the patient; and in the latter, to dispose of them with much less annoyance to the sick; for it sometimes, and to persons of a nervous, irritable temperament, very often occurs, that stepping heavily upon the floor, producing the least jar, or walking sluggishly across the room, produces a great deal of uneasiness of mind and distress of body, operating decidedly against her speedy recovery.

One item we might here mention, though it does not exactly belong under the present head, which is of some importance as a caution, viz. The nurse should be particular about the shoes that are worn by herself, and others about the room, that they do not make a creaking noise; this apparently trifling circumstance is sometimes very annoying to the sick, frequently disturbing their sleep, and depriving them of that refreshment it is wont to afford.

A continual stepping or walking about the room, when there is no absolute occasion, is no evidence of industry, and should be avoided as much as possible; as that often produces more or less uneasiness to the patient, let it be done as quietly as possible. An industrious nurse will have all her duties discharged in proper season, and not be continually in motion, pretending to be at work.

ECONOMY.

When it so occurs that the management of the domestic concerns of the family devolve upon the nurse,

habits of economy as well as of industry, constitute a recommendation of no trifling consequence.

Those who are taught in early life to set a proper value upon frugality, and the necessity of so regulating the minor affairs of the family as to turn every thing to account, cannot readily divest themselves of the habit in after years. In a country, then, like ours, where by industry and economy the indigent become the wealthy; and, on the contrary, by indolence and mismanagement the wealthy become poor, how important it is that the former should be cultivated by those filling every station in life, and more particularly necessary for those who are destined to take upon themselves the management of affairs belonging to others, and the responsibility of controling the interests of those who, by adversity, are denied the satisfaction of doing it themselves. An inattention to those duties, or a heedlessness in discharging them, is as fatal to the reputation of a nurse in the country, as any other default of which she may be guilty.

HOUSEWIFERY.

From what has already been said, it will be perceived that a knowledge of housewifery, though not strictly speaking pertaining to the office of a nurse, would not be an unnecessary acquisition; and the better she is qualified to discharge its various requisi-

tions, the surer she is, not only to obtain employment, and command a corresponding remuneration, but also to acquit herself more to her own satisfaction and to that of her employer. Even should she be so fortunately circumstanced as never to be called upon to officiate in this department, her knowledge can be of no disadvantage to her; but, on the contrary, should she be thus called upon, and the presumption is that she frequently will, she would be prepared to meet the case unhesitatingly, confident of her ability satisfactorily to discharge its duties.

DISCRETION.

Though last on the list of essential qualifications, discretion is by no means the least. Addison tells us, that "though a person has all other perfections, yet, if he want discretion, he will be of no great consequence in the world; on the contrary, if he has this single talent in perfection, and but a common share of others, he may do what he pleases in his particular station of life."

With the great English moralist we perfectly coincide. Let the qualifications of a person be what they may, without a due degree of prudence he can rarely succeed in acquiring a reputation above mediocrity. To those in public life, the success of whose vocation depends on the favorable state of public feeling towards them, a strictly prudent course of

conduct is indispensable; they are continually surrounded with circumstances calculated, in an unguarded moment, to draw from them some word or action, that is seized upon by those who are always ready to turn what they can glean to their own account, in injuring the reputation of the unwary, though, perhaps, less reprehensible than themselves.

There is a class to be found in every community, who have a great deal more business with the concerns of others than their own; these consider one who mingles in society more than themselves, a fit subject to operate upon; consequently, at every opportunity, they are boring and prying into him, in order to get a supply of news, which they dispose of in a manner best suited to their purpose; hence the necessity of a prudent course of conduct towards them, lest the *enviable* reputation of a tattler be unconsciously acquired. To a nurse, who is frequently made the confidant of the patient, and led into many private affairs and matters connected with the domestic community, into which she is called temporarily to reside, which discretion requires should be buried deep in the abyss of secrecy; prudence in conversation, on concerns pertaining to others, is of the utmost importance. Throughout her whole intercourse with the patient, it should be kept in view, not, however, to an extent to render her disagreeably reserved. But she should "know how to pick and call her thoughts for conversation, by suppressing

some and communicating others," so that she may retain her necessary cheerfulness and conversation, and remain non-committal. Prudence will admit of the virtues of the absent being made the subject of table-talk, but never their vices and frailties.

Discretion is the helm by which we are enabled to steer our bark safely over the tempestuous sea of human affairs into the haven of success: we may set out under the most prosperous circumstances, with our sails full swelled with the breeze of prosperity, and direct our vessel in the most favorable channel; if we let go of the helm we are sure to ground on the shoal of disappointment, and have our barque dashed in pieces against the rocks of defeat.

CHAPTER II.

DUTIES OF THE NURSE IN GENERAL.

Attention to the requirements of the Patient—Administering Medicine — Preparing and applying external remedies—The preparation of diet and drinks—Night watching—Attention to the temperature and ventilation of the room.

From what has been said in the preceding chapter, it will be perceived that the substance of the present has been, in a measure, anticipated; an occurrence which could not readily be avoided, in consequence of the close connection between the subjects under consideration.

Since the more general diffusion of intelligence among all classes of the community, the pathway of the nurse has been, to a great extent, cleared of the rubbish of superstition and ignorance with which it was, in past times, so much encumbered, and the road to duty now lies open, and is planted by common sense at every turn with "friendly guide boards" to direct her in the proper course. The howling of a dog, the mewing of a cat, or the entrance of an affrighted bird into the room, are no longer ominous of

some fearful calamity, of which the patient, in a certain odd number of days from the appearance of the token, is to be the unlucky victim. If, however, it is possible that any of these preposterous notions have so far outlived the age of their reign as still to be in existence, and are yet lingering around the ruins of their ancient haunts, we hope a page from "Moll Pitcher,"* will afford them an eternal quietus.

How has New England's romance fled,
Even as a vision of the morning;
Its rites foregone—its guardians dead—
Its altar-fires extinguished—
Its priestesses, bereft of dread,
Waking the veriest urchin's scorning.
No more along the shadowy glen,
Glide the dim ghosts of murdered men,—
No more the unquiet church-yard dead
Glimpse upward from their turfy bed,
Startling the traveller, late and lone;
As, on some night of cloudy weather,
They commune silently together,
Each sitting on his own head-stone!
The roofless house, decayed, deserted,
Its living tenants all departed,
No longer rings with midnight revel
Of witch, or ghost, or goblin evil;
No hellish flame sends out its flashes,
Through creviced roof and shattered sashes!

* A poem by John G. Whittier.

The witch-grass round the hazel spring
May sharply to the night air sing,
But there no more shall withered hags
Refresh at ease their broomstick nags,
Or taste those hazel-shadowed waters
As beverage meet for Satan's daughters;
No more their mimic-tones be heard,
The mew of cat—the chirp of bird,
Shrill blending with the hoarser laughter
Of the fell demon following after.

The cautious good man nails no more
A horse shoe on his outer door,
Lest some unseemly hag should fit
To his own mouth her bridle-bit.
The good wife's churn no more refuses
Its wonted culinary uses,
Until, with heated needle burned,
The witch has to her place returned.

* * * * *

And hence our modern Yankee sees
Nor omens, spells, nor mysteries;
And naught above, below, around,
Of life or death, of sight or sound,
Whate'er its nature, form or look,
Excites his terror or surprise—
All seeming to his knowing eyes
Familiar as his "catechize,"
Or "Webster's Spelling Book."

The nurse will find sufficient to engage her attention and occupy her time, in fulfilling the requisitions of her profession, without delving into the dark re-

gions of sorcery, there to seek for spectral objects to affright her imagination, and disturb the peace and tranquillity of her suffering charge. Reason, judgment, and the wants of the patient, will not fail to direct her in the path of usefulness and duty.

ATTENTION TO THE REQUIREMENTS OF THE PATIENT.

While considering the subject of "self-denial," we observed that a devotion to the interests of the patient, a constant attention to her wants, &c., go a great way in constituting a good nurse. What we mean by a devotion to her interest is, that the nurse should manifest a lively regard for her comfort, and neglect no effort that comes within her sphere to hasten her recovery; she should promptly remove from her presence all objects that are loathing to her senses, such as vials, pill boxes, plasters, poultices, &c.; every thing that emits odors disagreeable to her should be speedily discontinued, or removed out of the reach of her smell; the scent arising from culinary operations, though it emanate from a distant part of the house, is frequently offensive to the sick; medicine, notwithstanding the pains the apothecary or physician may have taken to render the smell agreeable, when it is made even delightful to the olfactories of persons in health, often becomes almost intolerable to those who are obliged to take it; hence

the evil of keeping it in the sick room. The most trifling noises, not noticed by the nurse or other attendants, not unfrequently become peculiarly annoying to the sick. These things which appear so trifling, and are considered as mere "notions" of the patient, are real grievances, and very often is it that they operate to her serious disadvantage, when, through the negligence of the nurse, they are permitted to continue. We have frequently heard complaints by the patient of this kind of neglect, where a request so far failed to remedy the evil, that an actual reprimand has become necessary.

All causes of disagreeable mental emotions should be carefully avoided, such as the recital of melancholy events in the presence of the patient, as the intelligence of the death of a friend, or the death of some individual whose case bore a resemblance to her own: this kind of news exists almost always in abundance; and each kind-hearted visitor is particularly anxious for the credit of being first to make the communication. The nurse, under such circumstances, is called upon, by the duty she owes the patient, to interpose, and by introducing another subject cut short the story, until an opportunity offers to give the necessary caution. We are aware that this course of conduct runs counter to Chesterfield's notions of politeness, but what signifies etiquette, when *duty* demands its sacrifice?

Whispering in the room is particularly annoying

to the patient; visitors generally think they are privileged to converse with each other, or any person in the room, in a whisper or under tone, when loud talk is inadmissible. The interference of the nurse is here also positively demanded, and she becomes guilty of remisness of duty if she permit it to continue any length of time; for those who are conversing are frequently overheard by the patient, and the subject under discussion may be extremely painful to her; even if this is not the case, the patient is apt to exert all her auditory powers to ascertain what interests her friends; this, and the buzzing noise about her, is very disturbing and molesting to her, and should be forthwith discontinued.

Besides the many negative duties that devolve upon the nurse, those of a positive nature are equally numerous and essential; they consist in administering to the *necessities* of the invalid, such as preparing and giving medicine, serving up her diet and drinks, keeping her bed in order, adjusting the bed clothes, so as to render them agreeable, assisting her to change her position in bed, in getting in and out of bed, fanning her in warm weather, protecting her against those troublesome little creatures, that constitute a *bane* in sickness, the flies, bathing her face and hands, sponging the body when necessary, attending to the temperature &c. of the room, and a variety of other matters that will be continually claiming her attention, which should be promptly attended

to as soon as the desire of the patient is made known to her.

As regards her diet, more especially is promptness desirable, for the appetite is not under the control of the will,—the patient cannot at pleasure take or refuse nourishment with a view of benefitting herself; it is a demand of nature, and when a sensation of hunger is expressed, it should be regarded as a favorable omen, and no time should be lost in responding to the call, lest the propitious moment should escape unimproved. We have frequently heard patients express a desire for some favorite article, quite admissible, which they thought they could take with a relish, but in consequence of the tardiness of the nurse, could not get it until after the stomach had declined taking it. On the contrary, we have witnesssed instances where the food was served up immediately upon being asked for, of the patient taking it with a great deal of satisfaction and permanent advantage. Upon the slightest symptom of returning appetite, no pains should be spared to cultivate it by frequent changes of diet, as too long a continuance in any one article tends rather to impair, than strengthen it; care, however, should be observed, lest by too great anxiety we should overdo the matter, and a surfeit be produced.

Whatever the desire of the patient may be, however trifling and unimportant it may appear to the nurse, provided, always, its gratification shall not be

thought injurious to her, should receive prompt attention—both duty and humanity require it. It is next to impossible for one in health rightly to appreciate the feelings, desires, wants and sufferings of the sick; and the *least* that *common benevolence* demands for them is, to grant them all the relief afforded even by our kindest feelings. In endeavoring to contribute to the patient's comfort and advancement, however, the nurse should guard against too great officiousness; the continual urging of her to take a little nourishment, a sup of drink, &c., are very annoying and harrassing, and tend to impede, rather than hasten her recovery.

The patient's sleep should never be disturbed for the purpose of conferring upon her any of these little kindnesses, as a greater one consists in permitting her to enjoy her repose unmolested. Sometimes it is more profitable even to omit giving medicine for a short time, than to disturb the patient's slumbers. Indeed, the nurse should make it a part of her duty to inquire of the physician relative to the necessity of arousing her, for the purpose of following his directions, when she is enjoying a sound and refreshing sleep. Sure, there are cases of extreme debility, where long continued sleep becomes a disadvantage; but in those cases it is expected that the attending physician will give direction how to proceed.

In discharging the various duties pertaining to the sick chamber, that require frequent going into and

out of the room, the nurse should endeavor to make her passages through the door as few as possible; this may readily be done by taking a number of articles to be used into the room at once; and the same observation is applicable to their being removed. It is extremely tiresome and vexatious to the patient to have her room door kept continually latching and unlatching—constantly on the swing. Besides, in an unguarded moment, much permanent injury may be produced, by admitting too great a quantity of damp cold air into the room at once; this is an evil we are called upon to lament more frequently, perhaps, than any other *one*, and every conscientious nurse should constantly guard against its occurrence.

ADMINISTERING MEDICINE.

This has been hinted at as being sometimes an unpleasant task; be it so or not, it is indispensable, and must never be omitted when necessary, and the circumstances of the case will at all allow of its being done in accordance with the directions of the physician.

There are certain rules, if observed in giving medicine, that will render the duty less disagreeable to the nurse, by making it more tolerable to the patient.

First. Select the most agreeable and suitable ingredient in which it is to be exhibited.

Second. Take as small a quantity of this as can possibly be made to answer the purpose of mixing.

Third. If it be disagreeable to the taste, prepare the mouth for its reception by holding in, and rinsing it with some acid, as strong vinegar, lemon juice, or something of the kind.

Fourth. Never mix the medicine within sight or hearing of the patient.

Fifth. Let it be prepared without her knowledge; and insist upon its being taken immediately upon being presented, for the longer her mind is permitted to dwell upon it, the more abhorrent it will become.

Sixth. Endeavor to destroy the taste and smell as much as possible, by any appropriate means, when it has not been done by the apothecary or physician.

Seventh. Let the mouth be well rinsed with the acid after taking it, and let a swallow or two of lemonade, or some other admissible drink be taken.

By carefully attending to these rules, it will be found that the patient can be made to comply with the wishes of her physician with a great deal less difficulty than if a contrary course be pursued.

Having the subject of giving medicine now fully under consideration, we shall take occasion to dwell more at length on the mischievous practice of self-

prescribing, and the equally pernicious custom of following the prescriptions of others, in no wise qualified for the responsible station they assume. It has been said, and with a good deal of truth, that "a man is his own physician or a fool at forty." Now, the adage does not presume that a person of forty years experience in life is to be able to combat disease, after he has been overtaken by it; but by strictly observing the effect his mode of living and habits have on his health, he may, if wise, readily discover what things are prejudicial or beneficial to it, and prevent, to a great extent, the approach of disease, by avoiding the one, and adopting the other. But, should a person experience any very unusual sensation, and it continue for a longer or shorter time without abatement, he can *know* no more what to do to ward off impending danger, than an infant; though he may possibly remove the symptoms by a single dose of medicine; but it is the result of mere chance, and not of sound physiological inquiry, unless the necessary attention should have been previously devoted to the science of medicine, to enable him to draw correct deductions from present symptoms—and even then it is a hazardous undertaking. Physicians are the poorest judges of their own cases.

The habit of tampering with medicine, it matters not how mild (and to a person who has taken but little pains to acquaint himself with its composition,

use, and effects,) or harmless it may be considered, is a dangerous business, to say the least of it. If no other evil is to be apprehended by tampering, that arising from delay is by no means unfrequently attended with consequences the most disastrous; but there are other evils, of quite as serious a character, arising from an indiscriminate use of those articles which have acquired the reputation of harmless. Instances are recorded, where magnesia, amounting to several pounds, has been found in an insoluble state in the stomachs of those who were in the habit of taking it. The habit of taking medicine, like all others, grows and strengthens by indulgence, and the injury produced by it is incalculable. The stomach becomes weakened, the powers of digestion impaired, the healthy functions destroyed, and nature almost or entirely driven from her wonted course.

Almost every neighborhood is infested with a class of individuals who make great pretensions to medical knowledge, and who are continually urging their prescriptions upon the valitudinarian, extolling their incomparable virtues, and predicting with unmeasured assurance their doubtless efficacy. The judicious directions of the well qualified physician are often laid aside to give place to these imposing creatures of ignorance, or the more wonderful productions of empiricism.

To go into an exposition of the frauds, deceptions,

and bare-faced impositions of quackery, does not come within the intention of this publication. But a slight glance at what is denominated "domestic practice," may not be foreign to the object in view.

If people in general manifested as much solicitude in preserving their health, by proper diet, exercise, and by avoiding exposure, as they do in having it restored, when impaired, by panaceas, elixirs, pills, &c., the nostrum venders would soon discover that a more honorable occupation might be made more profitable, and the physician's wealth would cease to be the effect of public credulity.

It matters not with what disease the patient may be assailed, or what organ is affected—whether it be one so delicately constituted as the eye, or deep-seated and obscure as the heart, the liver, or the stomach, its cure is attempted, if not by the invalid himself, by some member of the family, or "knowing" neighbor; and if a positive injury is not done by aggravating the disease, much must inevitably accrue, in consequence of the disease raging during the time devoted to the vain attempt to arrest its progress, by inappropriate and ill directed means. An instance in point comes to mind, which occurred while we were prosecuting our medical studies. Upon stepping into the office of our preceptor one morning, the following note arrested our attention:

"Dear Doctor,

I wish you could make it convenient to come and see our little boy; he has a very bad eye; we have done all for it we know, and it gets worse.

*****."

This carries its own comment with it; "a very bad eye, and we have done all for it we know." So delicate a structure as the eye, very much diseased, and ignorant of the cause and nature of the malady, and of the organization of the affected part, yet the hardihood to tamper with it! Had the individual's watch been out of repair, he would scarcely have thought of tinkering at it himself, but would have forthwith handed it over to one who professed at least to understand its construction. But an eye, infinitely more complex and important than a watch, must first be subjected to domestic interference, after which assistance can be summoned from another quarter.

Another instance, of fatal termination, we cite with feelings of unmitigated sorrow. It is the case of an ill-fated brother, who bade adieu to the paternal mansion in the latter part of July, 1839, and started on a tour to the Western States. Towards the last of October he was attacked with the ague, on Rock River, the western boundary of Illinois, a disease which prevailed to a great extent in those new countries during the autumnal months. He applied to a nostrum vender for a remedy. The ra-

pacious monster, for a few shillings, dealt out the poisonous drug; he swallowed it as directed, and died from its effects on the first of November.

The means that was employed in producing this melancholy effect, upon examination, after it had performed its work of death, was discovered to be Fowler's Solution of Arsenic. This we mention for the purpose of showing what deleterious and destructive substances are vended under the imposing titles of ague drops, life elixir, &c., which the unsuspecting victim of disease embraces as a real blessing, but which often proves his greatest curse.

How many other valuable lives have been sacrificed upon the same unholy altar, no one, save Him who knoweth all things, can tell. Could we but have the records of mortality laid open fully before us, we there might see the hundreds of thousands that have been snatched from life and usefulness by this vilest of all abominations, quackery, in some one or other of its hideous forms.

We will close this digression from our subject, by quoting the words of the celebrated Dr. Beddoes. But for the importance of the subject, and the want of a better location, we would not have intruded it here upon the indulgent reader; this we offer as an apology for so doing. "Dr. Beddoes, in reprehending the absurd and dangerous practice of individuals, ignorant of the first principles of the healing art,

pressing their advice and prescriptions upon the sick, has the following very pertinent remarks.—*Journal of Health.*

'Though the active party is generally a female, and females are entitled to more than civility, public opinion cannot be too severe on this subject. I wonder, indeed, that decorum, of which the sex is so properly studious, does not interpose in favor of the invalids. Were a lady, educated and endowed, as ladies usually are, to produce from her pocket a *case of surgeon's instruments*, every body would feel confounded, and no body, I presume, would submit to the hands of the operator—be they ever so fair, and her probes and lancets ever so bright. I, however, defy any one to assign a good reason for supposing such a lady better qualified to wield the equally dangerous tools of the physician.' "

From the foregoing remarks, the intelligent nurse will, we presume, see the impropriety and dangerous results attending this overstepping of her line of duty, and taking upon herself the discharge of that belonging to another.

From an excellent little work by Dr. Kissam, entitled "The Young Mother's Guide, and Nurse's Manual," a work that should be found in possession of every nurse, we take the following appropriate remark:

"*Implicit obedience* to the directions of the attend-

ing physician ought always to be rendered by a conscientious and faithful nurse. The physician is presumed to be the best judge of the case. He is entrusted with the safe keeping of the invalid. He is the director,—the nurse is the agent to execute his orders. When I say this, I mean that the utmost and scrupulous exactness is to be observed in the fulfilment of his directions, and that any intentional variation from them is a great neglect of duty."

By implicit obedience, we are not to understand a *servile submission* to the dictum of the physician, but the exercise of an enlightened judgment, with an understanding of the importance of a faithful performance of the charge with which the nurse is entrusted. She is at liberty to "suggest her opinion as to the treatment of the patient to the physician, to which he will give all due weight," but she cannot be permitted to let her judgment be set up in opposition to his; " his decision must be considered final. The nurse fulfils her duty by obedience, and then the responsibility of the case rests with the physician, and the patient who made choice of him."

By thus insisting on a strict compliance with the directions of the physician, we do not run counter to the opinions we gave under another head; they were intended to meet those anomalous cases there considered, and not to constitute the basis of the nurse's general practice.

PREPARING AND APPLYING EXTERNAL REMEDIES.

The preparation and application of outward remedies, the dressing of blisters, &c., are duties, with the exception of preparing blisters, medicated plasters, and the like, that belong almost exclusively to the jurisdiction of the nurse; and to be able to acquit herself, when required thus to officiate, to the advantage of the patient, and the satisfaction of herself, cannot but be a desideratum of no ordinary moment.

Sponging the surface of the body is very often recommended; this produces a most delightful sensation, and frequently affords great permanent relief. It is done by taking any material that may be directed by the physician, either vinegar, vinegar and water, diluted alcohol, or water at a given temperature, and with a sponge, in lieu of which a cloth may be substituted, well saturated with the liquid, and slightly wrung, then rubbed moderately hard over the surface of the body, first taking the necessary precaution to prepare the bed so as to prevent the liability of the patient taking cold, by being obliged to lay in damp clothes; this is done by placing a sheet folded several times beneath her until the operation is over; then let it be removed, and have her bed and own linen changed, the body wiped dry, and fresh clothes put on.

Bathing the feet of the patient also frequently becomes the duty of the nurse; this simple process is accomplished by taking any convenient vessel, containing a sufficient quantity of water of proper warmth, to cover the feet above the ankles; place the feet therein, and let them remain from ten to thirty minutes, as directed by the physician. To get the full benefit of this bath, a small quantity of ground mustard may be added to the water; this can rarely be of any disadvantage, but is generally attended with considerable benefit. After the bath has been continued the proper time, let the feet be removed, wiped dry, and enveloped in flannel or woolen stockings.

Some description of application is generally directed after the foot bath, either mustard plasters, leaves or poultices.

If the mustard be selected, the neatest preparation perhaps is this; take a sufficient quantity of bread crumbs finely rubbed, add mustard in proportion to the required strength, form a poultice of the proper consistency by adding vinegar or water. Dr. Wood thinks water preferable, as he is of the opinion that vinegar destroys an essential property of the mustard. Mustard employed for this purpose should be the whole grain, fresh as can be procured, and bruised or mashed in a mortar, or by any other convenient means. That procured at the shops, already manufactured, is too apt to be adulterated with corn

meal, or some other substance. The neatness of this preparation consists in its adhering to the feet with less tenacity than when made of flour. After the plasters have remained on as long as desirable, let them be removed, and carefully wipe the feet with a soft linen cloth until they become dry. When mustard cannot be procured, horse radish leaves may be substituted; they must be rolled with a rolling pin, to mash and make soft the hard stems, and withered by pouring over them a little scalding water.

After they have been applied, the feet must be frequently examined to see that they do not get cold. Often more harm than good is done by the nurse neglecting this part of her duty. Burdock and cabbage leaves are frequently directed to be applied to the feet; they are prepared in the same manner, and require the same attention.

When poultices are chosen, they must be made according to the directions of the physician.

Bathing the face and hands frequently with vinegar and water, or brandy diluted, is very agreeable and refreshing to the sick; and under no circumstance are we aware of its being inadmissible. It is a luxury in which the nurse should permit the patient freely to indulge.

When blisters are ordered, they are prepared by the apothecary or physician and consigned to the nurse, whose province is to apply them, and conduct the after management. One of the most effectual

arrangements for securing them to the spot on which they are designed to act, consists in folding a cloth or towel several thicknesses, upon which let the plaster be stitched, so as to make it secure, then moisten it with a little warm vinegar, and lay it upon the part destined to receive it, which should also be moistened in like manner, and let it be secured by passing a bandage around the body or limb, which ever it may be, directly over the folded cloth, drawn moderately tight, and made fast by pins or stitches.

A neater plan, and one perhaps better calculated to keep the plaster to its place than the foregoing, consists in the employment of adhesive strips; let these be cut about half an inch wide, and stitched to the edges of the plaster, and when every thing is prepared for its application, let the strips be warmed over a shovel of live coals, and laid immediately on the part it is designed to cover; a compress or pledget, made by several folds of linen, should be laid over the plaster thus adjusted, and a roller or bandage drawn tightly over the whole, and secured around the body or limb as before; the object of the application of blisters is very often defeated by the carelessness of those who have charge of their management; they are not usually bound sufficiently tight for the full attainment of the end in view, hence so frequent failures, or instances of partial vesication, where full drawn blisters are so much desired. Cau-

tion should be observed, however, in the application of this bandage, lest it be drawn too tightly, and not sufficient room be left for the blister to raise; there is also danger of failure to be apprehended from this source.

Adhesive strips have been employed for this purpose, by applying them across and diagonally with the plaster in several places, but they are objectionable, on account of their keeping the plaster too close to the skin, and thereby obstructing a uniform vesication.

Sometimes a piece of gauze, or very thin fine muslin, is laid over the surface of the plaster, to prevent the irritating agent from coming into immediate contact with the skin; but this matter we leave wholly to the direction of the medical attendant, to whose province it properly belongs.

Many physicians direct the plaster to remain on a certain number of hours. We think a better practice is, to order it removed as soon as the desired effect shall be produced, (which can readily be ascertained by raising one edge,) be the time longer or shorter; by this practice we are sure not to have the process much disturbed before it is complete, and the patient is saved a great deal of unnecessary pain by having it removed as soon as the object of its application is attained.

After a blister has been formed, by any means adopted for the purpose, on a part of the body where

its inspection will render exposure unavoidable, the nurse, previously to proceeding to dress it, should see that the doors are closed, and that the room is not, at least, below its ordinary warmth; it would, indeed, as a preliminary to the operation, be advisable to augment the temperature a little, rather than allow it to be diminished at this time; we have heard patients complain very much of cold during the process, where this caution has not been observed. The perspiration with which they are apt to be bedewed, cools as soon as they are exposed to a lower temperature than that of the air by which they are surrounded while covered up in bed, which is very unpleasant, and may be attended with much permanent injury. The patient, during this and similar operations, should never be more exposed than is absolutely necessary—both delicacy and safety forbid it.

This having been attended to, the nurse must commence the operation by clipping the *cuticle* or scarf skin in several places with a pair of sharp pointed scissors, so as to permit the fluid it contains to escape; this fluid must be absorbed, by a cloth prepared for the purpose, as fast as it escapes, and not be permitted to come in contact with the surrounding skin, lest, by its irritating effects the adjacent parts should become unintentionally affected.

The water having thus been drawn off, she must

next proceed to the dressing; preparatory, however, she should have procured a sufficient quantity of cabbage, plantain, or any other suitable leaves, which must have the stems taken out, and be rolled and withered as before directed. Having thus prepared the leaves, they must be laid on the blister two or three thicknesses, or in quantity sufficient to retain the moisture five or six hours; when applied too sparingly they become very dry, in which state they produce a great deal of irritation and pain; they are to be retained in their proper place by means of a bandage or roller. In those seasons of the year when leaves cannot readily be procured, and in cities, where it is with difficulty they are obtained, an ointment is generally used in their stead. We would not encroach here upon the province of the physician, by giving the formula, were it not that circumstances often occur in which the nurse is put to her wit's end to find proper dressings, and for want of which, the patient is obliged to endure a great deal of suffering.

Take of

Olive oil, five table-spoonsful,

Melted beeswax, (white is preferable,) two table-spoonsful.

Stir while cooling.

This forms the simple ointment generally used for

this purpose; it must be spread on a soft linen rag, and laid on; the dressings, whether leaves or ointment, must be changed as often as occasion requires. The dressing of blisters should be done as expeditiously, and with as much care as possible, lest the patient should be subjected to unnecessary fatigue and pain from the operation.

Dry friction, rubbing the hands, arms, feet and legs with the hand, or a dry cloth, constitutes a remedy sometimes directed by the physician; it is particularly useful in those cases where a coldness of the parts is the effect of languid circulation.

Dry friction of the body, either with a coarse towel or flesh brush, is also frequently recommended: this is done by rubbing the towel or brush over the surface of the body with as much rapidity and force as can conveniently be borne by the patient, until a glow is raised on the skin, and repeat it as often as directed. This is an excellent remedy for promoting and equallizing the circulation when languid, and confined principally to the internal viscera.

In cases of debilitated bowels, with a relaxed state, and a disposition to looseness or protracted diarrhœa, an external application, termed spice plaster, is frequently directed with advantage. The following combination was spoken highly of by Dr. Parrish in the cholera.

Take of

Pulverized cloves,	}	each half ounce.
" cinnamon,		
" cayenne pepper,		

Mix, and add

Flour,

Wine of galls,

Each, a quantity sufficient to form a poultice.

Let the plaster, thus prepared, be made hot, and applied to the region of the stomach.

Another Form.

Take of

Pulverized ginger,	1 table-spoonful.
" cloves,	1 "
" allspice,	1 "
" cinnamon,	1 "
Bruised mustard,	1 tea-spoonful.
Bread crumbs,	3 table-spoonsful.

Add diluted spirits, a sufficient quantity to form a poultice.

The mustard may be omitted if advisable. This plaster should be applied warm, and continued as long as the patient can bear it, and renewed as occasion may require.

Bark Jacket.

Take of

Peruvian bark, 1 ounce.

Sprinkle it over a piece of thick muslin, of the re-

quired size; take another piece of the same size, lay it over the bark and quilt them together, to keep the bark to its place; moisten it with brandy or vinegar. Some of the aromatics may be used in conjunction with the bark, if indicated.

Let it be worn over the stomach and bowels. It has proved singularly beneficial in cases of obstinate intermittents, and debility arising therefrom.

Mush poultices are sometimes ordered; this constitutes an invaluable application in cases of violent pain in the stomach and bowels, such as colic, cramp, &c. It is made by simply boiling the corn meal until it attains the proper consistency; it must be spread on a cloth, and applied as warm as can be endured. We have known the most inveterate cases relieved by it in fifteen minutes.

PREPARATION OF DIET AND DRINKS.

The aliments of the human family are taken either from the animal or vegetable kingdom. Strictly speaking, however, they are drawn almost exclusively from among the vegetables, as the animals, upon whose flesh we subsist, draw their nourishment from vegetables, or prey upon those that do. Nevertheless, animal and vegetable, when applied to aliments, are terms generally accepted; and we shall employ them in the sense in which they are received.

The preparing of proper diet and drinks for the patient, constitutes one of the most important duties of the nurse; and many great evils have arisen from an improper management of this department of her calling; not so much, perhaps, through wilful delinquency, as the want of a proper knowledge of the process of digestion, and the theory of nutrition.

In endeavoring to remove this difficulty, we shall not pretend to go into a minute physiological discussion of the subject; this would not only encroach too much upon our limits, but would be unintelligible to the general reader; unless due attention had been previously bestowed upon the study of the anatomical arrangement of the parts concerned, and the physiological relation they bear to each other. Leaving, then, the details to be studied by the physician and physiologist, to whose province it properly belongs, we shall proceed to give as concise and explicit a view of this very interesting process as we possibly can, hoping it will not be labor spent in vain.

The definition of digestion, "in physiology," given by Hooper, "is the change that food undergoes in the stomach, by which it is converted into chyme."

The food is taken into the mouth, where commences the process of digestion by chewing or masticating it; during mastication it becomes thoroughly intermixed with the saliva or spittle, after which, by the effort of swallowing, it is deposited in the sto-

mach; there it is acted upon by a fluid secretion of the stomach, called *the gastric juice*, by which it is converted, by solution, into a soft, pap-like, semi-fluid substance, bearing no resemblance to the food when first introduced. This new formed substance has been denominated chyme. The chyme, after its formation has become complete, passes out of the stomach into that part of the small intestines called the *duodenum*, which is also the receptacle of the bile, a bitter fluid secretion from the liver, and a liquid formed by the *pancreas*, called the *pancreatic juice*. The chyme being acted upon by these liquors, undergoes a change, by which it is separated into two distinct substances termed chyle, a white milky nutritious fluid, and excrementitious matter; the one is taken up by numerous open-mouthed vessels, abundantly supplied for the purpose, called *lacteals*, and carried, by appropriate apparatus, to the place of its destination, a large vein under the arm called the *subclavian vein*, by which it is conducted to the heart. Having thus gained admittance to the general circulation, by a process not easily explained, it becomes blood itself; and by the contractions of the heart, it is sent, with the other blood, through the circulatory system to every part of the body, imparting nourishment and vitality to the whole.

The excremental matter, after being separated from the chyle, is propelled by the *peristallic* motion of

the intestinal tube into the lower bowels, and at last thrown out of the body altogether.

From this brief view of the digestive process, we have certain principles indicated which should never be lost sight of in making up our dietetic preparations for the sick.

First. Select those substances that are the most soluble, that are readily converted into chyme by the action of the *gastric juice.*

Second. Those that experience has shown to be the most nutritious.

Third. Those that contain the least amount of stimulus.

Fourth. These to be given in quantity and frequency proportioned to the general strength or debility of the patient.

By careful observation the feelings of the invalid will be found to furnish the most unequivocal evidence of the truth of the foregoing principles; any deviation from which will soon be attended with symptoms more or less unpleasant.

In order, then, to attain the object in view, vegetable preparations, in consequence of the easiness with which they are acted upon by the gastric juice, constitute the only proper diet during the continuance of acute disease, and the early stage of convalescence; and by being taken in a fluid or semi-fluid state, digestion is greatly accelerated, since more solid substances are obliged to be reduced to that

state preparatory to the formation of chyme. Hence it will be perceived, by this means the stomach will be exonerated from the more laborious part of its office, and the formation of chyme commence immediately on the aliment being taken into the system.

Having, then, endeavored to show the process through which the food has to pass in order to sustain animal life, by communicating its nutritive properties, and the quality necessary under circumstances of disease, we shall now proceed to give a few directions relative to the preparation of certain articles of vegetable diet, that theory and experience have found to be not only admissible aliments, but some of them eminently beneficial, in a remedial point of view.

Arrow root contains, in small bulk, a greater proportion of nourishment than any other farinaceous substance yet known. The powder boiled in water, forms a very pleasant transparent jelly, far superior to sago or tapioca. The jelly for use is made in the following manner:

Take of

Arrow root,	1 desert spoonful.
Cold water,	enough to form a paste.
Add boiling water,	1 pint.

Stir it briskly, and boil it a few minutes, when it will become a smooth clear jelly; a little sugar and

Sherry wine may be added for debilitated patients, but for infants a drop or two of the essence of caraway seed or cinnamon is preferable, wine being very apt to become acid in the stomach of infants, and thus disagree with the bowels.—*Hooper.*

Another Form.

Take of

Arrow root,	1 table-spoonful.
Sweet milk,	half a pint.
Boiling water,	half a pint.

Boil them for a few moments over the fire.—*Ellis.*

For very debilitated frames, and especially rickety children, this jelly, blended with animal jelly, affords a more nutritious diet than arrow root alone.

Sago.

Take of

Sago,	2 table-spoonsful.
Water,	1 pint.

Boil gently until it thickens, frequently stirring. Wine, sugar, and nutmeg may be added, according to circumstances.—*Ellis.*

The sago becomes soft and transparent by boiling, and forms a light and agreeable diet; it is used a great deal in fevers and consumptions, but is well adapted to all kinds of sickness.

Tapioca Jelly.

Take of

Tapioca,	2 spoonsful.
Water,	1 pint.

Boil it gently for an hour, or until it assumes a jelly-like appearance. Add sugar, wine, and nutmeg, with lemon juice, to suit the taste of the patient, and the nature of the case.—*Ellis.*

Boiled Flour.

Take of

Fine flour,	1 pound.

Tie it up in a linen rag as tight as possible, and after frequently dipping it in cold water, dredge the outside with flour till a crust is formed round it, which will prevent the water soaking into it while boiling. It is then to be boiled until it becomes a hard dry mass.

Two or three spoonsful of this may be grated and prepared in the same manner as arrow root, for which it forms an excellent substitute, and can be obtained in the country, where perhaps the other cannot.—*Ellis.*

Vegetable Soup.

Take one turnip, one potato, one onion; let them be sliced, and boiled in one quart of water for an hour; add as much salt and parsley as is agreeable, and pour the whole on a slice of toasted bread.

This preparation forms an agreeable substitute for animal food, and may be given when the former would be improper.

Indian Gruel.

Take of

Fine corn meal,	1½ gills.
Boiling water,	1 pint.

Stir, while adding the meal, until they become thoroughly mixed; boil it two hours; stir while boiling; add salt, to make it agreeable.

This is an excellent preparation, where there is a disposition to costiveness. Unless it is well boiled it is apt to sour on the stomach, producing acid windy eructations, colic pains, and flatulence.

Rice Gruel.

Take of

Ground rice,	1 ounce.
Cinnamon,	1 drachm.
Water,	1 quart.

Boil for forty minutes, adding the aromatic near the conclusion. Strain and sweeten it. Wine may be added if necessary.—*Ellis.*

Panado.

Take of

Stale wheat bread,	1 ounce.
Cinnamon,	1 drachm.
Water,	1 pint.

Boil them until well mixed, then add a little grated

nutmeg and sugar. Wine butter, or raisins may also be added if desirable. The latter, by being boiled with the rest, gives it an additional flavor, but are themselves often inadmissible, and cannot be taken with safety.

These are some of the preparations in daily use among the sick, with which every nurse should be as familiar as her alphabet. She may be well versed in culinary operations in general, yet ignorant of those peculiarly adapted to cases of disease and convalescence. It does not follow, as a matter of course, that a good cook should be a good nurse, neither that a good nurse should be a good general cook; each acts in her own particular sphere; the province of the one is to prepare food for the healthy and vigorous—that of the other for the sick and weakly; hence the authority of the cook cannot be adopted as a guide to the nurse. She must acquire her information from quite a different source.

In order successfully to discharge *her* culinary duties, she must first prepare herself by studying those works devoted to the subjects of digestion and assimulation, and giving directions for preparing nourishment for the sick, under every variety of disease, and by scrupulously watching the effect each change of diet produces upon the invalid; if it be beneficial, a moderate indulgence in it is justifiable; but if the contrary be the result, it must be forthwith discontinued.

As the case advances in convalescence, or, under any other circumstances, a change in the class of diet becomes necessary, it should be done with a great deal of caution; and a sudden transition from vegetable to animal, or from fluids to solids, should never be attempted, lest, by imposing too heavy a tax upon the stomach and other digestive organs, we impede their progress towards the resumption of their healthy functions.

The advantage, then, of approaching a change, by mixing the animal with the vegetable, and the dry with the liquid substances, must be obvious to all; the proportion of that to which the patient has been accustomed should be allowed greatly to predominate, gradually decreasing its quantity as the new article is increased, until the stomach becomes fully accustomed to its reception. Frequently some of the varieties of fruit are craved by the patient, such as peaches, apples, oranges, strawberries, blackberries, raspberries, melons, &c. In these cases the best general rule to be laid down, we conceive, is, for the nurse never to assume the responsibility of giving them, before the views of the physician have been obtained relative to the propriety thereof.

We will now proceed to give a few specimens of animal preparations in general use as aliments for the sick.

Beef Tea.

Take of

Lean beef, cut into shreds,	1 pound.
Water,	1 quart.

Boil it for twenty minutes, taking off the scum as it raises; after it grows cold, strain the liquor; a little salt may be added if desirable.

This preparation is more nourishing than ordinary broths, and is very palatable. It may be conveniently mixed with the vegetable soup, if necessary.

Hartshorne Jelly.

Take of

Hartshorne shavings,	4 ounces.
Water,	1 quart.

Boil over a gentle fire until one pint of the water be dissipated. Strain, and add lemon juice, sugar, and wine.

This forms, either with or without the last ingredients, a very nourishing diet for the convalescent; and, when mixed with an equal portion of cow's milk, is very useful in the bowel complaints of children. Arrow root, sago, or tapioca jelly, when mixed with it, gives it additional nourishment.

Isinglass or fish glue may be used instead of the hartshorne shavings, if preferred.

Calves' Feet Jelly.

Take two calves' feet and add to them one gallon

of water, which reduce, by boiling, to one quart. Strain it, and when cold skim the fat entirely off. Add to this the white of six or eight eggs, well beaten, half a pint of wine, half a pound of loaf sugar, and the juice of four lemons, and let them be well mixed. Boil the whole for a few minutes, stirring it constantly, and then pass it through a flannel strainer.

This forms a very nutritious article of diet for the sick and convalescent. When it is desired, the wine can be omitted.—*Ellis.*

Chicken Water.

Take half a chicken, divested of all fat, and break the bones; add to this half a gallon of water, and boil for fifteen or twenty minutes. Season with salt.

This was freely employed by the late Dr. Parrish in cholera at its commencement. Taken warm it promotes vomiting, and washes out the stomach.

Essence of Beef.

Put into a porter bottle a sufficient quantity of lean beef, sliced, to fill up its body, cork it with a paper stopple, and place it in a pot of cold water, attaching the neck, by means of a string, to the handle of the vessel. Boil this for three-quarters of an hour, then pour off the liquor and skim it.

To this preparation may be added spices, salt,

wine, &c., according to the taste of the patient, and nature of the disease. It is greatly employed in low fevers, and therefore the physician must direct its mode of preparation.

Suet Ptisan.

Take of

Sheep's suet,	2 ounces.
Milk,	1 pint,
Starch,	half an ounce.

Boil slowly for ten minutes. Aromatics may be added to make it palatable.

This is well adapted to cases of dysentery.

As the foregoing directions are confined exclusively to those preparations that are either fluid or semi-fluid, it becomes necessary to say a word relative to those of a more solid consistency. In the course of convalescence, then, when it becomes expedient that the latter should be employed, it may be approached by commencing with a little water, or cream toast, as the case may indicate, with a small piece of boiled chicken; we always prefer the neck at first with the skin removed, for two reasons; first, on account of the absence of fat, which is almost entirely removed with the skin; second, the difficulty with which the meat is detached, obviates the danger of taking too great a quantity into the mouth at once to be thoroughly masticated; a poached egg, two or three roasted or stewed oysters, or a small piece of

rare beef steak, with a cup of weak chocolate, for breakfast; a baked potato, well mashed, with a small portion of broiled or roasted chicken, lamb, beef or venison, bread or dry toast, and a glass of water for dinner; and a slice or two of water toast, a small portion of boiled lean ham, sliced thin, or dried beef, scalded or boiled chicken, a cup of weak cocoa, and perhaps a taste of preserved peach or plum, for supper. This course may be pursued generally with safety and advantage. If, however, it should be found to disagree at all with the patient, it must be speedily discontinued, and her former diet resumed, until otherwise directed by the physician. All kinds of pastry must be positively withheld, as it is at best a heavy diet, requiring a vigorous constitution to digest it. The patient, doubtless, will require something between her regular meals; this must be supplied with a bowl of gruel, panada, or something of the kind.

Wheat flour and good sweet cream, made into a batter, and baked in small cakes on a bake iron, forms an excellent substitute for bread or toast, where the patient desires a change; they constitute a light, nutritious, and agreeable diet, which the sick generally esteem as a great luxury. Connected with this part of the nurse's duty, there are two or three items which we wish particularly to urge upon her attention. First. Never present to the patient a larger quantity of food, at one time, than is directed by the

physician, or in the absence of such direction, than her judgment may deem prudent; much mischief has been done by giving too great a quantity of an article of admissible quality at once.

Second. She should never prepare more at once than is sufficient for present use, as it becomes stale by standing, and when warmed up, as it is called, the second time, becomes more or less insipid, and is seldom taken with as much satisfaction as when fresh.

Third. The nurse should always prepare the nourishment with her own hands, or have it done immediately under her supervision, and never leave it to the direction of another.

With these remarks, relative to the preparation of diet, we now take our leave of the subject, at the same time, we would suggest to every nurse the importance of exerting herself in procuring all dietetic receipts, pertaining to her profession, that circumstances may throw in her way, or experience show to be worthy of notice, and record them in her note book. She will find them to be valuable auxiliaries in suiting the varied and ever-changing appetites of those under her charge.

Drinks.—We will now proceed to the consideration of the preparation of drinks proper for the sick.

Under the title of drink is comprehended every liquid suitable to supply the watery parts, either of

the solids or fluids, entering into the composition of animate beings.

The sensation produced by the want of this supply, is that denominated thirst.

Every fluid, then, capable of allaying thirst, is properly a drink.

Water forms the basis of all liquids used for sustaining the animal system of man, as well as of all others. And as experience has proved, beyond all cavil, that thirst is more readily allayed by simple, pure cold water, than in a state of mixture, it is rational to infer that this spontaneous production of nature, so bountifully supplied by the Creator of the Universe, is the sole ingredient, in whatever combination it may be employed, that accomplishes the important end of allaying the suffering arising from intense thirst. While a few of the accessions made to it by art are valuable in cases of disease, many are highly injurious when employed as a beverage, whether in sickness or health.

But to go into a protracted disquisition of the subject in this place, involving, as it naturally would, the odious deformity, and the destroying, murderous influence of intemperance, would be engaging in a digression from the main subject under consideration, of unwarrantable length.

When the bare quenching of thirst, then, is the object in view, whether under circumstances of disease, or the full enjoyment of perfect health, the clear, cold

water, as it gushes fresh from the crystal fountain, furnishes a far better, and, to the unperverted appetite, much more agreeable means, than any of the highly extolled productions of art.

But when there are other objects to be attained, a combination becomes necessary, into which generally enters an acid, an alkali, a stimulus, a tonic, or some article of nourishment.

Acidulated drinks are employed frequently in diseases of bilious origin. It is known that acids united with bile destroy its bitterness; hence, it is presumed, that it neutralizes the acrid corroding properties of vitiated bile frequently contained in the intestines, giving rise to a variety of diseases. Quite as agreeable, and perhaps as effectual an acidulated preparation as any in use, is that afforded by the juice of the lemon, in the form of

Lemonade.

Take of

Fresh lemon juice,	4 ounces.
Fresh, and very thin peeled lemon,	half an ounce.
White sugar,	4 ounces.
Boiling water,	3 pints.

Let them stand until cool, then strain off for use.

This, when freely taken by the patient, sometimes produces pain in the bowels. It must therefore be given with some reserve as a daily drink.—*Ellis.*

Another drink is frequently employed for the same purpose, which is sometimes very grateful to the taste of the patient, and may be substituted for the foregoing when she desires a change.

Apple Water.

Take one tart apple of ordinary size, well baked, let it be well mashed; pour on it one pint of boiling water; beat them well together; let it stand to cool, and strain it off for use. Add loaf sugar, if the patient desire it.

Or,

Take of

Strong vinegar,	3 ounces.
Water,	1 pint.
Loaf sugar,	2½ ounces.

Either of these are liable to produce pain in the bowels, if too freely indulged in. Care, therefore, is advisable.

Cases in which alkalescent drinks are chiefly employed, are those of dyspepsia, or, what is termed a sour stomach, and heart burn, arising from indigestion or any other cause. Acids and alkalies, being incompatible substances, upon coming in contact produce an effervescence, during which the acid contained in the stomach becomes neutralized. The articles commonly employed for this purpose are some of the preparations of soda or potash. A very

effectual combination, employed by the late Dr. Physick in his own case, and which afterwards became a favorite remedy with him, is called

Dyspeptic Ley.

Take of

Hickory ashes,	1 quart.
Soot,	6 ounces.
Boiling water,	1 gallon.

Mix, and let them stand for twenty-four hours, frequently stirring the ingredients. A tea-cupful may be given of this liquor three times a-day. It should be poured off always at the end of twenty-four hours; for by standing on the materials a long time, the water acquires almost caustic properties, and may do serious injury.—*Ellis.*

Drinks, containing any stimulating properties, are seldom necessary but in cases of extreme debility, produced by protracted illness, where they are employed to arouse the sinking energies, and restore action to the languid and enervated system. Alcohol in some one or other of its various combinations, is generally employed for this purpose.

It enters into the composition of Madeira, Sherry, and Port wine, in a proportion better adapted to the design of its administration, than any other form in which it exists. The superiority in these three varieties of wine, as a stimulus alone, when given in an uncombined state, is to be awarded in favor of

Sherry, in consequence of its containing a less quantity of acid in proportion to its alcohol; consequently it is not so apt to sour on the stomach.

But when a tonic, as well as a stimulating effect is desired, the Port is to be preferred, on account of its strengthening properties, in which it is prolific, compared with the others.

Madeira is better adapted to the making of whey, owing to its greater acidity, which renders it almost unfit to be employed in any other form. Both the Port and Madeira contain more of the stimulating property than the Sherry, but the latter being a purer wine, is better adapted to the purpose for which it is employed. It must be given only as directed by the physician.

Wine Whey.

Take of

Fresh cow's milk, skimmed, half a pint.

White Madeira wine, 1 or 2 ounces, according to the required strength.

Boil the milk, then add the wine. The draught to be regulated by the circumstances of the case, from four to ten ounces during the day.

Mustard Whey.

Take of

Cow's milk, 1 pint.

Bruised mustard seed, 1 ounce.

Simmer until the curd separates, then strain it, and add

White Madeira wine, 6 ounces.

A draught of this whey may be taken every hour or two in low fevers, and cases of debilitated stomachs.—*Ellis.*

Tonic drinks are "exhibited directly, to correct debility or relaxation of the system." Those the nurse is more frequently called upon to prepare, are decoctions and infusions; consequently, our attention is confined wholly to them. As many of them are used, to a great extent, by persons laboring under chronic debility, whose cases are not deemed of sufficient importance to require constant medical attention, as well as those who are debilitated through acute disease; and as such preparations, under such circumstances, are formed without much regard for accuracy, and administered with but little precision, we shall, for their especial benefit, add a few more directions than we have heretofore thought necessary.

Decoction of Peruvian Bark.

Take of

Peruvian bark, bruised,	1 ounce.
Cold water,	1 pint.

Boil for ten minutes, and, while hot, add

Virginia snake root,	half an ounce.
Orange peel, bruised,	2 drachms.

Suffer them to infuse for half an hour near the fire, in a close vessel. A wine-glassful may be taken once every hour.

If the bark be boiled longer than ten minutes, it becomes pale and less efficient. The last ingredients are directed to be infused, because their aromatic properties would be dissipated by decoction.

Infusion of Columba Root and Ginger.

Take of

Columba root, bruised,	1 ounce.
Ginger,	2 drachms.
Boiling water,	1 pint.

Let them infuse one hour by the fire; and give of the strained liquor (cold) a wine-glassful every two hours.

This infusion, when freely used, has proved successful in bowel complaint (chronic diarrhœa) of long standing.

Infusion of Quassia.

Take of

Quassia wood, prepared,	2 ounces.
Virginia snake root,	2 ounces.
Orange peel, bruised,	2 ounces.
Boiling water,	1 pint.

Let them infuse, and when cold, give a tea-cupful three times a-day.

Decoction of Peruvian Bark and Valerian.

Take of

Peruvian bark, bruised,	1 ounce.
Water,	1 pint.

Boil for ten minutes and strain; then

Take of

Valerian root,	1 ounce.
Boiling water,	1 pint.

Infuse for one hour and strain. Add the decoction of bark to this infusion, and give a tea-cupful, cold, three or four times a-day.

This is chiefly employed in rheumatic headach, in which it is sometimes very serviceable. It was a favorite prescription of the late Dr. Parrish.

Infusion of Camomile and Orange Peel.

Take of

Camomile flowers,	1 ounce.
Orange Peel,	half an ounce.
Cold water,	3 pints.

Macerate for twenty-four hours. Let a tea-cupful be taken four times a-day.

The camomile infusion is more agreeable to the taste when made cold, and is less apt to spoil than when made of boiling water.

Decoction of Wild Cherry-tree Bark.

Take of

Wild cherry bark, (dried and bruised,)	1 ounce.
Orange peel, bruised,	2 drachms.
Water.	1 pint.

Boil the bark alone for half an hour, and then add

the orange peel. A wine-glassful may be taken every hour or two in consumptive cases, asthma, &c.

Infusion of Virginian Snake Root.

Take of

Snake root,	half an ounce.
Boiling water,	1 pint.

Infuse in a covered vessel for one hour. Give a wine-glassful every hour or two.

Decoction of Dogwood Bark.

Take of

Dogwood bark, bruised,	1 ounce.
Water,	1 pint.

Boil for twenty or thirty minutes and strain. A wine-glassful may be given every hour. This is a very good substitute for Peruvian bark in fever and ague.

Compound Infusion of Gentian.

Gentian root,	half an ounce.
Orange peel, bruised,	2 drachms.
Cardamomum seed,	half a drachm.
Hot water,	1 pint.

Let them infuse one hour. This will be found useful in debility of the digestive organs. A wine-glassful may be given every two or three hours.

Nutritive Drinks.

The *nutritive drinks* are employed, not only to

allay thirst, but to supply the place of food in cases where the appetite may refuse to take it. Some one or other of the various articles of diet is combined with the water; and the great thirst of the patient frequently requiring to be satisfied, the nourishment, in this way, is made to enter the system in quantity sufficient to sustain life a long time.

Decoction of Barley, or Barley water.

Take of

Pearl barley,	2 ounces.
Boiling water,	2 quarts.

Before adding the boiling water let the barley be well washed, then boil it to one-half, and strain the liquor. A little lemon juice and sugar may be added if desirable. To be taken at liberty in inflammatory diseases.—*Ellis.*

Rice Water.

Take of

Rice,	2 ounces.

Let it be well washed, and add to it

Water,	2 quarts.

Boil it for an hour and a half, and then add sugar and nutmeg, as much as may be required. To be taken at liberty.—*Ellis.*

Infusion of Flaxseed, or Flaxseed Tea.

Take of

Flaxseed,	1 ounce.
Liquorice root,	half an ounce.
Boiling water,	2 pints.

Macerate for two or three hours near the fire in a covered vessel; strain, and add lemon juice sufficient to make it agreeable.

It may be given as a common drink in catarrh, (bad cold.)—*Ellis.*

Mucilage of Gum Arabic.

Take of

Gum Arabic,	1 ounce.
Hot water,	1 gill.

Let it dissolve.

Used in most diseases of the breast. Also in bowel complaints, &c.

Decoction of Bran. Bran Tea.

Take of

Fresh wheat bran,	1 pint.
Water,	3 quarts.

Boil down one-third; strain off the liquor, and add sugar, honey, or molasses, according to the taste of the patient.

Bran tea may be made by using boiling water, and allowing the mixture to stand in a covered vessel for three or four hours.—*Ellis.*

Sage Tea.

Take of

Dried sage leaves,	half an ounce.
Boiling water,	1 quart.

Infuse for half an hour, then strain. Sugar and lemon juice may be added in the proportion required by the patient. In the same manner may be made balm and other teas.

These infusions form very agreeable and useful drinks in fevers; and their diaphoretic (sweating) powers may be increased by the addition of sweet spirits of nitre, or, what is better, antimonial wine.—*Ellis.*

Water Gruel.

Take of

Oat meal,	2 ounces.
Water,	1 quart.

Boil for ten or fifteen minutes and strain, adding sugar and salt to make it agreeable.—*Ellis.*

Infusion of Malt.

Take of

Ground malt,	1 pint.
Scalding (not quite boiling) water,	3 pints.

Infuse for two hours, and strain off the liquor, to which may be added sugar or lemon juice, if required.

This was a favorite preparation with Dr. Parrish, and employed by him in inflammatory fevers.—*Ellis.*

Mucilage of Starch.

Take of

Starch,	1 ounce.
Powdered cinnamon,	1 drachm.
" gum Arabic,	1 ounce.
Boiling water,	3 pints.

Boil until reduced one-third, and strain.

This may be used as a common drink in dysentery.—*Ellis.*

Thus we close the subject of the present section, though not so much to our satisfaction as we might have done, had our limits allowed us to have touched upon some items that we have been obliged entirely to omit, and dwell more at length upon others, at which we have but barely glanced. However, we let it pass with all its deficiencies, by subjoining this caution to the nurse; never permit the patient to take her nourishment and drinks too warm. It is our opinion, that convalescence is often impeded by inattention to this matter. Their temperature should seldom be over 100° Fahrenheit, and a few degrees below cannot be objected to.

NIGHT WATCHING.

A part of the nurse's duty consists in attending to the patient during the night, as well as day. It is not expected, however, that she should devote whole nights, one after another, to watching; this would

be not only extremely wearisome to herself, but injurious to her health. When the demands of nature require her to be absent herself from the patient, it is for her to see that all things are properly arranged; that lights, and, in winter, that fuel are provided, if necessary; that a proper place be selected for the light; that the patient may not be annoyed by its shining in her face; and that the attendants are instructed in what they have to do; that necessary nourishments are provided, both for patient and attendants; and every thing that would require her personal attention must be delegated to them previously to her retiring. She should have her sleeping apartment adjoining that of the patient, so that if her presence should be required, she may be summoned conveniently, and without any unnecessary noise.

Sometimes patients become so attached to the nurse that they are never satisfied unless she is present: under these circumstances, she would do well to give her all the attention she can, without jeopardizing her own health; and by watching her opportunity while the patient *sleeps*, get what rest she can.

ATTENTION TO THE TEMPERATURE AND VENTILATION OF THE ROOM.

The temperature of the sick room should be kept as even as possible; and for this purpose a thermo-

meter becomes as important an appendage to the room as any other article of use.

It is a matter of less moment at what precise point of the thermometer the mercury may be allowed to stand, than any great variation from that point either above or below. If 65° F. be selected as the standard temperature of the room, no ordinary emergency should be offered as an excuse for its rising above 70, or falling below 60.

During the extreme warm weather of summer the sick are apt to suffer more or less from excessive heat; this may be obviated, to a great extent, by shutting out the light in the middle of the day, to effect which, the outside shutters should be kept bowed, so as not entirely to exclude the air; and Venitian blinds, suspended inside, are better adapted to the purpose than any other variety of window curtains, as they at the same time afford free passage to the air, and measurably obstruct the rays of light.

During the severity of winter the room should be warmed either by heated air, or by means of an open wood fire; the former is preferable, on account of its being less liable to sudden variations. Notwithstanding the recommendation of heated air, a fireplace is indispensable to a well constructed nursery, as a means of ventilation.

In the milder seasons of spring and autumn, the open fire will be found sufficient, as the state of the

atmosphere does not require so great a degree of artificial heat to answer the purpose of affording the necessary warmth. The use of coal should be entirely excluded from the sick room, as the gas generated by it while burning, is alike unpleasant and injurious to the patient. Stoves of all kinds are highly objectionable, where other means can be employed, and should never be used in the nursery but as the last resort.

"Foul linen and clothes," says Dr. Kissam, "should not be allowed to remain in the room an instant longer than is necessary, for they vitiate the air. Whenever the bed pan is used this of course must be instantly removed. Before using it, a tea-spoonful of the chloride of lime, dissolved in half a pint of water, and put into the vessel, will destroy the disagreeable effluvia. If the physician should express a wish to examine the contents of the bed pan, the lime must be omitted, because it will destroy the color and appearance of its contents.

"Plants," he continues, "should not be allowed to remain in the sick room at night, as they absorb a portion of the vital principle of the air, and give off an injurious gas. It is well to have them in the room during the day, as the case is reversed. They absorb the injurious gas, and give off oxygen, the vital principle of air. For the same reason, if the house be situated near a forest, and the wind is blowing

from it towards the house, the windows had better be closed.

"The same injurious gas is given off when charcoal is burning; for this reason, it should always be ignited in the open air, or in the chimney corner."

CHAPTER III.

ON NURSING IN PARTICULAR.

A knowledge of the Proper Management of the Infant during the month, including Food, quality and quantity—Dress, quality and quantity—Crying, Sleep—Handling the Infant, &c. &c. — The Age of the Nurse—A knowledge of the Proper Management of the Mother during the month, including the Bed, Proper Diet—General Management of the Patient, including Premature Exertion, Exposure, Exercise — Even State of Mind, Locia—Temperature and Ventilation of the Room, &c. &c.

QUALIFICATIONS OF THE NURSE IN PARTICULAR.

In addition to the qualifications of the nurse in general, there are others here requiring notice, that will be found essential to the successful management of that particular branch of her profession now under consideration.

This department of her calling frequently embraces not only all the duties we have dwelt upon in the

preceding chapter, but at the same time involves other duties equally important and interesting.

When called upon to discharge the double duties pertaining to the nursery, of conducting the mother through the perilous period of her confinement, and contributing materially to the formation of the physical, if not the moral constitution of the new being committed to her charge, she cannot attach too much importance to her station; and to be able to acquit herself in a manner best calculated to enhance the welfare of both mother and child, and with a dignity commanding that respect for her profession that its importance so justly merits, cannot but be a desideratum of the first magnitude.

In order, then, to attain this desirable end, a preparatory course of reading, reflection and observation, becomes as indispensable to the nurse, as a similar course does to an accomplished physician, lawyer, or divine. The works we would recommend for preparatory study, as being prolific in sound, practical information, are "Dewees on Children," "Eberle on Children," "The Young Mother," "The Young Mother's Guide, and Nurse's Manual." The two latter are particularly adapted to the practice of nursing. The "Young Mother" is exclusively devoted to the management of children; though with the author's theoretical views we cannot unite in all points, yet, taken upon the whole, it is a valuable production, and should be in possession of every

nurse. The "Manual" we have noticed before; it is a neat little volume, embracing practical directions for the management of both mother and child, and would be found a valuable assistant to every nurse, it matters not what may be her experience or skill. "The Nurse's Guide," by Dr. Warrington, is also worthy the careful perusal of every inexperienced nurse.

The works of Dewees and Eberle are more voluminous, and consequently of a higher price, but the expense is a consideration of small moment, compared with the amount of interesting and important matter they contain; they abound in substantial practical information, and should be thoroughly studied as the basis of this branch of her profession.

It must be extremely humiliating and perplexing to the nurse, in the onset of her career, to be required to officiate in a capacity, the very rudiments of which experience will soon teach her she is entirely ignorant; she finds herself on every side beset with difficulties, from which she is unable to extricate herself, and every effort to procure relief from her embarrassments merges her into others, equally difficult to be overcome, and disagreeable to endure.

But, where the mind is thoroughly stored with information, drawn from reason and the experience of others, these difficulties are rarely to be apprehended, and her path, instead of being beset at every step

with asperities, and the poison thorns of disappointment, becomes smooth and pleasant, and the mind, instead of being harrassed with a variety of discordant emotions, will, throughout her whole career, retain a delightful equilibrium; indeed, it might almost be said, to her well qualified for discharging the duties of her profession, that "its ways are ways of pleasantness, and all its paths are peace."

Too much time and labor cannot, then, be devoted to the acquirement of qualifications so absolutely essential to the successful performance of her frequently arduous, and at all times anxious and highly interesting duties. And while prosecuting her studies, she can enjoy the enviable satisfaction of reflecting that every hour thus spent is devoted to the cause of suffering humanity, and the alleviation of human misery.

We will now proceed with some of the qualifications we deem most essential for the nurse, in the particular branch now under consideration. Those necessary for the general nurse are also adapted to the management of the *mother*, in her confinement; there are others, however, to be considered under our present head, that her condition will frequently call into requisition, which will be taken up in due order. Those qualifications necessary for the successful management of the infant during the first four weeks of its existence, shall occupy our present attention.

A KNOWLEDGE OF THE PROPER MANAGEMENT OF THE INFANT.

"The infant's death is argument of guilt."

The want of a knowledge of the proper management of children during the month, we hesitate not to say, is the fruitful cause of the great mortality among the infants of our country; not those who die within the time specified, exclusively, but those who are permitted to survive a year, and perhaps longer, and at an age when they should be most interesting, they begin to pine away, and finally die of shocks they received through the ignorance or carelessness of her who had charge of them, at a time when the most scrupulous regard for their welfare should have constituted one of her *religious* duties. The importance, then, of this qualification cannot be too strongly insisted upon. The food, quality and quantity—quantity and quality of dress; crying, the circumstances under which it takes place; sleep, the manner in which it is procured, and handling the infant, are all matters of the first importance, each claiming a share of consideration.

Food.—Since food (with the exception of air) is first in contributing to the support of animal life, we shall place it first for examination in our plan of the management of early infancy.

The path pointed out by nature is the true and

only one that can be followed with safety in administering to the wants of the new born babe; and the "Book of Nature" should not fail of being thoroughly studied, that we may be able to read the meaning of those instinctive signs to which the helpless little being, from time to time, continues to call our attention, from the very moment it first breathes the vital air, until it acquires age and knowledge sufficient to make known its wishes, desires, and inclinations, through the medium of speech. Perhaps in no one particular, connected with the management of infants, is an ignorance of, or inattention to those signs, productive of more injury, than in preparing and administering food.

Almost the first cries of the infant are looked upon by the kind-hearted attendants upon the occasion as a demand of hunger; and the more vehement the cries, the more imperious is the demand considered. And no sooner is the process of washing and dressing completed, than the nurse, if present, is zealously importuned to prepare for the "poor little thing" some nourishment; and she, too frequently surcharged with solicitude, lest starvation will, during the first hour of its existence, deprive the "poor thing" of life, bustles about, in order, if possible, to prevent, by a timely meal, so fatal a catastrophe. Accordingly, out of a variety of preparations, such as paps, panadas, gruels, &c., one is selected for the purpose, either of which, to be serious, is highly im-

proper in point of quality. There generally enters into their composition some one or more of the spices, with a drop or two of wine, and "other nice things," calculated much more to deprave the appetite, and impede the process of digestion, than to produce any beneficial result. Even admitting they are harmless, we cannot see the necessity or propriety of introducing them into the food of the infant. What does the new-born babe, with pure, unperverted appetite, know about such delicacies? It is those perverted by habit, that luxuriate in mixtures containing wines, spices, and other stimulating ingredients, but never that of an infant. By forcing upon them thus early such articles, and continuing their use during the period of infancy, we can do little other than incorporate with their very existence a desire for them—which desire grows and strengthens as age advances, until the individual thus trained, perhaps before he acquires the age of manhood, if he so long survive, is swallowed up in the vortex of intemperance and dissipation.

If there were no physical injuries to be apprehended, the moral obligations we owe the little being should raise a bar against such a course of procedure.

In addition to the violence done to the little stomach of the child, by the articles with which its food is enriched, the food itself, when it consists of the preparations above mentioned, is no less objectiona-

ble, and subject to like condemnation. How can it be otherwise than mischievous, to force upon the unconfirmed stomach of the infant a thick, tenacious paste, (for little better than this is the most delicate preparations ordinarily used,) that would require the efforts of a stomach much longer inured to the reception of food, and more strengthened by age and exercise to digest it?

The substance of which this variety of diet is generally composed, is crackers, bread, or flour in some other form, boiled with water and sweetened; and no sooner is it received into the stomach, than commences the process of fermentation—for all "farinacious substances, in a state of fluid mixture, are liable to ferment when heated by a temperature lower than that of the human body." The gas that is evolved during this process, is confined within the stomach and bowels, producing what is called *wind colic*, sour eructations, (belching,) swelling of the lower belly, and convulsions. Digestion is otherwise deranged, and frequently to a fatal extent. Infants fed upon these unnatural articles, are affected more or less with green watery stools, griping pains, frequently throwing up milk strongly curdled, emaciation, &c., followed by death.

Having thus endeavored briefly to show the entire unfitness, in point of quality, of the food generally given to the infant, we shall now proceed to state what, in our opinion, approaches much nearer the

intentions of nature, and consequently better suited to the infantile organs of digestion and assimilation; and while we can glean from our own experience abundant testimony confirmatory of our views, we shall not fail to adduce that of others, whose extensive observations have led them to adopt similar ones.

We would, then, remark, that the milk, as it rises spontaneously in the breast of the mother, is nature's own food, prepared for the sustenance of the new-born being; and if all things, during the first two or three days of the child's existence be propitious, *art can in no wise be employed but with disadvantage, if not danger.* But, should the breasts be tardy in performing their functions, or the mother, from any cause whatever, be incapacitated from discharging the delightful duty of suckling her child, art must then be resorted to as the *secondary means* of sustaining the infant. We say secondary, because it is our settled conviction, based upon the experience of years, that no means can be instituted as primary, save that so bountifully supplied through nature by Nature's God; and where this *can be attained,* no pretence, however broad, can screen an opposite course from the imputation of dangerous interference.

The first important step to be taken, when circumstances forbid the application of the child to the breast, is the removal from the bowels of the *meco-*

nium, a substance familiar to every nurse, of a deep bottle-green color, that constitutes the first discharges; a little warm molasses and water, given in quantities of two or three tea-spoonsful from time to time, will mostly answer the purpose; if, however, this should prove insufficient to produce an active operation, a tea-spoonful of sweet oil, or the oil of butter, may be administered; we have known cases so obstinate as to require castor oil, in quantity of a tea-spoon three parts full, repeated at intervals of an hour or two, to produce the desired effect.

When the breast affords a full supply from the first, it is unnecessary, in most instances, to resort to any other means, even for the purpose of attaining this important end, as the first secretions of this wonderful organ is nature's own physic, designed to accomplish the object in view. But in cases of disease, or under any other unpropitious circumstances, where this is found ineffectual, the co-operation of either of the above preparations may be advantageously solicited. Perhaps it will be well here to observe, that we deem a moderately brisk purge, within the first twelve or eighteen hours after birth, a matter of no small moment, provided the health and vigor of the child will permit of it; if not, as soon as practicable. Most infants who have been fed on improper diet, affected with colicy pains, evinced by distressing cries, restlessness, early jaundice, costiveness, &c., owe the cause of their suffer-

ing to not having the *meconium* thoroughly removed.

The nurse, in her solicitude to have this timely achieved, may do a great deal of mischief by employing means entirely too harsh; aloes, infusion of senna, and other drastic articles have been injudiciously resorted to for this purpose, "to the decided inconvenience, if not to the manifest injury of the child." If, then, she fail to produce the desired effect by the means above directed, the nurse would evince more prudence, by acquainting the attending physician with the condition of the little patient, than by longer depending upon her own judgment, and perhaps persevering in ill-judged and inappropriate means.

Though the subject of the present digression is of vastly more importance than we have been led to think it is generally considered, we shall not indulge in the deviation from the main tenor of our remarks on food, further than to state that it is not expected, where there is a protracted delay in removing the *meconium*, the child shall not be permitted to take any nourishment; not so, but, on the contrary, it should from time to time be allowed a reasonable supply of proper diet.

It has been observed that the proper nourishment for the newly born infant, under all circumstances, when it can be procured, is the milk from the breast of the mother, and no other can be substituted, pos-

sessing the least claims to superiority. As well might the ingenuity of man array itself against the wisdom of his Maker, with a view of giving eclat to his works, as to attempt to devise a means for the fulfilment of this important design, other than that which his benificence has so amply bestowed.

But when circumstances render this natural provision unavailable, the assistance of art becomes an indispensable auxiliary to the sustenance of the child. What, then, can be substituted for the mother's milk, that approaches nearest to it in point of quality and nourishment? A preparation formed of cow's milk and water, with a little loaf sugar, in the following proportions, supplies the desideratum.

Take of

Fresh cow's milk,	1 table-spoonful.
Hot water,	2 table-spoonsful.
Loaf sugar, as much as may be agreeable.	

Some authors recommend a preparation consisting of two parts milk, and one of water; this, in our opinion, is too great a deviation from nature; the proportions we here direct form a compound, approximating nearer to that the child would want to draw from its legitimate source than any other that has yet received the sanction of successful experiment. In this view we are sustained by chemical

analysis, which shows that in equal quantities of cow's and woman's milk the latter contains a much smaller quantity of curd, which must be attributed to the great quantity of water with which it is diluted; and further, to show that water enters more largely into *its* composition than in that of the former, we will quote from Dr. Gregory, who says, "When allowed to remain at rest a sufficient time, a cream gathers on its surface. After it is separated *the milk is exceeding thin, and has the appearance rather of whey, with a bluish-white color, than of creamed milk.*"

From this we would be led to infer, that water enters more largely into the milk of the human female, as a constituent, than any composition, differing materially from the one we have adopted, would proportionally admit of. Dr. Ellis, in speaking of this mixture, says, "The object is to make a diet as near the qualities of the maternal milk as possible." Inasmuch as the mother's milk does, or ought to constitute the only diet for the child when available, so, also, ought this substitute to be employed, as much to the exclusion of every other article as the mother's milk itself. We have heard this system of treating infants objected to, and the objection urged has been, "the child is obliged to take so great a quantity of water, in order to get adequate nourishment." To this objection we would reply, if there be a fault in the infantile organization requiring a

diet so simple, the fault is not ours; that a diet similarly proportioned is required, we have convincing testimony in the fact that almost simultaneously with the birth of the child commences its spontaneous flow, warm from its legitimate source—the breast of the mother.

Dr. Dewees, in treating of this subject, speaks thus: "Many of the preparations in use as nourishment for young children cannot be too strongly condemned, such as crackers and water boiled together and sweetened, or bread, water and sugar, than which nothing can be more ungenial to the infant stomach—for these masses begin to ferment the instant they are received into the stomach."

While we were receiving instructions from the lips of this illustrious teacher, we came to the settled determination to set our face with rigid pertinacity against the unnatural and preposterous practice of many nurses in this department of the management of early infancy, and pursue a course more in conformity with our views of propriety. This course we have just been prescribing; it is the one with which we commenced at the onset of our professional career, and every day's experience convinces us the more of the geniality of its influence on the health and well-being of the infant; so much so, that we are almost ready to assert as a maxim, that a fretful, troublesome child, is the result of wanton mismanagement, while a contrary course almost inva-

riably ensures to the little charge a state of comfortable composure, and to the mother and nurse days of enjoyment, and nights of comparative quiet and unconcern.

As our object is to convince the mind of the nurse, rather than enforce obedience without conviction, we have endeavored to expose the danger of forcing upon the child an unnatural and decidedly injurious diet; and also to urge the necessity of employing nature's own provision exclusively, and when circumstances withhold this, we have offered an appropriate substitute, with a view of drawing the attention of the nurse to the pointings of that ever-faithful and never-varying instructress—*Nature*, in her naked simplicity. Neither can the physician or nurse entertain a well grounded hope of success, unless every effort in practice be exerted in conformity to her mild and unerring laws.

Quantity.—Should the nurse, after she has prepared the "ample bowl" for the child, pause for one moment, and reflect on the dimensions alone of the little organ destined to receive its contents, she could not fail to conceive the idea that it is but a little larger than her thumb; then let the thought that it is incapacitated by the tenderness of its organization and feebleness of age, from digesting and converting into proper nourishment any considerable quantity of ever so fit an article, enter her mind, and she, if possessed of common humanity, would shudder at the

evil she was about to inflict upon the hapless little creature. Indeed, so great and manifold are the evils arising from a disregard of these two items in the infant economy, that it is really surprising that so many outlive the period of infancy as do. Within the last six years, no less than two instances have come under our observation, in which the little sufferers died, one within twelve, and the other twenty-four hours after its birth from excessive feeding, notwithstanding our strong injunctions to the nurse to pursue a contrary course. In the former case, upon inquiring of the nurse whether or no the babe had taken any nourishment, we were replied to after this wise: "Oh laws! yes, it ate half a tea-cupful of boiled crackers and water at once." Did you feed it more than once? "Yes, sir, it ate hearty four times." Here, then, we have at least near two tea-cupsful of boiled crackers and water crammed into a cavity so small as scarcely to admit your thumb, in the space of twelve hours. What else but death could be anticipated as the result? The latter, we were informed, ate largely of a similar preparation in the evening, and died in convulsions before morning. We will, in passing, observe that both of the children thus destroyed were remarkably fine, vigorous, and, to every appearance, healthy at birth.

Let us see what that great man Dr. Dewees says, in relation to over feeding; and none, who is not con-

sumately ignorant or criminally perverse, will presume to gainsay his authority concerning the management of infants. "The mother very rarely has her breasts furnished with milk at the birth of the child; for the most part, there is an interval of several days before it is supplied in sufficient quantity to sustain the infant,—it is, therefore, supposed, that the child would suffer severely, did it not receive nourishment by other means, until the mother is enabled to *provide* for it. Accordingly, an ample bowl is prepared by the nurse, and the stomach is crammed to regurgitation with a tenacious paste, called pap or panada. This is repeated with such mischievous industry as to throw the poor infant into violent agony, unless the stomach revolt at the unmerciful invasion, and reject it by a violent effort, and thus avert the impending mischief. Nature seems to have endowed the stomachs of children with a discriminating power upon such occasions; and most happy it is for them that she has been thus kind, for were it otherwise, *many would die in a few hours after birth from absolute repletion.*

"It appears that the kind nurse has but one rule by which she regulates the feeding of a newly-born child, which is, to pour food down its throat until its stomach can hold no more; it is then permitted to rest a short time. But the delightful task of cramming is again resumed, especially if the poor babe cry; it is now imagined to be again hungry, and

again its feeble powers of digestion are unmercifully taxed. This addition of food, to the great surprise of the anxious nurse, does not quiet its complaining: and its uneasiness is now attributed to 'wind,' and the unfortunate child is next obliged to swallow some stimulating tea, or *liquor*, until further distention, and perhaps intoxication, are added to the already almost bursting stomach. It is then rudely jolted on the knee, until kind vomiting comes to its relief, or until the bowels rapidly and profusely discharge their contents."

While we are penning the remarks of our author, we are aware that many of them, as well as some of our own observations, will sound harsh and unpleasant to the ear of the careless and unconcerned; and be received as an unsavory repast by the perverted moral appetite of the guilty. Yet many an anxious and devoted parent will, we opine, confer upon them their decided approval. Be it so or not, our duty requires us faithfully to represent the claims, upon our protection, of the helpless little being who is entirely dependant, for its existence and comfort, on the management of others, regardless of the frowns of the one, or the approving smiles of the other. To it, and our God, do we owe our allegiance, and to them alone do we hold ourself accountable.

There are objections to the practice, against which we have been remonstrating, other than the immediate evils which are likely to result: such as plant-

ing the seeds of future ill health, creating an unnatural demand for food, forming habits of gluttony, &c., each of which might afford an instructive disquisition, but we are admonished by our limits to forbear. An instance comes to mind, however, illustrating the effects mismanagement, in this particular, has on the future health and longevity of its victim, which we beg leave to mention. We once had occasion to remonstrate with a kind, and in every respect most indulgent nurse, against the propriety of pursuing a course counter to our directions, both with regard to the quality and quantity of the child's diet, previous to the formation of the mother's milk;—she very pleasantly remarked, "you direct from *theory* and I practice from *experience*," and added, "I have been the mother of eight children, and pursued a similar course with them all." We inquired how many of them are now living? She replied, "but *two*, and they are weakly." We addressed the mother, and asked her if she wished her babe (it being her first,) to share the same fate of the other six? She felt the force of the interrogatory, and united her exertions with ours in prevailing upon the nurse to accommodate her *practice* to our *theory*,—and she soon discovered that the notions of starvation and death, which she had formed in anticipation of our meager fare, were unfounded, as the little creature throve finely, and has since grown to be a remarkably clever boy. The fate of the unfortunate six and the shattered constitution

of the remaining two, constitute the moral of the story.

The receipt given, while considering the quality of diet applicable to early infancy, contains a sufficient quantity to be given at one meal; this should be repeated at intervals of not less than two or over three hours through the day, and less frequently through the night, provided the child give signs of hunger. These consist in a whining, nustling noise, restlessness, throwing the hands about, &c., but seldom loud crying. In fact, almost every other means is employed to make known its wants in this respect, before this is resorted to, and when it does cry aloud for food, it is a demonstration of hunger of no ordinary intensity.

Three table-spoonsful, then repeated as occasion may require,—not as ignorance may dictate, or a mischievous custom sanction,—will be sufficient to answer the requirements of nature until the mother shall be able to furnish the necessary supply.

If, however, the circumstances of the case be such as to render an attempt to rear the child by hand unavoidable, it will be necessary to continue this fare for the space of two or three weeks without much alteration; perhaps a little augmentation in quantity the third week, may not be amiss. It is not expected that the use of the spoon shall be continued after a decision on the expediency of raising the child by hand has been made; but a means of feeding it of much greater convenience may be employed, viz:

the "sucking bottle." As this instrument is so familiar to every nurse, and so generally employed in the nursery, it is unnecessary here either to go into its description or to urge the propriety of its use. Dr. Kissam, however, recommends the "German Cologne Bottles" as preferable, and says, "they are of an equal thickness, thin, and consequently not so liable to break in cold weather as those bottles prepared for the purpose: besides, the expense will be found to be much less. The shape of the latter is most convenient. A silver tube fastened in a cork is the best adapted for suction."

The circumstances which render an attempt to rear the child by artificial means expedient, place the nurse also in a situation peculiarly responsible; and she cannot be too cautious in her procedure, as she is now about to form the habits of the child with regard to its *diet;* and a more important duty seldom crosses her pathway. And to be qualified to discharge it in a manner best calculated to secure to it future health and comfort, should awaken her liveliest concern. The great cause of so many deaths among infants thus unfortunately circumstanced, is, in our opinion, not so much the want of the breast as a want of habits formed more in conformity with the actual requirements of nature. We have seen infants scarcely two months old, take from the bottle, with apparent avidity, the enormous quantity of one pint at a meal, and this repeated at short intervals

through the day and night; and the mothers, instead of looking upon the achievement as a melancholy event, gave it their approval, and enjoyed it as a demonstration of good health, rather than that of a lamentable perversion of nature. All demanded by the actual necessities of a child at that age does not exceed one half the quantity.

The stomach being a muscular organ, and rendered, by the tenderness of age, very susceptible of impressions, becomes greatly increased beyond its natural dimensions by this early over-feeding. And as the child is more comfortable when its stomach is moderately distended by food, than when it is empty, an increased supply each time becomes necessary to satisfy its demands; this augments the evil which in turn demands a further increase of food, until very much larger quantities are received into the stomach than is required for the purposes of digestion and nutrition; and all above this is converted into the elements of disease. Hence the great mortality among children thus situated: and hence the common remark, that such "have a poor chance for their lives." Dr. Cadogan, an eminent English physician, who wrote near a century ago on the management of infancy, made some excellent remarks in regard to our present topic, a few of which we will here transcribe, and from them the reader will perceive that he, who promulgated doctrines a century ago that will, at this day, scarcely be received as orthodox, must have figured

greatly in advance of his age; he wrote against the same evils in *his* day of which we *still* complain; a circumstance demonstrative of the humiliating fact, that the profession of nursing has advanced but very little, if any, for the last hundred years; while every other occupation, subject to human agency, has, within that time, made mighty strides in improvement, and many of them to an extent almost incredible. Is it not time to begin to inquire into the cause of this supineness in regard to one of the most important relations in which man can stand to his fellow? Can it be that human life is considered of less consequence than many other subjects that claim our attention? Or is it, that ignorance, bigotry, and wanton perverseness constitute the prevailing characteristics of too many of those to whose care the management of early infancy is committed? Or is it to be attributed to a shameful recklessness on the part of that class who assume to be the guardians of the public health, and who have it greatly in their power to remedy the evil? To one or the other of these three causes, or to a combination of the whole, must belong the delinquency complained of, and no physician or nurse can faithfully discharge the duty he or she owes to the community without exerting their united influence in opposition to the prevailing customs of the day, with respect to the management of infancy.

But to proceed with our quotations, "Look over

the bills of mortality. Almost half of those that fill up that black list die under five years of age; so that half the people that come into the world go out of it again before they become of the least use to it or to themselves. To me this seems to deserve serious consideration.

"It is ridiculous to charge it upon nature, and to suppose that infants are more subject to disease and death than grown persons; on the contrary, they bear pain and disease much better—fevers especially—and for the same reason that a twig is less hurt by a storm than an oak.

"In all the other productions of nature, we see the greatest vigor and luxuriancy of health, the nearer they are to the egg or bud. When was there a lamb, a bird, or a tree that died because it was young? These are under the immediate nursing of unerring nature, and they thrive accordingly.

"Ought it not, therefore, to be the care of every nurse and every parent, not only to protect their nurslings from injury, *but to be well assured that their own officious services be not the greatest evils the helpless creature can suffer?*

"In the lower classes of mankind, especially in the country, disease and mortality are not so frequent, either among adults or their children. Health and prosperity are the portions of the poor—I mean the laborious. The want of superfluity confines them more within the limits of nature; hence they enjoy

the blessings they feel not, and are ignorant of their cause.

"In the course of my practice, I have had frequent occasions to be fully satisfied of this; and have often heard a mother anxiously say, 'the child has not been well ever since it has done puking and crying.'

"These complaints, though not attended to, point very plainly to the cause. Is it not very evident that when a child rids its stomach of its contents several times a day, it has been overloaded? While the natural strength lasts (for every child is born with more health and strength than is generally imagined,) it cries at or rejects the superfluous load, and *thrives apace:* that is, grows very fat, *bloated*, and distended beyond measure, like a house lamb.

"But in time, the same oppressive causes continuing, the natural powers are overcome, being no longer able to throw off the unequal weight. The child, now unable to cry any more, languishes and is quiet.

"The misfortune is, that these complaints are not understood. The child is swaddled and crammed on till, after gripes, purging, &c. it sinks under both burdens into a convulsion fit, and escapes further torture. This would be the case with the lamb were it not killed when full fat.

"That the present mode of nursing is *wrong*, one would think needed no other proof than the frequent

miscarriages attending it, the death of many, and the ill health of those that survive." These remarks are just as applicable to American customs in 1840, as they were to English in 1750; the same evils exist now, in regard to feeding children, as were reprehended then.

We have been thus lengthy in our observations on food, in order to bring fully to bear upon the understanding of the nurse an array of eminent medical testimony, reason, and facts, in hopes of convincing her of the importance of a reformation in this department of her profession, whereby the great amount of infantile suffering and mortality may be lessened; and by adopting a course of procedure more conformably to the requisitions of nature, render the business of rearing children one of enjoyment and pleasure, instead of a task painful, anxious, and perplexing, "for," says Dr. Cadogan, "if we follow nature instead of leading or driving her, we cannot err. In the business of nursing, as well as physic, art, if it do not exactly copy the original, is ever destructive."

Now, in conclusion, we will remark to the nurse, that the infant will *really* require but a very little, if any deviation from the directions we have given, during her administration in the nursery; and what is to follow after the mother shall have assumed the charge of her babe, we reserve for future consideration.

DRESS.

"Such rearing 'mong the rich has thinned their house
In early life, and laid in silent ranks,
Successive with the dead, their infant race."

Were it possible for an inhabitant of another sphere to visit the nurseries of some belonging to our fashionable circles, he would, in view of the embroidered lace, worked ruffles, and stiffly starched linen, scratching and chaffing the tender skin of the infant, with some important regions of the body entirely unclothed and exposed, and others superabundantly clad, become impressed with the idea, that the requirements of idle fashion, or the gratification of empty pride, constituted, at least, one of the cardinal objects in the making and arrangement of the child's dress; and that its health and comfort were least of all consulted. Such, at this time, appears to be the order of things, and that, too, in what is styled the higher ranks of society, where opportunities favorable to the acquisition of correct information are so numerous, and the resources of knowledge so available; while, on the contrary, a course nearly opposite is pursued by those filling the humbler walks of life, whose means are not adequate to the ever varying demands of inconstant fashion, and who have the satisfaction of seeing their offspring enjoying almost uninterrupted health and vigor of constitution, by pursuing a course from which their circumstances

will not readily permit them to deviate; hence, measurably, the common observation that health is, in particular, the blessing of the poor, while the wealthy are more the subjects of affliction.

Fortunately, however, for the little charge, the advancement of intelligence in this country is about recording among the things of the past a most preposterous and cruel practice—one which was once considered almost as essential to the healthy existence of the child as food itself; and so far as form, symmetry, and regularity of growth is concerned, it was deemed indispensable; we allude to swaddling or swathing the body and limbs of the child, a process vieing in torture with inquisitorial infliction. Buffon says, "with us" (in France) "an infant has hardly enjoyed the liberty of moving and stretching its limbs, than it is clapped again into confinement. It is swathed, its head is fixed, its legs are stretched out at full length, and its arms placed straight down by the side of its body. In this manner it is bound tight with clothes and bandages, so that it cannot stir a limb; indeed, it is fortunate that the poor thing is not muffled up so as to be unable to breathe, or if so much precaution be taken as to lay it on its side, in order that the fluid excretions voided at the mouth, may descend of themselves; for the helpless infant is not at liberty to turn its head to facilitate the discharges."

We give this quotation as a specimen of what was

once esteemed, and is yet, to a greater or less extent, practised as an essential matter in the management of infancy; and in hopes it may have an influence in accelerating the barbarous custom in its downward course towards annihilation. Dr. Gregory says "the fillets, rollers, and bandages of the nursery are not only useless merely, but, beyond measure, dangerous. They are to be laid aside as implements of torture and destruction."

Notwithstanding the remark of Professor Alcott, that "the good sense of the community nowhere permits us to transform a beautiful babe into an Egyptian mummy," there are errors in the child's dress in this country, and in this age, not differing so much in effect from that we have just been considering, as (judging from the general intelligence of the community) we might be led to suppose. The evils of which we complain is, bandaging the body entirely too tight, and confining the limbs, by the wrapping blanket and other means, so as to prevent their free motion.

Every article of the child's dress should be so made and arranged, as to be subservient to its health and comfort. This will be found to consist, 1. In guarding against the variations of external temperature; 2. In preserving a genial warmth for the maintenance of the various functions; 3. In protecting the body and limbs against external injuries. The means for attaining these important ends may be ar-

ranged according to the dictates of fancy, provided the object pursued is not thereby interrupted; pride and fashion must always be made to subserve more important considerations, if we set any value on the life of the child; this, however, unfortunately, is too frequently not the case.

THE QUALITY OF CLOTHING BEST SUITED TO THE SITUATION OF THE INFANT.

Flannel is, perhaps, more extensively and advantageously used as an ingredient, of which clothing for children is made, than any other material. Public sentiment, as much as it is perverted on many subjects connected with the management of infants, appears to be right on this.

The superiority of flannel to other substances used, consists, 1. "In its protecting power against sudden reduction of temperature;" i. e. its non-conducting power prevents the natural heat from escaping from the surface of the body when the surrounding temperature is materially lower; wool being a better non-conductor of caloric than flax or cotton, is consequently better adapted to the purposes of wearing in cold or variable weather. 2. In guarding the body against the cooling effects of evaporation. When the surface of the body is bedewed with perspiration, the flannel prevents too rapid an escape of the warmth from the body—and as it does pass off gra-

dually the moisture is absorbed by the flannel, whence it evaporates to the body imperceptibly. Thus, it is perceived, that the temperature of the body can be but little affected during the process of "drying up of the sweat," as it is called, which must be otherwise, were linen or muslin employed in its stead, because they conduct off the heat much more rapidly, and absorb the moisture with less facility; hence, a cold dampness must of course pervade the surface of the body during the drying process, and hence the advantage of flannel next to the skin. 3. In producing over the surface of the body a healthful and "agreeable irritation," by means of which insensible perspiration is advantageously promoted—a function indispensable to the health of the child; its use, in this respect, approaches in effect that of the flesh brush, by producing this grateful action upon the skin, it equallizes the circulation; the blood is being constantly invited to the surface, which lessens the liability to congestion of the internal organs, by its being thrown upon them in too great abundance.

From these considerations it is evident, that flannel next to the skin, in cold and variable seasons, not only adds to the comfort, but also exerts a salutary influence on the health of the child, so much so, that its adoption cannot but be considered an important if not an indispensable item in the successful management of the infant. Though flannel is of so much

utility in a large majority of instances, it is not, nevertheless, of universal applicability.

It is a fact, of which every observer is aware, that many persons perspire much more easily than others; this difference exists to as great an extent among infants as adults. In those cases where it is discovered that the infant perspires with great profusion, it is better to remove the flannel, and substitute in its place muslin or linen. Though the flannel, as it has been observed, absorbs the moisture with much greater rapidity than either of the other ingredients, it, at the same time, promotes the perspiration to an extent disproportionable to its absorbent powers; hence it not only becomes the fruitful source of the evil it was designed to obviate, but is deeply implicated in producing a dangerous debility and emaciation through excessive sweating.

We occasionally, too, meet with infants whose skin is exceedingly irritable, so much so, that flannel, be it ever so fine and soft, cannot be worn next to it without producing a great deal of uneasiness; and sometimes an efflorescence or redness, extending over the whole or greater part of the body, all of which disappear immediately upon removing the flannel.

During the existence of a feverish state of the system, when it becomes necessary to lower the temperature of the skin, with a view to reduce the force and severity of the exacerbation, the use of flannel next to the skin should be discontinued for the time being,

but resumed immediately after the paroxysm shall have subsided. The liability of the child to take cold may be urged as an objection to this expedient. This, however, cannot be received as valid, since, at this time, the medium through which cold is contracted, viz. perspiration, either sensible or insensible, is suspended; an event which constitutes one of the principal agents in producing that phenomenon called fever. But as this matter partakes more of the nature of a remedial means than an item, proper in the general management of infants, and belongs to the jurisdiction of the physician rather than the province of the nurse, we would recommend her to consult him relative to the propriety of adopting the measure, instead of proceeding in it without such counsel and thereby incurring unnecessary responsibility.

"The flannel should always be of the white kind, where the circumstances of the parents will permit it—not that the first cost of the white need be greater than that of the coloured, but because it will, for the sake of the eye, require to be more frequently changed, as it will more readily show any dirt that may attach to it; but, for this very reason it should be employed, whenever it be practicable. Another reason may also be assigned: the white can always be procured of a finer quality, which sometimes," we would say always "is desirable."

"There is a very common error upon the subject of flannel which deserves to be corrected: namely,

that it can remain longer dirty without doing mischief by its filth than any other substance; but in this there is no truth,—flannel, from its very texture, is capable of absorbing a great deal of fluid, which it will retain so long, if permitted, as to allow a fermentative process to go on, and give rise to the extrication of some deleterious gases; therefore flannel should not be worn even so long, on this very account, as linen substances."—*Dewees.*

WHAT CONSTITUTES A NECESSARY SUIT DURING THE MONTH.

The quantity of clothing necessary for a child during the month, cannot, in a climate so unsteady and variable as ours, be readily prescribed. This should be regulated according to circumstances: which are, 1st. The state of the weather and season of the year. 2d. The advantageous or disadvantageous locality of the apartment employed as the nursery, with regard to its exposure to the influences of the atmospheric variations. As a general rule, however,—making exceptions for vicissitudes,—we would say, that the belly band, a flannel shirt, diaper, flannel petticoat, frock, cap, and socks, properly applied, constitute all that is necessary, and nothing superfluous, in a well arranged and comfortable suit.

Belly band.—This valuable constituent of the in-

fantile suit derives its consequence from the important ends it designed to answer, viz. to give a general support to the abdomen, and a particular one to the navel, and at the same time contribute its quota towards preserving a proper temperature of the body.

It should consist of a strip of white soft flannel, cut bias, and between five and six inches wide, and about five-eighths of a yard in length. The advantages to be derived from cutting it diagonally with the threads, or bias, are—1st. The elasticity thus given it, enables it to accommodate itself to the child's body, during the various changes of position to which it is subject in being handled, without binding too tightly on one part and being relaxed on another. 2d. It also yields more readily to the impulses given to the abdomen by the efforts of sneezing, crying, straining, &c., thereby obviating, in a great measure, those dangerous, and sometimes lasting injuries, as rupture in the navel, groin, &c., that not unfrequently arise from an ill management of this important appendage. 3d. This elastic property enables it to set with greater uniformity and ease to the child, thereby preventing a great deal of restlessness and pain, to which it, under the ordinary arrangement, is doomed to suffer. The band is much improved by having two or three small pleats in the lower edge, perhaps still more, by being slightly gathered in that part, so as to produce a fulness in the middle corres-

ponding to the shape of the child's belly; this provision will prevent its tendency to slip up, an occurrence which too frequently happens, leaving the parts it was designed to guard wholly unprotected, thus entirely defeating the object of its application, to the decided detriment of the child's present, and, perhaps, future welfare. If, however, this should be found insufficient for the full attainment of the object in view, it should be provided with a small appendage, or "tag," at the lower edge, by means of which it should be secured by the large pin to the diaper, the one being sufficient for both purposes, viz. fastening down the band and securing the diaper. It should also be provided with tape strings, to be used in the place of pins for the purpose of fastening; the latter being highly objectionable on account of their liability to scratch and puncture the skin; instances are recorded of protracted ill health arising from accidents occurring from the use of pointed instruments about the child's dress. We are aware, that an almost universally established custom may be urged against this caution. But this pretext is not sufficient to warrant the jeopardizing of the infant's health, and comfort unnecessarily. Pins and needles, then, should not be employed under any circumstances where other means can be substituted.

The Shirt.—With respect to this garment we have but little to say, further than to repeat, that it should be made of soft white flannel, unless it is designed to

be worn in the months of July and August, when fine muslin or linen may be substituted; the practice of rendering the shirt stiff with starch, and decorating the sleeves, shoulders, &c., with ruffles and embroidery, should be immediately dispensed with, as they can in no possible way contribute to the child's comfort, but on the contrary, are the source of a great deal of uneasiness, from their roughness and harshness. This garment should, of all others, be the clearest of every thing of the kind; it should be as soft and pliable as it could be made, that the skin may not suffer from its application, and the comfort of the infant be sacrificed to a foolish regard for finery.

The Diaper.—Even in getting up this humble portion of dress, pride seems to have been required to act, at least, as a partial director. Who, after a moment's reflection, cannot see the entire unfitness of the material of which it is (if the means of those concerned will admit it) generally made, viz.: new linen, harsh and rough of itself, but rendered more so by the fancy work bestowed upon it; an article known as "diaper linen" is generally employed, less on account of its fitness, than the fine figures with which it is decorated. Oh shame to our boasted civilization! When the little helpless creature is to be tortured and harrassed, its tender skin fretted and abrased by a garment, made not accidentally, but intentionally unfit; and for what? Why, the bare gratification of a surviving relic of savage gaudery.

The ingredient that we should recommend as best suited to the purpose, is linen made soft by previous use. Diapers made of old linen sheets, or some material of similar quality, approaches much nearer, in our view, to what is substantially useful, and least prejudicial to the well being of the infant, than any other we have ever seen applied.

The Petticoat.—The petticoat should be made of the same variety of flannel as has been recommended for the other parts of the dress, and for the same reason. The body should consist of fine soft muslin or linen, six inches wide, and of a length corresponding to that of the belly band, and like the latter, it should be provided with strings for the purpose of fastening; its length should be sufficient to come considerably below the feet, so as to double well upon them, and form a protection to them against cold, &c.

The Frock.—Dr. Dewees says, "The principal articles of clothing are to be made of fine flannel; they generally are called the under clothes; fashion, caprice, or fortune may regulate the rest, provided the garments for the feet and legs be excepted." We would go farther with our exception, and include the frock and cap. We cannot consent to leave to so fickle advisers the regulation of these important items. For the frock, then, which is the exterior, and of course most exposed to the eye of criticising and *destroying* fashion, and which is sometimes desired to be made in conformity with her wayward requisitions, we

would recommend as a suitable ingredient for these "high day" occasions, a soft fine figured flannel, of a colour most agreeable to the fancy of those concerned, and for ordinary use any suitable woolen fabrick may be selected. This should be employed during the variable seasons of Autumn, Winter, and Spring. But during the milder and more settled months of Summer, a less substantial and more fanciful material may be used. The former we would recommend, in its appropriate season, for two reasons, mainly, 1st. It is less liable to ignite when accidentally coming in contact with fire. 2d. It affords a more efficient security against the influences of cold and dampness. This object, however, cannot be fully attained, so long as the present preposterous style influences the making of children's dresses, viz. of leaving the whole of the upper part of the chest, and the little arms nearly to the shoulder, entirely bare. However urgent may be the demands of prevailing custom, no conscientious nurse can give her sanction to a whim that lays the ruined health of its innocent victim a bleeding sacrifice on the odious altar of incorrigible folly. The softest terms that this treatment towards the tender infant deserves, is *monstrous inhumanity*. What nurse or mother would be willing to endure the suffering that is thus wantonly inflicted upon the child? Or who could go even about the nursery (which is averred to be comfortably warm) in those inclement seasons, thus partially clad, without contracting se-

vere, and, perhaps, fatal colds? Yet the tender and uninured infant is expected to endure it all with impunity.

In vain may the physician prescribe his carminatives and cordials, and the nurse administer her drops and teas, while the infant remains thus exposed. Its distressing cries may be quieted by an anodyne, or it may be jolted into repose, but this relief is only temporary: it awakes but to renew its cries of suffering, and again to be lulled by similar means. Where every pains has been taken to regulate the diet, and other matters, (the present excepted,) relative to the management of the infant, we, as well as every practitioner must have seen catarrhal affections, disordered bowels, colicky pains, and much suffering consequent upon this kind of exposure, all of which timely disappeared upon remedying the evil that produced them. Dr. Eberle, in speaking of this custom, says, it "ought to be abandoned as one of decidedly injurious tendency, more especially during cold and variable seasons. It is generally supposed that the usual mode of dressing children is calculated to inure them to the impressions of cold, and to obviate the liability to disease from this cause. Doubtless it may be the result with those who survive the experiment, but before the system is thus inured the child is very liable to be carried off by some inflammatory affection, produced by such exposure. It is certainly a most inconsistent practice to expose the

breast and arms during the weak and tender age of childhood, and yet to deem it necessary to keep these parts carefully covered after the system has acquired firmness, and its full powers of vital resistance by a more mature age."

In order, then, to preserve a uniform warmth over the whole of the body and limbs, as a legitimate means of insuring health and comfort to the child, it is evident to every one, who is not blindly "wedded by prejudice to old rules and forms," that this garment should by all means be provided with sleeves of length fully sufficient to cover the arms entirely to the hand, and that it should be cut in such a manner as to allow it to fit completely around the neck, thereby thoroughly protecting the breast against surrounding influences. We are confident, that if more attention were bestowed on the real necessities of the child, in this particular, and less given to the demands of

"Wild wasting fashion, which never should enter here,"

the poignancy of infantile suffering would be greatly mitigated, and its amount proportionally diminished; to say nothing of the long list of chronic ailments by which it is to be tortured in after years, and its whole life doomed to wretchedness and misery.

The Cap.—In advocating the use of this article of dress, we are aware that we will be obliged to run counter, not only to the influence of existing fashion, but also to the views of most writers on the subject

at the present day. The principal reasons, and the only ones worthy of notice, urged by the favourites of this new-fangled, and, in our view, positively injurious doctrine, are, 1st. That the cap increases the liability to disease, by its tendency to augment the heat, an undue degree of which, it is said, the head is preternaturally disposed to in consequence of the rapidity of the infantile circulation. 2d. That nature has provided a sufficient covering for this part, and "furnishes it just about as fast as a covering is required, and the child's safety will permit." First. If we admit the premises in this case the conclusion is indisputable: because, whatever tends either to increase or diminish the animal temperature, or produce any other material deviation from nature, must affect the health in a corresponding ratio. But we are not prepared to admit the presumption that there is a natural undue determination of blood to that part from the circumstance alluded to, where the child is subject to proper management. There can be no doubt but that there is very frequently a determination to the head during the period of infancy; and it is only surprising that it is not more destructive in its effects than it really is; but we are very far from agreeing that it is a natural result. This, we take it, would be committing a sin, not differing materially from that committed by those who, by their folly and depravity, make their own troubles, and then charge the fault on Providence, something savouring too

strongly of ingratitude to receive any countenance from us. It is a question we are unable to solve, why nature, whose operations are so perfect and uniform, and whose laws so equal and unerring, should be so unmindful of her duty in this respect, as not only to withhold her protection or power of resistance against aggression, but herself to become the fruitful source of disease. Or why she should exert her guardian care over the young of inferior animals, and seek by her own efforts the destruction of the infant. Acknowledging our inability to account for this conduct of the *Old Dame*, we leave it for wiser heads. We would, however, attempt to exonerate her against any unfair imputation, by charging the fault upon the management to which the child is too often subject. The exposing of the arms and breast; allowing it to remain wet a long time, during which it is doubly liable to impressions from atmospheric irregularities, all of which tend to drive the blood from the surface to the internal organs: this, together with the unmerciful feeding to which the infant is often subject, cannot but throw the blood in undue quantities to the head. Thus nature, by too great officiousness, is robbed of her dominion, her laws subverted, and her operations deranged, and then to cap the climax of absurdity and injustice, charge the effect of this untowardness to a neglect of duty on her part.

With respect to the activity of the infantile circula-

tion, being the cause of these frequent miscarriages on the part of nature, we are equally skeptical; for we are told that "during the period of early infancy, as in all the other productions of nature, the nearer they are to the egg or seed, the greatest vigour and luxuriance of vitality exist." That this is the case no one will deny, in view of the surprising tenacity with which the infant, even in disease, clings to life. The same principal is apparent in the grass, or grain, fresh shooting from the bosom of the earth, at which time it may be trampled down, or even eaten off by cattle close to the ground, and the instant the destroying agent is removed, it again springs forth in all its pristine vigour. This exuberance of vital principal belongs only to the young, for its disappearance is commensurate with an approach to maturity,—and violence may be inflicted at this period with almost impunity, which, in after time, would greatly endanger life. It may now be asked, whence is this principal derived, and how sustained? It has its origin in the constitution of the infant economy. And in the absence of voluntary motion, (an organic delinquency peculiar to the infant,) and consequently of that exercise, and its concomitant attendants, which are so efficient in promoting the developement and strength of the vital organs, it is sustained by a wise arrangement of nature, viz. a corresponding activity in the circulation of the fluids, and in the process of respiration, by means of which the oxygen of the atmos-

phere received into the lungs, at each successive inspiration, is carried with rapidity to the great vital organs, and also to the remotest parts of the system, dispensing life and sustenance to the whole. The blood returning to the heart, and thence to the lungs, with equal rapidity, and there ridding itself of its impurities, to be thrown off by expiration, it again receives its portion of oxygen to be again rapidly distributed throughout the system. Now, if it were not for this provision, this *accelerated* circulation and respiration, the infant, instead of thriving and growing, would, as a natural consequence, dwindle away and die of emaciation in a very short time after birth.

Thus, it will be perceived, that during the absence of voluntary motion, which continues through the first, and to a great extent through the second months, the equilibrium, in function, is preserved, and the health and growth of the child promoted by this wise regulation. But as this motion increases, exercise becomes a pleasure, and it is indulged in, which gives the system more strength and firmness, and as age advances, the above described arrangement becomes less and less useful until it entirely subsides in adult age.

Now, we cannot see how the head can receive more than its quota of blood, if the other parts of the body continue to receive theirs; true, there is a greater quantity of blood actually sent to the head than to many other parts of the body, but no more in pro-

portion to its demands than to the lungs, stomach, liver, or even the foot, and we can see no good reason why any one of these organs should not be equally liable to disease from the same cause, as each receives its full quota of blood; and the head, if all other things be properly conducted, can receive no more without disturbing the equilibrium of the whole, an event which very few, indeed, would be able to survive any great length of time; and *nature*, which is considered the guardian and protector of the infant's health and well-being, would be busy in adopting means for its destruction,—a crime of which we, as one, are ready to acquit her. If, then, the operations of nature are uniform, and each part or organ separately are combined objects of her especial care, we cannot coincide with the opinion that the increased circulation in the infant predisposes in the least to disease; but, on the contrary, look upon it as the legitimate source from which, mainly, its health and animation are derived; and the new-born child, when placed in the hands of the nurse, should be esteemed a gift of Providence,—a model alike of innocence and perfection, and not as a new thing, carrying within it the seeds of its own destruction, destined only for an hour's existence.

If, then, the conclusion be correct, that at birth there is in the infant necessarily no predisposition to disease, (with the ordinary exceptions incident to every general rule,) is not one part equally liable with

another to disease, from the application of a covering? Is there not danger of creating too great a degree of heat in the regions of the lungs, heart, stomach, liver, or kidneys, by having these parts so warmly clad? The answer is no. Then, we would ask, why so apprehensive of danger from having the head covered by a thin cap? Why, in the second place, we are told that nature furnishes an appropriate covering, and at the proper time. Now, whether nature intended the hair for a sufficient protection against the effects of cold, or for an ornament, or for some other purpose, we have not been satisfactorily informed. If, however, the first was the object she had in view, we are constrained to charge her with partiality, since, in some instances, she is so prodigal in her gift, and in others so sparing. We would suppose if the hair was designed to answer this important end, nature would have been more uniform in bestowing it. But perhaps this disparity may be attributable to some caprice of the *old vixen*, and the profusion we sometimes see be the effect of a frolicksome humour, while the scantiness is that of a more sullen mood. If this is the cause of so many cases of delinquency, and we cannot readily ascribe it to any other, we are inclined to the belief that the *donor* is labouring under that species of imbecility incident to great age, that consequently the infant is no longer safe in such hands, and that the danger of its situation bespeaks for it protection from another quarter.

But if the hair is not designed by nature as the exclusive covering for the head, it then follows that this part, in common with the rest of the body, becomes the subject of our regard and protection.

So far we have endeavoured to show the prominent objections urged against the use of caps, to be in themselves futile and at variance with truth, and that the head incurs no more danger from being properly clothed than any other part of the body. An affirmative view of the subject now remains to be taken, wherein it will be seen that the head is *more liable* to disease where the *cap is rejected*, than otherwise; and for the same reason that other great vital organs, of like organization, become deranged from the same cause (viz. exposure.) Those authors who go for rejecting all covering of the head, urge, with commendable earnestness, the necessity of keeping the upper part of the chest comfortably clad, as an efficient means of protecting the lungs and their appendages from attacks of inflammation, which attacks are incurred mainly from exposure to atmospheric influences. But they have not seen fit to inform us why this viscus, protected as it is from the circumstances of locality, by the sternum anteriorly, ribs laterally, the spinal column posteriorly, and these overlaid by thick muscular coverings, is more susceptible of inflammatory attacks than the brain and its appendages. The latter, from the nature of its organization, is equally susceptible of like attacks from the same cause, while its natural situation is infinitely more

exposed, having no other protection against the effects of cold and dampness than the thin and delicate scalp skin, the bones of the head at this period being but very imperfectly formed.

Dr. Eberle, in speaking of the exposure of the chest as consequent upon the present mode of dressing children, very properly observes, that "croup, inflammation of the lungs, catarrh, and general fever, are, doubtless, frequently the consequences of this irrational custom; and it is not improbable that the foundation of pulmonary consumption is often thus laid during the first few years of life;" and in the very next paragraph gravely teaches that "the universal custom of covering the infant's head with a cap is of very doubtful propriety."

Now that the brain and its membranous coverings are equally, nay, more susceptible to disease from exposure than the lungs, bronchial tubes, air cells, or pleura, is a truth too evident to require argumentation to prove; we are, then, free to acknowledge our want of perception to discover the philosophy of a theory that requires one organ, that is by nature wonderfully protected against certain injurious influences, to be further protected by the contributions of art, while another, equally liable to injuries from the same cause, with but very slight natural protection, should be wholly deprived of that kindly proffered by this munificent contributor to human comfort.

But waiving, for the present, all theoretical notions of the propriety or impropriety of the use of the

portion of dress, we will pause for a moment to inquire what is the result of experience in the matter. One of the strongest practical arguments that can be urged in favour of the cap is, that many, if not most of those who esteem themselves the better part of society, who were first to reject it, and after having thoroughly satisfied themselves relative to the effect of the new scheme upon the health of their offspring, and supped freely of the bitter cup of sorrow for their folly, are now first to return to the path of safety by resuming its use.

This fact of itself might be sufficient to convince the warmest stickler for the no-cap system of the falseness and danger of his position, had we no others to offer.

By reference to the reports of the Philadelphia Board of Health, it will be perceived (after making ample allowance for increase of population,) that a greatly increased proportion of infantile mortality, from diseases of the brain, has occurred during the prevalence of the no-cap mania within the last twelve years.

By Dr. Richardson, for two years a resident physician of the Philadelphia Alms House, we were recently informed that "there are no caps employed in this institution, and the children are continually dying of brain diseases."

Nor have we been an inattentive observer of the progress of mortality among infants whose parents

and nurses have been so far influenced by this caprice of fashion, as to offer them as sacrifices upon her unholy altar. Indeed, in a community where quite a small proportion of infants were subjected to this mischievous manœuvre, a large proportion of those who have died within the last six or eight years of dropsy on the brain, and other diseases of that organ, are found to be amongst those who were thus unfortunately situated. Though a few isolated cases may be cited where the project has been attended with no visibly injurious consequences, yet taking large numbers together, in the aggregate it will appear that the bills of mortality are augmented from amongst those who have had no attention paid to their head dress.

We have thus endeavored to show, by physiological and analogical reasoning, and we trust by sufficient experience, that a head dress for the infant, so far from being a source of disease, is, on the contrary, a matter of the first importance in preserving its health and well-being.

The next inquiry that presents itself is, what is the necessary quantity and proper quality of this portion of dress? "Customs," says Dr. Warrington, "run rapidly into opposite extremes." This really appears to be more or less the case in most instances, but it is especially so in the present, for we are told that our worthy predecessors considered a thick quilted hood no more than sufficient to protect this vital part against the evil effects of a variable atmosphere,

but the superlative wisdom of the present age denounces even the most flimsy possible covering as a means of destruction. Here we have two extremes of management for the tender infant as wide from each other as the poles, and both having adherents, though at different periods equally zealous in promoting and vindicating their favorite dogmas.

Now, our convictions influence us in the belief, that the one of these extremes is equally as prejudicial to the health of the infant as the other, and we are irresistibly led to observe a course differing somewhat from midway between them, as the one best calculated to enhance the present and future welfare of the little charge.

While we esteem a thick heavy tiara, or ponderous Persian turban for the babe, an effectual instrument of disease and death, we cannot help deprecating the other extreme as equally prolific with evil.

That which strikes us as the proper medium to be observed, is the use of a cap, made of a soft, fine, smooth and moderately thin material; that designed for summer may be light, but the winter cap should consist of a more substantial fabric, both of which should by all means be entirely free from embroidery and all kinds of knotted work. "Lace or embroidered caps may be very beautiful, and well adapted to gratify the parent's pride of dress, but is an improper covering for an infant's head. The roughness and

harshness of its surface is calculated to fret and irritate the delicate skin with which it comes in contact, and if not productive of eruptions and sores, cannot fail to occasion some degree of pain or uneasiness to the wearer."*

And the growth of the hair, moreover, is very often greatly impeded by the application of an illy arranged cap. By the rough embroidery it is continually being worn off as fast as it puts out, so much so, that we have seen children of three months old with much less hair than at birth. This, we are aware, is used as an argument against all caps, while it is only, in reality, applicable to the ingredient of which they are made.

The cap should be so constructed as "never to be allowed to confine the ears," so that by "improperly compressing them against the sides of the head, pain and inflammation of those organs, or a disgusting and sometimes dangerous soreness and running behind the external ears," may be occasioned.

Before taking leave of this article, already protracted to an unreasonable extent, we crave a moment's further indulgence to state our objections to an item of management in this department which we consider of highly injurious tendency, viz. the custom of placing upon the child's head at night, when it is too frequently to be immersed in a warm feather bed, and often covered with a supera-

* Journal of Health.

bundance of bed clothes, a thick warm cap, by means of which perspiration is liable to be promoted to too great an extent, attended with languor and debility, which exert upon the tender system of the infant a decidedly mischievous influence, especially when the child is permitted to go through the day with a very thin cap, or, as is now commonly the case, with none at all.

Through the day the child is more or less exposed to a cooler atmosphere, to draughts or currents of air from windows, doors, &c., with the head but slightly clad, or entirely bare. And at night, when it is abundantly protected against these influences by being placed in bed and warmly covered, it becomes necessary, in the opinion of the good nurse, to add still further to the protection by the application of a thick, substantial, warm night-cap. The change that the infant is thus obliged to experience is too material to be long borne with impunity. Brain disease, in some form or other, must, almost as a consequence, to a greater or less extent, ensue. If there is one circumstance connected with the management of infants that would justify its going without the cap, or any time more favourable than another, it is when covered up warm in bed at night.

We would not, however, wish to be understood as advising the rejection of the cap even at night; but we can see nothing but mischief in making so great a change as is almost universally observed. If uniform-

mity in the temperature of the head, an important desideratum in the successful management of the infant, is desirable, the night-cap should not differ materially in point of texture and warmth from that worn through the day.

Socks.—These are designed to cover the feet and ankles, and protect them against atmospheric impressions. They should be sufficiently long to extend near half way to the knee; especially in the winter, they are to be secured to the foot by the application of a ribbon or tape, at least half an inch broad, around the ankle, and tied. They should be made of the finest wool, soft, and entirely free from rib work or any thing of the kind, as this is liable to produce painful indentations of the skin; and were this not the case, the roughness thus unnecessarily given to the garment cannot but occasion a great deal of uneasiness by its continual friction upon the delicate skin of the wearer.

THE WRAPPER.

Having gone through with our observations on the *necessary* dress of the infant during the month, while it is presumed it is to remain mostly within the nursery, we will now state our objections to an appendage that is almost universally employed during this period, which we consider not only unnecessary, but decidedly detrimental to the child's well-being, viz. the wrapper, that in which it is enveloped im-

mediately after being dressed. Where each garment is made with a view exclusively to answer the ends of usefulness, the thick shawl or blanket prepared for this extra service becomes a mischievous supernumerary, inasmuch as the *necessary* suit, if properly arranged, affords ample protection against the injurious impressions of surrounding agents. The child usually, when considered abundantly clad, is required to endure the encumbrance of the wrapper about it upon being placed in bed, in consequence of which it becomes oppressively warm, perspiration flows profusely, producing feebleness and enervation; and when taken up, the wrapper must necessarily be removed to a greater or less extent while being changed, &c., and very frequently it is entirely thrown off immediately upon being taken from the bed, by means of which, while reeking with perspiration, with arms and breast bare, and thrown into an atmosphere of decidedly lower temperature than that of the bed, it is very liable to incur severe colds; indeed, if it escape these it should be considered more the work of miracle than of good management. If, on the contrary, every caution be observed to prevent the removal of the wrapper, and to keep it close about the child during its abode in the nursery, its limbs must necessarily suffer from a want of that instinctive exercise which is ever grateful to the little being, and in which it should by all means be permitted freely to indulge, which cannot be the case so long

as the little limbs are bound down by this infamous contrivance. The practice of confining the limbs by this means approaches in effect that of the murderous, though, fortunately, almost obsolete custom of swaddling practised to so great an extent in former times. The effect of that was to confine the upper limbs close down by the side of the body, and so restrain the lower ones as almost to prevent any motion, and this does very little less. A full developement of the parts, and a corresponding muscular vigour, cannot be expected without the adequate portion of exercise, and any custom that tends in the least to impede this should be discountenanced by every one interested in the important duties of rearing children, as ruinous and destructive.

> "In surplus robes
> They vest their babe, and surfeit cram of pills
> And powdered venom, which not brace the frame
> But native vigour sap, and hasten death."

Let us not be understood, however, as condemning all over covering and at all times. This we are very far from doing. When the infant is taken out of the nursery for the purpose of airing, or from any any other consideration it be required to become exposed to the open air, when the weather is thought uncomfortably cool, an extra garb may be advantageously employed. An extra covering for the head, also, during these excursions, such as a light bonnet or hat, cannot be objected to.

CRYING.

Loud and energetic cries are almost the first of the infant's efforts upon being ushered into its new and independent state of existence. It is these for which the female anxiously hearkens at that important moment, when she is about to claim the honorable relation of mother. The satisfaction they produce by falling upon the listening ear, is of a far more perfect charactert han that she was ever wont to experience either in the halcyon retreats of contemplation, in the social circle, the cotilion or the *soirée.* They afford her an enjoyment that amply rewards her for her anxiety, suffering and pain. Because they are the cries of her own babe, they are indeed music to the soul, they sooth its turbulence, and cheer the drooping spirits when ready to sink beneath an almost insupportable load.

Crying is an important exercise to the infant. By it most of the muscles of the chest and abdomen are put into immediate action; if it be intense, nearly the whole of the larger muscles of these regions are more or less implicated. By the act of crying, the blood is propelled with a beneficial impetus through the lungs, and made to traverse channels never coursed before. The air cells are by it expanded, giving a more extensive surface to the action of the air taken in, and enabling the blood to become thoroughly oxygenized,

by means of which "the dark coloured impure blood of the veins is changed at once into pure blood, and thus rendered fit to nourish the system and sustain life." Crying is also important in ridding the lungs and throat of a mucous accumulation that always exists in a greater or less degree in the new-born infant, frequently interfering with the respiration to an alarming extent.

These are some of the advantages of the infant's first cries. Occasionally through the *month*, and indeed throughout the whole period of infancy, moderate crying should be viewed in no other light than that of an healthful exercise.

But the circumstances under which it takes place, and the causes by which it is produced, should be taken into account when we aver it to be an healthful exercise. When severe crying takes place, after the child has lain a long time in one position, it should not be permitted to continue in it any length of time, as it is then the language of distress eloquently appealing to the sympathies of the nurse for relief. By changing its position it will *generally* cease crying immediately; this will be *universally* the result if there exist no other cause of complaint. Professor Alcott observes, that " all the inconveniences of crying ought to be borne cheerfully, for the sake of having the little sufferer remind us when nature demands a change of position. No child ought to be permitted to remain in one position longer than two hours, even

while sleeping, nor half that time while awake; and if nurses and mothers will overlook this matter, as they often do, it is a favorable circumstance that the child should remind them of it."

Crying, when induced by the infliction of torture, by the existence of continued pain, from excessive hunger, &c., and permitted to continue until the child, overcome by fatigue and exhaustion, sinks into profound sleep, as we have often witnessed, becomes extremely injurious.

Important as we may esteem this species of exercise to the infant's well-being, we cannot conceive of any consideration, under ordinary circumstances, that can justify the employment of any means for its production, other than those by which it is naturally surrounded, and with which it must unavoidably come in contact. At the moment of its birth, "a multitude of new and highly important relations are established between its tender and uninured organization, and the countless objects of external nature. Functions and operations which, up to this period, lay passive and dormant, are now suddenly called into action, and the whole machinery of its system starts forth in the performances of the harmonious series of vital actions. The air, for the first time, comes in contact with its body—it rushes into the cells of the lungs, and respiration is established—the current of the circulation finds new channels, and abandons those which were previously the principal

conduits of the vital fluid. The senses are awakened—light strikes the eyes—sound, the ears—and its taste is delighted with the simple nourishment formed for it in the maternal bosom; the sense of touch is acute; it feels the variations of temperature, and is keenly susceptible of pain from injurious impressions, and gratification from soothing and agreeable influences. The stomach begins to exercise its instinctive calls for nourishment; urine is secreted; the bowels begin to act, and to eliminate their fœcal contents, and the various secretions subservient to digestion are established. When we contemplate this remarkable transition of a most helpless and feeble being from a state of repose, and almost total exemption from external impressions, to a mode of existence which subjects its tender and uninured organization to the ceaseless influences of a vast multitude of varying agencies, it does not appear at all surprising that it should be attended with loud and vehement cries. This sudden transition, and its unavoidable consequences, then, being the cause of the infant's first cries, and the after-inevitable vicissitudes to which it is ever being exposed, abundantly supplying causes for all necessary subsequent ones, we can conceive of no consideration that can justify the infliction of torture for their production, though we have more than once known it to be resorted to by anxious mothers and ignorant nurses. Indeed, so great have we known the mother's alarm to become, in conse-

quence of the infant's silence, that medical advice was thought indispensable; and we have frequently been summoned to infants where the only ailment was sound and perfect health, evinced by a natural, sweet, refreshing sleep.

Equally unjustifiable is the odious and filthy practice of leaving the child a long time wet or unchanged, with a view to produce crying. When it is occasioned by any species of neglect whatever, it should be discontinued immediately, and the child not made to endure suffering, under the pretence of being benefitted thereby. From observation we are led to believe, that this is a policy often pursued by nurses, with a view to favor an inclination to idleness, or to promote some other selfish ends.

SLEEP.

"Sweet sleep is tired nature's wholesome balm;
Such sleep as infants know, refreshed and free
From pains and cares."

"New-born children," says Dr. Dewees, "may be said to sleep constantly: their waking moments furnish but exceptions to the rule."

This state of existence, midway as it is, between that to which the child has been accustomed, and the more "busy scenes of active life" with which it is destined subsequently to mingle, affords a most

happy means of transition from the one to the other. Accustomed, previously to birth, to a state of almost entire quiescence; to the senses laying dormant, and the whole animal system being dependant immediately upon other means of existence than its own inherent powers of vitality; removed from this subjunctive state and thrown at once into another, disjoined and independent, one that calls forth every latent principle into instantaneous action, and subjects the uninured organization to a thousand surrounding influences, all strange and unexperienced before. This transition would be too sudden and too great to be long endured, but for the kind interposition of *sleep*—a wise provision, during which the system is acquiring from day to day firmness and strength, adequate to the demands of its new state of existence, just as fast as safety will permit, or nature require. This passive condition is also peculiarly favorable to the healthy development of the organic system, the effectual establishment of the various functions necessary to life, as digestion, secretion, &c., and to the perfect growth and expansion of every part of the infant's body; for those children whose early sleep is least disturbed by any cause, are they who thrive with the least interruption; while, on the contrary, those whose sleep is broken by some derangement of the nervous system, as evinced by too frequent crying and watchfulness, or any other permanent cause, not only cease to grow, but be-

come more or less emaciated and sickly, in proportion to the degree of disturbance.

"Calm and long continued sleep," says Macnish, "is a favourable symptom, and ought to be cherished rather than prevented during the whole period of infancy." In order for the full attainment of the object in view, the quality of the infant's sleep, with regard to its being natural or artificial, healthy or unhealthy, the manner in which it is produced, the position in which it sleeps, and the place of its repose, become important items of inquiry, worthy of the serious consideration of every nurse who desires the advancement and prosperity of her little charge.

A natural healthy sleep is that only in which the child can be permitted to indulge with a view of deriving that amount of benefit required by nature for all the purposes of the infant economy; this is marked by a sound, sweet, free, undisturbed repose; by the entire absence of all nervous commotions, as a jerking of the limbs, or a sudden starting, attended with loud cries, as in a fright; or a low, moaning noise, evincing the presence of pain. Unhealthy or artificial sleep is most frequently marked by some, or most, or perhaps all of the foregoing symptoms, which at once demonstrate that all is not right, and that an investigation into the matter is required.

Upon inquiring into the cause of the infant's imperfect sleep, it will be found, perhaps not always, but *generally*, to grow out of the misdoings of some

of those to whose charge it had been consigned. A very apparently trifling error in diet or dress, or slight exposure, may induce colicky pains, &c., when it too often occurs that a worse evil, viz., the laudanum or Godfrey's cordial bottle is resorted to, to correct the existing one. This course, from bad to worse, is continued until very little, if any, natural sleep can be enjoyed by the infant.

The habit of flying to these poisons and destructive drugs upon every slight appearance of pain or uneasiness in the child, is one, if persisted in, fraught with consequences ruinous in the extreme. Several instances have we known of *infanticide*, and many more of destroyed health and shortened life, from the continuance of this most unnatural and murderous custom, our often repeated remonstrances to the contrary notwithstanding. With these devastating effects full in view, there are many, who assume this important charge, possessing so little moral sensibility that they do not hesitate to persevere in their wonted wickedness, until the child becomes stupified in consequence, and its healthy existence changed into a state of unnatural dulness, which is seized by the nurse, and artfully imposed upon the unsuspecting mother, as an evidence of *her* superior skill in her profession, frequently remarking, that "I never have any cross children." This dangerous deception is practised among nurses to an extent greater than most persons are aware. When there is no laudanum,

Godfrey's cordial, paregoric, or any thing of the kind about the house, the nurse will secretly procure it, and, if there occurs no opportunity, to escape the observation of the mother, to administer it, she will pretend the child does not get sufficient nourishment; a bowl of victuals is next prepared, in which she puts the drops; a "sugar teet" is a very convenient means of their secret administration; the mother's sleeping moments are often employed by the nurse to effect her vile purpose. When the child sleeps too constantly, especially towards the third or fourth week, or if it does not become more wakeful by this time than at first, it may rationally be suspected that all is not right; and a great deal of vigilance becomes necessary to detect the wrong. The deception is often not detected until after the nurse has taken her departure, and not always then, for the mother, in her embarrassment to discover why her child is more fretful and restless now than while in charge of the nurse, too readily attributes it to her superior skill in managing the infant, instead of ascribing it to the proper cause.

As it has already been observed, under another head, the child should not be allowed to sleep long in any one position, and for several reasons; 1st, the parts upon which it reclines will become greatly fatigued, in consequence of which the sleep becomes more or less disturbed; 2d, the long continuance in some postures would impede some of the important

functional operations, as digestion, respiration, circulation, &c.; 3d, the habit might readily be contracted of sleeping in but the one position only, which would be injurious in the particulars just stated.

If any one posture is more favourable to health than another, it is that of laying the child on its right side, with its head a little elevated, not enough, however, to produce a sudden crook in the neck; in this there would be too great danger of causing pressure of the large blood vessels in that region, and thereby interrupt the free circulation of the vital fluid. The body below the neck should retain a position as nearly as possible horizontal. But even this should not be continued over two hours at farthest.

The place of the infant's repose is a matter, perhaps, in most instances, not sufficiently regarded to secure to it all the benefit sleep is designed to afford. When asleep, as well as when awake, the child should be allowed a plentiful supply of pure air; it should be kept neither too warm nor too cool. A custom now prevalent that requires the child's head to be covered, and its body immersed in a warm feather bed while it sleeps, prevents the free admission of fresh air, whereby it is obliged to breathe the same foul, unwholesome air several times over, until, near suffocation, it fortunately awakes. This, however, is not always the case. Many instances are on record of children having been entirely smothered by having the head carelessly covered while asleep, and one or two cases of the kind

have come under our own observation. The child should not, especially during the warm weather of summer, be allowed to sleep on a feather bed; it keeps it, in the first instance, quite too warm, and in the second, renders the immediate surrounding air, that which the child is obliged to breathe, vitiated and impure, and unfit for use. A bed made of straw, hair, or corn-husks, is far better adapted to health and comfort than feathers, and should always be employed. The cradle, provided with a warm feather bed, is frequently used as the place of the infant's slumbers, which, with a view to prevent its sleep from being disturbed by the flies, or the rays of light, is closely covered by some thick dark material, which almost entirely obstructs the admission of air. This plan is thought to be preferable to covering the head closely in bed, perhaps there is less danger of immediate suffocation, but so far as breathing impure air and too great a degree of warmth are concerned, it is equally prejudicial to the child's health with the former, and alike reprehensible.

The child's bed and bed-clothes, whether it be in a cradle or a cribb or upon bed-steads, should be kept strictly dry, clean, and well aired. When allowed to go any length of time neglected they become unfit for use, emitting a very unpleasant and unwholesome scent, arising from absorbed urine, &c. This is a matter not sufficiently attended to in many nurseries. We have frequently seen the cradle-bed, after having been

saturated with urine, and but partially dried, employed again and again, and this filthy practice continued over and over, until it had become almost intolerable to our olfactories, and the poor babe still obliged to endure its loathsomeness, the silent pleadings of its chafes and sores for better quarters notwithstanding.

Strict attention to the child's sleeping clothes is as indispensable to its health and comfort as like attention to its bed and bedding. Had we no other reasons to urge against the custom of permitting the infant to go to sleep wet or filthy, or to continue in this condition after its discovery, its foulness would be sufficient to secure to the little sufferer at the hands of the nurse, who had the *least regard* for tidiness, better treatment. But when suffered to pass its sleeping hours without attention being paid to this particular, extensive excoriations of the groins and creases, and odious troublesome sores are the consequences, the suffering from which cannot but render its sleep disturbed, unrefreshing, and consequently unprofitable. This observation may, by some, be thought uncalled for, as no nurse can be so neglectful of her duty as to suffer the infant to get in a situation demanding such a remark. But there are those, nevertheless, who are remarkably squeamish about the appearance of the child when awake, but when asleep, unobserved, do not hesitate to oblige it to endure the loathsome situation complained of, until the disagreeable and painful consequences just stated are incurred. The child then

should be perfectly dry and clean, upon going to sleep, and during its slumbers it should be frequently examined, and upon discovering its situation to require changing, it should be done speedily. It is better, and far more consistent with decency, to subject it to the slight disturbance of changing than to allow it to remain for hours thus uncomfortably situated.

During the child's sleep, it is better from the first not to be too particular, with regard to the occurrence of slight noises, or the presence of a reasonable portion of light in its apartment; for children trained up to sleep where these are carefully excluded, become very much disturbed, and their sleep rendered unnatural and unrefreshing, where circumstances make their presence unavoidable; an event by no means of rare occurrence throughout the whole period of infancy. Such a habit may be prevented from becoming established by accustoming the child not to sleep exclusively in silence and darkness.

HANDLING THE INFANT.

This subject, though of great importance, does not admit of a very lengthened examination; all that is necessary to be dwelt upon can be despatched in a very few words.

The infant should not, within the month, be handled more than is absolutely necessary for the purposes of putting it to the breast, washing, dressing, changing its

position, airing, &c., and as soon as these duties towards it are discharged, it should be laid immediately in bed, and not permitted to lay upon the nurse's lap or jolted about in her arms. So far as exercise is concerned, the infant of this age requires but very little; its constant inclination to sleep indicates that a state of repose, as uninterrupted as possible, is best suited to its nature. That exercise, consequent upon the unavoidable changes to which the child's body is subject during the discharge of her various duties towards it by the nurse, and the unrestrained involuntary motion of its limbs, are, in our view, sufficient to answer all the purposes of the present state of organization. The preposterous and dangerous practice of tossing the child into the air and catching it as it descends, with a view of exercising it, is one, of all other evils attending the improper management of infants, the most unnatural and mischievous, and of course most reprehensible.

The reasons we would offer for handling the child as little as possible, unnecessarily, within the month, are: First, it very soon acquires the habit of being handled, after which it is difficult to get it to sleep, or lay quiet any where but in the arms of the nurse or mother. Secondly, its sleep is unavoidably more disturbed while lying on the lap. Thirdly, the habit thus acquired by the child gives the nurse a great deal of unnecessary trouble, which is desirable to be avoided.

When it becomes necessary to take the child from the bed for any purpose, it should be done with a great deal of care; great and lasting injuries have been done to children by the carelessness in handling of those to whose charge they have been entrusted. The many instances of curved spines, or crooked backs, that are daily seen, are mostly attributable to this cause.

When the young child is taken from the bed, and during the whole time it remains in the hands of the attendant, its back should be carefully supported by letting it lay upon the arm, while the hand of the same arm is left at liberty to support its head, which we often see "rolling about loosely, as if it hardly belonged to the same body," (Alcott,) greatly endangering the *spinal marrow*, any material injury of which must be productive of "alarming and perhaps fatal consequences."

Attempts to make the child sit in the erect posture should never be made; this, however, is frequently done by nurses, upon occasions when it is to be exhibited, and is generally looked upon by them as feats of expertness, both in themselves, and the little being thus wantonly subjected to the peril of injury.

Some nurses also view it as an act of superior skill to seize the infant rudely, by an arm or leg, and obliging all its weight to be suspended by one of these while being moved from one place to another.

Infants are frequently rendered cripples for life by this base and uncalled for demonstration of ignorance.

It is a habit with some nurses, when the child is taken from the bed, for the purpose of being dressed or changed, to rub its little back and limbs with her open hand; this is very grateful to the little being, and is enjoyed by it with much satisfaction. In fact, protracted restlesness, or severe crying, may frequently be quieted by this simple though efficient means.

QUALIFICATIONS OF THE NURSE NECESSARY FOR THE SUCCESSFUL DISCHARGE OF HER DUTIES TO THE MOTHER.

Having concluded our observations on the various subjects constituting the essential qualifications of the nurse for the successful management of the infant, we now proceed, in accordance to a previous promise, to the consideration of those, an acquaintance with which will qualify her the better to discharge her many duties towards the mother.

Before entering, however, upon the main subject of this division of the present chapter, we shall pause to say a word on the age to which the nurse should have attained, (with all other necessary qualifications,) most likely to render her efficient,

and, of course, to secure to her confidence and patronage.

THE AGE OF THE NURSE.

An age near midway in life is the one, under every circumstance of the case, best calculated to inspire confidence in the public, and thereby secure to her who is about to enlist in this responsible vocation, a liberal share of support.

At this time in life, it is expected that the system has attained its zenith of perfection; and while the health and constitution retain all the vigor of youth, they have become inured to most of the vicissitudes incident to life, and consequently enabled to resist, with better effect, the various exposures attendant upon this sometimes arduous and always important calling, better than in early or far advanced life. The mind, too, at this age, if trained to reflection and observation, is less apt to be disturbed by either real or imaginary deviations from the ordinary course of things, than at either of the other just mentioned periods, and consequently, better enabled to retain its self-possession in unlooked-for emergencies—a desideratum always important to the nurse.

It is presumed, also, that a middle aged woman, even though having had no actual experience herself in administering to the necessities of the puerperal female, has had better opportunity of acquiring this

species of knowledge from the experience of others, than is generally afforded those in earlier life.

The allurements of society have a less influence upon the mind of one who has arrived at this age, than of more youthful years.

But, nevertheless, we would not wish to infer that there are none, besides those who have advanced thus far in life, that are competent to take charge of the lying-in apartment; so far from this being the case, we are free to admit that we have frequently seen the management of the room, and the various duties connected with it, better conducted, and more in season, by the Miss in her teens, than by a matron of fifty. Though the young nurse labors under many unavoidable disadvantages, such as less ability to resist the influences of exposure, more readily fatigued by exertion, more easily overcome by sleep, a natural fondness for society, &c. &c.; yet she possesses redeeming qualities, such as a greater willingness to take counsel, obedience to directions, has less self-estimation, is less presuming and bigoted, and less dictatorial; qualities, unfortunately, too seldom found among the characteristics of her elder sisters.

The infirmities incident to an age advanced much beyond that above specified, are entire disqualifications to the nurse. At this time in life, the sight, the hearing, and the free use of the limbs are very likely to become more or less impaired; and the individual is less able, from the general failure of the constitu-

tion, to undergo the necessary loss of sleep, fatigue, &c.; and the patient, if a sensitive, feeling lady, would rather endure many privations than require her aged attendant to exert herself to remedy them.

A KNOWLEDGE OF THE PROPER MANAGEMENT OF THE MOTHER DURING THE MONTH.

As it is not our intention to make any observations on the duties the nurse is required to perform at the time of labor, (if present,) and during the first visit of the medical attendant, we shall say nothing of the qualifications essential to their discharge, but leave these matters for him to regulate, according to his own views of propriety; upon him rests the responsibility, and to him we leave the direction; our business is to qualify the nurse for the various duties pertaining to her station, that she will be called upon to perform during the physician's absence, and over which he can have no immediate control. This consists in acquainting her with the kind of bed to be employed, proper diet to be used by the patient at different periods during the month; the general management of the patient, temperature and ventilation of the room, &c.

THE BED.

Of all the materials of which beds are composed,

that most generally used, viz., feathers, is, with but few exceptions, the most objectionable. They absorb with great facility, and retain a length of time the exhalations from the body, until they become more or less offensive, communicating their pestiferous influence to the surrounding atmosphere; hence, in a great measure, that disagreeable effluvium so intolerable, that is often encountered upon going out of the free air, in the morning, into a room where persons had been sleeping on feather beds during the night. Feathers are decidedly too warm, especially during the warmer seasons; from this cause they frequently operate to the serious disadvantage of the patient, by producing inordinate perspiration, attended with relaxation, and debility of the system—evils ever to be avoided both by patient and nurse.

Beds made of cut straw, chaff, hair, or, what is still better, the husks of Indian corn, are free from the foregoing objections; straw or chaff, however, is not to be employed where husks can be obtained, since they become very dusty by being used, and thereby render the surrounding air impure, and unfit for respiration.

Husks make a cool, clean and comfortable bed, and are, consequently, best adapted to the purposes of the lying-in chamber; they are preferable to feathers, even in winter, on account of their inability

to absorb the noxious matter that is being continually thrown off from the body by exhalation.

Soft beds, made of any material, are much inferior, in point of healthfulness, to hard ones during the warm weather of summer; the body must be more or less enveloped while lying upon them, by which means its natural heat is prevented from passing off freely; hence an undue degree of warmth must be endured; consequently, hard beds, mattrasses, or even a sacking bottom is abundantly preferable.

Of air beds we can say nothing from observation. Macnish objects to them as "the very worst that can be employed."

The woman, generally, (her circumstances admitting,) in anticipation of the event that is to confine her to her room, has her bed ornamented with curtains, her room hung with drapery, her toilet decorated in the best style, and every thing about the apartment made subservient to display and pomp, with, too often, but little regard to convenience or comfort.

So far as the bed curtains are concerned, physicians regard them, almost without exception, as highly injurious, and more especially so, when drawn close around the bed; they constitute an effectual means of preventing the free circulation of air; when two or three persons occupy the same bed, viz., the mother, child and nurse, as is often the case,

the air becomes extremely foul and unwholesome, in consequence of its being inhaled over and over a great number of times; it becomes almost entirely deprived of oxygen, the vital principle of the atmosphere, and extensively charged with carbonic acid gas, approaching very near to that state of the air frequently found in the bottom of wells, or of deep pits.

Curtains that are employed merely as an ornament, and are left open, so as to admit of a free passage of the air, are less objectionable in point of healthfulness, but they are, at best, an expensive superfluity, and of no benefit whatever.

The bedsteads used in these days, and sanctioned by existing fashion, are but illy adapted to the purposes of the lying-in room; they are entirely too high for convenience or safety. It is absolutely ridiculous to see a lady, in this situation, ascending a flight of stairs in getting from her room floor to bed. It is hardly possible to imagine what sacrifices of comfort and health many are ready to make for the glory of yielding submissively to the imperious mandates of despotic fashion.

The bedsteads designed to be employed upon this interesting and critical occasion, should be neither too high nor too low, but so regulated as to be most convenient in getting in and out of bed with as little exertion as possible.

This evil, so much complained of by accoucheurs,

might readily be remedied, were a few respectable, fashionable ladies, to set their faces against it, by doing which, they would be conferring a decided benefit upon their sex universally.

PROPER DIET.

There is an impression entertained by the generality of nurses, and favored by many others in the community, who are not professedly care-takers of the sick, which is as erroneous as it is general, that the female, after having passed through the painful and fatiguing operation of parturition, labors under extreme, nay, even dangerous debility, requiring the most nutritious and stimulating diet to enable her to overcome it. That such debility does supervene the parturient effort to a greater or less extent, all will admit, but the means advised for its removal are erroneous in the extreme, and highly condemnable.

Who is there, that is at all acquainted with the scenes of the lying-in chamber, that has not seen some, or most, or, perhaps, all of the evils entering into the "catalogue" given by Dr. Warrington, "of bloody noses, child-bed fever, miliary eruption, and milk abscesses on the part of the mother, and the numerous instances of inflammatory, apoplectic, or convulsive diseases to which the children were incident, under" the use of "hot gruels, made oily

with butter, and intoxicating with wine," rich animal broths, and similar dishes, "freely administered?"

That debility, about which the kind nurse is so solicitous, is the effect of a sudden change wrought upon the whole animal system, by an irresistibly powerful, nervous, and muscular effort, which, like that experienced in a community where every exertion, civil and military, had been at once called into immediate action to resist the invader, left weak and feeble, requiring *time* and *proper means* to effect a resuscitation.

This state is also attended with extreme nervous irritability, rendering the system susceptible of inflammatory attacks, frequently from the slightest causes. Hence the danger of employing other than the lightest and simplest diet.

We frequently hear nurses boasting of their heroism in disregarding the directions of the physician, and, with an air of self-consequence, tell with what success *they* can administer a bowl of well seasoned soup, a beef steak, mutton chop, or plate of pork and cabbage; and in order to prove that such food may be given, if not with advantage, with impunity at least, we were not long since assured by a midwife nurse, of *great experience*, that she once ate a large dish of cucumbers and vinegar, on the day after she was put to bed, without experiencing any injury from it whatever.

If some females do possess constitutions of iron, invulnerable to the attacks of every injurious influence, it is not the case with all; and those who are thus blessed are guilty of the crime of ingratitude, at least, for thus enormously taxing, and expending with such unwarrantable prodigality, and, in fact, jeopardizing that which a kind Providence has given them for higher and better purposes. Such feats we look upon as demonstrations of consummate ignorance, and a perfect recklesness of human life, meriting the condemnation of all, of whatever caste or distinction. And those who accomplish them are unworthy of public confidence, and illy deserving the countenance of heathen, much less that of civilized communities.

The only food that is proper, and can be taken by the mother with entire safety, during the first three days after the birth of her child, consists of the simplest preparations, such as tapioca, sago, or arrow-root gruel; flour, oat meal, or Indian gruel; or bread or crackers boiled in water, and sweetened, panada, &c., either of which must, by all means, be wholly free from butter, and every variety of stimulating liquor, and all heating condiments, as nutmeg, cinnamon, allspice, &c. &c. If the patient have a good appetite, and manifest a strong desire for nourishment, a bowl of either the above preparations may be allowed her at intervals of every two and a half or three hours.

We direct this species of diet at this time for two reasons, mainly first; because it is less liable to excite fever or other unpleasant symptoms; and secondly, the secretion of the milk is facilitated by the use of fluids, or semi-fluids, while the use of dry food tends to produce an opposite effect.

On the fourth, fifth, and sixth days, all things being favourable, we allow a slice of cream toast and a cup of sweetened milk and water, or weak cocoa or chocolate, with the white of a poached egg, for breakfast; the soft end of half a dozen oysters, with a bowl of soup made of them, and a couple of crackers, for dinner; and a bowl of gruel in the interim; her afternoon lunch and evening meal to consist of a bowl of panada or rice gruel. From the sixth to the tenth day her fare may be enriched in variety and nourishment by the addition of beef, chicken, or lamb tea, or weak broth, mush and milk, a little bread and butter, &c., occasionally. After the tenth day, ("nothing forbidding,") she may be permitted to partake, moderately, of almost any thing her appetite may solicit. If this course, or a similar one, were strictly persisted in by the nurse, we are confident there would be fewer instances of bad getting up as it is called, less distressing sensations, and much more comfort experienced by the patient than falls to the lot of most women in their confinement, where a different course is pursued. We are fully aware that it is a severe tax upon the resolution to passively fore-

go the cravings of a voracious appetite, and quietly submit to directions enforcing restrictions so limited; but, by addressing arguments to the understanding of the patient, and placing the matter in its proper light before her, we rarely fail in convincing her that it is much better to endure those minor privations a few days than risk weeks of painful illness, and perhaps her life, by indulging in gratifications but momentary at best.

The use of tea and coffee, from their evident stimulating and narcotic effects, should not only be discountenanced by her who has charge of the lying-in-room, but at once banished from it, as destructive to the physical and mental vigour of the patient; the infusion of the one, or the decoction of the other, is alike detrimental to the health of its votary. Johnson, while he quaffed his "copious potations of tea," endured "the direst fantasies of a mind struggling against the darkest and most painful melancholy;" and Voltaire, while he enjoyed "the supreme bliss of sipping his coffee," dragged out the fevered life of a yellow, shrivelled, walking skeleton, "witty, profligate, and thin." In fact, there are but few, in any condition of life, who indulge freely in these popular draughts, that do not eventually experience extreme despondency of mind, mental depression, and incorrigible ennui; or, what is equally distressing, violent attacks of sick headach, giddiness, vertigo, and nervous tremors. The employment, then, by one whose

nervous system must, in the very nature of things, be in a state of great irritability, of so ruinous and destructive a beverage, can be viewed in no other light than that of culpable remissness. Entertaining such opinions, and daily observation brings renewed and irresistible proof of their accuracy, we cannot but place our unequivocal reprobation upon such indulgences within the nursery, under any circumstances, except expressly directed by the physician.

GENERAL MANAGEMENT OF THE PATIENT.

Under this head belongs the consideration of those matters pertaining to the immediate safety and comfort of the mother, during the whole period of her confinement, over which the nurse is expected to exercise a careful supervision; they are, premature exertion, exposure, exercise, even state of mind, locia, &c.

Premature exertion.—An imprudence either on the part of the patient or nurse, fraught with more immediate danger than most into which she may inadvertently slide, is that of the patient exerting herself too early after delivery; we have witnessed instances of excessive flooding supervene even very slight exertion, such as coughing, sneezing, changing her position, or turning in bed. A case of fatal flooding occurred in our practice a few months ago, under the following circumstances: A coloured woman

was delivered of a very small child and two fleshy formations, (a substance known by the familiar name of "false conception,") one weighing nearly a pound, and the other about half that weight. During the course of labor, nothing occurred worthy of remark, and, after delievery, the uterus "contracted well, and all things appeared as favorable" as usual; in three-quarters of an hour after we left the house, with a view of returning in about an hour; we failed not in enjoining upon those in attendance the necessity of letting the patient remain quiet until our return; but we had not been gone more than half an hour, before an attempt was made to put her to bed; she was placed in the sitting posture upon the bed, which she did not retain long before she fainted and fell over across the bed, the position in which we found her upon our return at the appointed time, for the attendants, either through alarm or mortification at the result of their disobedience or consummate stupidity, neglected to have us sent for, though we were but a short distance off. What was our surprise upon arriving? instead of finding the woman resuscitated from the fatiguing process through which she had passed, according to our expectation, and ready to be placed in a more comfortable position, to find her almost floating in blood warm from her own veins, with cloths, coverlets, and bed fully saturated, and the vital fluid streaming through the whole on to the floor beneath; and she, with hands and feet cold,

limbs rendered motionless by the rigidity of death, eyes glaring open and immovably fixed, all sensation gone, and gasping her last. Such we found to be the case; we tried every means in our power to revive the vital spark, but it had become too far extinguished; she expired in a few minutes.

It may be said of this case, that it occurred in the lower orders of society, and that little else than such mishaps can be expected where ignorance is the predominant characteristic; but let it be remembered that similar occurrences may take place even in the highest ranks, where like motives, viz., a desire to "cheat the doctor," influence the actions of those concerned.

The following case, quoted by Dr. Warrington from Dr. Meigs' work "On Practical Midwifery," shows a perfect recklessness, on the part of the patient, of her own safety, notwithstanding both the injunctions of her physician, and the expostulations of her nurse.

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

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

"As an instance of temerity on the part of the nurse, which had been nearly fatal to the patient," says Dr. Warrington, "we take also the following from the same work:"

"I left a woman half an hour after the birth of her child. She was as well as could be desired. I gave the usual directions. In a short time her husband

came running to me in the street, where he met me, and said his wife was dying. Upon hastening to the house I found her, in fact, pulseless, pale, and completely delirious, with a constant muttering of incoherent phrases. Upon inquiry, the following occurrences were found to have taken place. She felt some desire to pass the urine. The nurse told her to get up. 'The doctor says I must not get up.' 'Oh, never mind what the doctor says, it wont hurt you, get up.' A chamber vessel was placed in bed, and Mrs. F. was lifted upon it, in the sitting posture. She fainted in the woman's arms, was held up a short while, and then laid down; the vessel was discovered to be half full of blood. She had nearly died; and did suffer long and severely in consequence of this imprudent disregard of orders."

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

In a letter of our very respected friend Dr. Haines, on this subject, he says: "By imprudence either in the nurse or patient have I frequently known faintings, with the loss of much blood, to occur within an hour after delivery, and never could I find language too strong in condemnation of such reprobate conduct."

After having been made acquainted with the imminent danger to which the woman is exposed, by requiring her to stand upon her feet, as has been, and is yet too much the custom in some sections of the country, or even sit up in bed soon after delivery, the reader will agree with us that comment is unnecessary, further than to observe, that she who would still wickedly persist in this murderous practice, regardless of her better knowledge, whether patient, assistant, or nurse, may escape conviction before the courts of civil law; but, if carried to a fatal extent, as has been shown it too often is, she cannot but stand charged with the guilt of homicide before the court of high heaven.

Exposure.—Not unfrequently the slightest deviation from prudence, with regard to the patient's exposure, results in protracted and painful illness. Professor Huston ranks "exposure to cold, and especially a damp or humid atmosphere, or the putting on of ill-dried clothes, during the irritable condition of the female system which attends the puerperal state," second among the probable causes of that distressing malady, *phlegmasia dolens*, (milk leg.) And Lieutaud places "cold carelessly received," first on the list of causes producing a suppression of the *locia*, an event bearing in its train a frightful catalogue of severe and dangerous symptoms, such as swelling and tenderness of the abdomen, inflammation of the breasts, very violent pain of the immediate parts, and

groins, agonizing throes, excruciating nervous colic, sometimes attended with severe vomiting; scarlet, miliary, or inflammatory fever; dreadful hysteric fits; terrible pain and distress in the head, delirium, convulsions, apoplexy, suffocation, cold sweats, syncope, &c. &c. "Congestions are also formed, or stagnations of milk or pus, which ought to be considered as forerunners of death." In fact, there are but few unpleasant symptoms assailing the system while in this delicate and interesting state, that do not grow out of the suppression of this important flow; how desirable, then, it is, that every pains should be taken to prevent so unfortunate an occurrence.

Under ordinary circumstances, where there is no constitutional difficulty, it might be safely said, that a large majority of the obstacles that interpose to prevent the speedy and uninterrupted recovery of the puerperal female, originate in exposure, owing to imprudence either on the part of the patient herself or nurse. And it too often occurs, mainly from this cause, that the woman is doomed to pain and misery, and the confinement to her room for many months, when a little care timely administered and duly appreciated, might have prevented so melancholy a circumstance.

Exercise.—Well-timed and appropriate exercise is a valuable auxiliary to the patient's recovery, and should never be overlooked in her general treatment; but great caution is necessary, lest, by unwisely in-

dulging in ill-judged adventures, she take cold, and more harm than good be the result.

In the general way, we have found the following course to answer the purpose designed, with a very little danger of incurring injury.

During the first three days after delivery, the woman continues in the recumbent posture; on the fourth day, "nothing forbidding," she may be allowed to sit up in bed; this is not to be indulged in to an extent producing fatigue; though she is not permitted to leave the bed, great relief is experienced by this change of position; by it a new set of muscles are called into action, and the parts which sustained the weight of the body while lying are relieved. This species of exercise may be continued until the patient feels inclined to resume her former posture, and repeated as often as her strength will permit, and her inclination solicit. On the fifth day, all things being favorable, she is allowed to leave the bed, while it is made; she may, upon these occasions, sit up an hour or two if desirable; she can also leave the bed after the fourth day for the purpose of obeying the calls of nature, previous to which the bed pan must be used. On the sixth day she is permitted to walk about the room a little, and beguile the time by a light piece of needle-work, or employ her mind with occasional light reading. On the tenth day, if the weather be not uncomfortably cold or damp, she may go into an adjoining room for an hour or two, which

time should be seized upon by the nurse to have her room thoroughly aired, swept, and dusted ; this process should be daily followed, nothing interfering, henceforward during the month. On the fourteenth day she can, if desirable, assume the charge of her babe, and attend to the lighter duties abut the room. Between the third and fourth week, if the day selected be fine, and she continue to improve, she may ride out a mile or two in an easy carriage ; but not unless the weather is mild and clear ; this exercise may be continued in daily, each day increasing the distance ; at this period she need not be prevented from going about through the house, and occasionally taking a short walk in the open air, always observing the caution against exposure to a damp and cold atmosphere. Upon leaving her room for any purpose, she must be amply protected by clothes ; her feet, in particular, should be perfectly secured against the effects of cold and dampness. We again repeat, with a view of having it perfectly understood, what we have so often enjoined, that no attempt at out-door exercise is to be made unless every circumstance, both as regards the patient and the weather, be decidedly favourable ; neither can we assent to her leaving her room, to visit other parts of the house, unless every circumstance be propitious ; she had much better forego these grateful indulgences than to risk the direful consequences of taking cold.

Even state of mind.—All sudden mental emo-

tions, such as excessive joy, grief, fear, anger, surprise, &c., should be strictly avoided by the patient, and the cause of such disturbances at once discountenanced by the nurse; and the recital of all marvellous and melancholy stories should be spurned from the lying-in-room, as agents detrimental to that speedy recovery (all other matters being favourable) that attends a uniformly composed state of mind, where no such mischievous influences are permitted to exist to render it otherwise.

In speaking of joy, Dr. Rush tells us that "this emotion is attended sometimes with pain in the region of the heart, a change in the voice, tears, syncope, and death." And he further adds, "there are many instances upon record of death being induced by a sudden paroxysm of joy. The son of the famous Leibnitz died from this cause upon his opening an old chest and unexpectedly finding in it a large quantity of gold. Pope Leo the Tenth died of joy in consequence of hearing of a great calamity that had befallen the French nation. And, it is well known, the door-keeper of Congress died of an apoplexy, from joy, upon hearing the news of the capture of Lord Cornwallis and his army during the American revolutionary war." And, upon hearing of the same glorious event, Mr. Dick, father to the late Janitor of the University of Pennsylvania, died in consequence of a rupture of the heart, caused by a sudden rush of blood to that organ. Professor Chap-

man, in relating the circumstance in his lecture, observes, "the paroxysm of joy was so great that it actually burst his patriotic heart."

"The symptoms of grief," says Dr. Rush, "are acute and chronic. The former are, insensibility, syncope, asphyxia, and apoplexy; the latter are, fever, wakefulness, sighing, with and without tears, dyspepsia, hypochondriasis, loss of memory, gray hairs, marks of premature old age in the countenance, catalepsy, and madness."

In speaking of fear, the same illustrious author observes, "the effects of fear, when it acts suddenly upon the system, are tremors, quick pulse and respiration, globus hystericus, a discharge of pale urine, diarrhœa, and sometimes an involuntary discharge of fæces, aphonia, fever, convulsions, syncope, mania, epilepsy, asphyxia, and death."

Of anger, he remarks, "A morbid paroxysm of anger appears in a preternatural determination of blood to the brain, a turgescence of the blood vessels of the face, a redness of the eyes, an increased secretion of saliva, which is discharged by foaming at the mouth, great volubility or a total suppression of speech, agitations of the fists, stamping of the feet, uncommon bodily strength, convulsions, hysteria, bleeding at the nose, apoplexy, and death."

And who has not experienced violent palpitations of the heart, followed by nervous tremors, and great debility, upon receiving a shock of sudden surprise?

Now, with this array of the ruinous consequences of mental disturbance fully in view, let the nurse reflect one moment upon the irritability of the patient's system, as consequent upon the cause of her confinement, and she cannot but readily perceive the vast utility of guarding strictly against any occurrence, at this time especially, that will tend, in the least, to disturb that equanimity so essential, not only to her present safety and comfort, but also to her future health and happiness.

Locia is the name given to that discharge familiar to every nurse that takes place from the mother immediately upon delivery, and continues to flow during the first several days after.

A knowledge of the cause, nature, use, and proper duration of this discharge, is of the first importance to the nurse. A great deal of consequence, we are aware, is almost every where attached to it, and it is right it should be so; but it is also necessary, for the safety of the patient, that this regard for it should be the result of correct knowledge, and not of ignorance and superstitious fear, as is too often the case.

It proceeds immediately from the blood vessels of the womb, left open by the separation from it of the placenta, or after-birth, from which the blood flows directly, making "the locia," until prevented by a closing of the vessels from the complete contraction of that organ. The quantity of the discharge is proportioned to the extent of the inner surface of the

womb, previously covered by the placenta, as the greater the surface the greater the number of vessels left open, and consequently the greater the discharge.

The following, on the nature of the locia, by Madame Boivin, for eleven years connected with a lying-in Hospital, "in which upwards of two thousand deliveries occur annually," we take from "The Nurse's Guide." "The lochial discharge during the two first days is almost pure blood. From the second to the third day it has a yellowish-red hue. From the third to the fourth day it has a greenish tinge, and half putrid odour. From the fourth to the fifth day it is puriform or milky; that is to say, resembling pus (the matter from an abscess) or milk. After this period it usually becomes thinner, small in quantity, when all things are perfectly natural. Sometimes the discharge is suspended as the milk begins to flow, but becomes more abundant afterwards."

During the existence of the child in utero, it draws its support from the blood of the mother, sent there for its sustenance; but after its birth, other maternal organs furnish the supply of nutriment, and the quantum of blood previously required for sustaining it is divided, a part flowing to the breasts, and a part continuing in its accustomed channels,—the former contributing to the formation of milk, and the latter constituting the locia. Were it not for this wise provision on the part of nature, the blood would be sent

suddenly in too great a quantity to the breasts, causing inflammation of those organs, an event that is known often to occur, upon a suppression of discharge from cold or other causes. But as soon as the secretion of milk becomes established, and an increased supply of blood becomes necessary, for the purposes of carrying on this interesting function, it gradually abandons its wonted course, (as is evinced by the gradual disappearance of the locia,) and commences the performance of its new duties.

The extent of duration observed by this discharge varies from a week to a month, or even longer. "A mere show of light or slightly pink-coloured fluid is observed usually after the first week." Its total cessation at a period even earlier than this, when it is the effect of contraction, which may be known by the supervention of no unpleasant symptoms, should not alarm either patient or nurse, as it is evidence of a healthy state of the womb, but should any unfavorable symptoms supervene the occurrence, such as a feverish state of the system, headach, pain and swelling of the breast, &c., the nurse may suspect that all is not right, and the physician should be forthwith apprised of the fact. If the discharge should continue to any extent after the tenth day, he should also be made acquainted with the circumstance, and his directions strictly observed.

From what has been said it will readily be perceived that the locia observes no uniform rules, as

regards its quantity or duration, but is liable to vary in different persons, and at different times in the same individual. Hence, all the evil prophecies and ominous tokens that we hear from the good old gossips, upon each fancied variation from what they consider established rules, in relation to the locia, are entitled to no other regard than is generally shown in an ordinary ghost or witch story, or any other superstitious emanation.

TEMPERATURE AND VENTILATION OF THE ROOM.

This part of her duty the nurse should never suffer to pass unattended to. For a further consideration of it, see preceding chapter, page 95.

There are various other matters connected with the lying-in room besides those here designated, though of not so great moment, yet an acquaintance with which is indispensable to the successful management of this department of her calling, and with which the nurse should spare no pains to thoroughly acquaint herself.

CHAPTER IV.

Duties of the Nurse towards the Child, including Washing, Dressing, Feeding, Changing, Exercising, Changing its Position, and Bathing of the Child—Observations on the Diseases of Infancy—Duties of the Nurse towards the Mother—Duties at the time of Engagement—A visit to the Lady previous to being called for—Duties of the Nurse during Labor—Duties of the Nurse after Delivery, including Attention to the Bandage, Attention to Cleanliness, State of the Locia, and Attention to the Breasts and Nipples.

DUTIES OF THE NURSE IN PARTICULAR.

The nurse who is thoroughly qualified for the station she has assumed, will find the duties connected with this department few, simple, and easily performed; while to her less competent, they will be proportionably intricate, arduous, and perplexing.

In the preceding chapter, upon this branch we endeavored to lay down a course of instruction as plain and intelligible as the nature of the various subjects treated of would permit, and in as concise a manner

as practicable; showing, to the best of our ability, the mischievous tendency of ill-judged and misapplied interference with the regular and uniform operations of nature, and the advantage of strictly obeying her wise and unerring laws. It now remains to apply those instructions to practice in administering to the wants of those under charge.

While the infant, from the helplessness of its situation, immediately upon being ushered into its new state of being, requires the care of others for a continuance of its existence, is the first to receive attention at this auspicious moment; the mother, who, previous to its appearance, had monopolized the whole regard of the nurse and attendants, now becomes a secondary object of concern, unless some unpropitious circumstance should render her case otherwise. The infant, then, being first to receive attention, we shall proceed, in accordance with the arrangement adopted in the foregoing chapter, to the considerations of

THE DUTIES OF THE NURSE TOWARDS THE CHILD.

"Nature's wants are few, and easily satisfied."

Though the healthy infant requires but very little actual labor of the nurse to satisfy its little wants, yet it is necessary that she should pay strict attention to all its calls, and always be ready to respond to

them, by doing those things that nature and cleanliness require for its advancement; further than this is superfluous, and tends rather to its injury than benefit.

Washing, dressing, feeding, changing, exercising, changing its position, and bathing, constitutes most that is actually required of the nurse by the infant. Whatever more she may choose to do, by way of indulgence, as holding it in the lap, &c., tends, as we have before observed, to the formation of habits, troublesome alike to the mother and nurse, and decidedly injurious to the child itself.

Previously to having the new-born infant placed into her hands, the nurse should, in anticipation of that event, see that she has a supply of warm water, a little lard, a cake of Castile soap, a fine linen or flannel rag, or, what is still better, a fine sponge, at hand; she should also have selected out and prepared, what clothes the child is first to wear, and have all other things in readiness that may be required, upon the little stranger's ingress into the world, so that all bustle and confusion that attends such occasions, where matters are not previously well arranged, may be avoided.

Washing the Child.—No time should be lost by the nurse, after she has received the child into her charge, in idly sauntering about the room, or in light and nonsensical conversation, before proceeding to the discharge of her duty. The child is often co-

vered to a greater or less extent with a fatty caseous substance, which adheres with great tenacity to the skin, rendering a separation extremely difficult, where soap suds and cloth alone are employed for the purpose. By permitting the child to remain, after its birth, any length of time unwashed, this substance becomes dry, increasing greatly the difficulty of removing it, thereby causing additional exertion on the part of the nurse, and consequently a proportionate inconvenience and fatigue to the child: hence the necessity of immediate action.

After having provided herself with a low stool or chair, and selected a place to sit, where she may be "screened from the scorching heat of the fire, and protected from any current of air," and prepared and placed close by her the clothes first to be put on the child, she must proceed to the discharge of this important duty by first rubbing the skin over with a little soft lard, sufficiently well to dissolve and loosen the caseous coat, just spoken of, and then the suds of fine Castile soap, made something warmer than the hand, applied with a fine sponge or flannel rag, will readily remove it without excessive rubbing, which would be required were the lard not employed. If, however, there should be any left remaining, let the same process be again repeated, taking care that the head, arm-pits, groins and folds of the skin in the neck, elbows, &c., are entirely cleansed. This is important, because extensive sores are apt to follow a neglect of

these parts. But more especially should the eyes be thoroughly washed. We once had the misfortune to witness a case of virulent ophthalmia, that resisted the most active and decisive treatment, and which terminated in the destruction of both eyes, leaving the poor child to grow up in entire blindness, to arise from a neglect on the part of the nurse to have the eyes thoroughly cleansed. After the washing is completed, the child is to be wiped quite dry, and immediately dressed.

The washing process should be repeated daily, during the stay of the nurse, and afterwards by the mother. It contributes greatly to both the health and comfort of the little being. It effectually prevents the occurrence of those painful and protracted sores with which children are afflicted where due attention is not paid to cleanliness.

The preposterous practice of immersing or washing the child in cold water, under the foolish pretext of hardening it is, in intelligent communities, rapidly approximating that vortex of annihilation in which is engulphed the follies that have been but are no more. And it is right it should be so. Dr. Kissam, in speaking on this subject, observes, "I am aware it is often said that the savages in all cases immerse their children in cold water, immediately after birth; and that the mother generally does it. Perhaps we may find an apology for this act in the *ignorance* of a savage. Why should we be bound to receive *domestic* in-

struction from them rather than instruction in the arts and sciences? for the cases are parallel."

He continues: "Should adults be willing to sleep on the ground, in the open air, because savages do so, and acquire a degree of health and vigor? If men and women recoil from this process of hardening, why should a similar one be imposed upon the tender infant?"

It is said of those who subject their infants to this savage manœuvre, "that they thereby rear a hardy race." Which sentiment has been fully met by the pertinent reply, "that all the feeble ones are killed by the process, while the more athletic survive."—A policy well suited to uncivilized life, where the infirm constitute a burthen to the healthy and vigorous members of the tribe, while in civilized and Christian communities the weak and sickly are objects of commiseration and especial regard.

It is a custom with many nurses to make use of spirits in washing the child. They either mix it with the water, or rub the child all over with it after washing; and where neither of these plans of using it is adopted, its free application to the child's head is considered indispensable to its safety. Now, we cannot discharge our duty to the child nor acquit ourself of the obligation we owe to the public, without uniting with most, if not all our contemporaries in condemning in unqualified terms the use of this article by the nurse (unless prescribed by the physician)

in the lying-in room as decidedly injurious to its inmates. The following, from the Medical Inquirer, we extract from the Health Journal. "The application of brandy to the head and surface of the body, even of an adult, has been known to occasion the most serious inflammatory attacks, either of the brain, lungs or bowel; the evaporation producing such a degree of cold as completely to check respiration. In infants it is frequently followed by inflammation either of the bowels, lungs, or of the membrane lining the nostrils, producing what nurses call snuffles."

We again repeat, that pure soft warm water and fine Castile soap (with the assistance of a little lard at the first washing) are the very best means under every circumstance of cleansing the child, and no other can be adopted with a view of assisting this process or contributing to its health or comfort that possesses the least claims to superiority in this particular.

Dressing the Infant.—After the babe has been washed perfectly clean, and wiped quite dry, the nurse must proceed without any delay to putting on its clothes. That which is first to require her attention is the umbilcus, (naval) and, as it is presumed the physician will see that that is properly dispensed with, we pass it by, and proceed with directions relative to the adjustment of the next important portion of the child's dress. After the navel has been properly dressed, the next step to be taken by the

nurse is to put on the belly-band. This is done by applying the middle of it immediately over the navel, with the pleated edge, or that to which the tag is appended, downwards. Then lay one hand upon it immediately over the dressings of the navel, so as to prevent their displacement, and with the other hand turn the child, so as to lay face downwards across the knee of the nurse, then carefully withdraw the hand; see that the navel dressings remain smooth and proceed to fasten it with the strings, with which it should be provided. In case, however, pins are used, they should be of the larger kind, and, when in, should have their points well sticking out, so as to be least likely to puncture the child. Great care must be taken lest this article of dress be too tightly applied, and, as has been elsewhere stated, the child, in consequence thereof, be subjected to a great deal of pain, if not to serious and permanent injury. It should never be fastened so tight as not freely to admit beneath it one or two fingers.

The putting on of the rest of the clothes is perfectly familiar to every nurse, so much so, that detailed directions are here entirely unnecessary. It is, however, not to be forgotten, that every part of the infant's dress is to be so applied as to subserve its convenience and comfort; and every other consideration should be waived, that in the least tends to defeat this object.

We would also here observe, that both the wash-

ing and dressing of the infant should be performed in as expeditious a manner as the circumstances of the case will permit; but in her anxiety to have them speedily accomplished, the nurse should not forget that the little being in charge is of extremely tender and delicate organization, requiring the utmost care in being handled. Dr. Warrington says: "The child, of course, will require the gentlest motion, consistent with the necessary attentions to its ablutions, dressing, &c. We have too often seen the child handled as if it were a boot in the hand of a shoe-black, seized by its neck and heels, and plunged into a basin of hot or cold water, after having been scratched over with coarse brown and strongly alkaline soap, not to know the unnecessary pain, and shall we say absolute danger of injury, to which the tender being is exposed."

Feeding the Child.—Where there is a full supply of milk in the maternal breasts from the first, as is sometimes the case, there can be no other means of sustaining the child adopted with more advantage, than immediately applying it to this munificent source.

In some countries, amongst what are styled the higher ranks of society, prevails the unnatural custom of consigning the infant exclusively to the care of a wet-nurse, a class of women whose trade it is to furnish milk to the infants of *ladies* of *rank* and

fashion. They cannot, from the very nature of the case, feel, upon looking on their little charge,

"That pure unearthly bliss which mothers only may."

Hence, as they gain their livelihood from the contents of their dugs, they can rarely be influenced by any higher motive than interest,—sordid, selfish interest. And as their necessities require they should be out of employment as little as possible, they are obliged to resort to every means that art can suggest, or moral depravity sanction, to perpetuate to the greatest possible duration the time of their lactation. Therefore, stimulating drinks and diet, and various other excesses are freely indulged in, in order to obtain the object they have in view; consequently, their milk, frequently scanty, where such means are employed, is at all times utterly unfit to be received into the delicately organized stomach of the new-born infant.

Let queens and princesses, then, dash from their bosoms their tender offspring, and compel them to draw their subsistence from breasts supplied with more ignoble blood, and deprive them of those God has made for their use, and which are

"With life and nutriment so copious bless'd;"

But the American mother, with a proper sense of true dignity, can never refuse to yield to her babe

that rich, nectareous fluid, formed in the maternal bosom for its especial use.

They may pride themselves upon the superior breed of a lap dog, or the agility of a pet monkey, but *she* finds substantial happiness in early commencing the physical and moral education of the little being with which Providence has blessed her.

After the child is washed and dressed, and the mother in a good degree recovered from the effects of the parturient effort, the nurse must proceed to discharge this very interesting part of her duty. But in case the breasts fail to yield the necessary supply, she must prepare a little warm molasses and water, in the following proportions:

Take of

Good molasses,	1 tea-spoonful.
Warm water,	3 table-spoonsful.

This may be given as directed in the preceding chapter, page 108, letting the child suck it from the spoon, instead of pouring it into its mouth, which is less apt to produce strangling. After two or three free evacuations have passed the bowels, the diet must be changed, and that directed at page 110 be adopted and continued until a supply is furnished by the mother. In preparing food for the child, the nurse must be careful not to have it too warm or too cool; the proper temperature may be readily ascertained by touching the lips with it before she com-

mences feeding. The abominable practice of some nurses, of receiving into their own mouths every spoonful of food, before it is allowed to enter the mouth of the child, is one, the loathsomeness of which would, if but a few years old, drive the child in disgust from the presence of her who would thus so wantonly impose upon it.

Dr. Dewees, in speaking of the unfitness of the food frequently given to the young child, and this system of tempering it for use, says: "This is a horrible practice, and cannot be too severely reprobated. The child is thus obliged to take into its ill-confirmed stomach food, not only improper in itself, but which has the addition of a rank saliva from the nurse's mouth.

"Much care, we grant, must be taken in warming the food of the child, lest it be overheated, and its mouth made to pay the forfeit of the nurse's carelessness; but this can be done without any previous mouthing."

For the sake of convenience, every nurse should provide herself with an apparatus known by the name of "the nursery lamp;" this fixture answers the double purpose of lighting the room, and keeping the food at a proper temperature for immediate use. It consumes no more oil than an ordinary lamp, and can be so regulated as to make a bright or dim light, as may be convenient or desirable. Where it be-

comes necessary to rear the child by hand, this lamp is indispensable.

Changing the Child.—In consequence of our frequent advertence, in the preceding chapter, to the importance of keeping the child's clothes perfectly clean as a means of promoting its well-being, our observations here must, necessarily, be few; we nevertheless recur again to the subject, in hopes it may have an influence in calling the attention of nurses, generally, more to the point in question.

It really appears, with some, a matter of but little consequence whether the child is kept clean or otherwise; and others are extremely particular, with regard to its external appearance, while its under clothes are but very little attended to; and others, again, esteem it unimportant that it should be changed at night, and, by acting accordingly, permit the infant to wear during the night the same suit worn through the day—a most filthy and slovenly practice, to say the least of it.

In order to get all the benefit cleanliness is capable of affording, the child's clothing should be changed daily. They should be thoroughly dry and well aired at each change before being put on. This the nurse should esteem as imperious as any part of her duty, and it should never be suffered to go unperformed. The diaper should, by all means, be changed as often as required, without regard to time or circumstance.

With respect to changing this portion of dress, Dr. Dewees observes: "But it should be well understood, when we speak of keeping the child clean, we do not consider the repeated reapplication of the same diaper, because it has been hung in the air, or before a fire and dried, as coming within our direction. There can be but two reasons for this filthy practice—laziness and poverty. The first should never be considered as a valid excuse for employing the same diaper several times, nor will it perhaps ever be urged as one, in direct terms," &c. "If the second reason exist, and the child have not a sufficient change, it were much better to do without a diaper, from time to time, than have those returned to it stiffened with salts, and reeking with offensive odor."

The diaper should never be applied over the second time unwashed.

Exercising.—For observations on exercising the infant, see "Handling the Infant," page 168.

Changing its Position.—See articles on "Crying and Sleep," pages 156 and 160.

Bathing the Child.

"This is the purest exercise of health."

* * * * * *

"Even from the body's purity, the mind
Receives a secret sympathetic aid."

Thomson's Seasons.

Perspiration, both sensible and insensible, is a function of the skin, *more deeply* concerned in preserving a healthy state of the system, than of which most persons, perhaps, are aware, notwithstanding it is generally admitted to exert a beneficial influence. In fact, there is scarcely an organ entering into the animal economy, that is not more or less deranged in function, in consequence of a want of order in this particular one; but, on the contrary, while this remains undisturbed in its operations, the body will mostly be found in the full enjoyment of health and comfort. A consideration of the means calculated properly to promote this desirable object, then, is a matter of no small moment. Frequent allusions have been made to cleanliness as a means of preserving health, &c.; it effects that important end, by removing all obstructions from the pores of the skin, so as to leave them free for the escape of perspirable matter.

Now, while bathing acts most beneficially in this particular, it also tends in other respects to preserve a healthy action of the skin by giving tone and vigor to the capillaries, for want of which cutaneous eruptions and protracted troublesome sores are apt to arise.

There are various kinds of baths in use; the cold, the tepid, or warm, and the hot, however, are most commonly employed. The first of these is where the water employed is of the natural temperature, with-

out being augmented by artificial means. The second is that where the temperature is between 62° and 98° Fahrenheit's thermometer (Dewees;) and the third is where the temperature is above 98°, or the natural heat of the body.

As the first and last are remedial agents, only to be employed as directed by the physician in cases of disease, we shall take no further notice of them, but pass on to the consideration of the warm or tepid baths.

The following, on the warm bath, we take from the Journal of Health. "It is a common, but erroneous opinion, that the warm bath is enfeebling, and renders the person using it more liable to take cold. In times of remote antiquity it was considered the solace of toil, and resorted to with a view to renovate vigor exhausted by exertion. To conduct the stranger guest to a warm bath, and anoint him with fragrant ungents, previously to offering him food, formed a part of the rites of hospitality.

"We can readily understand why, during the decline of the Roman Empire, when luxurious indulgences of all kinds were carried to excess, the warm bath should have been thought debilitating to persons, such as citizens of distinction, who were in the habit of bathing four, five, and eight times a day. Another cause of the disrepute into which the practice fell, was the very high heat of the water; and hence the ready occurrence of debility and disease from the operation of such a violent stimulus.

"Now, the warm bath, so far from heating and irritating the body, has a most soothing and tranquilizing effect. This is more especially obtained by a bath at from 90° to 95° Fahrenheit. The pulse, on immersion in it, is rendered slower, and the respiration more equable. If the heat be above 98, we may then look for accelerated pulse, flushed cheeks, and after a while a copious perspiration bedewing the head and face.

"With regard to the temperature of the bath, a very good rule is laid down by Professor Alcott, which should be always observed: i. e. "never to have the temperature of the bath below that of the room. If the thermometer show the latter to be 70°, the bath should be something like 80°; perhaps with feeble children rather more."

In our observations on washing the infant, we directed the process to be continued daily during the stay of the nurse. This has allusion more particularly to cases where the bathing is rejected; where it is instituted, the nurse's attention to washing may be allowed to abate, in proportion to its being more and more devoted to bathing. (*Alcot.*)

If simple submersion be not sufficient to answer the purposes of cleanliness, a little fine soap may be added to the water, which will readily dissolve whatever particles may adhere to the skin, and render their removal easily effected by wiping. Spirits mixed with the water, has no tendency towards ren-

dering it superior to clear, warm water, and should never be used for that purpose.

The bathing should commence as soon as the dressings of the navel are dispensed with, and the parts healed entirely sound; previous to this, ablutions had better be practised in its stead.

The length of time the infant should continue in the bath must be governed by circumstances. "If he is quiet," says Professor Alcott, "fifteen minutes can never be too long, and I should not object to twenty. If otherwise, and you are obliged to remove him in five minutes, or even three, still the bathing will be of too much service to be dispensed with."

Our author, in speaking of the best time for bathing, observes: "The proper hour for bathing is the early part of the day, or about the middle of the forenoon. This season is selected, because the process, manage it as carefully as we may, is at first a little exhausting. As the child grows older, however, and not only becomes stronger, but appears to be actually refreshed and invigorated by the bath, it will be advisable to defer it to a later and later hour. By the time the babe is three months old, particularly in the warm season, the hour of bathing may be at sunset."

In making use of the bath, one caution is to be observed: that is, never apply it immediately after the child has taken a full meal, but rather let the time be selected when his stomach is comparatively empty.

After the child has been in the bath a sufficient length of time, it must be taken out and wiped dry with as little delay as possible. The nurse must be extremely careful not to allow the least current of air to blow upon it during the whole process, from the time it is stripped for bathing until it is again dressed.

The vessel used as the bathing tub should be of such dimensions as to allow the full, free motion of all its limbs. This is important, because most children will soon delight in playing and scrambling about in the water, (*Alcott*) which exercise adds to the usefulness of the operation.

OBSERVATIONS ON THE DISEASES OF INFANCY.

It may be expected that we should, in giving directions relative to the duty of the nurse towards the child, say something concerning the treatment of some of the diseases peculiar to early infancy, and which popular error has decided to be ailments necessary to infantile life, such as red gum, sore mouth, vomiting, &c. &c. Now, our sole object in dwelling so long on the management of early infancy, in both the preceding and present chapters, is to lay down principles and inculcate instructions which, if strictly followed, will save the child from attacks of disease, and consequently much suffering. We do not believe there is a single disorder of which the child is

doomed by necessity to be the subject. With respect to *aphthæ*, or baby's sore mouth,—perhaps one of the most common affections of the young child,—we are sustained in this opinion by Dr. Dewees, who says, "This affection is thought to be altogether of a symptomatic kind. It is almost uniformly preceded by a deranged condition of the alimentary canal, and always, we believe, by some disturbance of the stomach itself." So if, by proper management in diet and regimen, the stomach be kept in a healthy condition, and digestion good, there will be but very little to fear from this often troublesome and sometimes fatal affection.

The red gum, which is considered by nurses a mark of the healthiness of the infant, is also a symptom of the deranged state of the alimentary canal. In speaking of this disease, Dr. Eberle observes, "A debilitated state of the digestive organs from error in diet, giving rise to acid and other irritating causes in the stomach and bowels, appears to be the ordinary source of this affection. Its occurrence is, doubtless, much favored by keeping the infant too warm,—an error which is but too frequently committed by nurses and mothers." This being the case, how preposterous the practice of cramming the little stomach of the poor child to regurgitation with catnip, saffron or other teas, with a view of giving ease to the pain occasioned by a disordered state of the bowels, and promoting the eruption: an event deemed so essential to

its well-being. Indeed, it is no wonder tnat so many are hurried out of life within the month, or if permitted to survive beyond that period, are doomed to drag out an existence of suffering and disease.

But it may be asked, if this practice, so long pursued by nurses, be so radically wrong, and so destructive in its effects, why not lay down one more in accordance with the principles of physiology; one less empirical and more likely to effect the object desired? For not doing this we have two reasons: First, we think a "preventive infinitely better than a cure," and we are confident that if the child be properly dealt with, and the laws that govern the infant economy be duly observed and obeyed by the nurse, there will be no necessity of resorting to medical prescriptions as a means of restoring the impaired health of the little being. Second, giving directions for the treatment of infantile diseases, would be placing in unskilful hands dangerous weapons, which, for the want of experience in wielding them, might be productive of much injury, if not fatal consequences.

We again repeat, with a view of impressing it on the mind of the reader, that a large majority of the ailments incident to early infancy, is the result of mismanagement in regard to diet, dress, exposure, &c. and little else than disease, suffering, and death can be expected so long as those assuming the responsible duties of giving direction to the various organizations of the uninured and tender infant remain igno-

rant, and continue in the daily violation of the laws by which they are governed.

DUTIES OF THE NURSE TOWARDS THE MOTHER.

Fortunately for the patient, the time is rapidly passing away when the qualifications of the nurse are estimated by the number of her prescriptions, or the boldness with which she administers them. The infusion of more general intelligence through all classes of community, is exerting a most salutary influence in this particular. Loud boastings of superior skill, great loquacity, and unblushing self-conceit, were, even not long since, received in a nurse as recommendations of professional excellence. Reverse qualities now find favor amongst the better informed portions of society; their confidence and patronage are conferred only on her who is modest, unassuming, intelligent and worthy.

To such a one, duly inducted into the principles of her profession, the duties belonging to this branch of it will be but few, unless adverse circumstances should render them otherwise. Though few, ordinarily, they are, nevertheless, important, and highly interesting.

The nurse should always feel such a regard for promoting the advancement of the patient, as to render the performance of the duties due to her an agreeable exercise; this will contribute very materially to-

wards diminishing the amount of labor that might otherwise tend to make her calling, in this particular, irksome and unpleasant.

DUTIES AT THE TIME OF ENGAGEMENT.

The nurse is generally engaged, by her who expects to require her services, some weeks, or even months, previous to the appointed time of her travail; upon which occasion it becomes the nurse's duty to give all necessary information relative to the making of the child's clothes—preparing clothes to be worn by herself at the time of labor, and subsequently, the arrangement of the bed, the material of which it should be made best calculated to enhance the health and comfort of herself and infant; and, in fact, the proper disposition of every matter connected in any way with the anticipated event.

It was with a view of qualifying the nurse for giving such directions, that we were so particular and lengthy in dwelling upon the various topics treated of in the preceding chapter. We are fully aware that much there referred to and insisted upon, belongs more to the province of the mother than that of the nurse; but when the opinion of the nurse is asked on any of these points, connected more or less with her vocation, we desire she may be able to give it in accordance with physiological truth, and not, as

is too often the case, as ignorance may suggest or superstition direct.

A VISIT TO THE LADY PREVIOUS TO BEING CALLED FOR.

A few days in anticipation of her expected call, the nurse should make it her duty to pay the lady a visit, that she may have an opportunity of becoming better acquainted with her—that she may familiarise herself with the arrangement of her room, and ascertain where every thing can be found, that may be required upon the approaching occasion; this will enable her to pass from one thing to another in the performance of her duty, without troubling the patient, at the trying moment, with inquiries concerning the whereabouts of what may be wanted for use, and without creating any undue bustle or confusion. The duty of paying such a visit should by no means be neglected; we have frequently known the exhausted female exceedingly harassed, with question upon question, from those about her, concerning matters with which they should have been perfectly familiar at an earlier date; and hurry, bustle and confusion, equally annoying to the patient, have we witnessed as consequent upon a want of information in these particulars.

DUTIES OF THE NURSE DURING LABOR.

As it is not expected that any respectable, well informed lady, will presume to pass this important and critical period of her existence without the attention of a judicious and thoroughly qualified accoucheur, we omit giving any instructions relative to the duties of the nurse during labor, but leave them exclusively to his direction. Upon this, as all other occasions, where the physician is present, the nurse discharges her duty by cheerfully acceding to his views relative to the management of the patient; it is presumed his opportunities for acquiring necessary information have been superior to hers, and that, consequently, he is better qualified to act as director upon the occasion; and she can find satisfaction in the reflection, that by yielding to his directions she acquits herself of all responsibility, while it rests with its whole weight upon him and her by whom he is employed.

DUTIES OF THE NURSE AFTER DELIVERY.

After the woman has been comfortably put to bed,* and the physician taken his departure, com-

*The physician is expected not to leave before this, but, by his council and aid, assist in accomplishing it; if, however, he should previously absent himself, without being constrained by

mences the active duties of the nurse towards the mother; not only all those necessary to be performed towards a patient in general sickness, as shown in Chapter II, are required here by the invalid, but also a number of others, belonging to this department only.

For directions, then, relative to preparing the various articles of diet and drink that may, from time to time, be ordered by the physician or required by the patient, and for instructions in all the duties relating to the management of the patient as a mere invalid, the reader is referred to that portion of the work that treats of "the duties of the nurse in general."

Those necessary for the successful management of the newly constituted *mother*, as such, that cannot, from the very nature of things, be required by the ordinary invalid, shall occupy our present attention.

These are, attention to the bandage worn by the patient, attention to the cleanliness of the patient, with regard to her situation, attention to the state of the locia, attention to the breasts and nipples, &c. &c.

imperious necessity, he becomes guilty of a neglect of duty; because the patient can never be considered safe until it is performed, as circumstances frequently render the act of putting the patient to bed the most critical part of the whole process.

Attention to the bandage.—The bandage constitutes an essential portion of dress, worn by the patient at the time of her confinement. It may consist of a strong towel or strip of new muslin, of length sufficient to reach around the body and overlap so as to allow of its being firmly fastened by means of three or four large pins, and wide enough to include in its passage around the body the whole of the abdomen. It affords a general support to that part, and when properly applied and retained in its position, tends materially to keep the contents of the abdominal cavity in their proper place, thereby preventing a great deal of pain and uneasiness. It also contributes largely towards reducing the distended abdomen to its natural size.

In order to get the full benefit of this apparatus, it should be applied with sufficient tightness to render the wearer perfectly comfortable and easy under its operation; the nurse should from time to time examine it to see that it does not become too relaxed, as the part it is designed to guard diminishes in size, to prevent which it will become necessary to tighten it as occasion may require; where this precaution is not observed, it is apt also to become displaced by slipping up, and otherwise, which cannot but defeat the object of its application.

It should be worn from four to eight weeks, as the case may require.

Attention to cleanliness.—The observations of

Dr. Warrington, in regard to this matter, are so much in point that we cannot express our views better than to give his words. "Great attention to cleanliness should be given by the nurse. On and after the second day; she should use luke-warm soap suds and a soft sponge or cloth, with which she may remove every thing which adheres to these parts of the patient. By this means she will correct the disagreeable and unhealthy fetor which soon arises from these discharges; she will also contribute greatly to the comfort of the patient. This ablution should be continued daily, or more frequently during the whole period of the nurse's attendance."

The cloths used by the patient should, during the first few days, be frequently changed, and promptly removed from the room; as their presence, after they have become much soiled, tends to vitiate the air by the elimination of their impurities.

Her body and bed linen should be frequently changed; sometimes it becomes necessary to perform this duty daily, and never should they be continued in use longer than is consistent with perfect cleanliness. We have frequently had our olfactories assailed, upon entering the lying-in room, by a most disagreeable effluvia, where due attention had not been paid to cleanliness in every particular,—a state of things highly detrimental to the patient's speedy recovery, and well calculated to retard her convalescence.

State of the Locia.—It becomes of a part of the nurse's duty to observe the character of the locia, from day to day, with regard to its colour, quantity, consistency, &c., and faithfully report any change that may take place to the physician. The vague terms usually employed by nurses in making their communication relative to these discharges, such as "there is enough, or not enough; about the common; the colour natural; all is right," &c., are very indefinite and unsatisfactory.

By informing him of the size and number of cloths employed within a given time, he would be able to judge more accurately of the condition of his patient; and an exhibition of the cloth last employed would afford him more satisfactory information, concerning the colour and consistency of the locia, than could be obtained by any description that she can give.

When the patient is doing well, and nothing of importance arises indicative of an unpropitious state of things, the physician will rarely consider it necessary to extend his inquiries further than to ascertain the favourableness of her situation, while the nurse should examine each cloth in order to embrace this available, and often certain means of detecting mischief while in its incipiency, and upon the occurrence of any unusual appearance, with regard either to its colour, abundance, scantiness, &c., to communicate the fact forthwith to the physician.

Attention to the Breasts and Nipples.—Breasts. Quite as prolific a source of trouble, pain, and inconvenience as any that presents impediments to her recovery, with which the nursing female may be assailed, is *Mammillary Abscess*, (gathered or broken breasts.) The many sleepless hours of excruciating suffering; the many tedious days of enduring pain experienced by her at this important and interesting season, are better known to herself than to any other earthly being. This affliction commonly commences not until after the patient has been abandoned by her physician, to the exclusive direction of the nurse; particularly in the country where one or two visits after delivery are made to suffice. And she, frequently overcharged with solicitude, and too often uninformed with respect to the anatomical construction, the functional operations, or the specific action of disease on the affected part, applies, without regard to their fitness, her poultices and plasters, administers whatever prescriptions she may have learnt, parrot-like, by rote, of some ignorant pretender, which, as often as otherwise, do more harm than good. Thus the poor creature is, aside from the pain consequent upon the abscess, teased, tormented, and tortured by this ill-judged interference, for weeks, and sometimes months, until the curative powers of nature kindly come to her relief.

Other considerations than the mere pain and inconvenience at the time, which, by the way, are not

trifling, such as after consequences, among which are schirrus, cancer, &c., demand for those organs the most scrupulous care and attention.

During the first few weeks after delivery, the breasts of the young female, with her first child particularly, are peculiarly liable to attacks of inflammation; this liability arises in a great measure, if not wholly, from the great excitability of the parts, occasioned by the new duties they are here called upon to perform; a circumstance requiring of the physician strict directions; of the patient obedience; and of the nurse unremitting care.

Among the causes producing a derangement of the functions of the mammillary glands, at a time when a healthy state is most desirable, will be found the following, viz. an impaired state of the general health, which tends to increase the irritability of the parts, and an over distension of the vessels from too great an accumulation of milk, these very frequently sow the seeds of much trouble and suffering, which remain dormant until brought into action by some exciting agent, as exposure to cold and dampness, undue bodily exertion, too free an indulgence in stimulating diet or drinks, severe mental emotion, as anger, joy, grief, &c.

By scrupulously attending to the following preventive means, the nurse may in a great measure lessen the liability to attacks of this troublesome ailment. She should guard the patient against the least

exposure to cold and dampness. The infant, as heretofore stated, should be put to the breast as soon convenient, after the mother has recovered from the fatigue of labor. The breasts should never be permitted to become painful from the quantity of milk; should there be more than sufficient for the child, it should be drawn by other means, and never be permitted to remain in the breasts. The breasts should never, during lactation, be confined by corsets or other articles of dress, but allowed room to expand freely. Should the secretion of milk be inconveniently copious, dry diet should be used, and as little fluids be taken into the system as possible. Occasionally a dose of epsom salts should be administered. The bowels should be kept freely open at least once in twenty-four hours, and all fatiguing exercise avoided, if any symptoms of danger be apparent. The system should be kept comfortably cool, and moderate exercise indulged in. Should there occur a state of general feverish excitement, with swelling and tenderness of the breast, with or without a sudden unnatural suppression of the locia, the nurse had better apprise the attending physician of the state of the case.

The following remarks, on the diagnostic symptoms of the disease, we are permitted by our friend Dr. Tomlinson to extract from his inaugural thesis, a clearly written paper on Mammary Abscess. "An inflammation of the substance of the gland commences

with a hardness and circumscribed tumefaction in any part of the gland, not remarkably sensitive to the touch; considerable symptomatic fever attends the advancement of the inflammation; it soon becomes extremely painful; there is not swelling corresponding to the violence of the symptoms; suppuration rarely takes place under two weeks from the commencement of the attack.

When the cellular membrane* is the seat of disease, quite a different state of things are observed; a chill followed by fever is the first symptom; the breast becomes greatly swollen and very tender to the touch; the swelling more general than in the other case, without tumours; the process of inflammation is more rapid, it more speedily runs on to suppuration; the appearance is much more alarming, though the pain is less severe."

It frequently occurs that one breast is attacked with an inflammation of the gland, and the other the cellular substance; sometimes the gland and cellular substance are both implicated in one breast, and only one in the other.

It is important to ascertain the precise seat of the inflammation, whether it be in the substance of the gland, or the *cellular* substance, as a different course of treatment is indicated.

* A substance in which the fatty matter is deposited, and which frequently gives the appearance of enormously enlarged glands. It is also frequently called cellular substance.

As the treatment of this disease, in its incipiency especially, is, by common consent, made a part of the nurse's duty, we shall proceed to give a few directions relative to its management, in hopes they may render her some assistance in combating so formidable an enemy.

Should the patient be of a plethoric habit, and the approach of the disease attended by constitutional disturbances, such as feverish excitement, rigors, languor, &c., the nurse had better at once call the physician, than to attempt, herself, to arrest its progress.

But where no such difficulties are apparent, and the affection is altogether of a local character, the treatment may commence, (if the substance of the gland be the seat of the inflammation, which may be determined, as has been observed, by the hard circumscribed knots or *cakes* that can be felt in the breast,) by thoroughly bathing the affected part with vinegar made as hot as can be borne; the part should be bathed and rubbed for ten or fifteen minutes at least at each application; hot brandy, or diluted alcohol, with the addition of a table-spoonful of fine salt, applied as just stated, we have known to dissipate the hardness at a single bathing, and when resorted to early, more than two or three are seldom required.

But should the disease manifest any thing like ob-

stinacy, in yielding to this treatment the co-operation of the following plaster may be solicited.

Take of	
Alcohol and olive oil, each	4 ounces, (fluid.)
Black pepper,	½ drachm.
Castile soap, sufficient quantity.	

Simmer the three last ingredients to the proper consistency, and add the alcohol while cooling.

This not unfrequently produces a softening of the tumor, and, by promoting insensible perspiration, proves serviceable in overcoming the inflammation. But let it be understood, that every effort to produce resolution* must prove abortive, if there be not great pains taken to remove the milk as it becomes secreted.

When the cellular substance alone is affected, quite a different course of management is to be pursued. Cold applications are then indicated, and a solution of the sugar of lead, or lead water, is among the most convenient and efficient means. Nitrate of potash (saltpetre) dissolved in vinegar, and applied cold, and repeated as often as the cloths saturated with it become warm, we have known to reduce the highest grade of inflammation: one case in particular, that now comes to mind, in which the right

* A term expressive of the termination of inflammation without forming an abscess.

breast was enormously swollen, red, and extremely sensitive to the touch; though we had very little prospect of any thing but extensive suppuration, the remedy was directed, and, to our extreme gratification, in less than six hours the pain and inflammation began to subside, and in a very few days complete resolution was effected.

Sometimes it occurs that the swelling is so great as to cover the nipple, which seems to shrink back and bury itself in the gland, so much so, that the child is unable to take hold of it; when this is the case, a shield provided with a heifer's teat, placed over the nipple for the child to draw through, sometimes answers an excellent purpose; this apparatus is also valuable in cases of excoriated nipples.

Should every effort to procure resolution fail, and the inflammation threaten to run on to suppuration, soft warm emollient poultices of bread and milk, with the addition of running mallard, slippery elm bark, pulverized, or flaxseed, sufficient to render it mucilaginous, must be employed; if the pain be very severe, one or two tea-spoonsfuls of laudanum may be added with advantage. The following poultice we have been in the habit of employing in severe cases as a discutient* with much advantage; while it possesses all the soothing properties of the foregoing, it acts beneficially as a gentle counter-irritant.

* A term in surgery applied to substances that repel or soften tumors.

Take of	
Flaxseed,	1 gill.
Black mustard seed, (bruised,)	1 table-spoonful.
The yolk of	1 egg.

Beat the whole well together, then pour on one quart of water, boil down to one pint, filter through flannel, and thicken the liquor with rye flour to the consistency of a poultice.

The patient will find it more to her comfort to pass the most of her time in bed upon her back; if, however, she prefer sitting up, the diseased part must be suspended in a sling, as the weight of the breast, increased by that of the poultices, would otherwise be productive of a great deal of pain and uneasiness. After the abscess has broken, and the matter measurably discharged, let the breast be dressed with soft warm poultices of bread and milk, or slippery elm, until the discharges have sufficiently diminished, when dressings of simple ointment will suffice. If, however, the part should continue inflamed, swelled, and painful, a plaster of red lead, fresh lard, and olive oil, each half a pound, should be spread thin on a rag, and made to cover the whole of the breast; a hole should be left opposite the opening in the skin for the escape of matter. Boil these ingredients, constantly stirring the mixture while boiling, till the whole unite and form a plaster. This, according to

Dr. Coxe, keeps the part moderately warm, and protects it from the air—all that can be expected in these cases from any plaster.

Nipples.—It is commonly not until after the female has become a mother that she can fully appreciate all the evils resulting from having the breasts compressed, for years, by tightly drawn corsets:—aside from the murderous effects of tight lacing upon the health and constitution of the poor sallow votary of dress, the amount of mischief sustained in this particular is best judged of by her writhings and excruciating sufferings during the moments that Providence intended for the happiest of life—those of giving suck to her infant. How untrue to her are the words of the poet:

> "The starting beverage meets the thirsty lip,
> 'Tis joy to *yield* it, as 'tis joy to sip."

By thus compressing the breasts they seldom become thoroughly developed, but, on the contrary, are absorbed, and rendered much less than nature intended they should be. The nipples are also much diminished in size, the ducts, for the passage of the milk, reduced, requiring a greater effort of the child to extract the milk; the nipples, for want of a full development, are made preternaturally tender; this, together with the smallness of the ducts, constitute two fruitful sources of that distressing malady, that "bane to the nursing female," sore nipples. And it

is vain for females to expect exemption from penalties, so long as they continue to violate the laws of their organization.

Every one who has been the subject of this calamity, is aware of the difficulty with which it is made to yield to remedial means; this does not arise from any peculiarity of the sore, nor is it consequent upon the organization of the affected part, but is kept up by the continual irritation produced by the child in its efforts at sucking. So it will be perceived that if the nipples become thus affected, nothing but trouble is to be anticipated from either side; for if the child continue to suck, they have but very little chance of healing, and if it be removed, the accumulation of milk is sure to produce inflammation, and a gathered breast is the consequence.

Since, then, medical treatment, and the most adroit management, are incapable of protecting the female, to any extent, from the intense suffering consequent upon this affection, after it has become established, it is advisable to recommend proper means for its prevention, instead of vainly hoping to effect a cure after the excoriations have taken place.

Two or three weeks in anticipation of the birth of her child, the first in particular, (for sore nipples are more apt to occur in her first confinement than any subsequent one,) the female should commence handling the nipples, frequently drawing upon them with a force producing moderate friction, in imitation of

the effort the child will exert upon them while sucking, and often rubbing them; this handling invites the blood to them in greater quantities, and causes them to become more fully developed; the friction to which they are thus subjected, tends to thicken and harden the delicate skin with which they are covered; the hardening is greatly aided by the frequent use of a solution of *borax* or alum, or some other astringent wash.

Some authors recommend these washes to be used warm, and others cold; our own views favor the former as being more in accordance with the temperature of the subsequent applications, viz., the child's mouth. Let the washes be employed either cold or warm, great care is necessary to have the parts wiped perfectly dry after their use; the same caution should be observed after each nursing of the child; these astringent washes should be continued for a week or two after the child is born.

If, however, after every precaution have been observed to prevent the occurrence of sore nipples, they should be found to present an irritable or inflamed appearance, all that can be done by the nurse, with a view to arrest the progress of the disease, is to apply some bland, cooling lotions, as the mucilage of quince, or linseed, or slippery elm bark; an article known by the name of "McClintock's Nipple Wash" is employed by some nurses with advantage; the cooperation of a mild, soothing unction, as the common

simple, the lily, or spermaceti ointment, may also be solicited; the parts must by all means be kept from the air; this is readily done by placing over the nipple a shield made of bees-wax.

If, however, the disease should progress, in spite of her exertions to arrest it, the physician had better be called, for it will require all his skill to render the patient's lot at all tolerable.

From what has been said in regard to the breasts and nipples, the nurse will perceive that the most unremitting attention is required, and that by proper care, duly exercised, she may save the patient a great deal of intense suffering, and herself much trouble.

l History.
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