

CARE OF THE SICK.

TEA AND A COATED TONGUE—LEMONADE, BARLEY-WATER, ETC.

The only patients known to refuse tea, have been typhus cases, and the first sign of their getting better was their craving for tea. In general, the dry and coated tongue always prefers tea to coffee, and will quite decline milk, unless with tea. Coffee is a better restorative than tea, but a greater impairer of the *digestion*. Let the patient's taste decide. You will say that, in cases of great thirst, the patient's craving decides that it will drink a great deal of tea, and that you cannot help it. But in these cases, be sure that the patient requires diluents for other purposes then quenching the thirst; he wants a great deal of some drink, not only of tea, and the physician will order what he is to have, barley-water or lemonade, or soda-water and milk, as the case may be.

COFFEE SAID TO PREVENT "WASTE."

Lechman, quoted by Dr. Christison, says that, among the well and active, "the infusion of one ounce of roasted coffee daily will diminish the waste" going on in the body "by one fourth," and Dr. Christison adds that tea has the same property. Now this is the result of actual experiment. Lechman weighs the man, and finds the fact from his weight. It is not deduced from "analysis" of food. Experience among the sick shows the same thing.*

COCOA.

Cocoa is often recommended to the sick in lieu of tea or coffee. But independently of the fact that sick people very generally dislike cocoa, it has quite a different effect from tea or coffee. It is an oily, starchy nut, having but little restorative power, but simply increasing fat. It is like mockery of the sick, therefore, to call it a *substitute* for tea. For any renovating *stimulus* it has you might just as well offer them chestnuts instead of tea.

BED AND BEDDING.

FEVER A SYMPTOM.

A few words in relation to bedding and bedsteads; and principally regarding patients who are entirely or almost entirely confined to their beds.

Feverishness is generally supposed to be a symptom of fever. Sometimes it is, but usually it is a symptom of *bedding*. The patient has had re-introduced into the body the emanations from himself which day after day and week after week have saturated his unaired bedding.

UNCLEANLINESS OF ORDINARY BEDDING.

In looking out for an example in order to show what *not* to do, we should take the specimen of an ordinary bed in a private house; a wooden bedstead, two or even three mattresses piled up above the height of a table, with a valance attached to the frame. Nothing but a miracle could ever thoroughly dry or air such a bed and bedding. The patient must certainly alternate between cold damp after his bed is made, and warm damp before, both saturated with organic matter,† and this from the time the mattresses are put under him until the time they are picked to pieces, if this is ever done.

SOILED SHEETS.

If you consider that an adult in health exhales by the lungs and skin, in the twenty-four hours, three pints at least of moisture, loaded with organic matter ready to enter into putrefaction, that the quantity in sickness is often greatly increased, the quality is always more noxious, just ask yourself next where does all this moisture go to? Chiefly into the bedding, because it can not go *anywhere else*. It stays there, because with the exception of a weekly change of sheets, scarcely any other airing is attempted. A nurse will be careful to fidgetiness about airing the *clean* sheets from clean damp, but airing the *used* sheets from *noxious* damp will ever occur to her. Besides this, the most dangerous effluvia we know of are from the excreta of the sick. These are placed, at least temporarily, where they must throw their effluvia into the under side of the bed, and the space under the bed is never aired; it can not be, with our arrangements. Must not such a bed be *always* saturated, and be always the means of introducing

* In making coffee, it is absolutely necessary to buy it in the berry and grind it at home. Otherwise you may reckon upon its containing a certain amount of chicory, at least. This is not a question of the taste, or of the wholesomeness of chicory. It is that chicory has nothing of the properties for which you give coffee. And therefore you may as well not give it.

† For the same reason, if, after washing a patient, you must put the same night-dress on him again, always give it a preliminary warming at the fire. The night-gown he has worn must be, to a certain extent, damp. It has now got cold from being off him for a few minutes. The fire will dry and at the same time air it. This is much more important than with clean things.

again into the body of the unfortunate patient who lies in it that poisonous matter which nature is trying to get out of the system?

LOW BEDSTEADS BETTER THAN HIGH ONES.

If a bed is higher than a sofa, the patient often prefers not to get out at all, rather than undergo the fatigue of getting out. If the bed were a low one, he might often feel like taking a few minutes' exercise every day in another room, or even in the open air. It is so very odd that people never think of this, or of how many more times a patient who is in bed for twenty-four hours is obliged to get in and out of bed than they are who only get in to bed and out of bed, perhaps, once during the twenty-four hours.

BED IN A LIGHT SPOT.

A patient's bed should always be in the lightest spot in the room; and he should be able to see out of a window.

NO BED WITH CURTAINS.

It is scarcely necessary to say that the old four-post bed with curtains is utterly inadmissible, whether for sick or for well. Hospital bedsteads are in many respects very much better than private ones.

SCROFULOUS DISEASES, ETC., OFTEN A RESULT OF DISPOSITION OF BED-CLOTHING.

There is reason to believe that not a few of the cases apparently resembling scrofula, among children, proceed from the habit of sleeping with the head under the bed-clothing, and so inhaling air already breathed, which is further contaminated by exhalations from the skin. Patients are sometimes given to a similar habit, and it often happens that the bed-clothes are so disposed that the patient must necessarily breathe air more or less poisoned by exhalations from his skin. A good nurse will be careful to attend to this. It is an important part, so as to speak, of ventilation.

BED-SORES.

It may be worth while to remark, that when there is any danger of bed-sores, a blanket should never be placed *under* the patient. It retains damp, and acts like a poultice.

HEAVY AND IMPERVIOUS BED-COVERINGS.

Never use anything but light blankets as bed-covering for the sick. The heavy cotton impervious counterpane is bad, for the very reason that it keeps in the emanations from the sick person, while the blanket allows them to pass through. Weak patients are invariably distressed by a great weight of bed-clothes, which often prevents their getting any sound sleep whatever.

PILLOWS.

One word about pillows. Every weak patient, be his illness what it may, suffers more or less from difficulty in *breathing*. To take the weight off the poor chest, which at best is hardly up to its work, ought, therefore, to be the object of the nurse in arranging his pillows. Now, what does she do, and what are the consequences? She piles the pillows one upon the other like a wall of bricks; the head is thrown on the chest, and the shoulders are pushed forward, so as not to allow room to *expand*. The pillows, in fact, lean the patient, not the patient upon the pillows.

BED FOR THE SICK.

It is impossible to give a rule for this, because it must vary with the figure of the patient. Tall patients suffer much more than short ones, because of the drag of the long limbs upon the waist. But the object is to *support*, with the pillows, the back below the breathing apparatus, and above the hips, so as to allow the shoulders room to fall back, and to support the head without throwing it *forward*. The suffering of exhausted patients is greatly increased by neglect of these points. And many an invalid, too weak to drag about his pillows himself, slips his book or any thing at hand behind the lower part of his back, to support it.

CLOTHING FOR THE SICK.

As a rule, it is too heavy in weight—that is, it weighs more in pounds than it ought, to give the warmth it might. Fabrics looser in texture contain more air between the fibres, and as a general thing, they are much warmer than the more closely woven materials.

The head weighs several pounds, the arms with the shoulders several more, and all must be supported on the upper part of the chest by a few muscles. In ordinary health, these muscles have strength to do it, but with the weak or sick, they have less than enough. Each piece of clothing is an additional burden, and unless chosen with proper thought, it is more than the wearer can wear, unless he can get a pillow or bed to help. Sometimes the sick person will be seen to get up and walk about, wearing a garment suitable in weight; when before, with something else, there was a complaint of constant weariness.