

## RECEIPTS FOR SICK PEOPLE.

### FOOD FOR THE SICK.

Any person obliged to provide food for the sick must have been struck, after a few days, with the difficulty in getting a *variety*. There are really but few things a sick person cares to eat, and does not want to eat the same thing too often. As a rule, the sick prefer *plain* articles, of the best quality; cook in the most approved, simple style. As a general thing, they do not eat game or fish, and prefer good beef to almost any thing else, unless lamb-chop. Occasionally, fowl is eaten, usually chicken. Greasy foods, or foods cooked in grease, will not be tolerated; nor are spices or highly seasoned dishes as apt to be liked as those without them.

As sick people do not eat a great deal, too great a variety should not be offered for any single day. If there is reason to think the illness may be a long one, the nurse should keep in mind her resources, in the shape of foods likely to be eaten by that particular patient in that special attack, and may out the future accordingly. In this way, the more delicate and concentrated can be held back until she shall have been compelled to abandon some of the others, quite as useful early, but less so later. For instance, where beefsteak, lamb-chop, or soups can be given, the nurse should keep back the beef-tea until the later stages of the disease, when the stomach can digest only the most delicate food. By delicate is meant digestible, with the least tax upon the stomach; not expensive, or saturated with some almost intolerable "flavor," as some persons about the sick-room seem to imagine.

The reader has doubtless often seen beefsteak, lamb-chop, beef-tea, and brandy and cream given, during the day, when the first alone should have been used.

Tenderloin cut across the grain, as all meats should be, is the best part of the beef for the sick. The steak should be about half an inch or a little more in thickness, and broiled over fresh coals not giving off smoke. The object in broiling all things should be at once, before the *escape* of any of the contained juices of the piece, to secure over the whole surface a film of cooked substance which will act as a shell to *retain* the useful parts within until they become cooked.

The meat should be cooked enough to be palatable. The hard, dry portions should be rejected as carefully as scraps of bone. Pepper and salt should be used according to taste.

A tender lamb-chop, if properly broiled, with the fat removed before serving, is often acceptable, and is as easily digested and as nutritious as any thing likely to be given.

The convalescent often strongly express a desire for something salt, and with a different taste from the ordinary food. Thin slicing of dried beef cut across the grain, or a fragment of broiled smoked herring, or herring-roe, is a grateful and usually harmless addition to the meal.

Roasted potatoes are preferred by the sick, as a rule, to all other forms of preparing them. To get a couple of mealy ones suitable for the delicate, at least half a dozen should be cooked. During convalescence, when beefsteak begins to be eaten, a little well and dryly cooked tomato it not only palatable, but useful. Potatoes fried in very thin slices, without a particle of grease appearing on them ("Saratoga style"), are often grateful to the convalescent.

### BOILED RICE.

Most readers think this is something easily prepared. So it is, perhaps, but few nurses have an idea of the necessity of having it properly done—that is, cooking it until every grain becomes perfectly *softened*. If the grains are not reduced to this soft state, rice is almost certain, when swallowed, to irritate the digestive organs, and instead of soothing the parts and sustaining strength, will actually produce a diarrhoea, &c. This has been frequently noticed in hospitals.

When properly boiled until each particle becomes so softened that the *grain* cannot be detected when eaten, but not cooked so much that the shape of the grain is destroyed, and the mass reduced to the appearance of paste, there are few articles of diet for the sick which can be made more acceptable to the taste of invalids than boiled rice.

### MILK BLANC-MANGE.

A quarter of a pound of loaf-sugar, one quart of milk, one and a half ounces of good isinglass. Pour the milk into a lined sauce-pan, add the sugar in powder, and the isinglass in small shreds; then boil gently until the latter ingredient appears all dissolved. Keep stirring over the fire for about ten minutes, ob-

serving especial care to prevent these easily scorched materials from becoming so.

Strain into a pitcher, and when nearly cold pour into a mould oiled with a little of the freshest oil. When required for use, it may be carefully turned out.

### RICE BLANC-MANGE.

A quarter of a pound of the best rice-flour, two ounces of loaf-sugar, one ounce of butter, and one quart of milk. Mix the ground rice with some of the milk into a perfectly smooth paste, placing the remainder of the milk into a lined saucepan, with the butter, sugar, and enough lemon-peel to give the desired flavor. Bring the milk to the boiling-point, and stir in the rice-paste. After boiling for ten minutes, pour into a mould previously greased with salad-oil. When perfectly cold, it is ready for use upon removal from mould.

### ARROW-ROOT BLANC-MANGE.

Two table-spoonfuls of fresh arrow-root, three quarters of a pint of milk, lemon and sugar to the taste. Mix the arrow-root to a perfectly smooth paste with a portion of the milk, putting the rest into a linen saucepan with the pulverized sugar, butter, and lemon-peel. Let it boil, constantly stirring until thick enough for use, then pour into the mould until could enough for serving.

## FROST BITE.

Exposure to the cold, of severe degree, often leaves the fingers and toes, nose, ears, and lips, more or less frozen. This condition, short of absolute *death* of the part, is termed Frost Bite. It will be observed that the portions of the body just enumerated are those most exposed, in area, to the influence of the cold, and are furthest situated from the heart; and it will, perhaps, be unnecessary to remark that persons who are *debilitated* are more apt to suffer with the same amount of exposure than the *robust*.

When the circulation of any part begins to succumb to the influence of the cold, it becomes puffy, blueish, and smarting. This is because the blood moves more slowly than natural through the vessels exposed near the surface. Soon this blueness disappears, and the part becomes pallid, as if the influence of the cold had contracted the vessels to an extent incompatible with the passage of blood through them. The *pain* at this point ceases; indeed, until he meets a friend, he often does not know of his mishap. At this stage the injury has become so great that, unless proper means are taken to restore circulation, complete *death* of the part ensues, and in due time sloughs away, and is detached from the line of living tissue.

What takes place in a *part* of the body, known as Frost Bite, may take place in the *whole* of it, which is known as "Frozen to Death." The blood of the extremities being gradually forced from them, under the continued subjection to the cold, is forced inward upon the larger blood vessels, heart, lungs, and brain. There is increasing difficulty in breathing, owing to the engorged state of the chest, and, what should always be remembered by one so exposed to cold, an *unconquerable desire to sleep*. To sleep *then* is to die. If the person exhibits such a symptom, he must, by all means, be kept constantly moving.

### TREATMENT.

Persons exposed like those just described must be treated promptly, and with one thing never lost sight of. That is, keep the frozen person away from the heat. A person taken up insensible, or approaching it, from exposure to cold, should be taken into a *cold* room, his clothing removed, and thoroughly rubbed with snow, or cloths wrung out with ice water. The friction to every part of the body, particularly the extremities, must be continued for some time, until signs of returning animation appear. When the frozen limbs show signs of life, the person should be carefully dried; put in a cold bed in a cold room; artificial respiration used until the natural condition is established; then brandy given, also ginger tea, and beef tea. Usually, by this time medical advice will have been secured to direct further treatment. Should it not, do not forget that the patient is to be brought by degrees into rather warmer air; and lest in some *part* there might still be defective circulation, the person should be kept away from exposure to the heat of the fire.

Milder degrees of the same condition, as suspension of life in the ear, nose, finger, or toe, from exposure to cold, must be treated with the same general directions in view. The part should be kept away from the heat, and rubbed with handfuls of snow, or towels dipped in cold water, until circulation appears re-established. Exposure of the part to the heat before, we may say, it has been almost *rebuilt*, is apt to be followed by *sloughing*.