

your pardon, of course—very babyish of me. But the fact is, I am downright ashamed of you for a Radcliffe girl."

Miss Lusk laughed constrainedly and fell silent. Ruth, on the curbstone edge of the sidewalk, kept silent also but flashed a pleased glance at Mary. Her warm and dramatic spirit liked the mild tempest they were all in. But Mary felt her speech to have been absurd, and as her good humor rallied was ashamed. She presently proposed that they go down to Fay House for tea and cakes, as it was Wednesday.

In the dean's big pleasant room at Fay House a great fire blazed noisily beyond the little table where the president sat pouring tea. The dean and secretary were talking to some shy-looking girls at the far side of the room, and there were five or six lively-talking seniors about the tea-table. They all looked up eagerly as the girls came in. "News from the game?" three or four voices cried at once.

"Yale got the best of us again," Mary answered. "Ruth

and I are rather cross, and may we have some tea? Miss Lusk doesn't need any—her side won," she added pleasantly.

There was a very general murmur of lament about the room while the newcomers sat down. The secretary sat poking the fire considerably. Of a sudden she set the poker up and began to sing "Fair Harvard."

Everybody sang with her, even little Miss Lusk with her renegade blue ribbon. Indeed, she made a sudden dab at it and pulled it off her shoulder. Mary's eyes had caught the movement of her sleeve across the fire-light, and now as the verse ended she leaned over and said: "Fair Harvard was written in the little front room upstairs—did you know?"

Miss Lusk nodded thoughtfully. She dropped the blue knot upon the coals in the fireplace. "I wish our side had won," she added, watching the ribbon shrivel and consume.

SARAH NORCLIFFE CLEGHORN.

HELPS FOR HOME NURSES.

By ELISABETH ROBINSON SCOVIL.

ILLNESS AT HOME.

It often happens that in cases of serious illness it is impossible to procure the services of a trained nurse. The nursing must be undertaken by the mother or the sisters of the patient, and some intimate friend may assist. It is then that the inexperienced, feeling their own insufficiency, shrink from the responsibility and welcome gladly any hints that may help them to perform their task better. The right way of doing things is usually easier than the wrong way, when once one knows it, and the result is sure to be more satisfactory. There are many little devices and appliances in use, by those who have been trained to care for the sick, which would materially lighten the work of the amateur nurse if only she knew them in her time of need.

There are a few principles which—if she applies them and carries them out faithfully—will save her much needless trouble and anxiety and add greatly to the comfort of the great sufferer in her care. The home nurse in charge of an invalid who is dear to her labors under one great disadvantage—she carries a load of grievous fears and apprehensions and personal grief which naturally does not oppress the trained attendant whose private feelings are not involved. To counterbalance this she must husband her strength and save herself in every way possible if she is to do the best for the sick person.

THE CARE OF THE NURSE.

A nurse who is nervous and worn out naturally affects the sick person unfavorably. It is a part of her duty to her patient to keep herself in the best condition to wait upon him. Rest and food are the two essentials to this end, fresh air is an important factor and any relaxation that she can obtain will be of assistance. In serious illness there is little time for rest in the sick room. The sufferer requires undivided attention and any faculty is on the alert to supply his wants or minister to his needs. When there are several members of the family who can take part in the nursing they usually exhaust themselves all at once. They feel too conscious to sleep and so are in the sick-room unduly late and early. They cannot bear to leave the house and so do not get air and exercise. They feel that it is absolutely essential for everyone to be occupied with the patient and that thought for themselves shows want of feeling for him.

Sickness is a state of siege, a crafty and wily enemy is to be fought and overcome by watchfulness and good care. The nurses are the garrison, the doctor the commander-in-chief. The sufferer must not be left alone and undefended for a moment. In order that this may be done effectively the garrison must not waste its available strength by all its members being on active duty at the same moment. Unless in exceptional cases of violent delirium one person is enough in the sick-room at one time. A certain period should be allotted to her during which she is in full charge. When this is over someone else should take her place, and she should be free from all responsibility for the invalid until her hour of duty comes round

again. When she is at liberty she should go out of doors for a short walk, if only a few turns back and forth in the open air, and then lie down in darkened room to sleep if possible. If there is a sufficient interval, she should try to occupy her mind with household duties or her usual occupations so as to return to the bedside of her charge refreshed by change of thought and scene.

REFRESHMENT.

A nurse cannot keep herself in good condition without proper food. It is hard to swallow solid food when one is choking with anxiety; when the mind is in a tumult of grief and sickening fear the power of digestion seems affected and it is physically impossible to eat as usual. The meal is sent away almost untasted, and the strength on which so much depends, fails because it is not reinforced by proper nourishment. Liquids are not as difficult to take as solids, and the anxious nurse should have a full supply of the most nourishing varieties. Milk prepared in various ways is the best; cocoa made with half milk and half water, hot milk—not boiled—diluted with boiling water if desired, milk with soda water, vichy or seltzer, an egg beaten light and put in a glass filled with milk or boiling water, salt or sugar being added as preferred. Strong soup, beef tea, mutton or chicken broth, oatmeal gruel, arrowroot or cornstarch gruel, all made with milk, are good. A piece of bread or biscuit should be eaten with the fluids.

RECORDING SYMPTOMS.

If the doctor wishes the patient's temperature taken or pulse recorded, he will probably do it himself. If he entrusts it to the nurse, he will provide her with one of the printed charts which come for the purpose of recording these observations. She will find it a great convenience and assistance to keep a private record of the amount of food taken by the invalid, the sleep obtained, whether broken and restless, or quiet and undisturbed, and any other matters which are of importance. Sometimes symptoms that seem very trifling to her, have a deep meaning for the more experienced physician. If there is acute pain, she should note the duration of the paroxysms and the interval between them, whether any change of attitude relieves it and in which position the sufferer seems least uneasy. If there is a cough, she should notice how frequently it recurs, whether it is short, hacking and incessantly troublesome during the waking moments, or if it returns after periods of rest, is more violent, and is followed by more or less exhaustion. If phlegm is raised, it should be kept for the doctor's inspection. Any unusual appearance should be carefully examined and pointed out to him; slight twitchings of the face or limbs, avoidance of the light, restlessness, the appearance of a rash or any abrasion of the skin, should be reported. Looking back through a mist of fatigue and anxiety at the events of many hours it is often difficult on the spur of the moment to answer the doctor's questions accurately without some written record to assist the memory and prevent mistakes.