

UNIVERSITY OF SASKATCHEWAN
COLLEGE OF AGRICULTURE

HOME NURSING

BY ABBIE DELURY



BULLETIN No. 3

SASKATOON, SASKATCHEWAN
1914

"She doeth little kindness,
Which most leave undone, or despise:
For nough that sets one heart at ease,
And giveth happiness or peace,
Is low - esteemed in her eyes"

HOME NURSING

THE SICK ROOM

1. The best medicines for any patient are cleanliness, air, and sunlight. To provide plenty of air the room should be spacious and easy of ventilation. A southern outlook will provide the greatest possible amount of sunshine: a western next best. The sunlight is a healing agent and cheerfulness of surroundings makes for the recovery of the patient. Plenty of light acts in the same way. A sick room should not be kept dark except in cases of affections of the brain or eye.

It should be kept as free of dust as possible, the fittings and furnishings should therefore be of the simplest kind. If rugs are deemed necessary or desirable let them be of a kind that are easily taken out, shaken and exposed to the sun and air. Have no hangings: if curtains, let them be washable. White walls are very trying to the eyes. Painted a soft tint (neutral green or soft gray) is the best. If papered, plain paper of some soft shade is best. On no account have papers with strongly marked figures or patterns. These are very dazzling and annoying even to a well person if constantly with them. Should be as far removed from noises both from within and without.

It is important to keep the room tidy and attractive-looking with as little furnishing as possible. The fittings should be of a

kind that can be easily disinfected. Cut flowers or growing plants are desirable if not of too strong odor. The water on cut flowers should be changed every day.

A screen is very convenient to cut off draughts or too strong bars of sunlight. Medicines, linen, food, etc. should be kept out of sight.

Many sounds are irritating to the nerves of the sick, such as creaking doors, rattling windows or window-blinds, rocking-chairs, etc.

(**Note.**) It is well in building a house to see that there is one room that will answer the conditions for an ideal sickroom. Otherwise, it is almost impossible to have the best but one can make what they have as near an approach as possible to the ideal.

2. **The Nurse**—should preserve a natural manner, should speak in a low natural voice, be quiet in movement. Should not whisper or go about on tiptoe, as these things are likely to make a patient uneasy. Rustling skirts and squeaky boots are to be avoided. Fussiness and worrying the patient are also to be avoided. It is not necessary to be working about a patient all the time—they need rest and quiet, as does the nurse herself. It is the duty of the nurse, both for her own sake and that of her patient to keep herself in good condition—to get plenty of fresh air, eat good food and take sufficient rest. It is her duty to carry out the instructions of the physician, carefully and faithfully.

BEDS AND BED-MAKING

1. **The Bed**—Avoid wooden beds, if possible. The best bed is of iron or brass, with good spring and mattress. The ordinary single size is best for width. Too wide a bed makes it awkward and difficult for the nurse. It should be from two to two and a half feet high for the convenience of the nurse. It should also be on castors for convenience in moving. A horse-hair mattress is the most comfortable and can be disinfected without injury. A felt mattress is also comfortable. If the mattress is in sections care must be taken that the parts are kept together so that there is not an uncomfortable space.

A feather bed is most objectionable. It is too yielding and the patient needs a good firm support. It is so absorbent that it is likely to be damp and it is difficult to keep in nice condition. It is also favorable to development of bed sores.

Sheets are better to be of cotton than of linen, they are less chilly because they do not conduct the heat so rapidly from the body as linen does.

2. **Bed-Making**—It is no small matter that the bed should be most carefully made, when we consider that the patient spends all or most of his time there and becomes sensitive to every little imperfection. Wrinkles and inequalities in the surface are also favorable to bed-sores.

(1) **Making of Bed.**—Convalescent bed—where patient can get in and out.

(a) Cover the mattress with a sheet drawing it firmly and smoothly by tucking it in well under the mattress at the foot and drawing straight to the head and fastening securely, then tuck in under at one side and draw firmly and fasten at the other side. Care must be taken that it is on straight else it will wrinkle. Safety-pins may be used for fastening under the mattress.

(b) Put on the upper sheet, tucking securely at the bottom, leave enough to fold over at the top: leave loose enough at the bottom to give the feet freedom.

(c) For warmth use no more than is just sufficient: too much weight interferes with respiration. Blankets are light and warm and can be easily washed and disinfected.

(d) The counterpane is tucked in at the foot, drawn up smoothly and the top folded over the top of the blanket which should just reach up to the chin of the patient: the top of the sheet is then folded back over the counterpane.

(2) Medical bed,—where the patient lies helpless.

Place a rubber sheet at least a yard wide across the bed over the under sheet to protect the mattress. Over the rubber sheet place an ordinary sheet folded and fasten with pins at the sides or under the mattress. Otherwise it is the same as convalescent bed.

(3) Surgical bed,—for a faint or accident or after an anesthetic. Protect with a rubber sheet if considered necessary. Put blankets next to the patient and make the bed the same as for a convalescent. Hot appliances such as hot-water bags, hot lids, hot plates, etc., should be put in to keep the bed very warm. Be sure to test their heat. Unconscious patients sometimes get burnt very badly. If patient is unconscious do not use a pillow. Spread a bath towel beneath the head and fasten securely at the corners with safety pins.

(4) Fracture bed.—Place slats or boards across the bed under the mattress to keep the bed very firm. Use a barrel hoop cut in two and tie the two pieces firmly together, crossing each other at right angles, to raise the clothing from pressing the patient.

Changing the sheets.—The bed should stand out from the walls so that the nurse can work at it from all sides. It should be steady so that it cannot be easily shaken or jarred—this is sometimes very hard on the patient. To change the under sheet turn the patient on his side close to one side of the bed—be careful not to have him too near the edge for fear of accident. Loosen the soiled sheet from the other side of the bed and fold it somewhat fan-shaped close up to the patient. Have half the clean sheet folded fan-shaped lengthwise and bring up parallel close to the folded part of the soiled sheet, leaving the unfolded part of the clean sheet lying over the unoccupied part of the bed. Fasten the clean sheet securely at the side and smooth the unfolded part. Then turn the patient over on the clean

part. The soiled sheet can then be removed from the other side and the remaining half of the clean sheet unfolded and smoothed and fastened at the other side. This can be done without uncovering the patient. If the patient cannot be moved work the sheets under the body by pressing down the mattress—the head and feet can be slightly raised. Two people are really required for this last. The sheet which covers a rubber sheet can be removed the same way as the under sheet. To change the upper sheet loosen the clothes at the foot of the bed, spread the clean sheet with an extra blanket on top of all the clothes and tuck them in at the foot. Then remove the clothing that was on the bed and pull up clean sheet and extra blanket straight and smooth. The blanket removed can be shaken and put out to air. If there is not an extra blanket the sheets can be folded and arranged from side to side as in the under sheet, working under the bed-clothing. It is wise to have an extra blanket because it is often needed for extra warmth during the night or towards morning when the patient's vitality is low. Change pillow-cases frequently and shake and smooth pillows very often.

Changing night-dress—First get the arms out of the sleeves and work the night-dress up around the neck. Have a fresh one arranged so that it can be easily slipped over the head. By raising the patient's head once the soiled one can be removed and the clean one put over the head. One arm can be put into the sleeve, then the other. In case of a sore or lame shoulder, take off from the affected shoulder last and put on first.

Note.—It would be well in taking up this as club-work to have the bed-making of all kinds done practically; that with the changing of sheets and night-dress could make one afternoon's work. A child could be used as patient. Seeing things done will be much more impressive and will stay in the memory longer. Also it can be made sure that everything is understood.

DAILY CARE OF PATIENT

1. Bed-linen and night-dress should be changed frequently and kept in nice condition. The bed-clothing, especially the under-sheet should be kept smooth, free of wrinkles, both for the comfort of the patient and to prevent bed-sores. The night-gown should be frequently pulled down and straightened for the same reason. Pillows should be frequently smoothed and shaken. See that no crumbs or foreign particles of any kind be allowed to remain in the bed. Fresh handkerchiefs should be kept supplied.

2. The hair should be combed at least, morning and evening. Comb the hair from the ends, holding between where the combing is going on and the head, to prevent hurting the head. It is preferable to have the hair braided in two braids instead of one, so that the head can rest more comfortably on the pillow.

3. See that mouth and tongue are kept clean. If tongue is furred it should be washed with pieces of clean linen or muslin dipped in a mouth-wash. The mouth should be rinsed well twice a day at least. A good mouth wash is a boracic acid solution or a listerine solution. Both are antiseptic. Salt and water keeps mouth and throat in a healthy condition. In fever cases especial care has to be taken of mouth and throat. The teeth should be carefully brushed after eating and perhaps after medicines. If patient is unable to brush his own teeth, they should be cleaned with a small piece of linen or absorbent cotten made into a swab and dipped in some wash. The swab may be necessary in cleaning the mouth. Finger-nails and toe-nails should receive daily attention and be kept immaculate.

4. For cleanliness, the body should be washed daily with soap and water followed by vigorous rubbing to keep the skin healthy and active, that it may perform its duty of helping to cast off poisonous materials, and so help to cast off disease. If the patient is likely to be bed-ridden for sometime, precautions must be taken for the prevention of bed-sores. The daily bath helps, it should be followed by rubbing with alcohol which serve to toughen the skin. Special attention should be given to the

shoulder-blades, spine, hips, heels, knees, elbows, ears, in short wherever there is pressure. The patient should be encouraged to change his position frequently. Crumbs in the bed or wrinkled bed-clothes are liable to cause them. If skin shows signs of irritation follow the alcohol rub with vaseline or ointment well rubbed in, then dust with a good powder—zinc oxide is good. Relieve the irritated part with a pad placed around it, leaving the part without any pressure. If the skin becomes broken, do not use alcohol—dress with zinc oxide ointment or iodoform. Before applying the ointment wash with boracic acid solution or bichloride of mercury solution. Protect with a piece of soap-plaster.

5. Food should be given regularly according to the physician's directions. These should not be departed from either as to quantity or quality. The patient should be encouraged to drink as much water either hot or cold, between meals. This serves to keep the digestive tract active and clean and helps the skin to throw off waste matter.

6. Medicines should be given strictly according to directions. Be sure to have all medicine-bottles labelled and pour so that the medicine cannot run over the label. Keep all medicines out of reach of patient.

7. The nurse may be required to take the patient's pulse, respiration and temperature at stated intervals. The pulse is most conveniently taken at the wrist. It may be taken near the ear or at the neck. It is taken by placing two or three fingers along the course of the artery in any of those places. A watch that records the minutes is necessary. The pulse varies with the age, being quicker in children and slower in old people. It may also vary in health with the food, position, amount of exertion, mental state, etc. The normal pulse in an adult is 72 beats per minute but it may vary in individuals from 68 to 80 without any cause for worry. In very young people it may go as high as 110 or 120 and in very old people as low as 68.

Notice if the pulse beats regularly or not, if it is intermittent, that is, if it loses a beat now and then. An irregular, pulse is

more serious than an intermittent pulse. Notice if the pulse is full and bounding, jerking, thin or has any other peculiarities.

Respiration includes both inspiration and expiration. There is a very intimate relationship between the circulation of the blood and the process of breathing. Normally there are usually four beats of the pulse to every respiration, that is, 18 respirations per minute. If possible take the respirations so that the patient is not aware of it, if he is aware of it, his breathing becomes unnatural. The respirations are slower during sleep. One can count by watching the rise and fall of the chest. Where strict accuracy is necessary place the hand flatly and lightly over the abdomen just below the breast-bone, there the motion is felt distinctly. Normal respirations may vary between 16 and 22; below 8 or above 40 may be considered dangerous. Men breathe more from the abdomen: women from the chest.

Temperature.—For taking temperature, physicians use a clinical thermometer. The body temperature in health is 98.6-100 degrees. It may vary a little from this during the course of the day. It is usually highest in the evening and lowest in the morning (between 2 and 6 a.m.) A difference of one degree either above or below the normal indicate disease. Above 104 degrees or below 93 degrees is most likely to prove fatal. Below the normal standard is much more dangerous than above it. The pulse usually varies with the temperature—a high temperature a quicker pulse. Each family should have a clinical thermometer and know how to use it. It is well to take a temperature for even what seem slight indispositions. It is a pretty sure index of whether or no a real sickness is brewing. A rise of temperature in children is not so serious as in an adult. If there is any departure from the normal, the temperature should be frequently taken to see if it persists, if so, the doctor should be called.

To take a temperature:

(1) It may be taken under the tongue, in the armpits, the groin or the rectum. The interior cavities are more even and a little higher in heat than the surface so there

may be a variation of half a degree in the taking. The mouth may be cooler than other interior cavities on account of being opened.

(2) If taken in the mouth or in the armpit, instruct the patient to hold the mouth closed for a few minutes before, or to hold the arm close to the body.

(3) Wash the thermometer in cool water or in some antiseptic solution and dry with a clean cloth.

(4) Shake the mercury down to 96 degrees or below.

(5) To take in the mouth—place the bulb of the thermometer below the tongue, get the patient to close lips and leave the thermometer in about five minutes—not a safe method with small children or delirious or insensible patients—they may bite off the bulb. Examine the record as soon as thermometer is taken out. Do not give either hot or cold drinks for some time before taking. To take in the armpit—keep the patient well covered for sometime before taking. See that the flesh is perfectly dry before taking. Place the thermometer high up in the armpit, have the elbow kept close to the body, the hand clasped over the opposite shoulder. The thermometer should be left for about ten minutes. If patient is very thin it will be probably impossible to get a correct temperature. To take in the rectum—thermometer should be oiled and inserted about 2 inches, this method is always used for infants.

(6) After using wash thermometer and place in some disinfectant solution. Temperatures should be recorded, also the time at which taken.

Baths.—May be (1) for remedial purposes, (2) for simple cleanliness. Remedial baths may be:

(1) Cold—to reduce fever.

(2) Hot—to bring heat to surface.

(3) Soothing—warm water is used,

(4) Stimulating—hot water, followed by a cold splash.

(5) Tonic bath—Salt or other mineral matter is added to the water.

Giving a bath in bed for cleanliness:

(1) Have all necessaries at hand, the room warm and free from draughts.

(2) Place patient between blankets and remove night-dress.

(3) If clothing is to be changed have it at hand—it should be warmed before putting on.

(4) For the bath there will be needed:

Two basins—one for wash-water, one for changed water.

Two jugs—one for hot, one for cold water.

One wash-cloth, one face-towel, two bath-towels.

Soap or a few drops of ammonia.

Giving the bath.—Place bath-towel under the head and neck and face-towel across the chest. Wash the face and front part of the neck. If a child give special attention to eyes and ears. Dry with the face-towel. Wash the chest and dry with a bath-towel. Wash all front of the body in sections and dry as washed. Wash the arm farthest from you, then the arm nearest. Give special attention to the arm-pits. Wash the lower extremity farthest from you, then the nearest—place the heel in the palm of the hand and use long strokes. Turn the patient, face downward and wash the back of the body in sections. It is not necessary to have the patient uncovered during any part of the process. After the bath is over remove bath blankets, a little very light nourishment may be given if patient is very tired. Do not give bath for some time after a full meal.

A hot foot-bath is sometimes given to relieve the head. If the patient is able to sit up, see that he is warmly wrapped: cover patient and tub with a blanket, let the water reach the knees. Have the water as hot as can be stood. A dessert spoon of mus-

tard added to the water will help. Let the feet soak from 15 minutes to one-half hour. If patient cannot sit up, the tub may be placed in bed, the patient lies on his back and bends the knees. Bed-clothes are loosened at the foot and protected.

Note.—It would be wise for each club to own a clinical thermometer for demonstration purposes or perhaps, for emergencies in the community (depending upon circumstances). Each club member should assure herself that she knows how to use it. Consult nurse or doctor in buying. The bed-bath could be demonstrated at a meeting—a child would do for subject. A nurse's assistance might be available.

FEEDING OF PATIENTS

The kind of food, the quantities and times to be administered are for the physician to decide, at least, to a very large extent.

A.—General points to be remembered:

(1) Food should be given with great regularity, this is important from the standpoint of digestion.

(2) Better serve too little than too much: do not urge patient to take more than he wants, he will probably not digest it. The sight of too much food is liable to take away the appetite. A little and oftener is much better. Light nourishment at night often assists sleep.

(3) Everything should be of best quality, well-cooked, nicely seasoned and served as attractively as possible. Fresh tray linen and napkin, well polished silver and glass and attractive china are important factors in the enjoyment of the meal. A flower, leaf or spray on the tray is cheerful. A different kind each time is looked forward to with interest. Be careful not to have things too full to slop over.

(4) Hot things should be served very hot: cold things very cold.

(5) Do not ask the patient what he would like: the unexpected will probably be more appreciated. However take into consideration his known tastes.

(6) Be especially careful about the quality of milk, eggs and butter.

(7) Try to give as much variety to the diet as possible.

B.—Diet May Be:

(1) Liquid, (2) Semi Liquid, (3) Solid.

Liquid diet is strictly maintained in all cases where fever is present. It may be gradually changed to semi-liquid when fever has abated and still more gradually to solid when it is certain that the febrile condition has entirely departed. For helpless patients a feeding-cup may be used. Be careful to see that the contents of the cup are not too hot. A bent glass tube can be put in the food and drawn up by suction. Be careful that the patient is in proper position that he does not choke or that the food does not run off to one side.

If uncertain about the quality of water used boil it. Its free use should be encouraged.

For patients who can sit up in bed, a small table with a support at one end so that the other end reaches across the bed and holds the tray can be easily procured. Its height can be adjusted to suit.

C.—Recipes:

LIQUID FOODS

(1) **Beef Tea.**—1 pound of round steak; 1 quart of cold water. Cut the beef into very small pieces taking away any fat. Put in a saucepan with the water, cover closely and let soak one hour. Let it then simmer gently for two hours—do not let it boil, to prevent this, it is best to set it in a pan of water while it cooks. Season with salt

and pepper but do not strain. Valuable for its stimulating properties rather than its food-value.

(2) **Beef Extract.**—Cut a piece of round of beef ($\frac{1}{2}$ lb. will be sufficient at a time), into very small pieces, discarding every thing but the lean. Put in a glass jar, cover, and set in a deep saucepan of cold water: heat gradually for one hour: the heat should not exceed 160 degrees. Strain out the juice and press out what remains in the meat. The liquid should be clear and red, not brown and flaky. Add a little salt and serve. If it is to be used constantly, more can be made at a time. It will keep on ice for eighteen hours. If the red appearance is distasteful to the patient, it may be disguised by serving in a red glass.

(3) **Broiled Beef-Extract.**—Broil a piece of lean beef $1\frac{1}{2}$ inches thick over a glowing fire for ten minutes. When done it should be pink all the way through, not bluish. Cut into small pieces and squeeze out the juice with a meat-press or lemon squeezer. Season with a little salt. If necessary to heat any of the beef juice, be careful not to heat too much—heat in a dish of warm water. Overheating causes some of the juices to solidify, thus making them difficult of digestion. The more meat or meat juices are heated the less digestible they are. Raw meat is most easy to digestion.

(4) **Beef-broth.**—Use one pound of meat and bone to one quart of water. Cut the meat into small pieces, put into a kettle with cold water and let simmer for two hours, then boil for two hours. Strain through a strainer coarse enough to let flakes go through. Skim all the fat off—the small particles may be removed with a sheet of unglazed paper drawn over the surface. Season with salt and pepper.

(5) **Beefsteak Broth.**—Mince very finely 1 pound of beefsteak, cover with cold water in a saucepan and let come slowly to boiling point, then simmer fifteen minutes longer, strain, remove fat and season.

(6) **Chicken Broth.**—A chicken weighing three pounds makes three pints of broth. Scrub the chicken well with

a cloth wrung out of cold water, disjoint and cut in small pieces, put into cold water and simmer two hours, then boil two hours, strain, remove fat and season with salt and white pepper.

(7) **Mutton Broth.**—1 pound mutton from neck or loin, 1 quart of cold water, 1 teaspoon chopped onion. Cut meat into small pieces and break the bone. Put meat, onion and cold water on and simmer for three hours, strain out meat and onion, remove fat and season with salt and white pepper. A bunch of mint or herbs will vary the flavor.

(8) **Oyster Tea (1)**—Chop eight fresh oysters and put into a saucepan with 1 cup of cold water. Let come slowly to boiling point and then simmer for five minutes. Strain and flavor.

(9) **Oyster Tea (2)**—Simmer a dozen large oysters with their own liquor for five minutes, strain off the liquor and add to it $\frac{1}{2}$ cup milk, then heat slowly to boiling point, season. It can be made like Oyster-tea (1), using milk instead of water.

(10) **Rice Water.**—Wash two level tablespoons rice, soak in three cups cold water for thirty minutes, heat gradually to boiling point and boil till rice is soft. Strain, re-heat rice water, season with salt. If too thick, dilute with boiling water. Add cream or milk as the case may require.

(11) **Barley Water.**—Wash two level tablespoons barley and soak four hours in one quart of cold water. Cook in the same water until the water is reduced one half for infants: for adults reduce to one cup. Salt and cream may be added or lemon juice and sugar as the case may require.

(12) **Toast Water.**—2 slices stale bread, 1 cup boiling water. Cut stale bread in one-third inch slices and remove crusts. Put in pan and bake in slow oven until thoroughly dried and well browned. Break in small pieces, add water,

cover and let stand 1 hour. Squeeze through cheese-cloth, season with salt and serve hot or cold. Used in extreme cases of nausea.

(13) **Albumen Water.**—White of 1 egg, $\frac{1}{2}$ cup cold water, stir (not beat) white of egg, add water gradually, strain and serve. A pinch of salt may be added.

(14) **Albumen Water with Beef Extract.**—White of 1 egg, $\frac{1}{4}$ cup boiling water, $\frac{1}{4}$ teaspoon Liebig's Extract, salt. Dissolve beef extract in boiling water, stir white of egg and pour on it gradually and stirring all the time, the hot mixture, season with salt.

(15) **Currant Jelly Water.**—2 tablespoons currant jelly, $\frac{1}{2}$ cup of cold water, lemon juice. Beat jelly before measuring, add water and lemon juice to taste and stir, strain and serve. May be sweetened with a syrup made of granulated sugar and water.

(16) **Grape Juice.**—2 cups Concord grapes, 1 cup cold water, 2-3 cup sugar. Wash grapes, pick over and remove stems, add water and cook in a double boiler $1\frac{1}{4}$ hours. Add sugar and cook thirty minutes, strain through a double thickness of cheese-cloth and bottle. For serving dilute with crushed ice or cold water.

(17) **Egg Lemonade.**—1 egg, 1 tablespoon powdered sugar, 1 cup cold water, 2 tablespoons lemon juice, 2 tablespoons crushed ice. Beat the egg slightly, add sugar, water, and lemon juice, then strain over crushed ice.

(18) **Irish Moss Lemonade.**— $\frac{1}{4}$ cup Irish Moss, Lemon juice, $4\frac{1}{2}$ cups cold water, Syrup. Soak Irish moss in cold water to cover: drain and pick over, put in a double boiler with $1\frac{1}{2}$ cups cold water: cook 30 minutes and strain. To $\frac{1}{2}$ a cup of liquid add lemon juice and syrup to taste, re-heat and serve.

(19) **Irish Moss Jelly.**—1-3 cup Irish Moss, Lemon juice, 1 cup water, Syrup. Make same as Irish Moss Lemon-

ade, cooking forty-five minutes, cool and serve with a spoon. Irish Moss jelly and Lemonade are soothing for throat and lung troubles and sometimes will stop an irritating cough.

(20) **Flax Seed Lemonade.**—2 tablespoons flaxseed, 2 tablespoons lemon juice, 2 cups boiling water, Syrup. Pick over and wash flaxseed, cover with boiling water and let simmer one hour, strain, add lemon-juice and syrup. Serve hot or cold. Desirable in kidney troubles. Soothing in cases of bronchitis or throat troubles.

(21) **Flaxseed Tea.**—2 tablespoons flaxseed, $1\frac{1}{2}$ table-
spoons cream of tartar, 1 quart boiling water, syrup, slices
of lemon. Pick over and wash flaxseed, add boiling water
and cream of tartar and let simmer until liquid is reduced
one-half, strain, cool, sweeten and serve with thinly cut slices
of lemon. The cream of tartar is to cool the blood in kidney
trouble.

(22) **Junket Whey.**— $\frac{3}{4}$ cup milk, $\frac{1}{4}$ junket tablet or
1 teaspoon liquid Rennet, 1 teaspoon cold water. Heat
milk until luke warm, add tablet or rennet dissolved in cold
water. Let stand in a warm place until set, then stir with
a silver spoon until thoroughly separated, strain through
double thickness of cheese-cloth.

(23) **Peptonized Milk.**— $\frac{1}{2}$ cup cold water, 1 tube
Fairchild's Peptonizing powder, 1 pint fresh milk. Put
the powder into a sterilized quart bottle, add water, and
shake until the powder is dissolved, then add milk, cover,
shake and place on ice. Use, as needed, immediately placing
remainder on the ice. If no ice is at hand make enough for
one serving at a time.

(24) **Albumenized Milk.**—White of 1 egg, $\frac{1}{2}$ cup
milk, few grains of salt. Make same as albumen water,
using milk instead of water.

(25) **Cocoa.**—1 teaspoon cocoa, 1-3 cup boiling water,
 $1\frac{1}{2}$ teaspoons sugar, $\frac{1}{2}$ cup scalded milk, few grains of salt.
Mix cocoa, sugar and salt and add water gradually, bring to

boiling point and let boil one minute. Turn into the scalded milk and beat one minute with an egg beater to prevent formation of a scum. An egg may be added to make more nutritious. Beat the egg lightly add the cocoa gradually and continue beating. Have a silver pitcher heated to mix in as it keeps the heat so that re-heating should not be necessary after egg is added.

(26) **Chocolate.**— $\frac{1}{4}$ square Baker's Chocolate, $\frac{1}{4}$ cup boiling water, 1 tablespoon sugar, $\frac{3}{4}$ cup scalded milk, few grains salt. Melt chocolate in a saucepan placed over hot water, add sugar and salt. Add the water gradually and boil one minute. Pour into the scalded milk and beat with egg beater. May be served with whipped cream flavored with vanilla or not.

(27) **Egg Nog.**—1 egg, 2-3 cup cold milk, $\frac{3}{4}$ tablespoon sugar, few grains of salt. Beat egg slightly, add sugar and salt, then gradually the milk, strain and serve. $1\frac{1}{2}$ tablespoons sherry or 1 tablespoon brandy or rum may be added. Should be mixed in slowly before the milk. The yolk and white may be beaten separately and the white beaten stiff mixed in at the last.

(28) **Egg Nog (2).**—1 egg, few grains salt, 1 teaspoon sugar, 2-3 cup clear coffee. Beat egg slightly, add sugar, salt and hot coffee gradually. To make hot enough to be palatable set in a pan of hot water and continue stirring. Care must be taken not to get too hot to cause the egg to coagulate.

(29) Fruit juices with water and crushed ice may be used instead of milk for egg-nog. Pineapple juice is particularly good as it helps to digest the egg.

GRUELS (Semi Solid)

(1) **Thickened Milk.**—1 tablespoon flour, 1 cup milk, few grains salt. Scald milk all but two tablespoons. Add the two tablespoons cold milk to the flour and make a paste.

Pour into the scalded milk and stir until the mixture thickens. Cover and cook over hot water 20 minutes. Season with salt. This is given in bowel troubles. An inch of stick cinnamon may be added. It tends to reduce a laxative condition.

(2) **Cracker Gruel.**—1 tablespoon rolled and softened cracker, $\frac{3}{4}$ cup milk, 1-8 teaspoon salt. Scald milk, add cracker and cook over hot water five minutes, then add salt. The cracker may first be dried a long time in a slow oven, this will make it easier to digest.

(3) **Barley Gruel.**—1 tablespoon barley flour, 1 cup boiling water, 2 tablespoons cold water, $\frac{1}{2}$ cup milk, $\frac{1}{4}$ teaspoon salt. Add cold water slowly to flour to form a thin paste, then add the boiling water, let boil fifteen minutes, add milk, bring to boiling point, season and strain. All milk instead of water may be used: it will need to be cooked in a double boiler for twenty minutes.

(4) **Oatmeal Gruel (1).**— $\frac{1}{4}$ cup rolled oats, $\frac{1}{4}$ cup teaspoon salt, $1\frac{1}{2}$ cups boiling water, milk or cream. Add oats mixed with salt to the boiling water, let boil 2 minutes then cook over hot water one hour, strain, bring to boiling point, add milk or cream to meet the needs of the case.

(5) **Oatmeal Gruel (2).**— $\frac{1}{2}$ cup oatmeal, 1 egg slightly beaten, 1 cup boiling water, 3 tablespoons butter. 2-3 cup milk, salt. Add oatmeal slowly to the boiling water, let boil five minutes, then cook in double boiler thirty minutes. Add milk, strain, then add egg, butter and salt.

SOUPS (Semi Solid)

(1) The broths given under liquid foods, may be added to by putting into them rolled cracker crumbs, a little barley or rice or finely chopped vegetables. In the beefsteak broth, the finely ground meat may be left in.

(2) **Oyster Soup.**—1 cup fresh oysters, 1 cup milk, 1 saltspoon salt, 2 tablespoons rolled cracker crumbs, pepper,

$\frac{1}{4}$ teaspoon butter. Heat the milk and cracker crumbs, pick over the oysters and cook them in their own liquor for about 2 minutes, then put them into the scalded milk and cook two minutes longer. Take from the fire and add butter, salt and pepper.

(3) **Potato Soup.**—2-3 cup milk, $\frac{1}{2}$ tablespoon flour, very small piece of onion, $\frac{1}{4}$ teaspoon salt, $\frac{1}{4}$ cup hot mashed potato, few grains pepper, $\frac{1}{2}$ tablespoon butter, few grains celery salt. Scald milk with the onion and add the milk slowly to the potatoes. Melt butter, add flour and seasoning, stir until well mixed, then pour the hot mixture on gradually. Bring to boiling point and cook one minute. Strain and serve.

(4) **Cream of Celery Soup.**—1 stalk celery, $\frac{3}{4}$ tablespoon flour, 2-3 cup milk, $\frac{1}{4}$ cup cream, $\frac{1}{2}$ tablespoon butter, salt and pepper. Break celery in small pieces and pound. Add to the milk and cook in a double boiler twenty minutes, thicken with butter and flour cooked together and cook one minute, season, add cream, strain and serve.

(5) **Tomato Soup.**—1 cup milk, $\frac{1}{2}$ cup stewed and strained tomatoes, $\frac{1}{2}$ tablespoon flour, few grains soda, $\frac{1}{2}$ tablespoon butter, few grains pepper, pinch sugar, $\frac{1}{2}$ teaspoon salt. Cook together flour and butter, add milk and cook all together for ten minutes. Heat tomatoes to boiling point, add soda and sugar, add tomato mixture slowly to thickened milk, season and serve.

SOLID FOODS

(1) **Soft-cooked Eggs.**—Have water boiling in a saucepan, put in eggs, have enough water to more than cover, stand on the hearth or back of range for ten minutes. Keep saucepan uncovered. Serve in heated cup or in the shell.

(2) **Barley Pudding.**—2 tablespoons barley flour, 1 tablespoon sugar, 1 saltspoon salt, 1 cup boiling water, $\frac{1}{2}$ cup rich milk, whites of three eggs. Mix flour, sugar and

salt in a saucepan with a little cold water. Pour in the boiling water, stirring until smooth, cook over hot water, till it thickens, add the milk and stir. Beat egg whites stiff and stir them gently into the mixture. Cook for five minutes stirring gently. Serve cold with sweet cream.

(3) **Invalids Sponge Cake.**—2 cups flour measured after sifting, 1 teaspoon cream of tartar, $\frac{1}{2}$ teaspoon soda, slightly scanted, 4 eggs, $1\frac{1}{4}$ cups powdered sugar, $\frac{1}{2}$ cup water, 2 tablespoons lemon juice. Sift flour, cream of tartar and soda together four times. Beat the whites of the eggs with half the sugar until they are very light, then beat yolks very light, add the remaining half of the sugar and beat again, add a little of the water if difficult to beat, then add the remainder of the water, the lemon juice and the flour mixture. Beat for a few seconds. Fold in the whites of the eggs. Bake in a moderate oven from 45 to 50 minutes.

Milk Toast.—2 slices dry toast, $\frac{3}{4}$ cup scalded milk, $\frac{3}{4}$ tablespoon butter, $\frac{1}{4}$ teaspoon salt. Butter toast, arrange on hot dish, and pour over it the milk to which salt has been added.

MENUS FOR THE SICK

(1) **Liquid Diet.**—Liquid Diet is usually controlled by the physician both as to kind and amount. It should be as nutritious as possible to keep up the resistant power of the patient against the disease. A little at a time given regularly and often is the safest rule to follow. The following are examples:

- 8 A.M. .. Hot milk, $\frac{3}{4}$ cup.
- 10 A.M. .. Hot coffee with cream and sugar, $\frac{1}{2}$ cup
- 12 A.M. .. Beef juice, 2 tablespoons
- 2 P.M. .. Hot milk, $\frac{3}{4}$ cup
- 4 P.M. .. Buttermilk or whey, $\frac{1}{2}$ cup
- 6 P.M. .. Hot milk, $\frac{3}{4}$ cup
- 8 P.M. .. Hot cocoa, $\frac{3}{4}$ cup

(2)

- 8 A.M. .. Hot milk, $\frac{3}{4}$ cup
- 10 A.M. .. Beef tea, $\frac{1}{2}$ cup
- 12 A.M. .. Hot coffee with cream
and sugar, $\frac{3}{4}$ cup
- 2 P.M. .. Hot milk, $\frac{3}{4}$ cup
- 4 P.M. .. Chicken broth, $\frac{1}{2}$ cup
- 6 P.M. .. Hot milk, $\frac{3}{4}$ cup
- 8 P.M. .. Hot cocoa, $\frac{3}{4}$ cup

(3)

- 8 A.M. .. Hot milk, $\frac{3}{4}$ cup
- 10 A.M. .. Chicken broth, $\frac{3}{4}$ cup
- 12 A.M. .. Egg-nog, $\frac{1}{2}$ cup
- 2 P.M. .. Hot milk, $\frac{3}{4}$ cup
- 4 P.M. .. Hot tea, $\frac{3}{4}$ cup
- 6 P.M. .. Hot cocoa, $\frac{3}{4}$ cup

(4)

- 8 A.M. .. Hot milk, $\frac{3}{4}$ cup
- 10 A.M. .. Mutton broth, $\frac{3}{4}$ cup

12 A.M.	..	Orange jelly, 3 tablespoons
2 P.M.	..	Beef juice, 2 tablespoons
4 P.M.	..	Hot milk, $\frac{3}{4}$ cup
6 P.M.	..	Hot tea, $\frac{3}{4}$ cup

If food is given during the night warm milk or cocoa is soothing. Avoid giving stimulating drinks at night or in the evening.

LIGHT DIET

The change from liquid into light diet must be very gradual both as to kind and quantity. The following shows a diet graduated from day to day.

FIRST DAY

Breakfast—Slice of toast. Soft cooked egg, coffee.

Lunch (10 A.M.)—Glass of Buttermilk with a little cream mixed through it.

Dinner—Raw oysters, Crackers, Tea.

Lunch (3 P.M.)—1 cup chicken broth.

Supper—1 cup barley gruel, Toast, Tea.

SECOND DAY

Breakfast—Poached egg, Toast, Cocoa.

Lunch (10 A.M.)—Glass of milk.

Dinner—Beef broth, Toast, Custard Tea.

Lunch (2 P.M.)—Glass of Egg lemonade.

Supper—Milk Toast, Jelly, Tea.

THIRD DAY

Breakfast—Soft cooked egg, Toast, Cocoa.

Lunch (10 A.M.)—1 cup broth.

Dinner—Beef balls, Toast, Custard, Coffee.

Lunch (2 P.M.)—Egg nog.

Supper—Baked sweet apple and cream, Cocoa.

FOURTH DAY

Breakfast—Orange, Toast, Scrambled egg, Cocoa.

Lunch (10 A.M.)—1 cup chicken broth.

Dinner—Broiled steak, Baked potato, Tapioca Cream, Tea.

Lunch (2 P.M.)—Orange jelly with cream.

Supper—Cream of celery soup, Toast, Sponge cake, Jelly, Cocoa.

CONVALESCENT'S MENU

Breakfast—Orange, Porridge with cream and sugar, Toast Bacon, Coffee.

Lunch (10 A.M.)—Glass of milk with crackers.

Dinner—Broth, Chicken, Creamed potatoes, Sponge cake, Jelly, Tea.

Lunch (2 P.M.)—Baked custard, Crackers.

Supper—Potato soup, Bread and butter, Cake, Apple sauce, Cocoa.

Note 1.—A good piece of work to undertake in Club-meetings would be demonstration of preparation of different kinds of invalid diet and setting of trays. Contests in preparing menus for different stages of sickness would also be valuable and could be made subjects for discussion.

Note 2.—Some conveniences that would be good for clubs to own for sick nursing purposes and for demonstration.

1. Hot-water bag.
2. A table patients' bed, as described.
3. An air-cushion.
4. Two or three trays of different sizes.
5. An invalid's drinking-cup and bent tube.



Hist. Med.

WY

200

. D331 h

1914

Printed by
The Phoenix Job Print
Saskatoon, Sask.

