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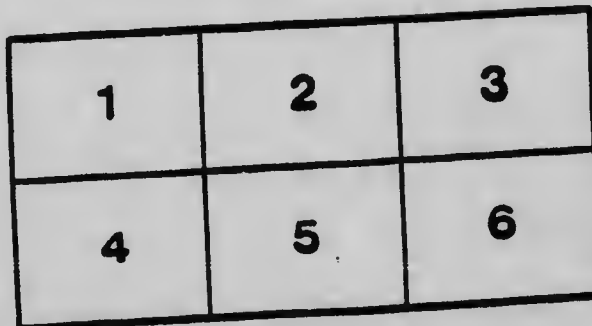
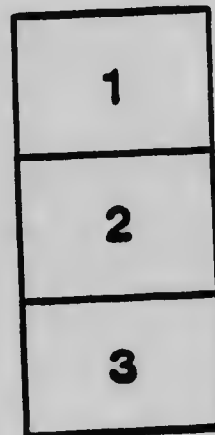
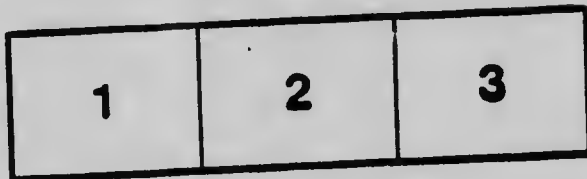
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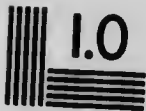
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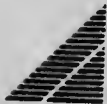
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The
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MANUAL
for
Home Nursing
Classes

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INTRODUCTORY

The Red Cross Course in Home Nursing offers such instruction in the simpler duties of a nurse as will enable a woman to care for the members of the family during minor ailments and to carry out intelligently the orders of the physician in the absence of a registered nurse.

The boon of registered nurse service in cases of serious illness can hardly be over-estimated. Concurrently with that appreciation there is a crying need that women in their own homes should know what to do and have the ability to do it in the thousands of cases of illness when the services of a registered nurse cannot be obtained. The Red Cross Home Nursing Course is intended to help to meet that need.

The Course also teaches simple rules of hygiene and sanitation. Emphasis is laid upon the prevention of disease and the maintenance of health because the family that observes the rules of health will be likely to suffer but little sickness.

In no phase of life does prevention succeed to a greater degree than in the care and correct feeding of infants and young children. It is hoped that the inclusion of material on this subject will add to the usefulness of the Manual.

Home Nursing is a practical subject that can be mastered only by actual performance or in a practice class. Although it cannot be learnt from a book, this Manual will supplement the practical instruction given in the class and may be useful for reference afterwards.

CHAPTER I.

THE BEDROOM IN HEALTH AND SICKNESS

The healthful bedroom is clean and admits an abundance of sunlight and air. These three, cleanliness, sunlight, air, help to maintain health in the well and aid in the recovery of the sick.

The best type of sick room is seldom found except in buildings originally planned for the care of the sick, yet in many houses a few simple changes will make a room suitable for a patient. Common-sense will decide if any changes are necessary. If the illness is slight and likely to be brief, changes in a patient's surroundings are not necessary. On the other hand, everything should be done to promote the recovery of a patient who suffers a long or severe illness.

LOCATION OF SICK ROOM

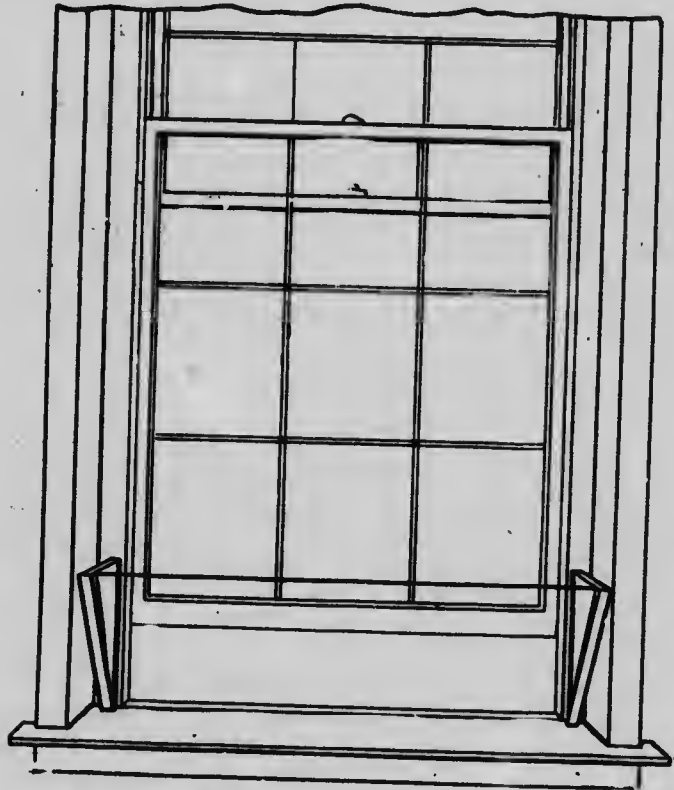
The sick room should be quiet, sunny and away from the odours of the kitchen. Nearness to a bathroom is a convenience. Do not use a small room unless absolutely necessary. In a farm or village house with small bedrooms it is much better to use the parlor. This room is away from the kitchen, is quiet and saves running up and down stairs. The sick room should be used only by the patient. Articles that may be required by other members of the family should be removed from the room and its cupboards. Not even the attendant should sleep in the room unless the patient needs care or watching at night.

Good ventilation is important for the healthy. For the sick it is imperative. Sick persons need good air even more than do those who are in health and they need it all the time. The windows of the sick room should never be entirely closed except when the patient is being bathed or is uncovered.

The best ventilation is given by a cross-current of air through windows on opposite sides of the room. Where there can be no cross-current, some circulation can be secured by having a window open at both top and bottom.

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In winter, ventilation is best secured by a window-board from eight to twelve inches wide. The length of the board is equal to the width of the window-frame. The edge of the board rests on the window-sill four in-



VENTILATOR—Window may be slightly raised for an inlet, a glass, wooden or stiff cardboard screen being used to deflect air upward.

ches from the window. The ends are attached firmly to the window-frame. When the window is slightly open the cold air is diverted upwards. Otherwise it sinks and forms a chilling layer on the floor of the room.

A fireplace or a stove helps to ventilate a room by drawing in fresh air from outdoors and keeping the air in motion.

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Cold air is not always fresh air, and coldness is not a sign that the room does not need airing. The best test for good air is that the room should not feel close or smell stuffy when one enters it.

FURNITURE

There is a good deal of truth in the saying that the best bed for a patient is his own bed. Any other bed may disturb a patient and make him feel that he is indeed very ill. A suitable bed is more comfortable for the patient and easier for the nurse. A single bed is the best and it is easier to nurse a patient in a high bed. The bed can be raised on bricks or blocks of wood slightly hollowed in the top to keep the legs from slipping. The bed should be easy of access from both sides and placed so that the light from the window will not annoy the patient.

Place the bureau or dresser so that the patient cannot see his reflection in the mirror, and have a small table at the head of the bed. This table should not have a polished top if another table is available, as the polished surface will mark easily unless it is well covered. The bedside table should not be littered with bottles, glasses and other reminders of illness. Keep all such things out of sight until it is time to use them. A screen is useful to shield the patient from a draught or too bright a light. Hang the room thermometer on the wall away from the open window and the stove. The temperature of the room should be kept between 65 and 70 degrees. The chairs should not be rockers. Rocking chairs are noisy and the motion is very disturbing to a sick person. One or two rugs on the bare floor and a waste basket complete the equipment.

CLEANING

The sick room should be kept clean at all times but no dust should be stirred while the room is being cleaned. Cover the broom with a cloth which has been oiled or moistened; better still, use a dustless mop. Be careful not to bump the bed with the broom while sweeping. Dust cloths should be moistened also. Tidiness adds to the comfort of the patient but making the room tidy should be done in such a way as not to annoy him.

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For instance, a perfectly smooth bed is undesirable, if, in order to make it smooth, the patient must be tucked in so tightly that he is uncomfortable, and it would be a mistake to remove an old man's newspapers before he has read them, even if he persists in strewing them all over the floor.

HOW TO MAKE A BED

1. Cover the mattress with a white quilted pad or an old blanket unless the mattress is enclosed in a slip cover.
2. Spread the lower sheet over the mattress cover. The sheets should, if possible, be one yard longer and one yard wider than the mattress.
3. Tuck the sheet under at the top of the mattress.
4. Draw the sheet tightly and tuck in at the bottom of the mattress.
5. Tuck the sheet under the mattress at the sides, making certain that the parts tucked under the mattress practically meet in the centre on the under side.
6. Fold the corners to make a neat finish, like an envelope.
7. A draw-sheet will be necessary if the patient is very ill in bed all the time and therefore using a bed-pan. Get a piece of rubber cloth or table oilcloth $\frac{1}{2}$ yard wide and a couple of yards long. Place this across the bed where the patient's hips will come.
8. Over the rubber cloth or oilcloth, place a narrow sheet or a wide sheet folded hem to hem, the hems toward the foot of the bed.
9. Tuck firmly under the mattress on one side of the bed, then go to the other side of the bed and pull both rubber sheet and draw-sheet tight and smooth.
10. Spread the upper sheet over the bed so that its upper edge reaches to the upper edge of the mattress, the middle of the sheet, of course, being placed over the middle of the bed.
11. Put on the blankets, arranging them so that their upper edges come a little further up than the place where the lower edge of the pillow will come.
12. Tuck the blankets firmly in under the bottom of the mattress and fold the top of the upper sheet back over the blankets.
13. Add the spread and pillows. Two light blankets

FOR HOME NURSING CLASSES

are warmer and more comfortable than one heavy blanket. Do not use heavy cotton comforters. They are burdensome and do not provide as much warmth as a lighter woolen or eiderdown covering. Too much warmth is weakening; it causes the patient to perspire and makes him more subject to chills from draughts and changes of temperature. Well persons are often made restless by the same cause.

HOW TO CHANGE SHEETS

1. To change sheets with the patient in bed, assemble all the fresh linen near the bed.
2. Raise up the edges of the mattress with one hand and draw the bedclothes from beneath all around the mattress. Do this with as little jarring as possible.
3. Take off the spread and upper blanket—if there are two. Fold each neatly and place on a chair, or air over the backs of two chairs, placed back to back.
4. Hold the remaining blanket in place with one hand, while with the other hand draw the upper sheet out from under it.
5. Fold the edges of the blanket up over the patient to keep them out of the way.
6. The upper sheet, unless soiled, may be folded once and used as a draw-sheet or mattress protector.
7. Remove all the pillows unless the patient is so sick that one must be reserved for his comfort.
8. Move the patient over toward one side of the bed and turn him on his side so that he faces the edge nearest him.
9. Roll the bottom sheet throughout the entire length and bring the bottom sheet and draw-sheet all rolled as flat and tightly as possible, close against the patient's back.
10. Pleat about half of the fresh lower sheet lengthwise and place the pleated portion as close as possible to the rolled sheets you are going to remove.
11. Tuck in the other half of the fresh sheet at the top, bottom and side, draw the rubber sheet back over the fresh lower sheet, arrange the fresh draw-sheet in place over the rubber, and tuck it in firmly at the side. Roll the remainder close to the patient's back. The fresh side of the bed is then ready for the patient.

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12. Lift the patient's feet back over the rolled sheets, keeping his knees bent. Turn him back over the rolled sheets on to the fresh smooth part.
13. Remove the soiled sheets, arrange the fresh ones in place on the side where the patient has been lying.
14. After the lower sheets are in place and firmly tucked in, spread **above** the blanket the fresh upper sheet. Over the clean sheet spread the second blanket.



- Hold the sheet and blanket in place with one hand, and with the other draw out the first blanket from beneath the sheet. By this process, you have kept the patient constantly covered by the blanket.
15. Put on the blanket just removed, above the other, and finish making the bed as usual.

HOW TO MOVE A BED PATIENT

To hold the patient while changing pillows, stand on the right side of the patient, slip your left arm under the patient's shoulders, supporting his head in the hollow of your arm. Then raise him slightly and remove the pillows, one at a time, with the right hand, drawing them outward on the left side of the bed. Place a small pillow under the patient's head while you are shaking up the pillows, and changing the pillow slips. Then put the pillows back on the left side of the bed ready to be ad-

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justed again in position. Raise the patient as before, take the small pillow from under his head, and draw the others into place.

Lifting a patient in bed is not so hard as it sounds, even though he may be too weak to help himself very much. If he is not too feeble, tell him to bend his knees and press his feet firmly upon the bed. Then put one arm under his shoulders just as you did when changing the pillows. Place the other arm under the thighs and lift him upward without jerking.

If the patient is entirely helpless two people are necessary. In that case place your left arm under the patient's head and shoulders and your right arm under the small of his back. Your assistant places her right arm also under the small of his back and her left arm under his thigh. At the given signal, both lift together.

To move a patient from one bed to another, or from bed to couch, place the two beds side by side, and draw the mattress of one slightly beyond the place where the two beds meet at the sides beyond the junction of the beds.

Loosen the draw-sheet under the patient, roll it on both sides close to his body and draw him gently over into the new bed by means of this sheet. Move his shoulders at the same time. If one bed is higher than the other, make an inclined plane over which to draw the patient; using firm pillows or folded blankets.

Whenever a patient is to be moved in any way you should always tell him beforehand just what you intend to do so that he will not be startled, and also in order to gain his fullest co-operation. Not only for the sake of the patient but for your own, do not attempt to do alone more than your own strength is equal to. Whatever you do, avoid jerks, jars and false starts that irritate and alarm the sick person.

To relieve a patient from the weight of the bed clothing, place the leaf of a table or a board about eight inches high across the foot of the bed between the upper and lower sheets. Place a pillow between the table leaf or board and the patient's feet. If more convenient the

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same result can be accomplished with barrel hoops cut in half and wound with bandages. Pieces of hoop are attached lengthwise as braces to the top, sides and bottom.

BACK REST

A back rest may be made with a washboard or other board of similar size padded with newspapers and covered with old muslin. A suitcase turned on one end does just as well. The back rest should be held in place by a bandage or strip of strong, unbleached muslin attached to the head of the bed.

IMPROVED BACK REST

Wash board
strapped in place



Place under Knees
pillow-covered broomstick tied to head of bed

A patient with a back rest may slide down in bed. To prevent this, place a pillow-covered broomstick under the knees and tie the ends of the broomstick to the head of the bed.

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CHAPTER II.

THE SIGNS OF SICKNESS

To detect signs of sickness is often the means of preventing serious illness. Often the early signs are slight, hence they may escape notice. Early treatment nearly always gives better results. It is unwise to imagine that a severe illness is threatened whenever a member of the family complains of not feeling well. On the other hand, it is foolish to ignore real signs of danger.

The trained physician requires all his skill and experience to decide the meaning of symptoms and to prescribe correct remedies for the diseases or disorders they indicate. However, the home nurse who observes closely and uses common-sense may learn to detect what are undoubted signs of sickness. As soon as she observes these signs, she should call a doctor and get a definite opinion. This advice is particularly fitting in regard to the early signs of communicable diseases which are explained on page 46.

After the doctor has taken charge, the nurse should be alert to note and mention to the doctor any changes in the condition of the patient, even though she may not understand the importance of these changes. She should be sure that she is giving facts to the doctor and not merely her own opinion or that of the patient.

The nurse should not ask the patient many questions about his condition. This disturbs the patient's mind and often starts worry and self-pity, both of which are bad. Close observation and the casual remark will usually give the desired information.

The following paragraphs explain the most important symptoms and signs that the nurse should observe and report to the doctor.

RED CROSS MANUAL

TEMPERATURE

Every home nurse should be able to take and record the temperature, pulse and respiration of a patient.

In health, the body temperature is nearly always at the same point, no matter how much the variation in the temperature of the body's surroundings.

This constant temperature of health is called the normal temperature and is between 98 and 99 degrees. A change of body temperature is often the first sign of illness and the progress of many illnesses is shown by changes in the temperature. Therefore, it is important for the nurse to take the temperature of a person whom she thinks may be ill. If the temperature is 100 degrees or over, the patient has a fever.

The temperature should be taken at the same hour each morning and evening and more frequently if ordered by the doctor. Do not take the temperature within fifteen or twenty minutes after the patient has had food or drink, as these alter the temperature of the mouth.

The instrument used to take the temperature is called a clinical thermometer. To take the temperature, first wash the thermometer, using cold water. Never use hot water as this will break the glass. Then hold the bulb downwards and shake it carefully until the mercury thread registers 96 degrees or less. Next, place the thermometer bulb under the patient's tongue. See that the patient keeps the lips closed so that no air can enter the mouth. Leave the thermometer in the mouth for three minutes, during which time the lips must be kept closed. At the end of three minutes remove the thermometer and note carefully the exact position of the end of the mercury thread on the numbered scale. Write down the temperature on the chart (see page 17) and wash the thermometer with soap and cold water before returning it to the case.

When the thermometer is in use by more than one member of the family or by a patient suffering from a communicable disease, it should be washed as directed and then dipped in alcohol or a five per cent. solution of carbolic acid, (page 49).

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If the temperature cannot be taken in the mouth, it is necessary to use the lower entrance to the bowel. The thermometer should be washed and shaken down as described above and the bulb smeared with a little vaseline or oil. The patient lies on the side and the bulb is slid slowly and gently into the bowel for a distance of two inches and held there for three minutes. Patients often prefer, if able, to insert and hold the thermometer themselves, but the nurse should be certain that this can be done without breaking the thermometer. After use the thermometer is washed with cold water and soap.

The temperature in the bowel is normally about half a degree higher than that in the mouth. This method is used with patients who are drowsy, delirious or restless. It is the best method for babies and young children, who should be laid face downwards across the knees of the mother or nurse. This allows the thermometer to be inserted easily.

If neither the mouth nor the bowel can be used to take the temperature, the next best place is the arm-pit, which should be wiped dry before use. Leave the thermometer in the arm-pit for five minutes with the arm pressed tightly to the chest. The temperature of the arm-pit will be about half a degree lower than the temperature in the mouth.

PULSE

With each beat of the heart, blood is pumped from the heart into the arteries, where it causes a sudden stretching of the walls. This is called the pulse and can be felt in the arteries near the surface of the body.

To count the pulse, place the first and second fingers very lightly on the inside of the wrist on the same side as the thumb of the patient. After the pulse has been felt distinctly for a few beats, note the exact time by the second hand of the watch and start immediately to count the beats. Count for half a minute and double the result to get the rate for a whole minute. The normal rate in adults varies from 60 to 80 beats a minute. Write down the rate on the chart as shown on page 17.

The pulse can be counted on other parts of the body:

RED CROSS MANUAL

but the wrist is usually the most convenient place. Sometimes when the patient is asleep, the nurse can count the pulse in the temple without waking the patient. The nurse should never use her thumb to feel the patient's pulse as the little pulse beat in the nurse's thumb may be mistaken for the pulse of the patient. The pulse should be taken when the patient is sitting or lying quietly. The pulse rate is easily altered by many trifling causes. If



Taking the pulse at the wrist
Note the position of arm

the temperature and pulse both rise at the same time and do not go down within a couple of hours, the nurse can be almost certain there is trouble somewhere and will do well to consult the doctor.

RESPIRATION

The respiration or rate of breathing should be taken without the knowledge of the patient, because natural breathing will be impossible if the patient knows the respirations are being counted. The simplest way is to watch the rise and fall of the chest or feel the movement of the chest while apparently taking the pulse. The respiration is counted for a full minute timed by the second hand of the watch. The result should be written down at once on the chart.

The normal rate of respiration in adults at rest is between 16 and 20 a minute, but may be faster after mus-

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cular effort. The rate is always faster in babies and young children, but in an adult a rate slower than 12 or faster than 40 should always be reported.

GENERAL APPEARANCE

Any unusual expression of the face should be noted; whether it is drawn, pinched, anxious, excited or dull and stupid; also, whether the face is thin, swollen or puffy under the eyes. The condition and appearance of the skin are significant: the skin may be dry or moist and clammy, hot or cold; its colour, and the colour of the face especially, may be flushed or pale or slightly yellow or blue. A bluish tinge about the nose, lips of the fingers, or the feet should be specially noticed. Reddened or discoloured areas on any part of the body may be important, and also eruptions, rashes, swellings, or sores. It should be noticed whether the abdomen is normal or whether it is swollen and hard.

Strength or weakness is shown to some extent by the way the patient moves, and by his ability to walk, stand, sit, hold up his head, feed himself, or turn in bed without assistance. The position he habitually takes is sometimes important. In heart disease, for instance, he may be unable to lie down, in pleurisy he ordinarily lies on the diseased side, and during abdominal pain the knees are drawn up.

PAIN

Pain is one of Nature's warnings that some part of the body machinery is out of order. The severity of the pain is something which only the patient can describe and often he does this inaccurately. One person will bear without a whimper a pain that will make another patient complain bitterly. Therefore, the nurse should make allowance for the type of person with whom she has to deal.

CHILLS

Chills mean that something is wrong, often something serious. There is a difference between a real chill and a chilly feeling. With a real chill there is practically always a fever, even though the patient feels cold and is shivering. A nervous chill sometimes occurs after severe

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pain or because of excessive nervousness. The nervous chill usually passes away quickly and is rarely serious. Always take a patient's temperature at the start and end of a chill and report to the doctor.

TONGUE

The tongue in health is red and moist. In sickness it may be cracked and dry, or if the patient is not properly cared for, it may be covered with a white, yellow or brown coating. In many exhausting illnesses it is flabby and trembling. In scarlet fever the tongue is often of a bright red colour, and is then called "strawberry tongue".

COUGH

The nurse should observe the duration and severity of cough, whether it comes in spells or is more or less continuous. The amount of sputum and its appearance should also be noted. Always report the presence of any blood in the sputum. Sputum carries the germs of several communicable diseases. In these cases special precautions must be taken as explained on page 48.

APPETITE

Appetite or the absence of appetite should be noted as well as the amount of food actually eaten. The amount of food eaten is often less than the amount served.

VOMITING

The amount, colour and general appearance of any vomit should be noted. If the appearance is unusual, save it for the doctor's inspection.

BOWELS

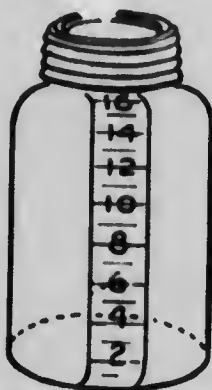
The discharge from the bowels should always be observed. Note the number of movements during the twenty-four hours and whether the discharge is unduly hard or watery. Note the presence of milk curds, undigested food, blood or unusual colour.

URINE

The amount of urine discharged in twenty-four hours is usually not less than two and a half pints. To measure the amount of urine, take a wide-mouthed bottle such as a

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fruit jar. Paste a strip of paper on one side from bottom to top, and with a measuring glass, pour into the bottle one ounce (two tablespoonfuls) of water, marking on the paper strip the level of the water in the bottle. Continue pouring and marking carefully until the paper strip has recorded the number of ounces held by the bottle. Such a method is easily followed and is more reliable than any guess of the quantity of urine passed.



URINE MEASURE

If the doctor asks for a sample of the urine, be sure that the vessel which is used to receive it is clean. Scald it before giving it to the patient. The first urine passed in the morning is often asked for. If it is to be sent to the doctor's office for examination, put it in a perfectly clean bottle, cork it with a clean cork and attach a label bearing the patient's name.

RECORDS

A record of the patient will be of great help to the doctor. This is kept on a sheet of ruled paper called a chart, ruled in columns as shown on page 17.

Write on the chart your observations at the time they are made and record the giving of medicine, food and other bedside events at the time they take place. Give as much information as you can. The column headed "remarks" is used to report special symptoms, complaints of pain and anything else that the doctor should know.

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Day and Hour	Tempera- ture	Pulse	Respira- tion	Bowels	Urine	Medicine	Food	Remarks
Jan. 1 4 p.m.	100	76	24			Medicine		
5 p.m.				1	6 oz.			
6 p.m.							Toast, fruit, milk	
8 p.m.								Sponge bath
9 p.m.								Asleep

L

Asleep

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CHAPTER III.

THE CARE OF THE PATIENT

THE MORNING TOILET

Before breakfast, the temperature, pulse and respiration should be taken and written at once on the chart, then offer the bed-pan, brush the teeth, wash the face and hands, tidy the hair, straighten the bed and put the room in order. These services should require ordinarily only a few minutes.

No patient should be kept waiting for his breakfast longer than is absolutely necessary. If the nurse must do the housework as well as wait on the patient, she can usually get breakfast almost ready for the patient while the latter is washing his own face and hands, and combing his own hair. In cases where the patient is too ill to wait on himself at all, the nurse should have breakfast as nearly ready as possible before the patient awakens.

After breakfast the patient should rest quietly for an hour or two. This period of rest is good for him, and is a necessity to the housewife who is acting as nurse. During the hour the patient is resting, the housewife has a chance to do the necessary part of her morning work.

In the middle of the morning, the patient should usually be given a cleansing bath, followed by an alcohol rub.

CLEANSING BATH

The skin of the body is dotted with tiny little outlets (the pores) through which waste material is thrown off. Frequent bathing keeps the skin in good condition and free from such waste products and impurities and is a great help in the maintenance of health.

The sick need baths even more than the healthy. A good bath is a tonic. It refreshes and stimulates the patient, improves the circulation and soothes the weary or feverish.

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EQUIPMENT FOR A BED BATH

Foot tub or dish pan.
Wash cloth.
Towel.
Castile soap.
Pitcher of hot water.
Pitcher of cold water.
Two single blankets.
Bucket for waste water.
Newspaper.
Toothbrush and tooth paste or powder.
Glass of water.
Hair brush and comb.

HOW TO GIVE A BATH IN BED

Have all the equipment ready by the bedside before commencing to bathe. See that the windows and doors are closed and the room comfortably warm. Place a table beside the bed, cover the table with the newspaper and place on it the basin, towel, wash cloth and soap.

Fill the basin half full of water that feels comfortably warm to the wrist or elbow. Do not rely on the hand to test the temperature of the water.

Provide a spare blanket to place under the patient. Remove the bed-clothing over the patient, with the exception of one blanket. Turn the patient on his side and lay the spare blanket close to the patient's back in long folds like pleating. Tuck one side of this blanket under the side of the mattress, turn the patient over and draw the blanket through. Remove the nightgown.

Clean the teeth and wash the face, ears, and neck. Then wash the arms, chest, legs and feet, uncovering only the part actually being washed. Next, turn the patient towards you, uncovering the back. Wash the back and buttocks. Finally, remove the extra blanket from under the patient. Each part should be dried as soon as washed and covered again.

To avoid turning the patient more than once, the clean under sheet and draw-sheet may be placed while the patient is on his side, (see page 6).

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The bath should not be considered finished until the finger and the toe nails have been cleaned and pared, if necessary and the hair combed.

This method gives a complete bath without any unnecessary exposure of the patient.

FOOT BATH IN BED

A hot foot bath may be easily given to a patient in bed. Take to the bedside a blanket, a towel, the tub filled with water, and something with which to protect the bed; this may be a rubber sheet, bath towel, old blanket folded, or several thick clean newspapers. Loosen the upper covers at the foot of the bed, fold them back above the patient's knees, and cover the legs and feet with the extra blanket, making it overlap the bed clothing so that it will not slip. Bend the patient's knees, put the bed protector under the feet, place the tub on the side of the bed, raise the legs and feet with one hand and arm and slide the tub into place with the other, raising the elbow in such a way that it keeps the blanket out of the water. Lower the feet slowly into the water, fold the towel, and place it over the edge of the tub in order to protect the patient's knees from the cold rim; then tuck the blanket closely about the tub and legs and leave the feet in the water for fifteen minutes. After the bath use a dry towel to receive the feet when they are withdrawn from the tub. Remove the tub, dry the feet thoroughly, cover them warmly and remake the bed.

COOL SPONGE BATH

To give a cool sponge bath, first protect the bed thoroughly, but leave the patient uncovered except for a towel laid over the hips. Use cool water and have the wash cloth as wet as it can be without dripping. Bathe the body with long, light strokes and leave each part wet until the bath has been completed. Do not use soap. Sponge in this way the arms, legs, chest and back, but not the abdomen, for ten to twenty minutes, giving special attention to the neck and inner side of the arms and legs, because in those places large blood vessels lie nearer the surface of the body. After finishing the bath dry the body by patting it gently with towels.

While giving the cool sponge bath, a cold compress

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(see page 41) should be applied to the forehead and a hot water bag to the feet (see page 37).

Take the patient's pulse occasionally during the bath, and stop the bath at once and wrap the patient in warm blankets, if the patient's pulse grows weaker, if he shivers violently, or if the face, fingers or toes turn bluish.

CARE OF MOUTH AND TEETH

The care of the mouth and teeth is important in health. It is even more important in sickness. If cleansing is neglected a dark, sticky coating of waste products collects on the teeth and gums. Once formed, this is difficult to remove. Hence the mouths of all patients, especially those with fever, must receive attention from the very beginning of illness. The teeth should be brushed in the morning, after the mid-day meal and at night. The patient will usually prefer to do this himself even though unable to sit up in bed. In such case the nurse should hold a shallow bowl to receive the used water.

The toothbrush correctly used works like a number of toothpicks. It should be so placed that the bristles rest against the gum, and, by a rotating motion, it should be carried downward on the upper teeth and upward on the lower teeth, on both inside and outside surfaces. The grinding surfaces of the back teeth should be vigorously brushed in all directions. After the teeth are brushed, take a mouthful of water, close the lips and by puffing the cheeks in and out, force the water between and around the teeth to rinse the mouth thoroughly.

The mouth and teeth of a helpless patient must be cleansed by the nurse. To do this, twist a wisp of absorbent cotton around the index finger, dip the finger in water and clean the teeth, gums and tongue. Rub gently, without gagging the patient and renew the cotton frequently. Clean between the teeth with wisps of absorbent cotton wound on the end of tooth picks, taking care not to injure the gums. Finally, let the patient rinse the mouth.

CARE OF THE HAIR

Long hair, if neglected, becomes tangled and matted in a surprisingly short time. Unless the patient is

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tually in a dying condition she is not too sick to have it properly attended to at least once a day. Before combing the hair protect the pillow with a towel; then part the hair in the middle from the forehead to the nape of the neck, and draw it to either side. Begin to comb at the ends, holding the strand of hair firmly in one hand placed between the head and the comb; in this way tangles can be removed without hurting. After combing and brushing the hair, braid it in two braids, beginning near the ears; draw it as tightly or loosely near the head as the patient prefers, but remember that tight braids mean fewer tangles. If the hair is heavy or badly tangled the patient may be too much fatigued to have it all combed at one time; in this case braid the part that has been finished and complete the work later.

To wash the hair of a patient in bed the nurse needs a small jug of hot castile soapsuds, a large jug of hot water, a large basin, a waterproof sheet of either rubber or oilcloth and several towels, one of which should be a large bath towel.

Move the patient to the side of the bed and turn her on her side with her back towards the nurse. Remove the pillow, loosen the nightgown at the neck and turn it down, fold a towel lengthwise twice, wrap it round the head below the hair and pin over the forehead. Place the waterproof sheet on the bed near the head with one end hanging over the side of the bed into a basin placed on the floor. Have the patient rest the head on the waterproof near the edge of the bed with the hair hanging over the edge. Rub the soapsuds thoroughly into the hair and scalp. Then rinse twice with hot water. When the soap has all been removed, squeeze as much water as possible from the hair. Remove the waterproof sheet, substitute a bath towel and rub and fan the hair dry. Change any bed or personal linen that has become wet.

USE OF THE BED-PAN

Lay a folded towel or cloth on the part of the bed-pan that goes under the patient's back. This makes it more comfortable for the patient. In cold weather the bed-pan should be warmed before use. Have the patient lie on the back with the knees bent. Place one hand under the lower part of the back and raise the patient high enough to insert the pan. Raise him in the same

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to remove the pan, or turn him on his side, holding the pan firmly with the other hand. Clean the parts with toilet paper and sponge off with warm water. Cover the pan with a thick washable cloth, empty as soon as possible and wash thoroughly.

In case of typhoid fever the discharges must be disinfected as directed on page 48.

A substitute bed-pan may be made from a dripping or roast pan with a board across one end. Tack small strips of wood to the under side of the board to prevent the board from slipping off the basin.

BED-SORES

Bed-sores are caused by continuous pressure on certain spots of the skin of a patient who lies in one position for a long time. These painful and serious sores can be prevented almost always by faithful nursing care.

To prevent bed-sores keep the skin dry and clean, especially the parts exposed to pressure, such as the lower part of the back, the hips, heels and elbows. Every time you have an opportunity, rub parts exposed to pressure with alcohol and dust on a very little talcum powder. Much powder may do harm by collecting in hard particles. Keep the bed dry and smooth, free from wrinkles, crumbs and lumps. Turn the patient at intervals so that the pressure on one part will not be of long duration. Pressure may be relieved by a circular cushion. To make this cushion, take a small roll of cotton batting, shape into a circle and cover with a roller bandage. The hole in the cushion is placed under the spot where the bed-sore is threatened.

Ordinary pressure on any part of the body will often produce redness but the redness disappears as soon as the pressure is removed. The first sign of a bed-sore is redness which does not disappear when all pressure is removed. Such redness should be reported to the doctor as soon as the nurse notices it, and the directions that the doctor then gives should be followed most carefully by the nurse.

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VISITORS

A visitor who excites or worries the patient should be kept out of the sick room. This rule should not be broken even for a near and dear relative. Visits should be both brief and cheerful. Old wives' tales and tattling neighbors have caused many relapses. The best time for visitors is in the latter part of the morning after the bath. Evening visits should not be allowed except to a patient whose convalescence is nearly complete.

AT BED-TIME

Just before bed-time the nurse should repeat the morning toilet, change the nightdress and rub the back and other pressure points. Shake the pillows, make sure that the under sheet and draw-sheet are free from wrinkles and fold an extra blanket at the foot of the bed in case the patient becomes cold during the night. See that the room is well ventilated and the light put out or dimmed for the night. A patient who is inclined to be wakeful will be soothed by the back rub, by a hot foot bath or by sponging the entire length of the spine, using very hot water and long downward quiet strokes.

Last of all, ask the patient if anything more is wanted; if not, say good-night, go out and stay out, at least until he has had time to go to sleep. This helps the patient to realize that nothing more is likely to happen and that it is time to go to sleep.

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CHAPTER IV.

FEEDING THE SICK

Food is just as important as medicine in the treatment of many diseases. In some diseases it is the most important single feature of the treatment. The doctor will direct the diet but the nurse will have to decide what to serve at each meal.

For ordinary cases diets are of three classes: liquid diet, soft diet and convalescent diet. When a patient in bed is to have what is called a full diet, it is better to give a convalescent diet, since many foods are hard to digest and should not be given to a person confined to bed.

LIQUID DIET

Liquid diet generally includes milk, buttermilk, egg-nog, albumen milk, albumen water, broth, soup, beef tea, thin gruel and cocoa. These foods are the easiest to digest and are usually given in the early stages of acute illness. They are the only foods that should be given to a sick person before the first visit of the doctor. A patient on a liquid diet ordinarily receives about six ounces of liquid food every two or three hours. During the night the interval is extended to four hours. Milk is the most nourishing liquid food and is therefore the basis of the diet. But milk becomes monotonous and should be given only at every second feeding. At other times give one of the other liquid foods. Beef tea and broths are merely stimulants, not foods, and should be given only occasionally to break the monotony of milk feeds. The care of milk in the home is described in Chapter XI.

Sample Liquid Diet

- 7 A.M. Cup of milk.
- 9 A.M. Cup of milk flavoured with coffee.
- 11 A.M. Albumen water and orange juice.
- 1 P.M. Cream soup or broth.
- 3 P.M. Egg-nog.
- 5 P.M. Gruel.

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- 7 P.M. Milk flavoured with tea.
9 P.M. Gruel flavoured with beef extract.
11 P.M. Hot malted milk or cocoa.

RECIPES FOR LIQUID DIET

Barley Gruel

Mix 3 teaspoons of barley flour with cold water to make a thin paste. Add to 1 cup boiling water and boil 15 minutes. Add $\frac{1}{2}$ cup milk and salt to taste. Re-heat and strain when serving.

Cracker Gruel

Roll and sift $\frac{1}{2}$ large soda or arrowroot cracker. Have in a double boiler 1 cup scalded milk. Add cracker and cook for 5 minutes. Salt to taste.

Cornmeal Gruel

Mix 1 tablespoon cornmeal, $\frac{1}{2}$ tablespoon of flour, add enough cold water to make a paste. Add to 2 cups of boiling water and boil gently for 1 hour. Add milk or cream and salt to taste. A richer gruel may be made by using milk in place of water and cooking 3 hours in a double boiler.

Oatmeal Gruel

Coarse oatmeal $\frac{1}{2}$ cup, add 3 cups boiling water and 1 teaspoon salt. Cook 3 hours in a double boiler, strain, and add milk or cream. Useful for constipation.

Flour Gruel

Two tablespoons of flour, 2 cups of milk. Mix flour with a little milk to make a paste. Scald the remainder of milk in a double boiler, add flour paste and cook half-hour. Salt to taste. Useful in diarrhoea.

Cocoa

Mix together 2 teaspoons of cocoa and 1 of sugar, add slowly $\frac{1}{2}$ cup boiling water, boil 3 minutes. Add $\frac{1}{2}$ cup scalded milk and beat with a Dover egg beater to prevent formation of scum. Pour into a clean, warm cup. This is more attractive with a spoonful of whipped cream on top. Some people like it flavoured with a drop or two of vanilla.

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White Sauce for Cream Soups

The amount of butter, flour and milk will differ with the different kinds of soup, but the white sauce is always made in one way. Melt the butter, add the flour, stirring all the time until they are smooth and thick. Add the milk a little at a time until it is all in, stirring each time you add milk until the mixture is smooth. To this is added the special mixture and seasoning.

Celery Soup

Make white sauce, using $\frac{3}{4}$ tablespoon of butter, $\frac{3}{4}$ tablespoon of flour, 1 cup of milk.

Three sticks of celery, washed, cut in small pieces, and cooked in the milk for the white sauce 20 minutes in a double boiler. Salt and pepper to taste.

Chicken Soup

Make white sauce, using 1 tablespoon of butter, 1 tablespoon of flour, $\frac{1}{2}$ cup of milk.

$\frac{1}{2}$ cup strong chicken broth. Remove carefully every particle of fat and heat before adding to white sauce. Salt and pepper to taste.

Corn Soup

Make white sauce, using 1 tablespoon of butter, 1 tablespoon of flour, $\frac{1}{2}$ cup of milk.

$\frac{1}{2}$ cup canned corn, chopped, heated 20 minutes in $\frac{1}{2}$ cup water, strain, pressing out all the juice possible. Add to white sauce, salt and pepper to taste.

Onion Soup

Make white sauce, using $\frac{3}{4}$ tablespoon of butter, $\frac{3}{4}$ tablespoon of flour, 1 cup milk.

One onion cut up and scalded in milk for white sauce. Salt and pepper to taste.

Pea Soup

Make white sauce, using $\frac{1}{2}$ tablespoon of butter, $\frac{1}{2}$ tablespoon of flour, $\frac{1}{2}$ cup of milk.

$\frac{1}{2}$ cup canned or fresh cooked peas, drained and heated in $\frac{1}{2}$ cup cold water, rub through a sieve. Add to white sauce. Salt and pepper to taste.

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Potato Soup

Make white sauce, using $\frac{1}{2}$ tablespoon of butter, $\frac{1}{2}$ tablespoon of flour, $\frac{3}{4}$ cup of milk.

$\frac{1}{4}$ cup hot mashed potato, add hot sauce slowly. Salt and pepper to taste. At serving time add $\frac{1}{2}$ teaspoon of tomato catsup or 1 teaspoon of chopped parsley. A small slice of onion or a stick of celery may be scalded with the milk, then strained out. Strain if soup contains lumps of potato. Thin with hot milk if desired.

Tomato Soup

Make white sauce, using 1 tablespoon of butter, 1 tablespoon of flour, $\frac{1}{2}$ cup of milk.

$\frac{1}{2}$ cup stewed and strained tomato. Add a tiny pinch of baking soda before adding to the white sauce. Salt and pepper to taste. A small piece of bay leaf, a clove, and a small piece of onion may be cooked with the tomato.

Albumen Milk

Put in a glass fruit jar the white of 1 egg and $\frac{1}{2}$ cup of milk. Shake gently until the egg and milk are thoroughly mixed. Season if desired with a pinch of salt or sugar and a drop of vanilla.

Egg-Nog

Beat 1 egg until the white and yolk are well blended, add 1 tablespoon of sugar, a few grains of salt, $\frac{2}{3}$ cup of milk, and 2 tablespoons of wine or 1 tablespoon of brandy. Nutmeg or vanilla may be used in place of the wine or brandy.

Albumen Water

One glass of cold water and white of 1 egg. Place in glass fruit jar and shake gently until egg and water are thoroughly mixed. Add salt or sugar to taste.

Egg Lemonade

Break a fresh egg in a bowl and beat until the white and yolk are well blended. Add one glass of cold lemonade and strain. This is nourishing and refreshing.

Beef Extract

One pound of round steak. Wipe and remove all fat.

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Cut in small pieces, place in a fruit jar, put cover on jar, and set in kettle of cold water. Put a tin or piece of board under the jar to prevent breaking. Let the water heat slowly for 2 hours but do not let it boil. Press the meat to obtain all the juice. Add salt and pepper and strain. This can be made in a double boiler. Do not boil when re-heating.

Broth

Beef, chicken, lamb or mutton broth are made by cutting the meat in small pieces, removing all skin and fat. Put the meat with the bones, in a stew pan, and cover with cold water, using a pint of water for a pound of meat. Bring slowly to boiling point. Simmer for 4 hours, strain into bowl (not tin), and put on ice when cool. When needed for patient, remove all fat with a spoon. If when heated, you see tiny globules of fat, pass a piece of tissue paper quickly over the top of the broth. In this way you can remove every particle of fat. The taste and smell of fat are often nauseating to sick people. Add salt and pepper to taste and if a piece of celery or parsley or a leaf of any favourite herb is boiled with the meat, a pleasant variety will be obtained. Dilute with water if too strong.

Meat Jellies

Cut chicken or other meat in small pieces, removing fat and breaking bones. Put in cold water, using 1 pint for every pound of meat. Heat slowly at first, then simmer until the meat is done. Strain and remove the fat by passing a tissue paper over the surface of the liquid. Add salt, pepper, and lemon to taste. Pour into small cups to set. If the patient is able to feed himself, serve the jelly turned out on a lettuce leaf. The jelly served on a tray with a cup of tea or coffee or a glass of water will seem like a real meal while in reality it is only liquid diet.

Barley Water

Look over carefully and soak over night or for several hours, $1\frac{1}{2}$ tablespoons prepared barley. Add to 1 quart cold water and boil for $1\frac{1}{2}$ hours. Strain and add salt, lemon juice, and sugar, or cream in place of lemon juice. Serve hot. This drink is more nutritious when served with milk.

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Lemonade

Make a syrup by boiling 1 cup of water and 1 cup of sugar for 12 minutes. Cool and cover to be used again. To 2 tablespoons of syrup use 1 tablespoon of lemon juice and $\frac{3}{4}$ cup of cold water. If syrup is used there will be no sugar settled in the bottom of the glass to make the last mouthful too sweet. A leaf of mint or a slice of lemon or orange adds to the flavor. This will be nourishing as well as refreshing if made with albumen water in place of plain cold water.

Orangeade

Juice of 1 orange, $1\frac{1}{2}$ tablespoons of syrup, 1 tablespoon crushed ice. Add syrup to orange juice and pour over ice. Less syrup will be needed if orange is sweet.

Currant or Grape Jelly Water

To 2 tablespoons of currant juice or 2 tablespoons of currant or grape jelly, add $\frac{2}{3}$ cup cold water and season to taste with syrup. Stir jelly with a fork before adding water; it will mix more easily.

Grape Juice

Wash and remove stems from $1\frac{1}{2}$ cups of ripe grapes, add 1 cup of cold water, and cook in double boiler until the juice is extracted. Strain through a sieve, add $\frac{1}{4}$ cup sugar, and return to the fire until the sugar is dissolved. Pour through a soft cloth which has been wrung out of cold water. Chill and serve. If too strong, add a little water and a little lemon juice if desired.

SOFT DIET

Soft diet includes all liquids and in addition, soft milk toast, soft cooked eggs, well cooked cereal, custards, ice cream, junket and jellies.

Sample Soft Diet

7 A.M.	1 cup hot milk flavoured with tea or coffee.
9.30 A.M.	$\frac{1}{2}$ cup grape or orange juice.
	1 cup thick cereal served with milk.
	1 thin slice of toast with butter.
Noon.	1 cup beef broth with the white of 1 egg.
	1 thin slice of toast with butter.

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- 2.30 P.M. 1 cup milk toast.
 $\frac{1}{2}$ cup jelly with cream.
- 5 P.M. 1 cup milk flavoured with tea or cocoa.
 $\frac{1}{2}$ thin slice toast.
- 7.30 P.M. $\frac{1}{2}$ cup broth.
 1 poached egg.
 $\frac{1}{2}$ cup cocoa or junket.
- 10 P.M. 1 cup gruel or milk.
 1 thin slice toast.

Toast

Cut stale bread in slices a quarter of an inch thick and remove crusts. Toast for a few minutes on one side and then dry on the other side. Keep turning the toast until it is an even brown but not burned. Butter and serve on a hot plate. Toast is easier to eat if cut in narrow strips and looks attractive if piled log cabin fashion.

Milk Toast

Pour over toast hot milk, to which has been added salt, pepper and butter to taste. This is much more appetizing if the milk is carried to the patient's room in a hot pitcher or cup and added to the toast just before it is eaten.

Poached Egg

Break an egg into a saucer. Have enough water boiling in a frying pan to cover the egg. Stir the water in one direction only until it is moving rapidly, and slip the egg into the centre of the whirl of water.

Put the pan at once on the back of the stove or where it will not boil and let it stand until the white has set and a white film formed over the yolk. Lift with a skimmer or a mixing spoon with holes in it. Serve on hot buttered toast on a small warm plate, or with potato. The toast may be softened with hot water if desired. Add salt and pepper.

Coddled Egg

Place the egg in a bowl and pour over it 1 quart boiling water, cover at once and let stand from 8 to 10 minutes, or while you are making the toast or tea. The white of the egg is never hard if cooked in this way and is easy

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to digest. It does not look as well as a poached egg on toast but is better for invalids.

Soft Custard

Beat yolks of 2 eggs, add 2 tablespoons sugar, and a few grains of salt. Heat 1 cup milk in a double boiler and stir in gradually the egg and sugar. Cook until it thickens, strain, cool and add a few drops of vanilla.

Baked Custard

Beat slightly 1 small egg, add 1 tablespoon sugar and a few grains of salt. Add egg and sugar to $\frac{1}{2}$ cup hot milk, strain into a cup, sprinkle with nutmeg, and place in a pan of hot water. Bake in a slow oven until firm.

Junket Custard

Heat 1 cup milk until lukewarm, add 1 tablespoon sugar. As soon as sugar is dissolved, add $\frac{1}{4}$ Junket tablet which has been dissolved in 1 teaspoon of cold water and $\frac{1}{2}$ tablespoon brandy, or $\frac{1}{4}$ teaspoon vanilla. Pour at once into small glasses or moulds. Let stand until firm, then put in cool place until ready to serve.

CONVALESCENT DIET

Convalescent diet means a simple mixed diet. In addition to the two preceding diets it includes fish, chicken, baked potatoes, vegetables, fruits and simple desserts. Fried foods and pastry should not be given. Additions to the diet should be made gradually as a convalescent patient is liable to eat too much.

After a meal the nurse should remove the tray at once and make sure that all crumbs are cleared from the bed. Crumbs are a great annoyance to a patient and may result in bed-sores.

Sample Convalescent Diet

Breakfast:

Coffee or tea with milk and a little sugar.

Diluted fruit juice or cooked fruit, such as pears, prunes, apples.

A thoroughly cooked cereal (cooked 3 to 8 hours and strained if necessary) with thin cream and a little sugar.

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A soft-cooked egg.

Dry toast—butter to spread it served separately.

Dinner:

Meat broth or soup (rice, barley, potato, or pea).

Roast or broiled lean beef, chicken, mutton, lamb or fish.

Baked potatoes or macaroni or rice.

Toast, stale bread, or plain crackers and butter.

A simple custard, ice cream, junket, cereal pudding, gelatine jelly, or stewed fruit.

Milk, to be flavoured as desired.

Supper:

Milk, served as soup, milk toast, or beverage, as preferred.

An omelet or small chop.

Toast or stale bread and butter.

Stewed or baked fruit (prunes, apples, pears, bananas).

WATER

Water should be offered frequently whether the patient asks for it or not. A healthy person requires about three pints of liquid daily. Most sick persons require at least this amount and in case of fever, more may be needed. The water should be fresh and cool but not iced. Barley water or lemonade may be used sometimes for variety.

CONSTIPATION

Constipation is especially stubborn in sickness, since the patient is deprived of his usual exercise and variety in food. So far as possible the bowels should be regulated by diet. Laxative foods include most vegetables with a large amount of fibre, coarse cereals and flour, oils and fats and most fruits and fruit juices. Unfortunately many laxative foods are difficult for sick persons to digest and must therefore be used with caution. A glass of hot or cold water or orange juice an hour before breakfast may be helpful, and at bed-time hot lemonade, oranges, prunes, figs or other fruit if allowed.

FOR HOME NURSING CLASSES

FEEDING A HELPLESS PATIENT

A helpless or weak patient will require assistance to eat or drink. Place the tray on a table or chair beside the bed and spread a napkin or hand towel under the patient's chin. Feed the patient slowly and do not look annoyed if things are spilled. The patient will usually be just as sorry as you are. The glass from which a patient drinks should not be more than half full. Place one hand under the pillow, raise the head slightly and hold the glass to the lips with the other hand. Sometimes liquids may be given more easily through a bent glass tube, a soda fountain straw or even an oat straw. If a glass tube is used it must be washed immediately after use. Spoon feeding should be done slowly with the point of the spoon at right angles to the patient's lips. See that each spoonful is swallowed before another is given. If the patient is unconscious, care must be taken not to choke him. The nurse should open the mouth by pressing downward on the chin, place the food far back in the mouth and press the tongue gently with the spoon. This will cause the patient to swallow.

SERVING FOOD

A meal well served tempts appetite and promotes digestion. Trays, dishes, tray cloths and napkins must be absolutely clean and as attractive as possible. Use the best and prettiest china in the house. Paper napkins may be used to save laundry work since clean white paper is better than soiled linen. A single flower or even a joke clipped from the newspaper will add interest to the event, for meals are important events to a patient and, if cheerful and agreeable, will do much to aid recovery.

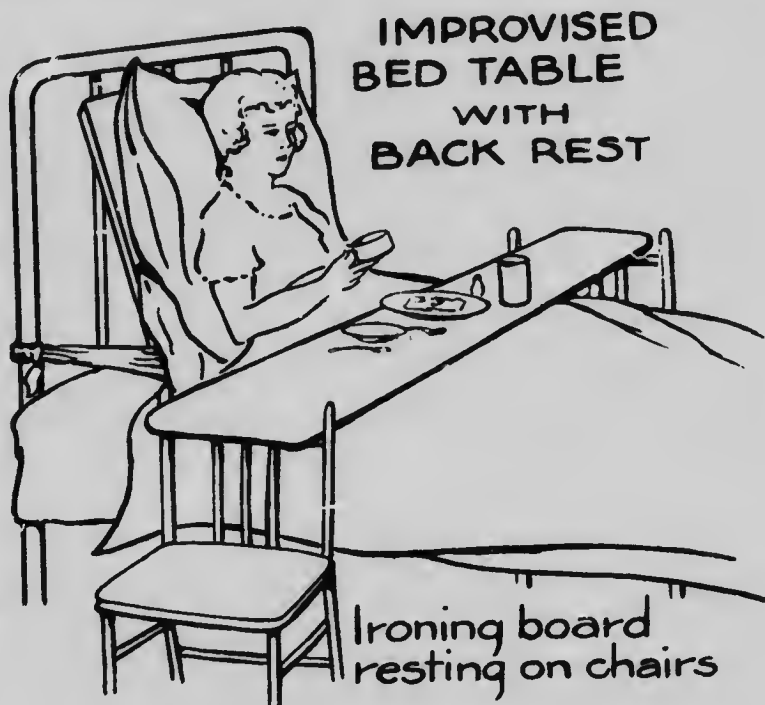
Before the tray is brought to the bedside, wipe the patient's face and hands with a damp cloth, adjust the pillows and give extra support with a back rest if the patient is allowed to sit up. A bed table is a great convenience. This may be made as illustrated on page 35, using an ironing-board resting on two straight-backed chairs.

Serve hot foods hot and cold foods cold. Cups for

RED CROSS MANUAL

hot liquids should be heated beforehand. A hot dish may be kept warm by placing it over a bowl of very hot water.

An over-loaded tray may save steps but the appetite of the patient will be more tempted if the courses are served separately and the patient will not be liable to eat dessert first and then refuse the rest of the meal.



Consider the likes and dislikes of a patient but do not make a habit of consulting him about his meals beforehand. Variety should always be introduced in successive meals. An article of food that is especially disliked should not be served a second time unless well disguised. A food that is refused definitely should be removed at once. The nurse may show her disappointment if she thinks it wise, but she should not argue. A patient who persistently refuses necessary nourishment creates a problem that taxes all the tact and kindness of the nurse and may require the co-operation of the doctor, but gentle persuasion will often induce a reluctant patient to partake of food.

FOR HOME NURSING CLASSES

CHAPTER V.

TREATMENTS

HOW TO GIVE MEDICINE

Medicine should be given with great care and strictly according to the orders of the doctor, because a careless nurse may defeat the object of the doctor's treatment and even endanger the life of the patient. Medicine ordered every three hours should be given every three hours. If the doctor orders a teaspoonful of medicine, give a teaspoonful exactly.

Amateur dosing does more harm than good and may be dangerous. Therefore, medicine should be given only under the instructions of the doctor. The doctor, and the doctor only, is competent to decide when and in what quantities medicine will do good, because he alone understands the condition of the patient and all the possible effects of the drugs.

Medicines are given by the mouth in the form of liquids, pills and powders. Liquids should be measured in a graduated medicine glass, as spoons vary in capacity. Pills should be put well back on the tongue and swallowed with a mouthful of water. Powders are either mixed with water in a spoon or poured dry on to the tongue and swallowed with water. A bottle of medicine should be shaken before use and the liquid poured from the side of the bottle opposite to the label. In this way the label will not become soiled and difficult to read.

When giving medicine it is a safe rule to read the label and the directions before measuring the amount to be given, then read the label and the directions a second time before giving the medicine to the patient. Serious mistakes have been made by the careless reading of labels and directions. Every container of medicine should be correctly labelled and show directions for use. An improvised label may be made from a strip of adhesive plaster or the gummed flap cut from an unused envelope.

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HOT WATER BAG

A hot water bag is the most convenient way to apply dry heat. The bag should be filled not more than two-thirds full of hot water, but the water must not be so hot that there is the slightest danger of burning the patient. Boiling water should not be used. Squeeze the air out of the bag, screw in the stopper tightly, dry the outside of the bag and make sure there are no leaks by holding the bag upside down. Before the bag is placed near the patient cover it with a towel or cotton flannel bag.

A well corked jar or strong bottle makes a good substitute for a hot water bag, or a bag of sand, salt or oats heated in the oven will serve as well. Sand and salt are slow to heat but hold heat for a correspondingly long period. With all these substitute appliances take the same precautions to avoid burns or leakage.

STUPE

To prepare a stupe or hot fomentation, fold several thicknesses of coarse flannel into a pad twice as large as



Wringing a Stupe

the area to be covered. Place the flannel pad in the middle of a towel and hold the ends of the towel while

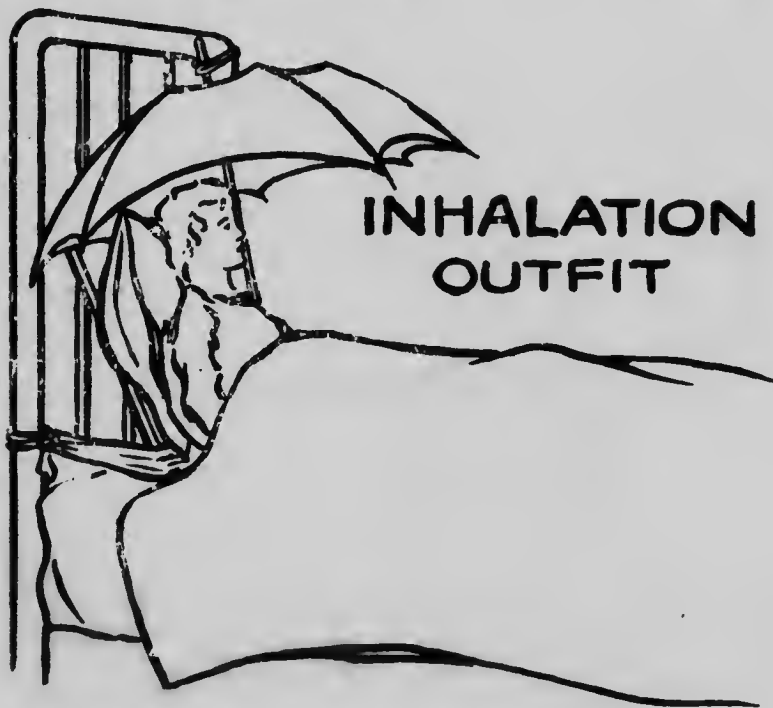
FOR HOME NURSING CLASSES

the middle part of the towel and the pad are soaked in boiling water. Wring out by twisting the ends of the towel in opposite directions until dry enough not to drip. Then carry to the bedside, unwrap the pad, shake to liberate the steam and apply as hot as can be borne without burning the patient. Cover the stupe with a thick towel to keep the steam in and the patient dry.

A stupe wringer is a convenience if these applications are used frequently. To make a stupe wringer, take a piece of heavy toweling or ticking at least two feet long, and put an inch hem on each end. Slip a round stick through each hem. To use the wringer, place the stupe in the middle of the wringer and twist the sticks in opposite directions.

STEAM INHALATION

A steam inhalation or breathing in, is often used in asthma, croup or bronchitis.



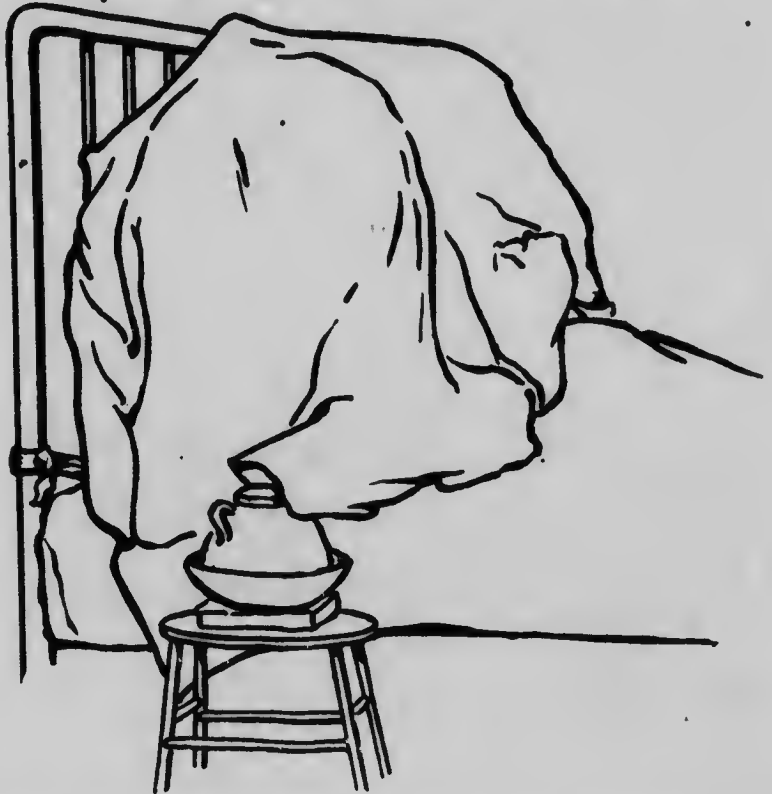
If the patient can sit up, his head should be held closely over a pitcher half full of boiling water. A towel .

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is adjusted around the top to cover the patient's nose and mouth so that he can breathe the steam.

For a young child or a patient who cannot sit up, fasten an open umbrella to the head of the bed and drape a sheet over the umbrella to form a tent. In a basin be-

Blanket covered umbrella forms "Inhalation tent"

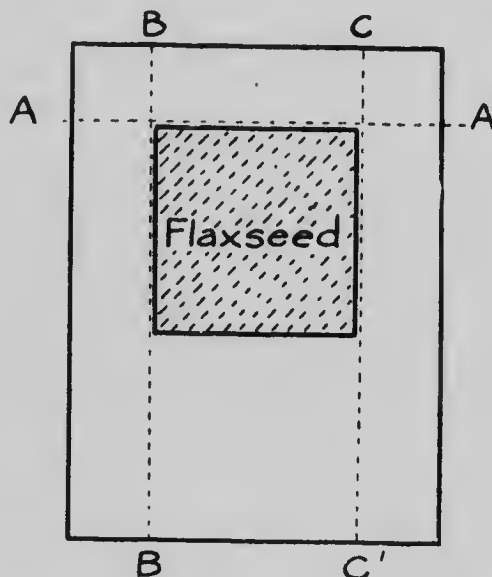


side the bed place a tea kettle of boiling water with the spout so adjusted that steam enters the tent through a pipe of heavy paper or an old gramophone horn. More steam will be given off if a small lamp or electric toaster is placed under the kettle. The steam should be breathed for a quarter to half an hour or longer if necessary to secure relief.

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FLAXSEED POULTICE

To prepare a poultice, first provide a piece of gauze or thin old muslin about two inches wider than the width desired for the finished poultice and about two inches more than twice as long. Stir flaxseed into boiling water until the mixture is thick enough to drop from a spoon. This will require an amount of meal about equal to the amount of water. Then remove from the fire, beat briskly and spread a layer of hot flaxseed on one half of the muslin, leaving clear an inch margin, (see below). Turn the margins of the muslin over the flaxseed by folding first on the line A A' and then on the lines B B' and C C'. Fold the other half of the muslin over the flaxseed so that the top of the poultice is covered, and tuck in the free end. Carry the poultice on a hot plate or wrapped



in a newspaper or hot towel. Test the heat of the poultice against your own face and apply it gradually to the skin of the patient. Cover the poultice with a sheet of wax or plain paper and a flannel pad and bandage loosely, if necessary, to keep it in place. A hot water bag may be laid over a poultice to keep it hot unless the weight causes discomfort. As soon as the poultice is cold it should be repeated unless the skin is very red.

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If the skin is very red anoint with vaseline and keep the part warm until the redness has disappeared. Then apply another poultice. If ground flaxseed is not available, either cornmeal or oatmeal may be used.

MUSTARD PLASTER

To make a mustard plaster, mix one part of dry mustard with four parts of dry flour. The actual amounts used will depend upon the area to be covered. Then add to the mustard and flour enough lukewarm water to make a paste. Use lukewarm, not hot, water and have the paste free from lumps. Spread the paste on a piece of gauze or muslin in the same way as described for a poultice on page 40. Anoint the skin to be treated with a little vaseline to prevent blistering. Apply the plaster and cover with a thick towel. Leave the plaster on until the skin is reddened to the shade of a strong sunburn, then remove the plaster, wipe off the vaseline with a soft cloth and dust the reddened skin with talcum powder.

COMPRESSES

Cold compresses are applied to the forehead to soothe a restless or feverish patient. To make a cold compress, fold an old handkerchief or piece of soft linen to the size of the forehead, chill on a block of ice in a basin, wring out and apply to the forehead. Two compresses should be provided and one placed on the ice to cool while the other is on the forehead. As soon as the compress becomes warm, the other should be applied in its place.

Compresses for the eyes should be of soft material. Each one should be cut slightly larger than the eye and should fit neatly over it. Several compresses should be placed on a block of ice while one is applied to the eye, and every few minutes the compress should be changed. If there is discharge from the eye, each compress should be used but once. When used, they should be collected in a paper and afterwards burned. Separate compresses should be used if both eyes are being treated. The doctor will give definite directions in regard to changing compresses and the length of time the application should be continued.

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Compresses of boracic acid solution are used for wounds, burns and scalds as described on page 61.

SOAP SUDS ENEMA

An enema is an injection of liquid into the lower part of the bowel. An enema is generally used to cause a movement of the bowels.

To prepare a soap suds enema, make in a pitcher one or two quarts of warm soap suds from white castile or ivory soap. Pour the suds solution into a fountain syringe, first closing the clamp on the tube, and hang the bag on the bed post two or three feet higher than the level of the patient.

Protect the bed with a rubber sheet or newspapers covered with a large towel or soiled sheet. Fold back the top covers and spread a spare sheet or blanket over the patient. Turn the patient on the left side with the knees bent. Allow a little solution to flow from the nozzle to prevent injecting air into the bowel and to be sure that the solution is moderately warm but not hot to the nurse's wrist. Do not trust the hand to test the temperature. Smear the nozzle with vasoline or oil and slide the nozzle gently into the bowel. At the same time start the flow, which should be slow and gentle. If the patient complains of pain or a desire to expel as soon as the injection has begun, stop the flow and wait a minute for the spasm to pass. An adult should take from two to four pints and a child from one to two pints.

The enema will be more effective if retained a few minutes, but the bed-pan should be ready for instant use. Should the patient not expel the enema there is no cause for alarm. In such cases repeat the enema in an hour.

VAGINAL DOUCHE

If the doctor orders a vaginal douche for cleansing or for the relief of inflammation, he will give directions for the preparation.

The patient should lie on her back in bed and use a douche pan. Pour the water or solution into a fountain syringe at a temperature of at least 110 degrees or as hot as can be borne; it should be tested by a bath ther-

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mometer or by a stream directed against the inside of the arm. From three to six quarts of water should be taken and the stream allowed to run very slowly at a low pressure. It requires fifteen minutes to take it properly. The glass nozzles are best and should be boiled before and after use.

The hands should be washed in soap and water and scrubbed with a nail brush before taking or giving a douche.

FOR HOME NURSING CLASSES

CHAPTER VI.

COMMUNICABLE DISEASES

Communicable diseases are what most people call "catching" diseases. Communicable diseases formerly were called either "contagious" or "infectious" but these terms are going out of use.

The home nurse who knows how communicable diseases are spread will be able to care for a patient with a communicable disease in such a way as to lessen the danger to other members of the family and community. To prevent the spread of communicable disease is just as important a duty of the home nurse as is the care and comfort of the patient.



If germs were large enough for us to see them without a microscope, a pencil that had been in some one's mouth would appear something like this, and the legs of a fly would be seen to be loaded with germs.

Communicable diseases are caused by the poisons made by tiny forms of plant or animal life called disease germs. Each kind of communicable disease is caused by its own kind of germ. Disease germs are present in the bodies of patients with communicable disease and sometimes in the bodies of healthy persons called "carriers" of disease.

METHODS OF SPREAD

Disease germs are spread by the discharges of the nose, throat, bladder and bowels. These germ-laden

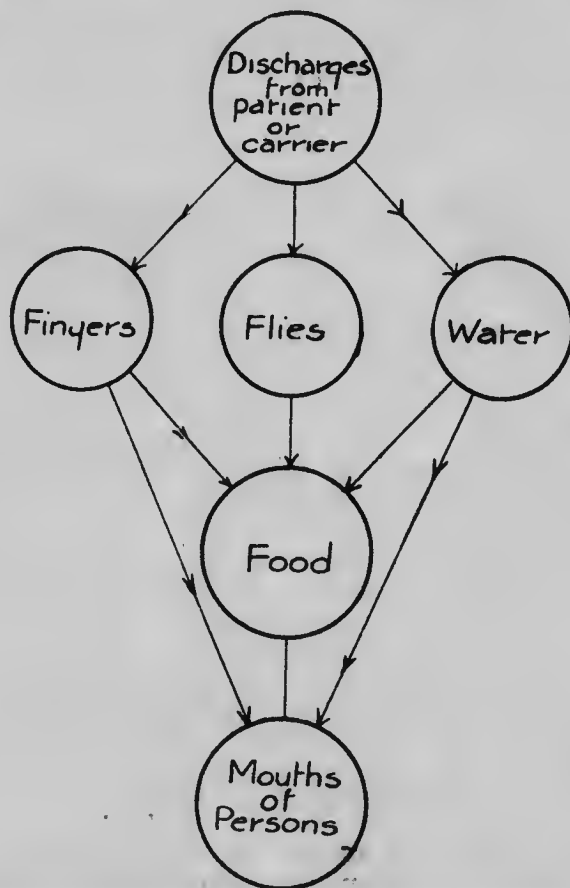
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discharges may be carried to other persons directly by a spray from a cough or sneeze or indirectly by water or foods, by common drinking cups, towels and similar articles and especially by unclean hands. After they have been carried in one or other of these ways, the germs enter the body of another person, through the mouth, nose or rarely through breaks in the skin.

The "three F's" in the transfer of communicable diseases are flies, food, and fingers. A knowledge of the "three F's" is not less important than the old curriculum of the "three R's".

Flies

The common house fly breeds in filth and may carry on its legs thousands of disease germs. The fly lights on



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the baby, or on food, or gets into the milk and leaves behind the germs of disease.

Food

Food handled by unclean hands or food exposed to dirt and flies becomes as dirty as the flies themselves and may plant the germs of disease directly into the human system.

Fingers

The fingers collect germs and dirt from ordinary objects in everyday use that have been contaminated by the body secretions of some other person. The fingers are constantly making trips to the mouth, mostly unnecessary trips.

Success in the prevention of communicable disease depends upon blocking the spread of the body secretions carrying disease germs from person to person. Methods of prevention are easy to understand but often difficult to carry out, and the home nurse will require both intelligence and care in order to prevent the spread of disease germs.

EARLY SIGNS

When communicable disease is suspected, call the doctor at once. Do not trifle with home remedies. You cannot afford to guess when the health of your family is concerned. The symptoms of communicable disease are often very baffling but you will be on the safe side if you call the doctor whenever a member of the family, especially a child, develops a rash, fever, chills, vomiting or sore throat. Put such a person to bed, call the doctor and keep the patient alone until the doctor decides upon the nature of the illness. Isolation is very important, for many communicable diseases are most easily spread during the early stages.

AVOID NEEDLESS EXPOSURE

No one, especially a child, should be exposed needlessly to communicable disease. Mothers often think that children must have these diseases some time and the sooner the better. This is a dangerous mistake. No child is fated to have a communicable disease and the younger the child, the greater the danger. Measles,

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scarlet fever and whooping cough caused the death of over 1,000 Canadian children in 1923.

ISOLATION

A patient with a communicable disease should have a room to himself. No one should enter the room except the nurse and the doctor. Visitors must be rigidly excluded.

At the outset all unnecessary furnishings and bric-a-brac should be removed from the room. Only such articles should be retained as may easily be kept clean. Unnecessary furniture and furnishings mean extra work for the nurse.

Windows should be screened in summer and flies excluded.

THE NURSE

The nurse should wear plain washable clothing and keep every wisp of hair tucked out of sight beneath a neat cap or folded kerchief. This is not only for appearance's sake but because hair is a germ catcher. An overall apron is an excellent make-shift uniform.

The nurse's laundry should not be placed with that of the rest of the family, but disinfected in the same manner as the patient's clothing. (Page 50).

The nurse can mingle safely with other members of the family if she follows these directions with scrupulous care.

DISINFECTION

Disinfection means the destruction of disease germs discharged by a patient with communicable disease. The materials used for this purpose are called "disinfectants." The method of destruction is different with different diseases and in each case the home nurse should learn from the doctor how the particular disease is spread, just what discharges, utensils or linen need disinfection and what method is to be used. Leaflets on the different communicable diseases are issued by the Health Departments of most provinces and may be obtained upon application to the Provincial Health Officer. However, a knowledge of the following methods will be useful.

FOR HOME NURSING CLASSES

CARE OF NOSE AND THROAT DISCHARGES

Colds, influenza, pneumonia, tuberculosis, measles, whooping cough, diphtheria and scarlet fever are spread by secretions from the nose and throat in the spray of a cough or sneeze. They also may be spread by kissing, careless spitting or by the use of improperly washed cups and spoons, pencils or anything that touches the mouth.

In spray-borne diseases the pocket handkerchief is a frequent carrier of infection. A handkerchief is difficult to sterilize and much the better way is to use pieces of old linen, gauze or paper napkins. As soon as used, these should be put into paper bags near enough to the patient to reach, but kept out of sight. The bag and contents should be burned each day.

If handkerchiefs have to be used, they should be placed as soon as soiled in a covered receptacle filled with cold water in which washing soda has been dissolved. Or a cotton bag may be used to receive them temporarily until there is time to wash them. Boil them for twenty minutes either in the bag or in the covered receptacle used as a container. After that they may be done with the regular laundry.

The sputum of a patient with tuberculosis requires special care. Such a patient should use paper handkerchiefs as described above and should spit only into a sputum cup made by lining with heavy paper an old cup or tin mug. The lining and contents should be burned daily and a fresh paper added. This cup should be protected from flies and used for no other purpose.

Everyone should be taught in early childhood that it is dirty to spit and that the mouth should be covered with a handkerchief during a cough or sneeze. If the patient has not learned these habits he must be taught forthwith.

CARE OF DISCHARGES FROM THE BOWELS AND BLADDER

In typhoid fever, dysentery and summer complaint, the discharges from the bowels or bladder should be disinfected before they are disposed of. Break up any large masses and cover the disintegrated mass with hot water. Then sprinkle on a large cup of chloride of lime and allow this to stand for one hour in a covered receptacle before

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throwing into the sewer. These precautions kill the disease germs and so prevent flies and other insects from spreading the disease.

After each disinfection the vessel should be cleansed thoroughly with hot soapsuds. The provision of a covered receptacle will leave the bed-pan available for use.

A record of these discharges should be kept on the patient's record chart (page 17) and anything unusual in their appearance reported to the doctor.

If you live in the country without sewerage you should dispose of the discharges with particular care, otherwise you may infect the water supply. After standing an hour in the disinfectant solution the discharges should be buried in the ground in a place low enough not to drain into any cistern, stream or other water supply, or the discharges may be mixed with sawdust and coal oil and burned in a trench. A sanitary privy is one of the best means of keeping down diseases spread by bowel discharges. A sanitary privy is neither difficult nor costly to build. Your Provincial Health Officer will furnish plans free upon request.

CARE OF HANDS

The nurse must remember that her ten fingers are the ten most active agents in spreading communicable diseases. After handling the patient or anything that the patient has touched, and whenever she leaves the patient's room, she must scrub her hands thoroughly with warm water, soap and a nail brush. She should not soil her hands unnecessarily, even though she intends to scrub them later. She must remember for her own protection to keep her hands away from her mouth and face, and to clean them with special care before eating. Disinfectants for the hands should be used as an added precaution to scrubbing and not as a substitute. The hands may be disinfected after scrubbing by soaking them for three minutes in a solution of carbolic acid made by adding three teaspoonfuls of pure carbolic acid to one pint of hot water. This solution should be coloured with a little laundry blue and the bottle labelled "Carbolic Acid Solution, Poison."

FOR HOME NURSING CLASSES

CARE OF UTENSILS

The eating utensils used by a patient with communicable disease must be used only by the patient. They should be washed separately and dried with towels not used for other dishes. Mistakes frequently occur by which other persons use the patient's dishes, and in consequence, the patient's dishes should not be kept in the cupboard with other dishes. If no other safe place can be found, they had better remain in the patient's room covered with a clean cloth or napkin. At the termination of the illness the dishes must be boiled briskly for ten minutes before they are returned to general use. Food left on the patient's tray should be burned. These precautions prevent the transfer of germ-laden saliva from the sick to the well.

CARE OF LINEN

The most convenient way to disinfect used towels, nightgowns and bed linen is to place them immediately in a wash boiler nearly filled with cold water, to which a little washing soda has been added, and then to boil them in the same water for twenty minutes. Afterwards the articles may go safely into the family laundry. The boiling may be done once a day, articles soiled in the meantime being left to soak in the cold water and soda.

AT THE END OF THE ILLNESS

When the quarantine is ended the patient should have a hot bath and shampoo, followed by a complete change of clothing. Dishes, utensils and bed linen should be treated as already described and the room given a thorough housecleaning. The floor, bedstead, and other furniture should be washed with hot water, soap and washing soda. The walls and windows should be wiped with a cloth wrung out of hot water, soapsuds and soda. The mattress should be scrubbed with the same solution and a stiff brush, and left out-of-doors in the sunshine for a day or two until dry. As a rule, ordinary washing is all that is required for blankets, but if badly soiled they should be sterilized by steam or burned. The room should then be thoroughly sunned and aired for a day or two, with the windows wide open both day and night. Sunning and airing are among the most important

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measures in disinfecting a room, and should not be neglected. The room may be safely occupied after all these measures have been taken.

Thorough cleaning is a safeguard but it should be remembered that disease is nearly always spread directly from the sick to the well and rarely through inanimate objects.

FOR HOME NURSING CLASSES

CHAPTER VII.

EMERGENCIES AND SLIGHT AILMENTS

This chapter describes some measures to be used by the nurse in sudden emergencies and a few home remedies for the relief of slight ailments. If the emergency is serious and cannot be controlled by the nurse, the doctor should be called at once; in the interval a little knowledge may be a most useful thing. It should be understood clearly that these instructions cannot take the place of the doctor's advice.

FAINTING

Fainting is one of the commonest accidents. It is the result of a reduced flow of blood to the brain. The most common causes are: a nervous shock, the onset of a communicable disease, bad ventilation, constipation and indigestion, decaying teeth, and missing breakfast. Repeated cases of fainting are probably due to heart disease.

You can tell when a person is about to faint by the ashy colour of the face. When you see a person in this state, immediately lower his head until it is between his knees. To do this, hold the head firmly with one hand across the brow, and the other to the back of his neck. This causes a rush of blood to the head, and, if done in time, will prevent fainting. If the clothing around his neck is at all tight, this should be loosened. Have someone open all the windows, and as soon as possible give him a drink of cold water.

If the patient has fainted and fallen, before you noticed what was happening, leave him lying flat on the floor for the time being. Do not place anything under his head for a pillow. If an adult is present, or if several children can lift the patient by the feet until only the head and shoulders rest on the floor, consciousness will quickly be restored. If this is not possible, flick the face

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with a towel wrung out of ice-water or very cold water and hold a piece of cotton wool saturated with aromatic spirits of ammonia to his nose. When he begins to revive, give him a drink of very cold water. You might add to it half a teaspoonful of aromatic spirits of ammonia.

For some time after fainting, the patient should remain lying down. He should be made as comfortable as possible and should be warmly covered. Fainting is always followed by a feeling of chilliness. When the patient has sufficiently recovered, he should not try to work for the rest of the day.

CONVULSIONS

Convulsions in an adult are very serious. In a small child they are sometimes serious but often due to slight causes such as an upset digestion.

Call the doctor at once and apply cold cloths to the head.

A baby should be undressed quickly but as quietly as possible and given a hot mustard bath. Wrap the mustard in a cloth and stir until the water has a pale yellow tint. The temperature of the hot water should be tested with the elbow rather than the hand for there is danger of scalding the baby in the excitement of the moment. When the convulsion is over put the child to bed between warm blankets and keep perfectly quiet. Repeat the bath if the convulsions begin again. If it is impossible to obtain a doctor, a teaspoonful of castor oil may be given.

An epileptic convulsion usually lasts but a few moments and is followed by a deep sleep. If possible, do not move the patient until the convulsion is passed. The most important thing is to prevent the patient from biting the tongue. To do this, press the chin down and slip a pencil rolled in a handkerchief between the teeth. Then loosen any tight clothing around the neck and restrain the patient only enough to prevent injury.

COLLAPSE

Collapse or shock often follows severe injury or prolonged illness. The patient looks pale and anxious. The pulse is weak, the pupils of the eyes are enlarged and the skin feels cold and clammy.

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This condition is critical and the doctor should be called at once. In the meantime quiet and warmth are very necessary. The patient should be covered warmly and have the head low. As quickly as possible place hot water bags beside but not touching the patient.

If the patient is conscious and able to swallow give a drink of strong coffee or half a teaspoonful of aromatic spirits of ammonia in half a glass of water. These are safe stimulants to use; alcoholic liquors should not be given unless ordered by the doctor.

POISONING

Bottles that contain poisons should never be kept among medicines. When a poison is taken by accident, a physician should be called at once. If possible, have the messenger tell him what poison has been taken, so that the proper antidote may be brought.

In the meantime, before the doctor comes, give an emetic to cause vomiting. Good emetics are: mustard and water; salt and water; lukewarm water alone, and in large quantities.

For bichloride of mercury (corrosive sublimate) give the whites of several eggs followed by large quantities of milk or lukewarm water.

For carbolic acid give the whites of several eggs. For other acids give milk or lukewarm water in large quantities.

For lye, give a mild acid, such as vinegar.

APPARENT DROWNING

1. Lay the patient face downwards, as shown in Fig. 1, with one arm extended directly overhead, the other arm bent at the elbow and the face resting on hand or forearm, so that the nose and mouth are free for breathing.

2. Kneel over the patient, straddling his hips as shown in Fig. 1. Place the palms of the hands on the small of the back with fingers resting on the ribs, the little finger just touching the lowest rib, the thumb along side of the fingers, the tips of the fingers just out of sight.

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Figure 1—Placing the hands.



Figure 2—Applying pressure.



Figure 3—Quickly removing pressure.

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3. With arms held straight, swing forward slowly so that the weight of your body is gradually brought to bear upon the patient as in Fig. 2. The lower part of the chest and also the abdomen are thus compressed, the air is forced out of the lungs, the diaphragm is kept in natural motion, and the circulation of the blood increased.

4. Now immediately swing backward so as to completely remove the pressure, thus returning to the position shown in Fig. 3. The chest walls expand, and the pressure being removed, the diaphragm descends and the lungs are supplied with fresh air.

5. After two seconds swing forward again. Then repeat twelve to fifteen times a minute the double movement of compression and release. If a watch or a clock is not visible, follow the natural rate of your own breathing. The proper rate may be determined by counting—swinging forward with each expiration and backward with each inspiration.

6. While this is being done, someone else should loosen any tight clothing about the patient's neck, chest or waist. Try to keep the patient warm by having someone cover him with a blanket and by placing hot water bottles near his body, but outside the blanket to prevent burning him.

7. Continue this artificial respiration without interruption until natural breathing is restored; if necessary for four hours.

8. When the patient revives, he should be kept lying down. Give him a drink of hot ginger tea or coffee, or half a teaspoonful of spirits of ammonia in a glass of hot water. Always send for a doctor.

9. Watch the patient until the doctor comes, and normal breathing stops, artificial respiration should be started again at once.

SUFFOCATION

Suffocation may be produced by hanging, by choking, or by gas poisoning, smoke poisoning or electric shock. Get the patient into the open air at once and carry on artificial respiration as in cases of apparent

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drowning; and when the patient is able to swallow, give stimulants as directed above.

CHOKING

Hold the patient's head down and slap on the back. Sometimes the object which is causing the choking may be removed with the fingers.

DRESSING A WOUND

Before attempting to dress a wound you should carefully scrub your hands with hot water and soap, using a nail brush.

The ordinary wound should be swabbed at once with iodine. If the skin around the wound is dirty, carefully cover the wound itself with a piece of sterilized gauze and hold that in place, while cleaning the surrounding area with soap and warm water. Scrub from the wound, not towards it; otherwise, you will be sure to introduce dirt into the wound. After having swabbed the wound with iodine, place on it several layers of dry sterilized gauze and bandage it in place.

BLEEDING

Wounds, however, may continue to bleed. In that case we call them "haemorrhages." These may be divided into three groups: capillary, venous, and arterial.

A capillary haemorrhage is characterized by oozing of the blood. It is practically always controlled by a dry sterilized dressing and snug bandage.

Where a vein is injured you will see a steady flow of dark red blood. If this is not stopped by a snug bandage, press with the thumb on the side of the wound farther from the heart, since the blood in the veins is flowing towards the heart.

The most serious haemorrhage is that resulting from a cut artery. In this case, you see regular jets of bright red blood spurting from the wound. Send for a physician at once. In the meantime, raise the part and apply pressure on the side of the wound nearer the heart. If the wound is in an arm or leg, tie a large handkerchief or piece of cotton around the limb between the wound and the trunk of the body. Insert a lead pencil lengthwise between the arm and the handkerchief and turn the pen-

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oil about until it tightens the bandage sufficiently to stop the bleeding. Do not leave the bandage on longer than is necessary to stop the bleeding.

After the bandage has been on for 20 minutes release it gradually and leave it loosely around the limb in order that it may again be tightened if bleeding commences again.

Nose-bleed may be caused by a blow on the nose, excitement, "picking the nose," nasal catarrh, a foreign body in the nose, ulcer of the nostril, or by the onset of a communicable disease. There are also rare cases of what are called "bleeders." This characteristic of bleeding readily is inherited.

The simplest and usually effective treatment is to compress the lip and the side of the nose which is bleeding with the index finger, gently but continuously for at least five minutes. Cold applications to the nose and back of the neck are frequently quite effective. Have the patient seated with head held erect and breathing deeply and regularly through the mouth. Too often one sees a person with nose-bleed holding his head down over a basin. This position is exactly the wrong one. The patient should be warned not to blow his nose, so that the forming blood clot will not be disturbed.

There are some cases of nose-bleed so severe that these simple measures do not suffice. In that case, a physician should be sent for. If some time is likely to elapse before his arrival, the nostrils should be packed. To do this, boil scissors and forceps and carefully scrub your hands with a brush and soap. Cut off a few inches of the narrow sterilized gauze in the medicine cabinet and with the forceps, gently introduce it into the bleeding nostril. Force it straight back, not upwards, and keep on inserting it until the nostril is completely packed. This method will usually stop the most severe nose-bleed.

Profuse menstruation requires that the patient be kept quiet in bed with the head low and the feet slightly elevated. A hot drink and the application of a hot water bag will help to relieve any accompanying pain.

SPRAINS

A joint is sprained when, due to a wrenching or twist-

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ing of the part, the ligaments which guard the joint become stretched or torn. This injury is most commonly found at the wrist or ankle and the swelling which accompanies it is due to bleeding from the torn blood vessels of the ligaments affected. The pain and swelling which rapidly ensue make it difficult at times to distinguish between sprains, dislocations and fractures; however, a little care taken to compare the affected part with its opposite mate will usually indicate the difference.

In all cases the primary treatment is the same. To prevent the swelling with its accompanying pain and tension and to arrest bleeding, elevate the part and apply ice or cold water. Then apply a snug bandage and place the joint at rest in the most comfortable position. After the swelling has diminished, hot compresses may be applied and the part gently rubbed toward the body. At this stage some movement of the parts should be begun to avoid stiffness.

DISLOCATIONS

A dislocation of a joint is an injury by which one of the bones which enter into it becomes forced out of relation to the other, and is the result of direct or indirect violence or muscular exertion. Since more or less rupture of the ligaments of the affected joint always takes place, the signs and symptoms are similar to those accompanying sprains, namely: pain, swelling, loss of motion with the added sign of joint deformity. This injury is usually found in the upper extremity, involving shoulder, elbow, wrist or fingers. In all cases, with the probable exception of a thumb or finger joint, a surgeon's skill will be required, but meantime, treatment the same as that for sprain should be given.

FRACTURES

The signs and symptoms of a fracture or broken bone are: pain, loss of function, a sensation of grating on movement, shortening of the part and extensive swelling from bleeding about the part injured. The pain causes spasm of the muscles attached to the bone injured and thus increases the suffering. If the part is not made steady by splints, a sharp end of the bone may poke through the skin. For this reason, any attempt at re-

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duction must not be undertaken but the injured part should be kept as quiet as possible and the patient should not be moved until the arrival of the doctor.

Temporary splints to support a fracture may be made from any material at hand and these should be carefully tied or bandaged to the limb so as to include the joint above and below the fracture. When an injury is severe it is better to assume that a fracture is present and avoid any movement which would make matters worse. It is always better to rip or cut off the clothing than to attempt to remove it in the usual way. If swelling is severe, ice cold compresses should be applied. If there is an open wound, swab the wound with iodine and apply a dry dressing of sterile gauze before adjusting the splints.

BOILS

When a boil appears, wash it thoroughly with soap and water and place a drop of carbolic acid on the tip. Paint the surrounding skin with iodine. If this does not cure, smear the surrounding skin with vaseline and open the boil freely with a sharp pen-knife, the blade of which has been boiled. Pour peroxide into the opening and cover the wound with a boracic compress (page 61) and bandage lightly. Change compress twice a day.

Do not let matter from a boil get on the surrounding skin, and boil all clothing soiled with matter. If signs of a new boil appear paint the spot with iodine.

BURNS AND SCALDS

The deaths from burns and scalds depend not on the depth of the burn or scald but on the amount of body surface affected. If over a third of the body surface is burned, death is apt to result from shock to the nervous system. In case of extensive burns, send for a physician at once. In the meantime, get the patient into a tepid bath and give any safe stimulant you have at hand.

If a person's clothes take fire, have him roll on the floor and throw over him a blanket or rug. This will smother the flames. If badly burned, remove the clothes by cutting, and get the injured part into a tepid bath.

For the ordinary small burns and scalds, apply moist baking soda dressing. When blisters form, treat as in frost-bite.

FROST-BITE

A frost-bite can easily be detected by the completely

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white appearance of definite skin areas. This is due to the arrested circulation of blood to the part.

First apply gentle friction to the part until the white area becomes reddened, showing returned circulation of blood. **Never rub a frost-bite with snow or kerosene.** If the frost-bite is slight, apply vaseline and dressing and keep the part elevated for an hour or so afterwards. If blisters form, sterilize a needle or pair of scissors by boiling for five minutes, and prick the lower edge of blister. Gently squeeze out the fluid and then apply boracic compresses. These must be changed frequently enough to keep them always moist. If the frost-bite is on the hand or foot, the best treatment is to immerse the part in a basin containing warm boracic solution.

Boracic solution is made by dissolving a tablespoonful of boracic acid powder in a pint of boiling water. This solution should be allowed to become just comfortably warm before using it for the purpose indicated above. A compress is made by dipping into the solution several layers of gauze cut the right size for the part affected, and squeezing the gauze sufficiently so that the solution will not drip from it when it is applied. If a piece of oiled silk or oiled paper is placed over the compress and then a thick pad of absorbent cotton over that, the compress will stay moist for about two hours or possibly longer.

FOREIGN BODY IN THE EYE

The most frequent source of trouble is a small cinder becoming embedded on the inner side of the upper lid. Turn the upper lid inside out and remove the foreign body with a wisp of absorbent cotton wrapped around the end of a toothpick or a match. If an acid or alkali of any kind gets into the eye, immediately pour water into the eye. Pour one pitcherful after another into it, until it is thoroughly flushed out. Call a physician at once.

FOREIGN BODY IN THE EAR

Leave it alone unless it is in plain sight and can easily be removed with forceps or by touching it lightly with the end of a match coated with seccotine or liquid glue. Leave the match in contact with the foreign body until the glue sets and then gently withdraw it attached to the

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foreign body. You should not attempt to probe inside an ear, because of the danger of injuring the delicate membrane of the ear drum. If an insect gets into the ear, a little warm sweet oil should be dropped in. This will kill the insect and it can then easily be removed. Sometimes in washing the ear a little water will remain in the canal and cause a painful buzzing. To remove the water turn the head so that the affected ear hangs downward and have the patient hop about the floor to shake out the water.

FOREIGN BODY IN THE NOSE

Have the child blow his nose as hard as possible. An attempt should be made to remove the foreign body by very gently inserting forceps straight back through the nostril. Never direct the forceps upwards. If the tip of the nose is tilted upward it will be easier to see inside.

SWALLOWING A PIN

Roll up little balls of absorbent cotton and have the patient swallow half a dozen. The balls should be about three-quarters of an inch in diameter and moistened. The pin becomes embedded in the balls and will not scratch the lining of the alimentary canal. Do not give a purgative.

COLIC

Colic is a sharp intermittent pain felt in the middle of the belly and often caused by indigestion or a chill.

If the colic is due to indigestible food or too much food of any kind, give a large tumblerful of lukewarm water in which is mixed a heaping teaspoonful of either mustard or common salt. This should make the patient vomit and empty the stomach. If this does not occur within ten minutes, repeat the dose. After the stomach is emptied give half a teaspoonful of aromatic spirits of ammonia in water.

If the bowels were constipated when the attack began, give a soapsuds enema as directed on page 42.

Local application of heat will help to relieve the pain. Use a hot water bag or a stupe.

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Colic may be serious and the doctor should be called if the patient seems exhausted or if the pain is accompanied by fever, vomiting or stubborn constipation.

Vomiting should be treated like colic.

DIARRHOEA

An adult with diarrhoea should take one or two tablespoonfuls of castor oil and drink boiled water freely. No food should be given until the doctor comes. If a doctor is not available, a liquid diet should be given for twenty-four hours followed by a light diet for a day or two. During the sharp attack the patient should rest in bed and keep warm.

In a baby, diarrhoea may be serious. Withhold all food but give boiled water freely. The doctor should be called and a bowel movement saved for him to see. If a doctor is not available, give from one half to one teaspoonful of castor oil according to the baby's age. Similar treatment should be given to older children.

CONSTIPATION

A daily bowel movement is necessary to good health. The bowels can best be regulated by diet, water, exercise and habit. Fresh vegetables and fruits, bran and brown bread are better than concentrated foods. Regular exercise and drinking water freely between meals help as does the habit of going to the toilet at a regular time every day. The habitual use of drugs is unwise and will only make the trouble worse, but castor oil or Epsom salts may be used in emergencies.

HICCOUGH

To stop hiccough, hold the breath or drink water. If the hiccough still continues, take a teaspoonful of either salt or mustard in a large tumblerful of lukewarm water. This will cause vomiting and often stop the hiccough.

CHILLS

Chills may mark the beginning of an illness or be the result of exposure to cold. In the former case, the temperature should be taken and the doctor called if there is fever. When chills follow exposure, the patient should

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have a hot bath, a hot drink and go to bed between warm blankets with a hot water bag.

PRICKLY HEAT

Prickly heat is an eruption on the skin caused by heat and moisture and made worse by flannel underwear. Keep the skin dry and cool. To prevent prickly heat and to relieve it, bathe the skin in a mixture of one part of alcohol to three of water. After the bath, dust the skin with a good talcum powder or a powder made of one part of boracic acid and two parts of starch.

IVY POISONING

Ivy poisoning can usually be prevented if the parts touched by the ivy are washed thoroughly with yellow kitchen soap and water. At first wash in towards the affected part to prevent the spread of the poison from the ivy. All exposed parts should be well lathered and washed, and some of the lather left to dry on the skin. This preventive treatment is good only if carried out shortly after exposure before any signs of inflammation appear. If the rash has come out, do not use soap and water, but let out any blisters and apply a wet dressing of either boracic acid or one part of sugar of lead in eight parts of water.

INSECT BITES

Apply household ammonia or iodine to the spot to relieve the pain. Do not scratch.

TOOTHACHE

Toothache is almost unknown in persons who care for their teeth. The methods of care are described on page 21. A toothache should be treated by a dentist but temporary relief may be given by a hot water bag or by plugging the cavity with a little absorbent cotton soaked with oil of cloves.

THE FAMILY MEDICINE CABINET

A small cabinet containing remedies for emergencies and slight ailments is a necessity in every home. This cabinet may be made from two wooden grocery boxes. Use one box to make shelves and a door. Attach a pair of hinges and a lock and give the cabinet two or three

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coats of white paint both inside and out. When you put in the shelves, make one compartment high enough for tall bottles.

The bottles of carbolic acid, iodine and alcohol should be of blue glass with a rough surface and be labelled "**POISON.**" Keep poisons on the top shelf of the cabinet. Treat poisons as you would snakes and keep them away from the family just as carefully. The cabinet should be kept locked, with the key hung in plain sight, but high out of reach of children.

The following supplies will be required and should be replaced as often as necessary:

- Alcohol (rubbing), 8 ounces ("**POISON**").
- Aromatic spirits of ammonia, 4 ounces.
- Boracic acid, 4 ounces.
- Carbolic acid, 4 ounces ("**POISON**").
- Castor oil, 4 ounces.
- Epsom salts, 1 pound.
- Jamaica ginger, 4 ounces.
- Mustard.
- Oil of cloves, $\frac{1}{2}$ ounce.
- Tincture of iodine, 2 ounces ("**POISON**").
- Vaseline, 1 tube.
- Zinc ointment, 1 tube.
- Medicine glass.
- Medicine dropper.
- Sterile gauze, 1 package.
- Sterile absorbent cotton, 1 package.
- Sterile bandages, half dozen of assorted sizes.
- Adhesive plaster, 2 inches wide.
- Clinical thermometer.
- Nail brush.
- Hot water bag.
- Fountain syringe, 2 quart.
- Toothpicks.
- Probe forceps.
- Small scissors.
- Safety pins.

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Patent medicines are absent from this list. Some patent medicines contain habit-forming drugs, others contain harmless drugs but have no medicinal value. Do not take patent medicines. They waste money and health.

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CHAPTER VIII.

HEALTH IN THE HOME

CLEAN HOMES

The first essential of a healthy home is cleanliness. A truly clean house is a great factor in the prevention of disease, but there is a difference between dirt which is dangerous and dirt which is harmless.

The most dangerous dirt is that which contains the discharges from a human being who is sick or is a "carrier" of disease. A speck of tuberculous sputum or of bowel discharge from a typhoid "carrier" is more dangerous than a peck of dirt without such human contamination.

The kitchen should be the cleanest room in the house. It should be bright, airy, and easy to clean. In cleaning kitchen tables and woodwork, water should not be allowed to soak into cracks and dark corners, carrying with it small particles of food to feed insects. Linoleum, if used, to cover the floor, should be well fitted at the edges to prevent water from running underneath. There should be neither cracks nor crevices in wall or floor, and no dark corners or out-of-the-way cupboards in which dust, food particles and moisture can gather. Such conditions not only attract mice and roaches, but furnish favourable soil for the development of substances which spoil food.

Every place in which food is kept should have constant care. The refrigerator is particularly important. Its linings should be water-tight, and the drain freely open at all times; otherwise, the surrounding wood will become foul and soaked with drainings. At least once a week it should be entirely emptied and cleaned in the following way: Wash the racks thoroughly in hot soap suds to which a small amount of washing soda has been added, rinse in boiling water, dry and place in the sun and air. Then wash all parts of the refrigerator in the

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same manner, especially grooves and projections where food or dirt may lodge. Flush the drainpipe and rinse the whole interior again with plain hot water, dry thoroughly with a clean cloth, and air for at least an hour. The drainage pan should be washed and scalded frequently. Food showing the slightest evidence of spoiling should be removed from the refrigerator at once.

All cooking utensils should be washed thoroughly and dried before they are put away. Dish-cloths and towels should be boiled and washed frequently and, if possible, dried in the sun.

The hands of the cook need the most care of all. They should be washed always before handling food, and always after visiting the toilet, using the handkerchief, or otherwise coming in contact with nose, mouth or other bodily secretions. Ideally, coughing and sneezing ought not to occur in the neighborhood of food, especially of food to be eaten raw; and persons with coughs, colds or other communicable disease, however slight, ought not to handle food.

Dry sweeping and dry dusting do not remove dust; they only change it from place to place. Dusting should be done with a moistened cheese-cloth. Before sweeping scatter scraps of wet newspaper or some kind of dust-gathering material. Dust was formerly considered to carry living disease germs but it is now known that the germs of many communicable diseases are carried on tiny drops of moisture expelled in coughing or sneezing. Nevertheless, dust in motion irritates the delicate lining membranes of the nose, throat and lungs and people who tolerate dust usually tolerate uncleanliness in other forms, more serious though not so easily seen.

VENTILATION

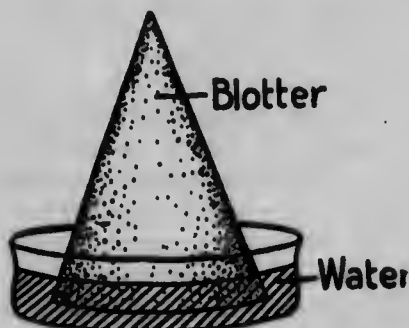
Good air should be of the right temperature, should have sufficient moisture, be in gentle motion and free from dust and smells.

The air out-of-doors is always the best and should be admitted indoors as freely as possible. This is a simple matter in warm weather but requires more attention in the winter-time. The bedroom windows should always

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be open during hours of sleep, and precaution taken to keep the air in other rooms in good condition. Window ventilation can be secured without draught as explained on page 3.

The best indoor temperature is about 65 degrees, certainly not over 70 degrees. The air in winter in most houses is too dry so that the nose and throat are irritated and more liable to become diseased. If a stove is used for heating, always keep a kettle simmering or a pan of



Air Moistener.

water on top of the stove. The water pan of a hot-air furnace should always contain water. If radiators are used, it is a good plan to keep water in open dishes on them, or to roll a sheet of blotting paper into a cone about 8 inches in diameter at the base, and keep it constantly submerged for about one inch in a dish of water. The water rises to the top of the blotter and a large surface for evaporation is thus afforded.

Air moisteners save coal, for moderately moist air at 65 degrees is just as comfortable as dry air at 70 degrees.

Air should be in constant though not necessarily perceptible motion. Stagnant air about the body is harmful because it acts like a blanket and prevents the passage of heat from the body.

FLIES

Flies are dirty scavengers and are carriers of disease. They may be kept out of the house by screens and killed

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by swatting or poisoning but the best way is to cut off their breeding places. The chief breeding places of flies are garbage cans and manure piles. The cover of the garbage can should fit closely and privy vaults should be carefully screened. Manure should be screened and removed frequently.

A satisfactory and cheap poison can be made by mixing three teaspoonfuls of formaldehyde in a pint of well-sweetened water or milk. This should be set about in warm bright places in shallow dishes with pieces of bread in the centre, on which the flies may light.

SANITATION

Typhoid fever is spread by the discharges from the bowels and bladder of typhoid patients or "carriers." Consequently it is very important to keep sewage out of the water supply. The privy in a rural home should be placed where there will be no drainage to the water supply and the well should be located to avoid drainage from the privy, stables or farmyard. Detailed instructions for the location and construction of privies and wells are supplied free by the Provincial Health Departments.

Water that is unsafe should be made safe either by boiling or by chlorination. To chlorinate water, rub a level teaspoonful of fresh chloride of lime into a teacupful of water. Dilute this mixture with three cupfuls of water and stir a teaspoonful of the whole quantity into each two gallon pailful of drinking water. Allow to stand fifteen minutes before use.

FOOD

Correct feeding will do more than any other one factor to maintain health, prevent disease and aid recovery in illness. To treat the subject fully is beyond the scope of this book but it deserves the intelligent attention of every home maker.

Most people who are not engaged in heavy manual labour eat too much protein food, such as meat and eggs. Habit is important here as in other ways of living, but cereals, milk, butter, vegetables and fruits should be the chief foods of sedentary persons and indeed of everyone in warm weather.

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Milk is both the most important food and the one that requires most care. Good milk must come from clean and healthy cows and be kept clean and cool from the time it is drawn until it is consumed. In addition, milk for children should be pasteurized. A cow may look healthy and yet give milk that may cause tuberculosis in children. In the home, milk should be kept covered and cool. Directions for making an ice box are given on page 110, but in moderately warm weather the milk will keep cool if the stoppered bottle is placed under an inverted earthenware jar and the jar covered with a wet blanket.

Dairy products, fresh fruits and green vegetables are of great value as food because they contain substances called vitamins, which stimulate growth in children and young people and promote health in all. These three, milk, fresh fruits and green vegetables, are necessary and economical parts of a good diet.

Green vegetables, brown bread and coarse cereals help to prevent constipation. The use of simple foods, regularity in mealtimes and thorough chewing also help to keep the body in health.

Water is essential to health. At least three pints should be taken daily, the amount varying somewhat according to diet, exercise, temperature and so forth. Most persons drink too little water.

The amount of food required in 24 hours depends on many factors: age, height, weight, occupation, season and habit. Under weight and over weight are both abnormal conditions; probably the latter is the more easily remedied. Both require the advice of a physician. Rapid reduction of weight involves certain dangers, especially for persons with weak hearts.

Food may cause sickness either because it is in itself harmful, or because it carries disease germs. Meat from diseased animals should be destroyed before it reaches the market, but bacterial activities in food originally wholesome, may form poisonous substances in it.

The chief diseases known to be carried by food, water, or milk, are typhoid fever, dysentery and other diarrhoeal

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diseases, scarlet fever, diphtheria, septic sore throat and tuberculosis. The sole problem here is to keep human and animal excretions out of food, water and milk. Since thorough cooking kills disease germs, danger arises chiefly from raw foods. All fruits and vegetables eaten raw should first be thoroughly washed.

CLOTHING

The amount of clothing required varies according to individual needs and habits, but light, loose clothing is best, provided that the wearer is protected from cold. Clothing should be porous in order to allow ventilation of the body, supported as far as possible from the shoulders, and clean and well aired.

Clothing should not constrict the body or hamper movement. Good shoes are important. Shoes with high heels or narrow toes are responsible for many cases of flat feet, whose muscles have weakened through non-use, and for much so-called "rheumatism," which is merely the protest of abused muscles. Bad shoes distort the feet and prevent comfortable walking, which is the only out-of-doors exercise readily available for the vast majority of people. Still worse, the resulting unnatural position of the body sometimes has serious consequences by bringing injurious strains on other muscles and organs.

ELIMINATION

Careful attention should be paid to elimination through the bowels and kidneys. Constipation is responsible for many common ailments; among them are headache, disinclination to work, irritable temper and lowered resistance to disease. If long continued, constipation becomes serious both from congestion and displacement of pelvic organs, and from absorption over a considerable time of even small amounts of the poisonous substances resulting from decomposition of food in the lower bowel. The bowels can best be regulated by diet, water, exercise and habit. The habitual use of cathartic and laxative drugs is most unwise, because they tend to aggravate the trouble. Moreover, the habitual and continued use of injections is harmful, and would not be necessary if bran and coarse flour and vegetables were substituted for concentrated foods. Greed, laziness and lack of

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intelligence lead most persons suffering with constipation to prefer pills to the restraints demanded by healthful living. The habit of evacuating the bowels at a regular time, if established in early childhood and rigidly adhered to, will prevent constipation among most healthy people. Any person who thinks drugs necessary should consult a physician.

For healthy people, voiding urine presents no difficulty if a sufficient amount of water is taken; but some persons reduce the amount of liquid taken in order to escape the inconvenience of urination. This practice is harmful, and may involve insufficient cleansing of the entire system. If frequent urination disturbs sleep, liquids may be avoided during the evening, but the total amount of water taken in 24 hours should not be diminished.

CARE OF THE TEETH

Teeth are the edges of the cutting and grinding machine which prepares food for the stomach. When the machine is crippled by tooth decay; toothache, indigestion and many bodily ailments result from dental infection carried to other parts of the body. Much ill health and many diseases start in dirty mouths and bad teeth.

The cause of dental decay is an acid formed as the result of the decomposition of food which remains between and around the teeth and on their surfaces.

To prevent dental decay, keep the teeth and mouth clean.

Eat sparingly of sugar, sweets and jam. Fruits, vegetables and milk are good for the teeth and brown or whole wheat bread is better than white bread. Suitable food is "Nature's dentifrice." Chew food thoroughly and use foods that require chewing. Soft foods cause weak teeth, for teeth need exercise as much as any other part of the body.

Brush the teeth the first thing each morning and just before retiring at night. The toothbrush correctly used works like a number of tooth picks. It should be so placed that the bristles rest against the gum, and, by a rotating motion it should be carried downward on the upper teeth and upward on the lower teeth, on both inside

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and outside surfaces. The grinding surfaces of the back teeth should be vigorously brushed in all directions. After the teeth are brushed, take a mouthful of water, close the lips and by puffing the cheeks in and out force the water between and around the teeth to rinse the mouth thoroughly.

REST

Muscular exertion burns the fuel constituents of the body, as we recognize by the greater heat generated within us during muscular exertion. Waste products, resulting from this burning process, if not removed, accumulate and clog the body in somewhat the same way that ashes and cinders clog a furnace. The fatigued person remains fatigued, consequently, until the accumulations of waste matter are removed by the normal action of the lungs, skin and kidneys.

Fatigue is caused by both mental and physical work, and when excessive, affects the nervous system seriously. The body can and should respond to occasional extra demands on strength and endurance, but even slight fatigue, if continued and especially if associated with anxiety or worry, has caused many nervous and mental breakdowns.

Work carried beyond the point of normal fatigue requires a proportionately longer time for recovery. For example, if the point of fatigue has been reached by a certain finger muscle after fifteen contractions, and if half an hour is required to rest it completely, one might suppose that one hour would rest it after thirty contractions. This is not so, however; after thirty contractions two hours are required, or four times as much rest for twice the amount of work, if continued beyond the point of fatigue. Laboratory experiments and experience alike show that this principle holds true in other forms of fatigue. Thus the output of factories has been shown in many instances to be greater, other things being equal, when operators work eight hours a day than when they work longer. Working an excessive number of hours is poor economy.

Fatigue is increased not only by muscular exertion but by speed, complexity, responsibility, monotony, noise

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and confusion involved in an occupation. Ability to bear fatigue differs greatly in different people. Rest at night and on Sunday, and the annual vacation should be enough to keep a person in good condition. If not, there is probably something wrong with the worker's health, the nature of the work, or the adaptation to the particular kind of work. This statement is not only true of persons regularly employed, but of those living at home, including children in school and mothers of families.

RECREATION

Some muscular activity, preferably in the open air, is needed by every healthy person. Recreation should be as unlike the regular occupation as possible; going to the theatre, for example, is not the best exercise for sedentary workers employed all day in artificially lighted offices. The element of pleasure is essential. Hoisting dumb-bells purely from conscientious motives is seldom beneficial, and is as a rule soon abandoned.

The part played by habit in matters of health is often overlooked. Although the body adjusts itself to widely varying conditions and even to unfavourable ones, the importance of forming desirable habits cannot be over-emphasized. Sudden or radical changes in living, however, particularly among people no longer young, may be injurious. New and violent systems of exercise, weight reduction, and food fads forced on families by enthusiastic discoverers involve considerable risk.

Many elements enter into health; in no single one is found hygienic salvation. Temptation always exists to emphasize one element at the expense of others. For instance, people who insist upon over ventilating rooms regardless of others comfort may themselves be utterly careless in regard to necessary sleep, and more than one fastidiously clean person has disregarded the highly unclean condition of constipation. To maintain sound health only a rational programme will suffice; properly balanced work and play, sleep and food and all other elements must be included in due proportion. Over anxious health seekers might well remember that health is not as much an end in itself, as a means to a happy and productive life; even in concern over health, it is possible for him that saveth his life to lose it.

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HEALTH HINTS FOR NURSES

The nurse must take care of her own health in order to be physically and mentally fit to care for the patient. Eat meals regularly and eat nourishing ones. Try to get out-of-doors every day if only for a few minutes. There is almost always someone who can watch the patient for a little while. Bathe regularly and keep the bowels in order, as irregular hours may upset regular habits. Constipation often can be overcome by correct diet but if necessary, take a cathartic. Rest as much as you can, for tired people are more inclined to be sick than those who are rested.

The nurse should wear a plain washable dress with short sleeves, and a clean white apron over the dress. White stockings and soft shoes with low rubber heels will help to keep the feet comfortable. If the feet ache from extra standing and walking, soak them for five minutes twice a day in very hot water followed by a rinse in cold salted water, using one tablespoonful of salt to two quarts of water. Then dry and sponge off with witch hazel.

Good health is largely a matter of good health habits such as are summarized by the following maxims: (which are equally good advice to persons who are not nurses):

1. Tub bath daily. Wash the hair every two weeks.
2. Wash the hands and clean the nails before meals.
3. Avoid putting into the mouth, fingers, pencils or other things that don't belong there.
4. Clean the teeth morning and night or after each meal.
5. Visit the toilet daily after breakfast.
6. Eat proper food and chew it thoroughly.
7. Sleep or work in rooms well ventilated, with windows open.
8. Drink plenty of water.
9. Take out-of-door exercise regularly.
10. Keep the mind clean.

A sufficient amount of sleep is essential to health, but

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individual requirements vary widely. Each person should know and regard his own need, and children and young people should be obliged to go to bed early. Ability to sleep is largely habit; good habits should be formed and continued. Sleep-producing drugs should never be taken unless ordered by the doctor.

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CHAPTER IX.

MATERNITY NURSING

CARE BEFORE BIRTH

Every mother desires to give her child the best possible start in life.

Although we are in the habit of reckoning life from the time of birth the baby when born is really some months' old. This period before birth is very important. The health of the mother during these months will, to a great extent, determine whether her child is to have a good start or begin life under the handicap of poor health. To be born healthy confers a wonderful heritage and such a splendid endowment can to a considerable degree be assured by the care of the mother before the birth of her child.

What should an expectant mother do to ensure a healthy baby?

As soon as she is aware of her condition she should, if at all possible, place herself under the care of a good physician or maternity clinic. If there is a public health nurse in the district, she will be able to supply very valuable advice. Proper medical care will increase the mother's comfort, enable her to avoid many trifling ills and worries and, best of all, will greatly reduce the possibilities of danger to herself and her child. She should act upon the doctor's orders and not follow the advice of well-meaning friends or neighbours.

The mother's teeth often decay during pregnancy and need special care to keep them clean. The expectant mother should have the dentist put her teeth in good condition.

The best and only way for a mother to take care of her unborn child is to take care of herself. It need not "cost a tooth for every baby born." Bearing a child does not exhaust any tissue of the mother unless she herself is

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unsuitably fed. To be well during pregnancy, and to remain well the mother should be cheerful and:—

Eat three meals a day of plain, simple, nourishing food. Use plenty of milk, eggs, well cooked fruits and green vegetables. Brown bread is better than white. She should not take meat or fish more than once a day nor eat anything which does not agree with her. If this diet does not prevent constipation the doctor may order some simple laxative.

The following matters should be also attended to:—

Keep fit by walking daily in the fresh air and working or taking other exercise in moderation.

Dress comfortably and sensibly. Avoid tight clothing and tight garters.

Keep the outside of the body clean by baths and drink water freely between meals. Go to the toilet regularly at the same hour every day.

Sleep from 8 to 10 hours with the windows open and lie down for a short rest whenever very tired.

During the latter months of pregnancy the expectant mother should send her physician every fortnight a specimen of urine for examination. The doctor should be told of persistent or severe headaches, swelling of the face or hands, dizziness and increased swelling of the ankles if these symptoms occur. The doctor should be called at once if any discharge coloured by blood appears. Unusual symptoms which frequently indicate the necessity of careful attention during pregnancy have great significance to the practised physician. The treatment of abnormal conditions shown by such symptoms must begin early. Delay may be dangerous to both mother and child.

Patent medicines are often advertised to make childbirth safe and painless. They are frauds and sometimes dangerous. Instead of wasting money on them expectant mothers should seek a doctor's advice.

THINGS TO BE GOT READY

If the expectant mother lives in an outpost home, too

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far away to be sure of obtaining medical and registered nursing help, she should, if at all practicable, go in good time to the nearest hospital or to the home of a relative or friend where medical and nursing help can be had.

In any case, unless she goes to a hospital, the following things should be got ready for the doctor and nurse: **Cotton batting** (non-absorbent cotton) 2 pounds; **absorbent cotton**, 1 pound; 2 **abdominal binders** of unbleached cotton 18 inches wide and 40 inches long; **muslin, old linen or old sheets**, sterilized, 3 yards; **towels**, old and soft, 1 dozen; **sterilized pads**, 5 dozen.

To prepare the sterilized pads, after having carefully washed the hands, unroll the absorbent cotton and cut it into pieces 10 inches by 4 inches. Split each piece into three layers. Place over each of these pieces the same size of cotton batting, then cut for covers some pieces of cheesecloth or old linen which have been washed and boiled. The covers should be large enough to fold over the width of the pad on each side and to turn in about 2 inches at each end. It will not be necessary to stitch them as the absorbent cotton sticks to the cheesecloth.

In case of an emergency where absorbent cotton has not been obtained, a piece of old linen, the size of a man's handkerchief may be used. In that case, put a lot of small pieces of the old linen in the centre and fold the covering old linen over them so as to make a pad about 10 inches long, 4 inches wide and 1 inch thick. A few big stitches will keep the cover in place.

To sterilize the pads, do them up in packages of six, each wrapped in an old clean towel or a piece of old linen, the ends being pinned to keep the package firm. Place the packages first in a steamer and steam them for an hour. Then put them in a moderate oven in which is placed a pan of water and bake them for an hour. Then put them away in a clean place. Next day bake them again for an hour with a pan of water in the oven. On the third day bake them again for an hour. The packages will now be properly sterilized. Then put them away until they are wanted and do not open the packages until they are to be used.

The following other articles should also be got ready in time: **Pitchers**, 2; **basins**, 3; **slop jar or slop pail**, 1;

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bed-pan; hot water bottle; 2 quart fountain syringe; 2 pieces of white castile soap; tube of white vaseline; a new nail-brush; a pair of scissors; 2 dozen large and small safety pins; a piece of narrow bobbin tape to tie the cord.

The scissors and tape should be sterilized by boiling for fifteen minutes in a small pan of boiling water. After the pan is lifted off the stove it should be covered with a clean towel, put in a convenient place to cool and left untouched until the tape and scissors are to be used. This should be done soon after the labour pains begin.

If no narrow or "bobbin" tape is at hand, a piece of twine will do if it is sterilized by boiling and by being protected as the tape should be.

Care should be taken to keep a supply of boiled water clean. That can be done by scalding out a pitcher, filling it with boiled water and covering it with a clean folded towel.

About eight ounces of sweet oil should be placed in a clean bottle and the bottle boiled in water for thirty minutes, then covered and left to cool.

The bed should be prepared in good time before the expected confinement. Clean sheets and pillow-cases are needed, also an underlay or pad to go over the mattress to protect it. Table oilcloth or heavy brown paper makes a good protector.

All the pitchers, basins and dishes needed should be thoroughly scrubbed, cleaned and boiled. Plenty of water should be put on to boil.

THE HOME NURSE'S PREPARATION

The first essential for the home nurse is that she should be perfectly clean in person and in dress. Cleanliness in this case means scientific cleanness which ensures that there are no disease-producing germs on the hands of the nurse or anything that comes in contact with the patient. Therefore, she should scrub her hands and arms clean with soap and hot water; should put on a clean wash dress and apron; roll up her sleeves over her elbows, scrub her hands and arms a second time and

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: clean her nails. Dirty hands may cause the most serious consequences.

The duty and privilege of a home nurse is to secure cleanliness, comfort and care for both mother and baby. These are secured:

1. By making the bed clean, ready and comfortable. First put on the undersheet, then put over it the draw-sheet, with the protector inside of it. Place another protector or pad over the draw-sheet. Then put on the upper sheet as usual and enough covering of blankets or quilts to keep the mother warm and comfortable.
2. By giving her a warm sponge bath and soapsuds enema. (Page 42).
3. By doing her hair and dressing her comfortably for bed when the time comes.
4. By encouraging and assuring her and not talking too much.
5. By giving her a cup of hot tea, milk, soup, gruel, or other simple food during the first stage.
6. By letting her rest and sleep as much as possible.
7. By pressing your hands against the small of her back when she feels the pains.
8. By giving her such assistance during labour as may be possible if a doctor cannot be obtained.
9. By wrapping the baby in a warm, soft wool blanket and laying him in a warm, comfortable place to rest and sleep.
10. After the birth, by giving the mother a partial bath in bed and removing all soiled linen from the bed.
11. By applying the binder and sterilized pads and then leaving the mother to rest and sleep.
12. By bathing the baby after the mother has been made comfortable.
13. By getting the baby to nurse at the breast about six hours after birth.

THE EXPECTANT MOTHER'S PREPARATION

The expectant mother should take a warm sponge bath, cleansing the parts immediately concerned very

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thoroughly. Since it is necessary that the bowels should be thoroughly emptied, the best way is to take a soapsuds enema, preferably before the sponge bath.

After the pains begin she should not go to the toilet. If necessary, she should use a chamber vessel. She should put a clean nightdress to warm; comb and brush her hair and braid it in two braids. One end of a sheet or a large towel may be fastened securely to the foot of the bed. This will be useful for the mother to pull on during labour.

The expectant mother should sit in a warm place in a comfortable chair, or walk about until she feels the pains in her back. When one pain follows another more and more quickly and there is some discharge, especially if this discharge is stained with blood, she should undress, put on her clean nightdress and go to bed. The bed should have been prepared as described and the bedroom should be comfortably warm, not less than 70 degrees.

EMERGENCY CASES

In an emergency case or in the case of an outpost home where a doctor cannot possibly be obtained, the following information will be useful in helping the home nurse to meet the situation as best she may; but no home nurse should ever presume that she is competent to take charge of a maternity case, except under the supervision and direction of a doctor. No one can foretell the case when the services of a doctor will make a difference of the gravest importance to the mother or the baby or both. Therefore, it is deplorable negligence not to secure the services of a doctor if this is at all possible.

THE COURSE OF LABOUR

The first evidence that labour has begun is pains in the back. Pains may be felt in the front of the abdomen. These are not true labour pains and may be relieved by a hot drink and rest in bed with a hot water bag.

Labour is divided into three stages. The first stage begins with true labour pains in the back. Then the pains grow more severe and come at shorter intervals, accompanied by a discharge of blood-stained mucus

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called "the show." The first stage ends when the mouth of the womb is fully opened and the fluid surrounding the baby flows out through a natural tear made in the "bag of waters."

The second stage of labour begins when the mouth of the womb is fully opened and ends when the child is born.

The third stage begins when the child is born and ends when the "afterbirth" comes away.

Help in the First Stage

When true labour pains begin the mother is prepared as already described. It is better for her to walk about or sit in a comfortable chair. It will do her no good to attempt to help herself by "bearing down" until this stage is over. The first stage may last from 12 to 24 hours in the case of a first baby. Therefore, the mother requires hot, simple food every three or four hours to keep up her strength.

When the pains get stronger and the mother feels like "bearing down," she is put to bed. The bag of waters will soon burst and the fluid will rush out. As soon as the bag has burst the top pad is removed and replaced by a fresh pad.

Help in the Second Stage

The second stage now begins. A sheet or a large towel is attached to the foot of the bed so that the patient may pull on it during the pains. About two hours after the bursting of the bag of waters the baby's head appears at the outside opening. When this happens the attendant places within reach a cup of boiled water (warm), some little swabs of clean absorbent cotton, narrow sterilized tape, sterilized scissors and the soft blanket covered with a diaper to receive the baby.

When the baby is born, mucus is removed from the baby's tongue and throat by the index finger around which has been wrapped a swab of absorbent cotton dipped in the cup of water. A second swab is used to clean the nose. A third swab is used to wash off the right eye-lids from above downwards and a fourth swab to wash off the left eye-lids in the same way. The wash-

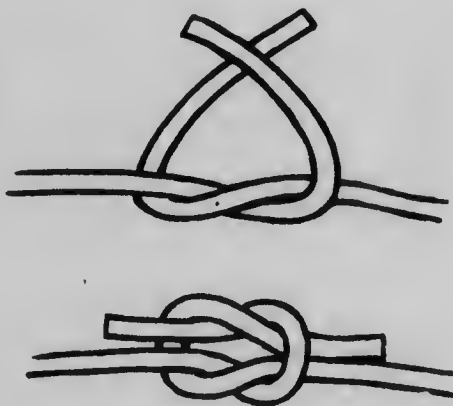
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ing of the eyelids should be repeated on each of the three following days. The insertion of a drop of a two per cent. solution of silver nitrate into each eye immediately after birth is an additional precaution to protect against possible infection leading to blindness. These special "drops" for the eyes of the new-born baby may be obtained in capsule form from the druggist.

If the cord is twisted around the baby's neck, it is gently drawn down and the loop passed over the baby's head. Otherwise the baby may strangle.

If the membranes cover the baby's face, they are lifted off at once so that the baby can breathe.

As soon as the baby cries aloud the cord is tied firmly with sterilized tape, using a surgeon's knot which will not slip. This knot is illustrated in the accompanying diagram.



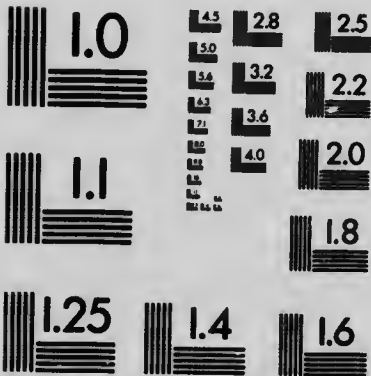
The cord is tied in two places, the first about three inches from the baby's body and the second about six inches from the baby's body. The cord is then cut half way between the two knots with sterilized scissors and dressed (page 86). Great care is taken to see that the baby's end of the cord is not bleeding. The baby is then wrapped in a warm, soft blanket and put in a warm place. The cord is observed several times in the first hour. There will in any case be some oozing, but if it continues to bleed it is tied again more firmly.

If the baby does not cry when born, the cord is not



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tied. The baby is dangled for a moment by the feet and slapped gently on the back to expel any mucus blocking the throat. A few drops of cold water may be dashed on the chest.

If these simple measures do not start a cry, the cord is tied and cut and artificial respiration commenced. The baby is placed on his back, the arms are lifted upwards and outwards to expand the chest and let the air in. They are then brought downwards and inwards, folded close to his side, so as to press the air out. This movement is repeated twelve times a minute and continued until the child gasps.

Nearly all babies are born head first. If the lower part of the baby's body is born first, the baby's legs are lifted up gently whenever a pain comes and the mother's abdomen firmly pressed.

Help in the Third Stage

Ten or fifteen minutes after the baby is born milder pains begin. These are caused by the afterbirth coming away. At this stage, the patient's abdomen is rubbed with a kneading motion. In from twenty minutes to half an hour the afterbirth and the rest of the cord will appear at the outside opening. The cord is not touched, but the afterbirth is twisted round, if there is no resistance, so that everything comes away together. No force is used. The afterbirth is followed by a little gush of blood. The womb should feel to the touch like a hard firm ball.

When the afterbirth has been removed, all the soiled pads are taken away, the patient's thighs washed, sterilized pads placed over the outside opening and the binder put on.

The binder is put on with great care. It is placed in folds beside the patient and the patient turned slightly on her side and raised a little, and one end of the binder drawn through to the other side. The binder is pinned very snugly to fit the patient's body. It should not come high enough to interfere with breathing, but should come down well over the hips. It is fastened firmly down the front with nine large safety pins. The sterilized pad is fastened to the binder with a safety pin, front and back.

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An extra large pad is placed underneath. A freshly-washed and ironed binder is adjusted each day for the next fortnight.

After the patient has been made clean and comfortable she is given a hot drink, covered warmly and left to rest quietly after the room has been tidied.

The pad is changed whenever soiled, about every three or four hours the first day, and then about every six hours. In doing this the nurse should observe the precautions for cleanliness described on page 80.

THE BABY'S FIRST BATH

The new-born baby is covered with a cream-colored cheesy substance. In order to remove this easily, the first bath should not be given with soap and water but with warm sweet oil, which is warmed slightly and smeared over the baby's body about an hour after birth. The oil is left on an hour or so to soften the cheesy substance which can then easily be wiped off with the oil by means of small pieces of absorbent cotton.

Great care must be taken in dressing the cord. You should have ready a dusting powder made up of:—

Finely powdered starch	3 oz.
Boracic acid powder	3 oz.
Zinc oxide powder	3 oz.

This can be dusted on with a tin pepper pot. Have also in readiness a supply of surgical lint or soft old linen or cotton which has been washed and boiled and kept covered. Divide some of the linen into four inch squares, cut a hole out of the middle of each square such as will admit the tip of the finger, and cut a line to this from one side of the square.

After thorough cleansing of the tied stump of the cord and near-by skin with boiled water, or boracic solution (see page 61), the parts should be dried by dabbing with a piece of clean linen and dusted with some of the powder. Then take two of the four-inch squares and place them at the root of the cord covering the navel with the cord protruding through. The stump and the exposed surface of the linen should be freely dusted with

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powder and the upper square of lint or linen should be neatly wrapped around the cord. The dressed cord will now lie snugly on the under square of linen and will be covered and kept in place by putting on the binder. This careful cleansing, dusting and dressing should be repeated daily until the stump comes off. The cord normally drops off between the fifth and tenth days after birth. The raw scar should then receive similar attention until finally healed. Until the cord has come off the baby should not be given a tub bath but should receive a daily sponge bath.

Have on hand the clothing for the baby described on page 90. The diapers should have been washed and boiled and kept covered ready for use. Fold the diaper diagonally and then fold once again in the same way. For the first day or two it is a wise precaution to put bits of folded soft clean cotton inside the diaper to receive the bowel movements, which are dark and sticky and hard to wash out of the diapers. The old cotton used for this purpose should be burned.

Dress the baby in a shirt of wool and cotton mixture and cashmere stockings. A flannelette nightgown may be used or the baby may be simply wrapped in a soft woolen shawl. Do not put a lot of clothing on a newborn baby as it causes great discomfort.

When the baby is six hours old he should be put to the breast. Rules for maternal nursing are given on page 103.

CARE AFTER BIRTH

After the baby is born the mother should:—

Stay in bed at least ten days.

Take two tablespoonfuls of castor oil on the morning of the third day and see that the bowels are opened once a day.

Do little or no work until the baby is about six weeks old and her strength has returned.

Eat the same good food as previously listed and take more milk and other fluids.

The doctor should see the mother when the baby is

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about six weeks old to make sure that the mother has quite recovered and that the baby is in good condition.

BIRTH REGISTRATION

The parents should make sure the baby's birth is registered. This should be done without fail, for, on some future occasion, an important decision upon such questions as the legality of the birth, the age, or the right to a legacy, may depend upon the registration as required by law.

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CHAPTER X.

INFANT CARE

CLOTHING

Clothing should always be suitable to season and climate. A baby's clothing should be warm enough without being too warm. If he is too warm the baby will perspire; if not warm enough, he will have cold hands and feet or become blue around the mouth. Very young babies need to be kept warm, and gradually accustomed to cooler conditions, but older babies are often overdressed. A baby dressed in clothing which is too warm becomes pale and languid and is more liable to colds and bowel troubles than one who is not overdressed.

The mother should feel the baby's body occasionally, and if she finds it constantly moist, the clothing is too warm. In addition, clothing must be loose, so that all the little growing and expanding muscles and organs may have plenty of room to develop. The clothing must also be soft and smooth, so that the tender flesh of the child will not be irritated. When the clothing is of this sort it does not matter in the least how plain and simple are the garments. Finally, the clothing must be clean and dry.

A simple, washable outfit should be selected for the newborn child. Except during very warm weather, an infant should wear a light or medium weight shirt and stockings of part wool. This underwear and the diaper are the essential articles of clothing. A dress or nightgown is usually added and in cold weather a flannel slip should be worn under these. While the baby is indoors he should be dressed lightly. Additional garments may be put on to suit the lower temperature when he is aired indoors, or is taken out.

For the first few months of life the baby does little but eat, sleep, and grow. He needs many clean clothes

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and these should be of the simplest and most comfortable kind.

The following are necessary:

Shirts

Three shirts of wool and cotton mixture. For very hot weather, an all-cotton shirt may be worn. The shirts should fit smoothly. They may either lap or button in front and should be made with tabs to which the diaper may be pinned.

Stockings

Three pairs of bootees; three pairs of merino or cashmere stockings when the weather is cold.

Blankets

Three blankets of closely knitted or crocheted wool, or made from an old, soft, woolen blanket.

Diapers

Four dozen diapers, two dozen 24-inch, two dozen 30-inch are convenient. For the first few weeks, provided it is not hot weather, diapers 18 inches square, of old, soft knitted wear, are very convenient. Several dozen pieces of old sheeting torn into pieces 10 inches square may be put inside. Never use rubber pants; they are unsanitary.

When diapers are removed, they should be put into a covered pail of cold water. Later, they should be washed clean with castile soap, boiled, rinsed thoroughly, but not blued, and hung in the sun to dry. Soap and bluing are very irritating to a baby's skin. The diapers should be folded and put away. A soiled or wet diaper should never be used a second time without being washed. The urine contains substances which are very irritating to the skin.

Slips

For every-day wear there should be six plain white slips. These should be cut by the kimono-sleeve pattern and a tape run through a facing around the neck and sleeves. If they are made 21 inches long from shoulder to hem, they will not need shortening. They should never be made longer than 27 inches. For wear under the slips baby needs also four flannel skirts, princess style. For

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hot weather these may be made of the very lightest weight flannel or part flannel and cotton.

Jackets

For cool mornings, baby needs three short jackets. These are made of white flannel cut by the kimono-sleeve pattern, or they may be knitted or crocheted with close stitches. There should be no loose stitches or scallops or other trimming to catch on buttons or the baby's fingers.

Out-of-door Garments

The healthy baby is taken out-of-doors, so he must have a wrap and hood. This wrap is made like the sleeping bag except that it is of white flannel. It may be sewed together or bound round with ribbon. At four months the upper corners may be opened so as to allow the baby to get its hands out freely. When baby begins to walk a very comfortable coat may be made from the bag. Open it and hem it at the bottom, shape the top loosely by a kimono-slip pattern.

For winter the hood may be made of the same material as the wrap or it may be knitted or crocheted. For summer a cotton knitted or crocheted hood of an open-lace pattern and lined with the very thinnest white silk is comfortable. Wash hoods may be made of soft white embroidered lawn and laundered without starch. The ties on the hood should be such as can be laundered easily. A little chin strap fastened at one side of the hood with a snap or hook and eye is very convenient and does away with the bow under the baby's chin.

Sleeping Garments

Baby needs four "nighties" or sleeping bags of white outing flannel or knitted material. For winter wear the sleeves of the nightie may be made 2 inches longer and the bottom 8 inches longer. Draw tapes may be run through the sleeves and the hem, and baby's hands and feet thus protected from the cold.

Sleeping bags are made 33 inches long and 27 inches wide, open down the front. The baby is laid in and the bag buttoned up. He can be changed without taking him out of the bag.

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Woolen Garments

All woolen or part-woolen garments must be washed very carefully. They should be washed by hand in tepid soapsuds (castile soap), rinsed in a little soapy water, and hung in the shade to dry. When dry, they should be pulled or patted into shape or smoothed with a warm iron before being put away. Before putting garments on a baby they should be held to the cheek to be sure they are dry and warm.

BABY'S DAILY PROGRAMME

A baby must have regular hours for nursing and for sleep. He must be put to bed at the same time every day.

The baby's bath, outing, play time, nap, going to stool, in fact, everything that is necessary to a baby's care, should be done with precision and regularity.

Regularity in baby's care will establish good habits. The first years of a child's life are, for these reasons, most important. If he has the right care during the first years, and is trained in the right habits from the very first day of his life, he will grow and develop as he should.

On the other hand, careless and irregular feeding, keeping the baby awake at all hours, taking him out when he should be in bed, will make baby unhappy and cross.

A child who has been trained to habits of regularity, obedience and self control, is much easier taken care of when ill and these habits assist in the recovery.

Here is a sample day for a young baby:—

- 6 a.m.—First nursing.
- 9 a.m.—Bath, followed by second nursing.
Baby sleeps until noon.
- 12 —Noon meal, followed by out-of-door airing and nap.
- 3 p.m.—Afternoon nursing, followed by period of waking.
- 6 p.m.—Supper and bed.
- 10 p.m. or 12 p.m.—Night nursing.

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BATHING

Bathe the baby every day, except during the first week of life before the navel has healed (page 87).

The best time to bathe the baby is between eight and nine o'clock before the morning feeding. After the bath, the baby will be ready for a feeding and go to sleep.

Equipment

Everything needed for the bath should be ready before baby is undressed. Have a cake of white castile soap, a tube of vaseline, safety pins and a small jar of absorbent cotton. These articles can be kept handy in a small basket. Have a large, soft towel or a bath blanket for the mother's lap, a soft towel to dry the baby, a soft wash cloth and a set of clean clothing.

The room should be warm and the bath water should be warm but not hot. Test the temperature with the bare elbow and not with the hand.

How to Bathe

Undress the baby on the mother's lap, or, if more convenient, on a table. Clothing should be taken off and put on over the feet, not over the head. Use a large towel or bath blanket to protect the baby.

Wash eyes with clear water. Wash the head with soap every day. If a scaly or yellowish skin appears on it, it should be rubbed with vaseline. If this condition persists, consult your doctor.

Soap baby's body all over and then slide him gradually into the tub. Very little soap is needed for an infant's skin and rinsing should be thorough.

Take his feet in your right hand and let him rest upon your left arm, which is slipped under his back from the right side. The right hand is then left free for washing the baby.

Wash the ears and nostrils with a twist of absorbent cotton, but never put any hard instrument inside the ears or nose. A healthy baby's mouth needs no cleaning before the teeth come because the saliva itself is a cleansing fluid.

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Dry quickly by patting, not rubbing, with a soft towel. Be sure creases behind the ears, in the neck and below the buttocks are quite dry. Use a little vaseline for the buttocks or any chafed surface.

SLEEP AND REST

A baby cannot have too much sleep, for sleeping time is the baby's best growing time.

Be sure the baby gets two naps a day and at least twelve hours of sleep a night. He needs twenty hours of sleep daily in the first month and not fewer than sixteen up to the twelfth month. The baby should sleep alone. If no crib is available, a clothes basket makes a good substitute. It is easy to move and keep clean. The bed should be made up with a firm mattress, rubber sheeting, quilted pad, two sheets, blanket and spread. A pillow is not necessary.

The sleeping room should be darkened and well ventilated. The window should always be opened about six inches at the top, except in the coldest weather. If the baby cries instead of sleeping he is probably thirsty, hungry, over-fed, overheated or he may be sick. He may, of course, need changing or have the habit of demanding unnecessary attention. Make sure that he has no real need, and, if he continues to cry, let him cry it out. This seems harsh but it is best for the baby.

A well-trained baby will wake up regularly at feeding time. If the baby demands food before the right time, a small drink of boiled water may be given. If he is asleep at the usual feeding time, he should be awakened to be fed. Punctual feeding makes a regular baby.

Put him to bed while he is still awake, and go out of the room at once. The baby must not be allowed to go to sleep in the mother's arms, or with a bottle nipple in the mouth. Never give a baby a nipple or a pacifier to suck in order to put him to sleep. The baby will quickly form this harmful habit. Neither allow him to suck the thumb. Sucking a pacifier or thumb changes the shape of the baby's jaw, causes the teeth to come in crooked, and spoils the shape of the mouth. Sucking also leads to nose and throat troubles that injure the speaking and singing voice.

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Never rock a baby to sleep. If you form this habit, you have to rock him every time you want to put him to sleep. It is also unnecessary to walk the floor with the baby or sing him to sleep. If these habits are once formed they are very hard to break.

All children under the age of six years should take a nap or at least a rest for one or two hours in the middle of the day.

Sleeping out-of-doors in the summer is good for baby after he is a month old. Shield the baby from the sun and wind and keep away flies or mosquitoes by the use of a screen or net. In cool weather a hot-water bottle should be placed in the child's bed.

A young baby needs rest and quiet. However strong he may be, too much playing is bad, and is likely to result in a restless night.

Rocking the baby, jumping him up and down on the knees and tossing him are very bad for him. These things disturb the baby's nerves and make him more and more dependent upon these attentions. When the young baby is awake he should be taken up from time to time and held quietly in the arms, so that no one set of muscles may become tired. An older child should be taught to sit on the floor or in his pen or crib and amuse himself during a part of his waking hours. Baby must never be lifted by the arms.

PLAY

As a baby wants to put everything into his mouth, his toys must be washable and must not have sharp corners or points which may cause injury to the eyes. They should be too large to be swallowed. A baby should never have many toys at one time. A silver teaspoon or tin cup will please him just as much as an expensive doll or toy. It is a good plan to have a box or basket in which to keep empty spools and other household objects with which the baby may play.

The baby should be trained to amuse himself for the most part, though a moderate amount of play with the family is a good thing for the baby—and for the family

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too. A baby should not be excited by play immediately before bed-time as the excitement may prevent sleep.

FRESH AIR AND EXERCISE

Babies need fresh air just as much as they need food. This is true for very young and delicate babies as well as strong babies. Mothers sometimes fear that fresh air will cause colds. Fresh air prevents colds, it does not cause them.

The baby's room should always be well ventilated. One of the best ways to do this is to open the window slightly at the bottom and place a window board in the lower sash during cold weather. The temperature of the room should be between 65 and 68 degrees with a reduction to 60 degrees at night. A baby sleeps better in a cool room if the bed clothing is sufficient.

When the baby is a week old, he may be taken out for a few minutes each mild day. This outing is gradually lengthened until he stays out most of the time.

In very hot weather the baby should be taken out early and placed in a shady spot, screened from flies. During the hottest part of the day, the baby may be cooler indoors.

Accustom the baby to outdoor air in the winter time by giving him an airing at noon for fifteen minutes and gradually increase the time until he is out-of-doors from ten until two every fine winter day. In very bad weather, dress him as for going out; open all the windows and let him remain in the fresh air for some time.

The normal baby exercises his body constantly while awake. This is one of the chief reasons why his clothing should be loose enough to allow this natural exercise. For the same reason, the child should not be left in a high chair for any length of time nor be tied tightly in a carriage, so as to prevent free movement of the limbs.

The creeping pen or "kiddie-coop" is very useful when baby begins to creep. The floor of the pen should be a firm mattress or folded blanket with a washable cover. Do not encourage the baby to walk before he is ready to do so and do not use a baby walker.

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GOOD HABITS

Babies form habits easily and at a very early age. They can learn good habits just as easily and quickly as they can learn bad ones. Whether the habits are good or bad depends upon the training given by the parents and not upon the child itself. Don't blame the baby for a bad habit. A bad habit should not be formed but if formed it cannot be too soon broken. It is well worth while to do so even at the expense of several crying spells or two or three wakeful nights.

Training in good habits should begin at birth. A well-trained baby is fed regularly, sleeps regularly and, as one mother expressed it, is "a regular little machine." Such a baby is a pleasure and a credit to the mother.

The worst habit is to feed a baby at irregular intervals or every time he cries. This makes the baby more trouble and is bad for his health.

The baby who demands too much attention has a bad habit. He should be handled very little and, if left alone, will learn soon to amuse himself.

BAD HABITS

A well baby does not cry very much, and since he has no other means of calling attention to his wants during the early months of his life, his cry should be heeded. But when he cries simply because he has learned from experience that this brings him whatever he wants, he has acquired one of the worst habits he can have, and one which it takes all the strength and patience of the mother to break. Crying should cease when the cause has been removed.

After his needs have been satisfied, he should be put down alone and left to cry until he goes to sleep.

The habit of sucking a pacifier or comfort is both dirty and dangerous. A pacifier is never clean, it spreads diseases, spoils the shape of the mouth and often causes adenoids. The best place for it is in the kitchen stove. The habit of sucking the thumb can be broken by the use of a cardboard cuff extending from the wrist to above the elbow.

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A baby should never be kissed on the mouth nor on the fingers which are in the mouth many times a day. The baby does not enjoy being kissed and there is no better way of spreading colds, tuberculosis, diphtheria and other communicable diseases.

HOW TO CARRY THE BABY

A baby must always be handled carefully. The bones are weak and they bend and break easily. Other bad effects of too much or careless handling are sore and painful muscles, which make a baby cross. Handling after eating upsets the digestion. Jolting, bouncing, and rocking make a child excitable and nervous.

A young baby cannot turn himself over, and his muscles get very tired if he remains too long in one position. When he is taken up for feeding or changing, his position should be changed from side to side, or from lying on his back to lying on his stomach. The head and back must always be kept straight, and the arms and legs free. The ears should be kept straight and flat on the head. The eyes should be protected from direct light.

A very little baby should be carried in a lying position with the head and body supported. A baby should not be encouraged to try and hold up his own head until he is four months old. The back, neck and head always should be supported. Never pick a child up by the arms. Grasp him firmly by the shoulders or body.

THINGS BAD FOR BABIES

- Pacifiers.
- Thumb sucking.
- Soothing syrups.
- Patent medicines.
- Whiskey or gin for supposed colic.
- Dirty playthings, dirty nipples, dirty bottles, dirty floors.
- Waterproof pants except for temporary use.
- Moving picture shows.
- Violent rocking, bouncing and rollicking play at any time.
- Play of every sort after feeding.

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Kissing the baby on the mouth either by the family or by strangers.

Testing the temperature of the baby's milk by taking the nipple in the mouth.

Sucking on empty bottles.

Sleeping on the mother's breast while nursing.

Sleeping in bed with the mother.

Spitting on handkerchief to remove dirt from baby's face.

Sneezing and coughing in the baby's face.

Allowing a person with a cough or cold to hold the baby.

Allowing any person with tuberculosis to take care of the baby.

KEEPING THE BABY WELL

To keep a baby well is much easier than to cure him when he becomes sick.

In a room crowded with strange people there always is likely to be someone who is suffering from a "catching disease." For this reason a baby should be kept away from crowds and from crowded places in order to protect him from exposure to disease.

Many healthy, grown persons carry disease germs in their mouths. They do an adult no harm. But in kissing a baby on the mouth, these germs may be transferred to the baby's tender mouth and make him ill or even kill him. Even the baby's own mother should not kiss him on the mouth.

THE SICK BABY

A sick baby should be attended by a physician, and the sooner the better. The baby is sick if he has:

1. No appetite.
2. Vomiting.
3. Diarrhoea; or if the movements are slimy, frothy, bloody, or contain particles of undigested food.
4. Constipation; less than one good movement a day and no appetite.
5. Fever.
6. Rash.

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7. Signs, of a cold, sore throat, cough, or discharges from the eyes and nose.
8. Sweating of the head, especially if accompanied by restlessness and crying at night.
9. Loss of weight or failure to gain properly.

WHAT TO DO FOR ANY SICK BABY

1. Undress him and put him quietly to bed.
2. Give him an abundance of fresh air.
3. Sponge with tepid water if he is feverish.
4. Give little or no food, but plenty of pure, cool water.
5. Send for the doctor. If the baby is sick enough to need medicine, he is sick enough to have a doctor.

THE PREVENTION OF COLDS

Babies usually catch cold because they have been near someone who has a cold, or because they have been too warm and are suddenly taken into a cold room or placed in a draught that quickly chills the skin. Little babies should not be placed on the floor to play, especially in winter. A crib is the best place if the sides are high. Pillows placed around the baby will keep him from danger. He will soon learn to be contented there with some simple toys. The clothes basket is safe on the floor if braced so that it will not fall, because the high sides keep out the draught. If you place a thermometer near the floor and then on the middle of the wall, and then at the top, differences in temperature will be noticeable. The floor will be coldest. If it is possible to keep very little children from sitting on the floor during the winter, they will be less likely to catch colds.

SUMMER CARE

Summer time is danger time for young babies. Everyone knows that babies feel the cold, but it is not so generally realized how very sensitive they are to heat.

Food

Unsuitable food and unsuitable care of good food help to cause the digestive troubles that kill so many babies every summer. The only safe food for a young baby is mother's milk. Most of the babies who die in the

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summer are bottle-fed. It is very important that the mother should not wean her baby during the summer except on the doctor's advice. If the baby is bottle-fed, be sure to keep the feedings covered and on ice. A homemade ice box is easily made as directed on page 110.

In hot weather less food is required than in cold and the mother should not expect a rapid gain in the weight of the baby. In fact, she should be content if the baby does not lose weight. Though the appetite for food is less, an abundance of cool, boiled water should be given between meals.

At the first sign of diarrhoea stop all feeding, give as much cool, boiled water as the baby will take and consult the doctor at once. The sooner the doctor sees the baby, the sooner will the baby be cured.

The Bath

In addition to the baby's daily bath, it is well to give cool sponge baths in hot weather. If the baby has prickly heat, sponge several times a day with a solution of baking soda made by dissolving a teaspoonful of baking soda in one pint of water.

Clothing

The clothing should be light enough to avoid perspiration. In hot weather, a diaper, thin shirt and muslin slip are enough. In very hot weather take off all but the diaper.

Flies Are Enemies

Flies are babies' enemies. They carry disease germs and must never be allowed near the baby nor upon anything that touches him. Use screens to keep flies out of the house, kill those that do get in and cover the carriage or crib with white mosquito netting.

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CHAPTER XI.

THE FEEDING OF INFANTS AND CHILDREN

BREAST FEEDING

The most loving act a mother can do is to nurse her baby. Mother's milk is the best food for mother's baby. A nursing baby not only gets the best food but develops firmer muscles, sturdier bones and is less liable to disease, than if fed on any other food.

The baby will have the best chance of living if he is fed at the breast. Of every five babies who die in the first year of life, one is breast-fed and four are bottle-fed.

A baby should be breast-fed exclusively except when the supply of breast milk is insufficient to make him gain properly. Nearly every mother can nurse her baby during the first three or four months of life; and if she can nurse him for nine months so much the better.

The act of suckling helps the milk to come into the breast. At first the milk may be scanty but intelligent care and perseverance by the mother will usually increase the supply.

The Mother's Health

The nursing mother needs plenty of fresh air and some exercise each day in the open air, preferably walking or light work.

The ordinary household duties may be performed; but overwork avoided. Housework may reduce the supply of milk for a short time. This is no reason for weaning as the supply will increase as soon as the mother becomes accustomed to work. The mother should take a nap each afternoon and cultivate a contented mind because worry or excitement will make her milk scanty in quantity and poor in quality.

The nursing mother should have three abundant

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regular meals and milk or gruels made with milk at bedtime. She needs as much food as a man doing heavy manual labour. At least two glasses of water should be taken between meals, though eating between meals is not necessary and is apt to upset the digestion. As a rule she may follow her choice of diet, avoiding foods she knows to be indigestible, as these will disturb the digestion of the baby. The following diet is recommended:

All kinds of soups.

All kinds of fresh fish, boiled or broiled.

Meats, once a day—beef, mutton, lamb, veal, ham, bacon or fowl.

Eggs—one or two a day.

All cooked cereals with milk and cream and sugar.

All stale breads, avoiding fresh bread and rich cake.

All green vegetables and plain salads with oil.

Desserts of plain custard or pudding; ice cream but no pastry.

Fruits should be taken freely—all ripe, raw fruits and cooked fruits.

Drinks—milk, buttermilk, cocoa and plenty of water; weak tea and coffee sparingly, not more than once a day.

Constipation should be prevented by suitable food. Fresh fruits are laxative; so are bran biscuits or bran added to the whole-wheat flour. Whole-wheat bread is better than white bread and does not constipate. A glass of hot water the first thing in the morning is good for the bowels.

If the mother's milk is scanty, a more generous diet will often increase the quantity. She should take more fresh milk, eggs, fresh vegetables, ripe fruit, nourishing liquid food and drink plenty of water, avoiding tea and coffee and all alcoholic preparations or patent medicines.

Rules for Nursing

During the first month the average healthy baby nurses every three hours by day and once at night. By the end of the first month it is usual to omit the night feeding. During the second and third months the three hour interval is kept during the day. From the beginning

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of the fourth month most babies do best with five nursings at intervals of 4 hours during the day. This system of feeding is shown by the following schedule:

Month of Age	Time of Nursing
First	6 a.m., 9 a.m., Noon, 3, 6 and 9 p.m. Once during night.
Second and Third	6 a.m., 9 a.m., Noon, 3, 6 and 9 p.m.
Fourth to Ninth	6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m.

It is very important to nurse at regular hours. Feed the baby by the clock and you can set the clock by the baby. Good habits are formed just as readily as bad ones and punctual nursing is an excellent way to develop good health habits in a baby. If baby is fed every time he cries, his digestion soon will be upset. If he cries between feedings, give him plain cooled, boiled water. Babies are as likely to cry from over-feeding as from hunger.

The amount of food taken at a feeding varies with the size and activity of the baby and with the breast. Ordinarily a baby is allowed to take all the milk he desires in the length of time allowed for nursing. This should not exceed 20 minutes and should be shortened if the babe shows by regurgitation (spitting-up) or by indigestion that he is being over-fed.

The baby should be offered cooled, boiled water between feedings. Beginning with a teaspoonful during the first few days after birth, the quantity of water should be gradually increased until the baby is taking from 4 to 8 ounces of water daily, during the latter months of the first year.

Boil a pint of fresh water every morning, put it in a clean bottle, and keep in a cool place. Do not give the baby ice water.

The baby should be given fresh orange juice each day, preferably just before the second nursing. Beginning with one teaspoonful when the baby is a month old, the amount should be increased gradually, until by the time he is a year old he is taking from one to three table-

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spoonfuls diluted with an equal amount of water. Strained tomato juice may be given in like proportion when oranges are not available.

WEANING

The baby should be weaned at the age of nine or ten months. After that age the breast alone will not give sufficient food and harm may follow too prolonged nursing. Exception should be made to this rule if the baby reaches the age of weaning during the hot months of summer. In such cases it is better to wait until the hot weather is over before weaning is begun.

Preparation for Weaning

In preparing for weaning, the baby should be taught the use of the bottle during the early months of life. This may be done by giving from the bottle between feedings water, previously boiled and cooled. Sometimes the baby is taught to drink from a cup as soon as weaned. This method has the advantage that it is unnecessary to teach the baby to give up the bottle at a later date—but it is more usual to substitute the bottle for the breast and later to accustom the child to the use of the cup or spoon. Final weaning from the bottle should never be delayed beyond the age of eighteen months.

Method of Weaning

The best method is to wean gradually by substituting one bottle feeding for a breast feeding. It is well to commence with a milk mixture weaker than that which ordinarily would be given to a bottle-fed baby of the same age. Start with a mixture of two parts of pure cow's milk to one of water, adding one level teaspoonful of granulated sugar to an 8 oz. mixture. You may have to decrease the amount of sugar after a month or 6 weeks.

If this is well digested, a second bottle feeding may be substituted for another breast feeding at the end of three or four days. If progress is good, additional bottle feedings are substituted at intervals of about three days. By this system the entire weaning takes about two weeks. The gradual nature of the change has two great advantages—the baby becomes accustomed to the new food and the mother's breasts empty in a normal manner.

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When the baby is accustomed to the weak milk mixture used during weaning, the strength of the milk should be increased gradually until whole milk is given by the twelfth month. Make haste slowly, because a strong mixture of milk at the start is likely to cause indigestion. Loss of weight or a failure to gain is common in healthy babies during weaning. This should not alarm the mother, as the loss will be made up as soon as other food is added to the diet.

If the weaning must take place suddenly, the breasts may become swollen and painful. If this occurs fold absorbent cotton around each breast, pad a little under the arms and bind the breasts with a wide strip of stout muslin, which covers the breasts and encircles the body. This binder should be pinned or sewed tightly enough to exert a firm and even pressure. It is a good plan for the mother to drink less and keep the bowels open with a saline each morning.

It is dangerous to wean a very young baby. This should only be done on the advice of a doctor, which is rarely given unless the mother becomes pregnant or has a serious or severe acute illness. Lack of milk in the breasts is not a good reason for weaning. The supply of breast milk can be increased by improvement in the mother's diet and habits, or it may be necessary to make up for the lack of breast milk by a small bottle feeding given after nursing.

BOTTLE FEEDING

There is no food for a young baby so good as mother's milk. If the mother is unable to nurse her baby, artificial food must be used either partly or entirely. Before nursing is discontinued, the physician, nurse and mother must try every means to keep up the supply of breast milk.

There is no perfect substitute for breast milk; but cow's milk, clean and fresh, properly modified and pasteurized, is the best substitute available. Avoid patent "Baby Foods." They are not fresh, they are expensive and the babies fed on them are more liable to be sick than those fed on modified cow's milk. Such babies may look fat but they will not keep well.

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Get the best and cleanest milk you can afford. Then mix with boiled water and sugar; put in the nursing bottles; stopper with clean, absorbent cotton, pasteurize and put on ice till needed. It is better to prepare a day's feedings at one time.

The simplest plan is to use whole milk diluted according to the child's age and digestion.

What Food to Give

The bottle-fed baby should always be under the care of a doctor. He decides the mixture of milk best suited for each particular baby. Any mixtures of milk recommended for a baby of a particular age may not be suitable for your baby, but such mixtures are mentioned as being generally suitable for babies who cannot be under the care of a doctor.

Beginning on the third day, the average baby should be given 3 ounces of milk daily, diluted with 7 ounces of water. To this should be added 2 level teaspoonfuls of sugar. This should be given in seven feedings.

At 1 week the average child requires 5 ounces of milk daily, which should be diluted with 11 ounces of water. To this should be added $1\frac{1}{2}$ even tablespoonfuls of sugar. This should be given in seven feedings. The milk should be increased by one-half ounce about every four days. The water should be increased by one-half ounce every eight days.

At 3 months the average child requires 16 ounces of milk daily, which should be diluted with 18 ounces of water. To this should be added 3 tablespoonfuls of sugar. This should be given in 6 feedings. The milk should be increased by one-half ounce every 6 days. The water should be reduced by one-half ounce about every two weeks.

At 6 months the average child requires 24 ounces of milk daily, which should be diluted with 14 ounces of water. To this should be added 3 even tablespoonfuls of sugar. This should be given in five feedings. The amount of milk should be increased by one-half ounce every week. The milk should be increased only if the

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child is hungry and digesting his food well. It should not be increased unless he is hungry, nor if he is suffering from indigestion, even though he seems hungry.

At 9 months the average child requires 30 ounces of milk daily, which should be diluted with 12 ounces of water. To this should be added 2 even tablespoonfuls of sugar. This should be given in five feedings.

At 3 months, sometimes earlier, a weak barley water may be used in place of plain water; it is made of one-half level tablespoonful of barley flour to 16 ounces of water and cooked for 20 minutes. At 6 months the barley flour may be increased to 1½ even tablespoonfuls cooked in the 12 ounces of water.

At 9 months the barley flour may be increased to 3 level tablespoonfuls cooked in 8 ounces of water.

Equipment

Select granite ware utensils of good quality and use them only for preparing the baby's milk. They must always be kept scrupulously clean and scalded each time before using. The following utensils are needed:

1. Nursing bottles, 8 to hold eight ounces. Large necked bottles are more easily cleaned.
2. Nipples, (2 or more). Select nipples that can easily be turned inside out for cleaning.
3. Absorbent cotton, one pound roll.
4. Bottle-brush.
5. Bottle-rack or container. May be home-made out of any small pail with wires fitted to separate the bottles.
6. Two-quart pitcher (for mixing).
7. Measuring glass, holding at least eight ounces, graduated in one-half ounces.
8. Measuring spoons (table, tea and half-tea sizes).
9. Mixing spoons (table and tea sizes).
10. Double boiler, holding one quart.
11. Saucepan, to boil water or scald milk.
12. Dish-pan for sterilizing utensils.
13. Glass tumbler with cover (for nipples).

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Preparation of Food

Bottles, nipples, mixing pitcher, measuring glass and spoons should be washed in hot suds, rinsed in clear hot water, and sterilized five minutes by boiling in water before using. It is very important to do this, for clean milk will not stay clean unless it is handled with the greatest care. Never give a baby water or a feeding from a bottle or a nipple that has not been previously boiled and do not use a bottle or nipple a second time until sterilized by boiling. After each feeding rinse the bottle with cold water and fill it with clean water. Also



rinse the nipple both inside and outside and put it away in a cup until sterilized. These rules are very important, for clean milk can be spoiled by careless handling.

The hands should be carefully washed, the utensils removed from the sterilizer and placed on a clean towel. Measure the sugar in a measuring spoon and dissolve it in hot water in the measuring glass. Measure the boiled water or cereal water in the measuring glass. Empty the sugar and water into the mixing pitcher. Measure the milk in the measuring glass. Add it to the water in the mixing pitcher. Stir it with the mixing spoon. Fill the

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bottles with the desired amount for each feeding, measuring it only in the measuring glass, and cork each bottle with a small plug of absorbent cotton.

Place the bottles of milk in a covered pot containing enough tepid water to cover the bottles to the neck. Allow this to stand on the top of the stove until the water begins to simmer. Then remove the pot from the stove to a table and let it stand for 20 minutes covered. Cool the bottles of milk by placing them first in water at room temperature and afterwards add cold water. When quite cold place the bottles in the ice box.

A Homemade Ice Box

This is easily made as follows: Get from your grocer a deep box about 18 inches square and put 3 inches of sawdust in the bottom. Place two pails in this box, one a smaller pail, inside the other, and fill the space between the outer pail and the box with sawdust. Place a block of ice in the bottom of the inner pail and set the bottles of milk directly on the ice. The inner pail should have a tin cover. Nail several thicknesses of newspaper on the under surface of the cover of the box. This ice box should be kept covered and in a shady, cool place. The water from the melted ice should be poured off and the ice renewed at least once each day.

Giving the Bottle

At feeding time take the bottle of modified milk from the ice box, remove the cotton stopper and put on a clean nipple. The hands that put on the nipple should be freshly washed and clean and only the rim of the nipple should be touched. Warm the bottle in a pan of hot water and test the temperature by letting a few drops fall on the wrist, where it should feel pleasantly warm, but not hot. The hole in the nipple should allow the milk to drop rapidly but not to flow in a stream. If the hole is too small, enlarge it with a heated needle. The nipples to be used each day should be boiled for five minutes and then keep covered in the small glass jar. After a feeding the nipple should be rinsed inside and out in cold water and put away until sterilized. Use a freshly boiled nipple for each feeding.

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A baby should be held while taking the bottle, or lie on his side in the crib while the bottle is held in place for him. A semi-upright position is best if there is disturbance from gas. Twenty minutes is the longest time and ten minutes the shortest time that should be allowed for taking a bottle.

After feeding, the infant should be raised carefully to the mother's shoulder and patted several times on the back with the flat of the hand to bring up gas or air swallowed with the food. Some babies need to be taken up during feeding for this purpose.

If a child does not take all the feeding, what is left should be thrown away; never warmed over again for a later feeding.

The child should be given strained orange or tomato juice once a day as directed on page 104 unless he has diarrhoea.

After he is nine months old, he may be given squeezed beef juice, beef tea or plain mutton or chicken broth, once a day. When he is ten months old, he may have part of a soft egg, a small piece of crisp toast or a crust of bread to chew, immediately after his feeding or a tablespoonful of spinach or beet greens cooked and put through a sieve. Other solid foods should not be given during the first year. At twelve months, he may take his milk undiluted and strained cereal may be given twice a day.

FEEDING DURING THE SECOND YEAR

The following diet is recommended during the second year. Recipes and directions for cooking are given on page 114.

12 Months

- 6 a.m.—Whole milk—8 oz. and dried bread.
- 8 a.m.—Fruit juice (orange, prune or pineapple)—2 tablespoonfuls.
- 10 a.m.—Cereal (cornmeal, cream of wheat or farina)—2 tablespoonfuls, with whole milk (8 oz.)
- 2 p.m.—Vegetable soup, bread and butter.

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- 6 p.m.—Cereal (cornmeal, cream of wheat or farina)—
2 tablespoonfuls, with whole milk (8 oz.).
10 p.m.—Milk—8 oz.

13-15 Months

- 7 a.m.—Cereal (cream of wheat, farina, rice or well-cooked oatmeal)—1 to 3 tablespoonfuls, 6 to 8 oz. of milk.
10 a.m.—Fruit juice, apple sauce or prune pulp—1 to 4 teaspoonfuls.
Noon.—Soup (meat, vegetable or farina soup), 6 oz.; 1 to 4 teaspoonfuls of vegetables; bread and butter or dried bread. Plain pudding (custard, junket, jello, rice, cornstarch, tapioca) or fruit.
3 p.m.—6 to 8 ounces of milk, with bread and butter, dried bread or plain cracker.
6 p.m.—Cereal (cream of wheat, farina, rice, well-cooked oatmeal)—1 to 3 tablespoonfuls; 6 to 8 oz. of milk.

15-18 Months

- 7 a.m.—Cereal (cream of wheat, wheatina, farina, rice or well-cooked oatmeal)—1 to 3 tablespoonfuls; 6 oz. of milk.
10 a.m.—Fruit juice, apple sauce or prune pulp—1 to 4 teaspoonfuls.
Noon.—Soup, soft-boiled egg or coddled egg with stale bread and butter or bacon; vegetables—1 to 4 tablespoonfuls (spinach, carrots, potato, cauliflower or beets), fruit or plain pudding (not custard).
3 p.m.—6 to 8 oz. of milk with bread and butter, dried bread or plain cracker.
6 p.m.—Cereal (cream of wheat, farina, rice, well-cooked oatmeal)—1 to 3 tablespoonfuls; 6 to 8 oz. of milk.

18-24 Months

- 7 a.m.—Cereal (cream of wheat, wheatina, farina, rice or well-cooked oatmeal or cracked wheat); a glass of milk, bread and butter.
Noon.—Egg (soft-boiled), bread and butter, glass of milk, or meat—scraped beef, roast beef, bacon, lamb chop. Begin with a tablespoonful and increase to a small-sized meat ball or chop.

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(To cook meat, stew, boil, roast or broil, but do not fry.) Vegetable (mashed), 1 to 3 tablespoonfuls. Plain pudding—custard, rice, junket.

6 p.m.—Cereal (cream of wheat, wheatina, farina, rice or well-cooked oatmeal or cracked wheat); a glass of milk, bread and butter.

FOOD FOR CHILDREN FROM TWO TO SIX YEARS

The following are sample diets—together with cooking recipes—suitable for children between the ages of two and six years:

2 to 3 Years

Breakfast, 7 a.m.

Fruit—as half an orange, 6 or 8 stewed prunes, pear or peach pulp.

Cereal—3 or 4 tablespoonfuls with milk.

Bread—White, or whole wheat, or Graham or toast, with butter.

Milk—1 cup, warm or cold.

Lunch, 10 a.m.

Glass of milk, with bread and butter, or Graham or oatmeal crackers.

Dinner, 12.30 p.m.

Broth or soup.

Meat—as fine cut beef, lamb or chicken; or fish boiled; or bacon.

Vegetables selected from potatoes, fresh peas, fresh beans, spinach, cooked celery, squash, mashed turnips, or carrots.

Bread and butter.

Junket or custard, or blanc-mange.

Supper, 6 p.m.

A cereal or egg (if not taken for breakfast); or custard; or milk toast; or macaroni.

Bread and butter.

Stewed fruit.

Milk—warm or cold; or cocoa.

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3 to 6 Years

Breakfast, 7 a.m.

Fruit—as oranges, apples, pears or peaches.

Cereal.

Egg—soft-cooked, poached or scrambled with milk.

Bread or toast and butter.

Milk or cocoa.

Dinner, 12 noon.

Broth or soup.

Meat—as beef, lamb, mutton, or chicken; or fish boiled.

Vegetables—except corn, cabbage, cucumbers or egg plant.

Bread and butter; simple puddings or custard.

Supper, 6 p.m.

Rice, or macaroni, soup, or cereal, or milk toast, or thick soup or corn bread.

Fruit, or custard, or junket.

Milk, warm or cold; or cocoa.

RECIPES AND COOKING

Cereals

One cupful of Rolled Oats requires 2 cupfuls of water and $\frac{1}{2}$ teaspoon of salt. Cook three hours.

One cupful of Rice requires 3 cupfuls of water and $\frac{1}{2}$ teaspoon of salt. Cook $\frac{1}{2}$ hour.

One cupful of Oatmeal or Hominy requires 4 cupfuls of water and 1 teaspoon of salt. Cook 3 hours.

One cupful of Cornmeal requires 6 cupfuls of water and 1 to 2 teaspoons of salt. Cook 3 hours.

One cupful of Wheat Preparations (Cream of Wheat, Wheatina, Farina), requires 4 to 6 cupfuls of water and 1 to 2 teaspoons of salt. Cook 1 hour. To boiling water in top of double boiler, add salt, then add dry cereal slowly—stirring all the while. Boil five minutes, then put over lower part of boiler and cook.

Gruel may be made by thinning with milk.

Soups

Clear soups have almost no food value, but meat soups to which vegetables and barley, rice or noodles are added, are useful food. Thick soups, especially those made from

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peas and beans with the addition of milk, are very nutritious and cheap, and can largely replace meat and eggs in the diet.

Broths

Wash meat quickly in cold water, remove from bone and cut into small pieces. Place meat and bone in a saucepan and add cold water, 3 cupfuls to 1 pound of meat, and let it stand for one-half hour. Then bring slowly to boiling point and simmer until meat is tender (4 to 5 hours). Remove meat and bone and cool. When wanted for use, carefully remove fat, add salt to taste and heat. While heating, add cooked rice, barley, etc., if desired.

Beef Juice

Use steak from top of round. Trim off the fat, put on broiler and sear on both sides. Cut in small pieces and squeeze in beef juice press or lemon squeezer. Add salt to taste.

Dried Bread

Dry squares of stale bread in a slow oven and then brown in hot oven.

Eggs

Should be soft boiled, coddled, poached or scrambled with milk.

Meats

Meats should be roasted, broiled or boiled; neither meat, chicken nor fish should be fried; roast or broiled meat should be given rare.

Meat Stews

Meat stews, such as are made from neck of mutton with potatoes and other vegetables, are to be recommended, provided they are thoroughly cooked and the fat has been removed.

Vegetables

All vegetables should be thoroughly cooked, the green ones with very little water. They should be finely mashed, or better, rubbed through a coarse sieve. Potatoes

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atoes should be baked or boiled with the skins on and peel afterwards. Ordinary peeling before cooking wastes at least one-sixth of the potato.

Stewed Prunes

Wash the prunes thoroughly. Soak over night in cold water. Cook slowly in same water till very soft. When nearly done, add a little sugar.

FOOD FOR SCHOOL CHILDREN

The following are sample diets, suitable for children of school age:

Breakfast

Cereal—6 tablespoonfuls. The cereal should be cooked two hours in a double boiler or in a fireless cooker.

Egg—Egg should be soft cooked, poached or scrambled. Only one egg a day should be used.

Milk or cocoa.

Bread and butter. Bread should be at least 24 hours old or toasted.

Fruit—Fresh or dried fruit should be given every day. Dried fruit should be soaked over night and cooked for half an hour.

Dinner

Soup or meat—Any vegetable soup or meat, either roasted, boiled or broiled, but never fried.

Potatoes—Two tablespoonfuls. Either boiled, baked, mashed or creamed but not fried.

Fresh vegetables—Three tablespoonfuls. Steaming is better than boiling. If boiling, cook with a small quantity of water.

Bread and butter—one slice.

Dessert—See under "Food Values."

Supper

Soup or cereal or egg.

Milk.

Bread and butter.

Fruit, raw or cooked, three tablespoonfuls.

FOOD VALUES

Cereals

Bulk cereals, such as oatmeal, cornmeal, hominy, rice

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and farina, are the cheapest. Cereals in packages are more expensive, and the dry, ready-to-eat cereals the most expensive.

Bread

Use whole wheat, Graham or corn bread.

Fruit

Use fresh fruit in season. Use dried fruit only when fresh cannot be obtained. Apples, baked, stewed, or as apple sauce. Stewed dried apples, peaches, apricots or prunes. Oranges, grapefruit, or baked bananas.

Meat

The cheapest meats are lamb stew, beef stew and fish. Minced beef; roast beef; roast lamb; lamb chops; and bacon cost more for the same food value. The most expensive are beefsteak and chicken.

Soup

The most economical is vegetable soup, made from peas, split peas, beans, lentils, or from any fresh vegetables. Broths, or meat soups with rice or barley, are more expensive. Cream soups are expensive, but are the most nutritious.

Vegetables

The cheapest are spinach, chard, beet top greens, carrots, beets, boiled onions, parsnips, turnips, cabbage, lettuce and tomatoes. Peas, string beans, squash, stewed celery, and knob celery are more expensive. Cauliflower is the most expensive.

Desserts

The most economical is rice or tapioca, or bread pudding; cornmeal or cereal pudding; or fruit (see "Fruit" above). Junket, custard, or cornstarch puddings are more expensive. Ice cream is the most expensive.

Milk

Milk cannot be replaced by any other food. It is cheap at any price.

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