

elimination of waste matter, especially in sickness, and so daily washing of the whole body must be part of the daily programme. Special baths will be ordered for special cases, but they will only be modifications of the original bath--such as the oatmeal bath, in skin disease; the douche, or shower, in nervous complaints and paralysis; the sulphur bath, for chorea, or some complaint of the skin; and various other medicated baths, for which the proper quantities are stated by prescription, and the time the patient is to remain in them.

A hot-air bath is given by heating the air by means of a lamp, in a properly-contrived stove, a pipe from which leads into the bed. The patient is stripped, and laid in blankets, and a sufficiency of blankets is used on the outside, over a framework, to keep in the heat. The time for the bath is twenty minutes, or longer, according to the action of the skin.

A blanket bath is given by wringing a blanket out of cold water, and wrapping it around the patient, with two dry blankets over it. The sheet is sometimes used instead of the blanket, but in both cases it is a wet pack.

¶ The transition from baths to fomentations is a natural one. These are included in general Nursing; but the speciality in children is the tendency to get their bed-clothes wet by fidgeting. They are naturally intolerant of any application, and will never rest until they have got it off. If the fomentation damps the clothing, it is doing more harm than good. A chest-band, with tapes over the shoulders, will sometimes suffice; or, as a substitute, an ordinary roller bandage, but the objection to the latter is, that it takes some little time in adjustment.

The same applies to a poultice, though its greater weight keeps it more *in situ*, and it is not so damp; but I have seen a child calmly hand his poultice to his Nurse, and this time after time, until the application had to be given up. How few Nurses can make a poultice properly! These remedies are not in such frequent use as they were; but in past days it was sad sometimes to see a feeble little one struggling for its breath, the weak chest walls hardly possible for their work, and then to see a heavy unwieldy poultice adding to the distress. A poultice wants making very quickly, with boiling water, in a *warm* basin; the water to be put in first, the meal sprinkled in, the mass being worked the whole time; then spread lightly on tow, and only of a thickness to retain the heat. Poultices and fomentations alike are only of use when frequently changed, four hours being the *very* longest that they will retain their heat, and three hours being a better interval.

When leeches are used on children, the Nurse will require to be careful in choosing the spot.

They must not go over a prominence, or on a vein, and if possible, out of the child's sight, and yet not where they will be rubbed by pressure. The simplest way is to turn the box over the selected place, holding it there until they have taken; or to hold them in cotton wool, and so leave them covered up. It will naturally frighten the child to see these black things crawling about, and the whole business is one that is better done out of sight. The bleeding may become troublesome, and, as children cannot spare much blood, means must be taken to check it; and the patient will require watching, or it may pull all the dressings off, and start the bites afresh.

A blister may be put on at night, and the little one sleep through it. Of course, after its dressing, these applications give them but little discomfort, when skilfully done. Again, the spot selected must be one that can be satisfactorily dressed, and the dressing retained in its place, and not one that is likely to be rubbed.

In clothing a sick child, it is well to bear in mind that it will not, as a rule, lie down under the bed-clothes. If well enough, it will sit up in its bed all day. It is marvellous to see how erect the children can sit, and for what a length of time, so that the shoulders and trunk have to be warmly clothed. A flannel jacket, down to the hips, will supply this protection, and not hamper the child's movements, for if anything is irksome or in its way, it will be taken off, and calmly handed to the Nurse. A flannel bed-gown, especially in rheumatic cases, is advisable for delicate or rickety children. Theoretically, it should be of sufficient length to enfold the legs, but this is only practicable in the case of a child of clean habits; and the child's practice is more frequently to kick its legs and body free from all covering.

Of whatever material composed, the principle of a child's clothing is that it should be *warm* and *light*. Especially is this so of the bedclothes. It is pitiable sometimes to see a sickly child, overborne by the weight of the traditional cotton counterpane, and perhaps some heavy blankets, folded back over the chest. Half of the restlessness of children at night is caused by the oppression of the clothing heaped on them, from which they struggle to free themselves.

And here we must leave the sick children. The subject is practically inexhaustible, and in parting from them, I would say a few words to their Nurses. These papers have not aimed at being a text-book for the Nurse, nor a complete course of instruction in the art of Nursing sick children; the space was far too limited. But rather their intention has been to point out the dissimilarity between the Nursing of the child and the adult, and prepare the Nurse for some of the difficulties of her task.

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