

found that this is a habit easily formed in the great majority of cases). At 3 p.m. more milk is to be given, and at 5 p.m. tea will be due; at this meal such dishes as tripe, ham, eggs, jam, cake, and bread and butter, may be set before the invalid. About 8.30 p.m. comes the last solid meal of the day, either in the shape of an ordinary family dinner (of which our friend must eat truly a Benjamin's portion); or a supper very like a second edition of "tea," but with the addition of a good basin of porridge and milk.  $\frac{3}{4}$  x to  $\frac{3}{4}$  x x hot milk at 10 p.m., when the patient is comfortably settled in bed for the night, completes the day's diet. Should he not sleep soundly, it is well to encourage him to drink more milk in the night.

It is astonishing what enormous quantities of food a consumptive patient can be induced to take by a clever nurse, and, indeed, it is in this very respect that her tact and skill are chiefly required. Of course, it is impossible to lay down hard and fast rules as to "quantities"; each individual must be judged as to his capabilities, but speaking generally, he should consume daily (in addition to vegetables, cakes, porridge, etc.)  $\frac{1}{2}$  lb. of meat without skin and bone, 1 lb. bread, 4 to 6 ozs. butter, and at least 4 pints of sterilized milk.

C.—The weekly weighing of the patient is often of much assistance to the nurse in helping her to impress upon him the necessity of this so-called "over-feeding." He sees how much stress is laid upon a loss or gain by the physician, and an increase, however slight, urges him on to continue bravely the struggle with his meals.

The greatest accuracy must be observed by the nurse in obtaining and recording the actual body-weight only of the patient. This is done by first weighing the night-garment and dressing-gown in which the patient is to mount the scales, and then subtracting the figures obtained from the sum total and charting the remainder. It is important to always weigh, as nearly as possible, at the same hour, the morning and evening weight of the same man often showing a great difference.

Patients' temperatures should be taken at least every night and morning. If additional exercise has been prescribed, the patient's temperature should also be taken after the first performing of the increased allowance, so that the medical man may judge if it should be continued. Generally speaking a morning temperature of 99 degrees Fahr. means a day or two's quiet rest in bed under open windows.

Except when at meals or taking the prescribed exercise, a patient must spend his whole time lying in a recumbent position on a couch or lounge chair in the open air, choosing a sunny

spot well sheltered from the wind. If, however, the weather be wet or snowy, he should lie in a suitable "shelter" (of which there are many patterns) constructed in such a way that it can be opened on all sides except that facing the wind and rain. Failing this, in a private house, he may have his couch arranged for him under a carefully selected open window facing the opposite direction to that from whence comes the storm.

Cane lounges, or deck-chairs with foot-rests, are the most comfortable for lying in long together. Hammocks are not advisable, as they tend to contract the chest by throwing the shoulders forward.

It is essential that the patient reclines for one hour before and one after each meal, and his exercise must be so arranged as to fit in between these times.

A good nurse will see that her patients are well wrapped up and do not feel chilly out of doors. If they complain at all of the cold, she must provide them with extra rugs and hot-water bottles.

D.—The question of the treatment of expectoration is an all-important one, on account of the fear of re-infection of the patient and the danger to those around him. Dried particles of sputa suspended in the air in the form of "dust" are now believed to be the chief disseminators of the tubercle bacillus, and, therefore, the nurse must aim at destroying all expectoration before it has had time or opportunity to become dry and reduced to powder. Instead of ordinary handkerchiefs, the patient must use either those made of paper or pieces of rag which can immediately be burnt. These must *never* be put into the patient's coat or dress pocket, or under the pillow (on account of the drying properties of warmth). In the first instance, cotton pockets which can be frequently boiled, should be pinned inside the usual pocket, whilst for use in bed a small basin will answer the purpose. It should be borne in mind that the expectoration, when damp, is comparatively safe, and, therefore, the best receptacles for it in the daytime are pocket-spittoons of the flask pattern in which some fluid disinfectant has been placed (as carbolic or Lawe's fluid). At night, most patients find the usual mug and collar used in most hospitals the most convenient. *All* spittoons, whether for day or night use, must be very carefully disinfected daily and kept scrupulously clean.

It is hardly necessary to point out that the filthy habit, so prevalent among the working class, of promiscuous spitting in the streets and railway carriages, constitutes a very grave public

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