

Stomach feeding may also be resorted to.

An œsophageal indiarubber tube,  $2\frac{1}{2}$  ft. long, attached to a funnel of 3 oz. or 4 oz. capacity, is rapidly passed into the stomach. The liquid food is poured into the funnel, the latter is then raised and the necessary amount introduced. The tube is then quickly withdrawn; a pint may be given at a time in this way.

With reference to the last two methods of forced feeding, the doctor always takes the responsibility, the nurse acting as assistant.

A favourable time for feeding the patient should be chosen as far as possible. His condition must be noticed with regard to pulse and colour.

The hypodermic syringe is very useful in emergencies for the injection of brandy, but stimulants, if required, can ordinarily be given with the liquid food by any of the methods described. The syringe holds about twenty minims; no water should be added to the brandy, which should be of the purest kind possible. The injection should be subcutaneous; if brandy is injected into the deeper tissues a sore is sometimes caused which is slow to heal.

Saline injections are sometimes required; these may be given by rectum, or subcutaneously by means of a large serum syringe, or injected directly into a vein. The usual place for subcutaneous injection is below the breast.

A sufficient supply of nourishment being of such very great importance, every effort should be made to ensure enough being received by the patient. If, however, the exertion entailed by frequent feeds is harmful, these may be given at longer intervals and in larger quantities every four or every six hours if the patient is violent. Great exhaustion

usually follows severe struggling, and every consideration must be made to save the patient's strength.

A nurse should always bear in mind that a sudden heart failure may occur during, or after, an attack of wild delirium. It is, therefore, most essential that she should in every possible way coax and soothe the patient in

order to encourage him to take food quietly, and to accomplish this much patience and skill may be needed.

If a sufficient amount of food can be successfully administered natural sleep will be induced, and a distinct gain will be made towards the patient's recovery. There are various forms of delirium which a nurse should learn to recognise for the purpose of description, and

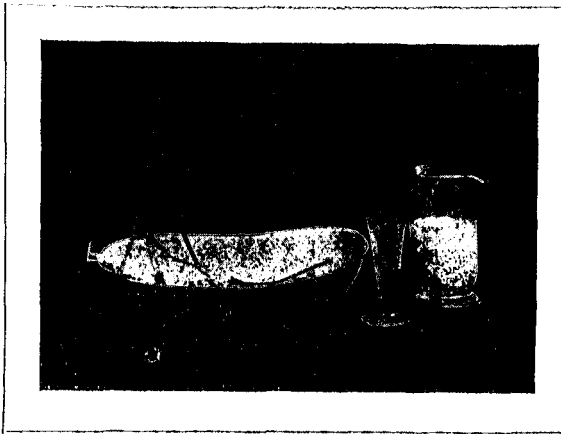
of association with regard to the various diseases in the course of which delirium may occur. These may be angry, boisterous, merry, depressed, or muttering. A nurse should practise the accomplishment of being able to feed a patient by just sufficiently rousing him without awakening him. In feeding by ounce quantities

when a patient is drowsy this can be done very successfully.

Foods suitable for delirious patients are of the following kinds:—Milk, beef-tea and bovril, eggs beaten up, chicken, mutton, and veal broths, Benger's food, whey with cream, gruels, and albumen water with, or without, the addition of barley water. Sometimes all food is ordered to be pepton-

ised. Stimulants may be brandy, whisky, or port wine, these are given only when ordered.

With reference to the various methods of feeding in delirium, these must always depend upon the disease of which it is a sequel, and the decision of the means to be employed will



Glass Funnel and Catheter for Nasal Feed.



œsophageal Tube for Stomach Feed.

[previous page](#)

[next page](#)