

good lotion, or the nurse may prefer weak Listerine, Lysol, Izal, etc. After the mouth has been cleansed a drink of water may be given if desired, and this cleansing should take place three times daily after the principal meals.

#### *Mastication.*

Children should be encouraged to masticate their food. It is often from the habit of "bolting" the food that constipation ensues. If the teeth are much decayed, there is often a condition of constitutional disease. All food given should be minced, or the danger of choking is self-evident.

#### *Secretions.*

The secretions of a child are the nurse's care. She should carefully notice the condition of skin, and its action, for much may be learned thereby. The functions of the kidneys are also important. Often the urine becomes scanty, cloudy, and offensive, if the child has had insufficient drinking water. Alkaline urine is often the best assurance of indigestion, and in such cases a deposit of fats is not infrequent. The examination of the urine may not be the nurse's duty, but the observation on this point is certainly in her hands. All nurses know that the presence of blood, sand, or the swelling of the little patient's eyelids and limbs should be instantly reported to the physician in charge. I may be allowed to remark that the swelling of the eyelids in cases of albumen is often only observed in the early hours of the morning, and then the night-nurse may be the only one to observe the symptom. Pain during micturition, incontinence, retention, retention with overflow, or suppression of urine, are all important symptoms, the quantity of urine passed (a child passes comparatively a small quantity), and frequency of passing, sediment and colour, may all be observed by the nurse.

The action of the child's bowels may be regular or irregular. This is sometimes merely a matter of habit, or laziness, on the part of the child. Regular habits should be inculcated from early days, and all fecal discharges must be carefully examined. The odour, colour, consistency, and frequency of the stools should be noted, and undigested particles of food or curds may give rise to diarrhoea. Stains of blood may occur with constipation. The presence of mucus should be reported; it is perhaps worth while to mention that the colour of the stool will vary considerably with change of diet, or the administration of certain drugs—iron, bismuth, etc., for example. It may not be out of place here to suggest that in the event of the first symptoms of diarrhoea appearing, the nurse may do much by keeping the little patient warm, especially

the abdomen and extremities. A dose of castor oil, 1 drachm to 2 drachms, may be administered, and when this has acted, a saline wash-out enema, salt 1 drachm, water 1 pint, Fahr. temp. 98 degrees to 75 degrees, may be given with Higginson's syringe and rubber catheter, and allowed to return as given. If the child is well nourished, food may be withheld for a short time, or sips of barley water given if thirsty. This treatment does not apply to infants or children in a collapsed condition, as then it would need modification. The action of the saline solution is tonic and antiseptic, and the pulse will be found to have improved after its administration. The colon will be soothed, and sleep induced, and the little patient will probably awake much refreshed.

Chronic constipation will, as a rule, respond to change of diet, exercise, and regular mild saline draughts, as ordered by the physician, the use of fruit in the diet, and gentle friction over the colon (following its course) may also be helpful. Purgatives should be avoided in such cases.

#### *Diet.*

No strict rules can be laid down as to diet, the individual child must be consulted, and also the means at disposal. The most expensive food does not always yield the best results, but simple, well-cooked, and wholesome it should always be. The modern child has too much meat in many instances, besides bacon, fish, eggs, etc., for breakfast, which, to say the least, is not in accordance with the good old teaching of the days gone by. Oatmeal porridge, milk, and bread and bacon fat can hardly be surpassed for the average child, and I venture to think fresh fruit will more and more find its place at this meal. Dripping is of immense value to a child. A wise selection from the following list may be helpful for the dinner menu:

Freshly cooked meat—never twice cooked. Mutton boiled for preference.

Well cooked fresh vegetables, potatoes boiled, white fish boiled, chicken boiled. For young children an egg instead of meat, or fish once a week. Broth, milk puddings, suet pudding, custard, baked apples, stewed rhubarb (not when there is any disease of the kidneys), fresh fruit as in season.

For the next meal, which should be between four and five o'clock, and which should constitute a young healthy child's last meal, no tea should be allowed, milk or cocoa taking its place. Good butter is always of value, and the quality of the milk should be assured and unskimmed, but all milk should be slightly diluted, and drinking water should

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