

cultivate that important factor, good digestion, to help us on our path of progress. The remainder of the day is much the same as the last, but it brings with it a nursing point of much importance—the choice and administration of an aperient, which on the fourth day is generally and prudently prescribed.

I have mentioned in a former paper (No. 77 *Nursing Record*) what is about the best aperient to give before labour, but after delivery we have different conditions to deal with, and we must adopt a different course of treatment.

My younger Nursing sisters, in our portion of work, little know how much they owe to modern pharmacy for delivering us out of the tyranny of that time-honoured, but “more honoured in the breach than in the observance,” Ol. Ricini. The accoucheurs of our day were so keen on it, they would not hear of any alternative, and down our hapless patients' throats we had to get it.

A pupil of mine had a great run in the practice of an eminent accoucheur, who, a kind and genial gentleman in all other things, was a perfect despot here. Remonstrances from lady or Nurse were treated with disdain. “All nonsense!” he used to say. “You women are full of ‘whimsies.’ Give the oil *my* way, Nurse, and Mrs. Blank won't know it from rice pudding.” (Obstetric?) And this is how she had to prepare the *delicious* concoction: Two tablespoonfuls of new milk, a little powdered white sugar, an “imagination” of salt, and a grate of nutmeg were put into a four ounce bottle, and one tablespoonful of the inevitable oil; the ingredients were shaken up together, and were put on the hob to warm, then shaken again, and the dose poured into a cup, when of course the irrepresible oil came to the top—(the crux of the difficulty)—however much she “shook”; and the lady had to take it after the usual “fuss” and lamentations over her hard fate. These therapeutical troubles of my friend, though a source of unending merriment to me, enlisted my sympathies nevertheless, and I hit upon a process which, without impairing in the least the efficacy of the drug, completely disguised its unpopular characteristics. The preparation succeeded beyond our highest expectations; we gave it a new name in accordance with its new nature; the ladies took it like lambs, and with all the innocence of the aforesaid used to make the delightful observation, “I am so glad ‘Gampy’ I did not have to take that hateful oil.” Nurse did not say anything about this to Dr. W., but when in answer to his routine question, “Did Mrs. Blank take her oil?” she used to reply, “Yes, sir, and without any ‘bother,’” he was quite pleased and pleasant, and put it all down to “rice pudding.”

My young Obstetric Nursing readers may naturally ask me, What was the charm? I would tell them with the greatest pleasure, as I do everything else, only I do not feel quite sure what view Mr. Editor would take of the matter. He *might* side with Dr. W. and reduce me to impalpable powder in a crushing Editorial, say, on “Women's Whimsies,” and “mix me up” with female suffrage, shirt fronts, smoking coats, and high heels! I dare not risk this dreadful possibility! However, in strictest confidence—you are not to say anything about it to Mr. Editor (he might laugh, and I cannot have a matter so serious to *us* treated with that kind of levity), *nor* the Hospital Nurses (“they sit (upon us) in the seat of the scornful”; is it on account of their caps?)—I will tell you what I am going to do for you.

Coincident with the epoch of a BLUE moon, I intend to bring before our astonished and grateful world of mothers and Nurses (OBSTETRIC) my incomparable Patent Panoleum Obstetrica. As is usual in such cases, it will be “sold everywhere by all respectable chemists,” and a large number who are *not*, otherwise you might have some difficulty in obtaining the preparation. You had better put the name down, as it is *rather* long, and you might forget what to ask for.

We must now resume our duties, and I trust that during our little chat the lady has enjoyed a sound and refreshing siesta, and feels quite ready for her afternoon tea, which you are now going to take her. I think you will find that some porridge, made with the *fine oatmeal*, and eaten with milk (or, better still, cream), will come in nicely for the lady's supper. There is nothing simpler to make than porridge; few things more uncertain in results in the hands of the household cook. It should always be made with water (not milk) that has come to a sharp boil, and the meal *dropped in from* a cup, and stirred briskly about for a minute or two, and then cooked for an hour. A pint of water will take up a tea-cupful of the fine meal. When ready pour what you require into a soup-plate, as it cools quickly in that. The test of the meal being thoroughly cooked is its *shrinking* from the edge, and forming a sort of loose cake in the soup-plate. I greatly recommend porridge for supper whenever the patients will take it; the meal is easy of digestion, and has a slightly aperient action that is extremely beneficial. In my next paper we will enter into the subject of aperients for lying-in patients, and why we require them. (To be continued.)

Do all things with consideration, and when thy path to act right is difficult, put confidence in that Power alone which is able to assist thee, and exert thine own powers as far as they go.

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