

These productions may do for parties or picnics, but we Obstetric Nurses cannot recommend them for *our* patients. Calves'-foot jelly is nice given warm. Take a teacupful of it, place on the hob to melt, or in a basin of hot water. You can add half-a-glass of the *best* sherry, a little fresh lemon juice, and white sugar, if required. This, with a sponge cake or water biscuit, is a pleasant form of light refreshment when we do not want too much fluid, and it is a change from the solid form. Drinks should not be given too hot. At this time (commencing lactation) they give rise to perspiration, and consequent risk of chilling afterwards. Cold custard is a nice form of drink; but it should be home-made and well made, not forgetting the cream—no custard-powder delusions! I do not mean *cooked* custard, baked or boiled, but custard that can be sipped from a cup or taken through a feeding-tube.

At times there is a disagreeable taste in the mouth, due, perhaps, to milk feverishness, and I have found the following simple lotion and gargle give relief and cleanse the mouth and throat—namely, one drachm purified borax, one teaspoonful castor sugar, half-pint of *boiling* water; stir well up together, and let it stand till cold. Take half-a-tumbler of the solution, and add just enough boiling water to make it tepid, and let the patient rinse out her mouth and gargle her throat with it night and morning as long as necessary.

At this period we have to alter the position of our patient from recumbent to semi-recumbent, and she will have to sit up in bed the best part of the day. Now, a great deal goes as to how you arrange this matter as regards the comfort of your patient. You have two ends to consider: to support the shoulders, and give a *resting* point for the elbows, an important point when the breasts are full and heavy, and one apt to be overlooked by Nurses.

Let us assume that it is the second day from lactation, and that you have to wash and change your patient. And here let me remind you that the breasts must be carefully washed all over *every* morning with warm soap and water, using a piece of soft flannel for the purpose. I deprecate sponges, *except* for face washing. I like "Boraxiline" (a sort of dry soap, delicately perfumed) added to the water. A tablespoonful to a full basin of water cleanses and softens the skin. The breasts must be wiped perfectly dry with a soft towel, and then powdered. In doing all these things, remember the instructions I gave you in a previous paper as to breast handling. Use the *palms* of your hands, supporting the breast in one hand whilst you wash with the other. There must be no "prodding" with your

fingers; a clumsy Nurse is no comfort to her patient.

You now have to place her into a comfortable position on her pillows. How are you going to do this? By piling them one on the top of the other, so that your patient slips down in the bed almost at once? To avoid this mistake you must proceed in this wise—viz., draw the bolster well forward on to the bed, place the first pillow a few inches from the edge of it, the second pillow a few inches from the edge of the first (in a sort of step-like arrangement), the third pillow being placed in the same manner as the second; by this means you get support to the back by pillow No. 1, rest for the elbows by pillow No. 2, and for the shoulders by the third. Sometimes we take a small pillow, or cushion, and place it across the top of the third pillow, to give support to the neck. By these arrangements the comfort of your patient is fairly secured. In addition we shall require a reading-easel, attached to a small table. It can be placed just where it is wanted. This does for her book or paper, and to stand a cup, plate, glass, work basket, &c., on.

I called your attention in a very early paper to the advantage of having the lady's bedstead back to the window, so as to give her a good light for reading or writing when well enough to do so, and you now see the benefit of it.

We must now take into consideration solid, as well as fluid, nourishment, for we shall have to make an alteration in the diet of our patient as soon as lactation fairly sets in, and broths and milk-gruel must be supplemented by more substantial viands. We will assume that it is the seventh day from delivery, that the bowels have been sufficiently relieved, that the milk flow is normal, the breasts soft, the patient's appetite good. The large intestine requires the support of solid food, as when empty air is apt to accumulate in it, giving rise to flatus and "colicky" pains. What is our best palliative? The question of solid aliment is an important one. Remember our patient is still in bed, and in a recumbent or semi-recumbent position, which, as I pointed out to you in a previous paper, favours constipation.

We have three substances to choose from in addition to bread—fish, flesh, and fowl. In my judgment the first is especially useful, as it neither heats the blood nor affects the kidneys in the way that meat taken in quantity is apt to do; and I am glad to say that fish is now much more largely used in our portion of nursing work than in former years. What fish shall we choose? Much must depend upon the season of the year, for I need scarcely remind you that fish is most wholesome when in best season. Cod and oysters for instance are both good for our patients, but

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