

posing your patient as little as possible. It is to avoid chill to the skin I directed you to wash your patient "bit by bit" as it were, covering over the parts as soon as they were washed and dried. Put fresh napkins to the vulva; apply a clean binder. You may remove the compresses; they are not often required so long after delivery, but if the patient wishes them continued go on with them; they cannot do any harm. Arrange the bedclothes, shake up and smooth the pillows. This is about all it is safe to do in the washing and changing of the patient at this period. She may feel a little fatigued even after this amount of exertion, so have some light refreshment handy, such as milk and water, with a sponge cake, to carry on till lunch time.

Take away all the things you have had for use, and make the room tidy. Open the window at the bottom, and the door at the same time, for five or ten minutes, if the day is fine; you can cover the patient over with a light woollen shawl whilst you do this. The air of the room will be renovated, and most likely your patient will get some sleep. At all events, keep everything quiet in order to induce it, and darken the room. Too much light will often prevent sleep as much as noise.

Sleep is Nature's great restorer in sickness and in health; the lassitude that follows cessation from the "after pains" will tend to induce *natural* slumber if it be encouraged by *perfect quietude*; and the Nurse must do all in her power to ensure it for her patient, and impress upon the members of the household the necessity for it, and in all probability there will be no need for narcotics to procure sleep. In my judgment they are better dispensed with for lying-in patients; and if they can be *kept quiet* they rarely require them; and I need scarcely tell you a Nurse should *never* administer them except under Medical direction.

There is another distress our patients suffer from for some days after delivery, and that is constant thirst, the result doubtless of the inevitable hæmorrhage that attends parturition, and what sort of drink to give them becomes a Nursing point of much importance. I find three beverages, each suited to the three periods into which I have divided convalescence—*Record*, No. 95—about the best for our part of Nursing work: *toast water* for the first, *barley water* for the second, aerated drinks further on when needed. The first I recommend to be made, *not* with boiling water, but with water that has been *boiled* and cooled down. A chunk of stale bread (about the size of a small tea-cup for a pint of water) should be put into a hot oven and dried all over to a *dark* brown, but not burnt; macerate this in the water for an hour or two before using, and

put a piece of clean paper over the jug if there be no cover to it. A good deal goes to this simple concoction—it is refreshing, slightly nutritive, and soothing to the stomach from the gluten dissolved in it from the bread. Make it fresh. You can get pieces of bread dried for you during the day, and keep them in your room ready for use. Barley water is most serviceable at the commencement of lactation; it is a bland nutritive beverage, and I believe helps to make milk; it also has a soothing influence on the kidneys. I have it prepared in this wise: put half a tea-cupful of the best pearl barley into a saucepan with a quart of *cold* water; let it come to a boil, strain off the barley; put it back into the saucepan with a pint and a-half of *hot* water; let it boil for an hour, stirring up frequently; strain off into a lip-basin, and then pour it into a clean jug. Let it stand till cold. Carefully pour off the *top* clear part into another jug; sweeten slightly with castor sugar, and add a tea-spoonful of *fresh* lemon juice. I never use pulp or peel, and of course take out the pips. The sediment remaining at the *bottom* of the jug into which you first poured the barley water can be boiled up for about half an hour with a pint of hot water, and after standing be strained off like the first decoction. Barley water as a *beverage* should be *thin* and mucilaginous; it is a most refreshing, wholesome drink, and there are few patients who do not appreciate it. You should have it prepared one day for the next; it cannot be well made hastily. Sometimes we give barley water mixed with milk; in that case you can make it thicker and stir it altogether when you *first* pour it off, and thin down with *cold* milk; this is as much food as drink. In my experience I found no more valuable beverages for the period I have indicated than these two preparations of pearl barley.

My readers may ask—Can we not get all this from a sixpenny cookery book? I reply, Possibly! But that is not the point I aim at. A string of recipes is of no use to a Nurse *per se*. It is their adaptability to varying circumstances that gives its whole and sole value to *Nursing* cookery, and we do not get that in a cookery book. If a Nurse (obstetric) is only a creature of routine she is only half a Nurse. I humbly submit that the preparations I have brought under her notice are not quite in the common order of things; hence my motive in introducing them in this paper.

With respect to aerated drinks, they are more useful in a latter period of convalescence (lochial), when we sometimes have a little feverish thirst. Here I prefer the aerated *distilled* waters, as our purest medium for any flavouring we like to add, such as fresh fruit juices, or syrups. My Nursing

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