

jerking movements avoided on the part of the patient, and she must be gently assisted in moving.

With respect to meat food given in a fluid form, such as broths, &c., let me remind you once for all, that they should always be prepared *one* day for the *next*, for by no other plan can they be effectually cleared from the fat, which is bad for, and but too often renders them distasteful to, sensitive, delicate women—the very patients who most require such form of nourishment. I also advise that the broth should be made fresh, the quality of *freshness* being in my judgment a most important point.

As the household *cuisine* is not always iraproachable, a Nurse should have a knowledge of the preparation of these important foods, and I may as well tell you how I like to have them made for our patients. We will take beef tea first. Take a pound of lean beef cut from the shoulder—not the leg, as is usual; we want fibrine, *not* gelatine; there is no nourishment in that, though useful to us sometimes, as we shall see. This fine lean meat is *not* to be cut up into the squares so dear to the heart of our every-day cook, but placed on a chopping-board, and with a sharp-pointed knife (a game carver, for instance) scarified on both sides and in all directions, so as to thoroughly break up the fibre. If there be any pieces of fat amongst the lean, remove them before you scarify. Sprinkle just a little salt all over the meat, which you have now reduced almost to a pulp. Put it into a saucepan, and pour over it *one pint* of cold water—distilled if you have it; if not, water that has been boiled and got cold. Let it soak for at least an hour—an hour and a-half would scarcely be too much. Then put it on the fire to boil. When it begins to boil, a fine flocculent scum (really meat in finest state of division) rises to the top, which our friend the cook invariably takes off (if she has the chance) instead of stirring it in. Liebig advises that the meat should only boil for fifteen or twenty minutes after first coming to a boil. It should then be strained off *at once* through a coarse *wire* strainer into a *lip* basin, and left till you want it the next day.

What do we find then? A clear amber-coloured fluid *slightly* set, with perhaps a few globules of fat on the top, which you carefully remove; at the bottom of the basin a fine brown sediment, which the cook strains off (if we let her) when the beef tea is served! Need I tell you that this precious deposit is the fibrine of the meat in a state of minutest division—the solid portion of our beef tea, which we intend to go down our patient's throat, and *not* the kitchen sink? It is to "capture" these particles that I told you to add a little arrowroot to the beef tea, or if not that,

thinly toasted bread. So long as your patient requires beef tea, have it prepared in this manner.

Mutton broth is made quite differently, though even here we clash with the cook (the natural enemy of the Obstetric Nurse). I like it made thus, the addition of veal giving it an improved and delicate flavour—viz., one pound of the scrag of mutton, one of scrag of veal, put into a quart of cold water. When it comes to a boil let it simmer for three hours, and then pour off at once. And here let me say a word as to the fallacy of the "boiling down" system in making broth for the sick. It may be all very well for stock. What do we aim at when we make broth for them? To soak out and cook the juices of the meat (principally albumen). Now we cannot get *more* albumen out of a given quantity of meat than there is in it, however long we may "boil down." Put as much water as you want broth from the beginning, and make your broth *strong*, the routine proportion of one pound of meat to one pint of water is about the right strength. It is usual to add thickenings to mutton broth, which are very good; but for sick cooking I do not advise the barley or oatmeal to be put in *with* the meat—they are apt to absorb the fat, and make the broth taste greasy, which is a grave fault when it is re-warmed.

(To be continued.)

PRACTICAL LESSONS IN ELECTROTHERAPEUTICS.

BY ARTHUR HARRIES, M.D.,

AND
H. NEWMAN LAWRENCE, MEMBER INSTITUTION
ELECTRICAL ENGINEERS.

(Continued from page 65.)

WE will arrange the different forms of cell under headings showing the kind of exciting fluid used thus—

A.—Cells with saline solution.

B.—Cells with acid solution.

Under A we place (I.) Leclanché, (II.) Silver chloride, (III.) Sulphate of mercury cells.

Under B (I.) Daniell, (II.) Bichromate, (III.) Grove, and (IV.) Bunsen cells, to which may be added (V.) Secondary cells, or Accumulators.

A.—(I.) The Leclanché cell has for its elements zinc and carbon, together with powdered binoxide of manganese, and for its excitant a saturated solution of sal ammoniac (ammonium chloride), or sodium chloride. These are arranged usually in two jars, one within the other. The outer jar is generally of glass for large cells, but may be of properly prepared wood, porcelain, or vulcanite,

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