

I like the air." The gentleman, after a little pause, took a small two-foot rule out of his pocket, and measured the width of the window. He is a good mechanic, and spends hours in his workshop, and makes all sorts of useful articles of household comfort. Asked what he was going to do, he said, "I have a little idea in my head." A few days after the lady was well enough to be wheeled into another room for a few hours in the day. When she came back to her bedroom, her husband showed her his contrivance. A board, the width of the window and ten inches wide (you can make it any width you like), fastened with three brass hinges to the inner window sill, so you could have it up or down at will; the ends of the board were rounded off, and two long brass hooks fixed at each end, which fitted into two brass loops secured into the sides of the window-frame. The next morning when we opened the window at the bottom, this is what we did: we fastened up our window—or shall I call it wind-board—by the hooks, the window being opened only a little lower than the width of the board; the breeze came in, a "welcome guest," and instead of blowing *down* on us, the air was deflected *upwards*, and spread about the room; and we had no fear of draughts before our eyes—or behind our necks, which is worse—and a delicious freshness pervaded the atmosphere of the room. I never saw this contrivance before. Those of my readers who may have done so must pardon me for bringing it before those who have not; it was a little "dodge" of ventilation that I greatly appreciated and have not forgotten.

Having gone over the usual topical measures resorted to in "white leg," we must turn our attention to that judicious feeding of our patient that tends so greatly to aid her recovery, at all times a tedious process. We have two points to bear in mind—to sustain her strength, and to avoid the evils and troubles of constipation. If my readers will refer to my paper on the subject in which I briefly outlined the anatomy of the colon, they can very plainly understand how a loaded condition of the large intestine, notably that portion of it called the sigmoid flexure, would cause pressure upon the internal iliac veins, and in this manner tend to *obstruct* the venous circulation in the affected limb (which is, as you know, most often the left), and which of all things we are anxious to keep free. The choice of aperients rests in medical hands. I have found preparations of cascara very useful; they are simple, mild in action, and efficacious, and can be repeated without bad effects—a consideration when we have to give aperients for some time. Tonics are always given to improve the depraved blood condition that is the cause of the disease;

chinchona is good, but I have seen better results from the perchloride of iron than anything else. There is one form of medication we all know to be fallacious—alkalies and other drugs, given with a view to aid the absorption of the coagula. Not long ago this unwise course led to a nearly fatal result to my knowledge; it is on all fours with the "rubbing" delusion we so often have to combat.

Now as to diet, it is plain to see that sustaining *fluid* nourishment is the best; in the early part of the disease *strong broths* are our sheet anchor, and I must now refer to my papers on dietary, in which I touch upon this question. Milk, *pre-digested* and thickened with fine oatmeal, so that it can be taken from a feeder or feeding-tube; three pints in the twenty-four hours is none too much. Broths are better in my judgment given at the *midday meal* than any other time, either thickened with arrowroot, or have thinly toasted bread in them. A pint of *good* broth, whether made of beef or mutton, contains the nutriment of a pound of meat. Bear in mind what I told you about the fibrine in *fine divisions* it ought to contain, and see your patient has it. As the disease wanes and appetite returns *good* home-made soups are most valuable. A plate of mock turtle for dinner, to which you can add a wineglass of the *best* sherry, is a nice change. A slice of bread, lightly buttered on *both* sides, cut into dice, and browned in the oven, is an addition to this soup; also the *hard boiled* yolk of eggs rolled into little balls; but I deprecate *force-meat* balls—there is no nourishment in them, and they do not digest readily, and the toasted bread, done as I have just said, gives a sufficient savour to the soup, which is a change from broths and clear soup. At five p.m. a cup of tea (all black) with milk, and bread and butter or plain seed cake; for supper, the regulation milk gruel or porridge, with milk if preferred, must not be omitted; for breakfast, cocoa (made from the nibs), one-third milk, with a lightly-cooked egg or some white fish. If the patient prefers tea, some brown bread and mild bacon is a good change. Do not give too many eggs; they constipate some patients.

There is another dietetic point I wish most urgently to impress upon your minds—that *all broths* or *soups* must be absolutely devoid of *FAT*. I pointed out to you in a former paper how this is to be done, and, as far as a Nurse can, you should urge it, and even see it done. Surely some lady member of the family could attend to this. Is there any portion of Nursing work in which lay aid is so useful and ought to be so readily given? I do not mean in mere bed-side *technical nursing*—of which I for one have the deepest distrust of

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