

the *results* than the *symptoms*, which are much the same in both cases, and require similar treatment as regards Nursing. The former often comes on with great suddenness, and from no apparent cause—proper food and careful tending being given; it does not yield so readily to treatment; it is marked by choleraic developments, and is more frequently fatal.

In cases of infectious infantile diarrhoea, anti-septic measures and precautions must *not* be overlooked, both as regards the little patient and the Nurse herself. When the soiled napkins are removed they must at once be placed in an *earthen* vessel and sprinkled with any disinfecting powder you may be ordered to use (I prefer Condyl's powder, it being less destructive to the linen than many others), and removed from the room, and, if practicable, taken outside the house until they are sent to the laundress—which should be done once, if not twice, a day—and *washed at once*, rinsed in abundance of clean cold water, and, if necessary, boiled again, rinsed, and hung out to dry in the open air—*no washing* powders to be used. *Soft water*, if obtainable, and the best *curd* or yellow soap are quite sufficiently detergent. The napkins must be washed *apart* from all the linen required for cot or baby—the cot sheets and baby's gowns can be washed together, the flannels and cot blankets (these last will not be much soiled with careful nursing) separately. If drawsheets are required for the cot, they must be treated in the same way as the napkins—when they are charged. The waterproof sheeting used to protect the cot bedding must be washed every morning in the Condyl solution, and exposed to the air all day; of course, *two* pieces of the waterproof will be required. Sometimes waterproof *planches* are used for the infant in these cases. I entirely *depreciate* them in health or disease for reasons I have pointed out to you in previous papers. When changing the infant, Nurse of course wears her waterproof apron, and across her knees a warm Turkish towel; the buttocks must be washed with warm soap and water with a piece of soft flannel; rinse that out and wipe off the soap; you can then sponge the parts with a weak solution of Condyl in warm water, keeping the sponge for that especial purpose; wipe the buttocks perfectly dry with a soft napkin, and powder them with the oleate of zinc I have mentioned to you; there is often excoriation of the genitals from the acrid character of the evacuations. After removing the napkin or the infant's soiled clothes, Nurse should wash her hands and rinse them in some antiseptic solution.

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The severest form of infantile diarrhoea is cholera infantum, when sanitary measures are doubly necessary to prevent the spread of the disease, but to many minds they may appear superfluous under the circumstances I have just detailed as marking the diarrhoea of very young infants; but a little reflection will show us they are, if not absolutely essential, highly expedient. It is true, infantile diarrhoea is not infectious in the same sense as scarlet fever and small-pox are, but it can undoubtedly be *spread* by neglect, especially in the matter of washing management. Sanitation, like charity, should begin *at home*, although in neither case should it end there.

For instance, a Nurse is attending a town lady—we will say London, as some dismal Metropolitan experiences in this matter run in my mind. Baby has diarrhoea. The washerwoman lives in a remote and probably not a highly salubrious locality. We all know that Mrs. "Sudds" is much too *enlightened* to pay the least attention to any verbal directions she may receive from Nurse as to baby's washing if they in the slightest degree interfere with her arrangements or jar with her "whims," and as far as *purification* is concerned, the napkins come back to the house much as they left, and more likely than not were dried *under cover*, and never had a breath of fresh air through them. Now if we had taken the simple and common-sense course I have described to you of disinfecting the napkins *at once*, we should have, to a certain extent, got the best of Mrs. "Sudds" and avoided "friction."

Some Nurses might say, use napkinettes and cremate. Well! *autres temps autres mœurs*; but to repeat the hackneyed saying of Mr. *Punch* with respect to another interesting "*experiment*,"—Don't!!

## Tasty Tit-Bits and Dishes Dainty, FOR INVALIDS AND CONVALESCENTS.

Compiled specially for "The Nursing Record"

BY

LADY CONSTANCE HOWARD.

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EGGS.

*The Way to Cook Them.*



PLACE the eggs in a basin, pour *boiling* water over them, and cover the basin with a plate. At the end of five minutes pour off the water, and fill the basin afresh with boiling water. In the course of another five minutes the eggs will be *cooked—not hard*. They can be left in the water to keep warm until wanted. An excellent and most satisfactory way of boiling them.

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