

SPANISH INFLUENZA

**General Preparation for Nursing at Home—
S. O. S. Lectures Nos. 1 and 2
TO YOUNG LADY VOLUNTEERS
By DR. MARGARET PATTERSON
At Parliament Buildings, Toronto, Tuesday, Oct. 15, 1918**

LECTURE NO. 1—GENERAL PREPARATION FOR NURSING AT HOME

We are beginning this morning a very brief course of lectures. It is an absolute impossibility to make nurses or to give any complete idea of the importance of the nursing lectures, but I believe it is possible to give a sufficient description of certain essentials of the sick room, the preparation and care of the bed and the use of the nursing machine, the sick patient that will be of great benefit to anyone who has the time

and will be helped in this emergency. We decided to call this organization "The Ontario Nurses' Association under Health Auxiliary." That is rather a long name for common use, and it was thought advisable to condense it to "S. S. S. from the Health Department," and that those who took the course should be known as "Sisters of Service." We will have a distinctive badge for the help of something in the plan of the National Service Badge, that will be given to those who have actually engaged in service after they have completed the course.

And notice how you can see, experience and then you will recognize the abnormal.

If we were going to take care of a city, we would try to select a sick room that is conveniently situated, and I am going to talk in these classes almost more from the standpoint of the sick room and woman than from the city home. I am one of the fortunate people who know both, having been brought up in a country home, a city and a country.

And I always think of the things that I have seen, and of which I am always proud.

And I am glad to see that the cat or a dog that is accustomed to coming into the room and putting its paws on the bed, and the sick person's dress is very difficult indeed to deal with. They are always under your feet and on your shoulders, and the doctor in the household realize that they should be banished.

In isolating a patient you must select a room that is necessary for the care of the patient and bring it to the sick room, and you must insist upon keeping these in the sick room, and you must insist upon the patient to other parts of the

I think it is better before we can understand anything, or prepare anything, such as a machine, much to know the nature and know a little bit of its construction. We are not going to attempt to learn anything of the entire human body, but to examine the organs of *respiration*; or *physiology*; we are only going to speak very briefly of the parts of the body which are *not* affected by influenza. We are bandaged together to fight this disease, which seems to affect chiefly the organs of *respiration*, and is much concerned with the heart's action. This chart shows the location of the organs of *respiration*. The organs of *respiration* are the nose and throat, the windpipe and the two lungs. All the internal organs are controlled by the sympathetic nervous system. They are involuntary muscles; they do not work whether we are asleep or awake, and we cannot be conscious, and the lungs are controlled in that way. The action of the lungs is the same as that of the voluntary muscles as well. Breathing consists of the act of taking air into the chest and the letting

know conditions in the country, and the people who will be called upon to render service in a country home.

Now, if you to select a room conveniently situated to the toilet and bath. These are conveniences which you must have in your *homes*. But select a room conveniently situated from the standpoint of the living-room, because you will get the necessities for them, but be very careful that you select one that does not lead into any of the living-rooms, because you will isolate your patient and keep the patient separate from the other members of the household. If you to select a room with a south or southwest exposure, if at all possible. This is the best exposure, and the value both as a disinfectant and health-giving agency than the direct rays of the sun. You will get plenty of sunshine in the sick room it is quite invaluable. But we must get it into the room at a time when it will do no harm to the patient. Patients who are very ill are usually restless in the early part of the night, and you will get the *soundest sleep* in the early hours of the morning. If you have a room with a south exposure, you can

house and must not be used by other people. In the case of a small house, a tub, a basin and vessels to contain water, a vessel in which soiled water can be put, and a bucket, will be the comfort of the patient. It is quite necessary that in all these cases you should have a person to attend to the work and with any avoidance of danger of infection. We understand now that the germs are everywhere with the germs as they leave the body of the patient these germs are harmless, they are not contagious, but as soon as they become dry they are carried in the air and that is the way in which they are spread. It is necessary to educate the patient and the people with whom we come in contact, and to make them understand that it is contrary to law to cough or sneeze without covering your mouth and nose, and to sneeze much against the moral law, and that we have no more right to cause our brothers and sisters to be harmed than we have to do them any harm. A person having this disease who coughs or sneezes into the air is causing harm to the air and anyone who is near enough may be taken direct. Handkerchiefs are

I want you to noticed and understand the changes that take place in the chest in the normal development of the chest in normal respiration. The cause it is only then you can recognize the significance of the abnormal. As soon as the chest is exposed to the chest, and the shoulders come back, the cavity of the chest is actually enlarged. When the air is given out from the chest, the cavity of the chest decreases. Later on, when we come to speak of pneumonia, we will find that there is a difference in the action of the chest in diseased and in normal conditions. The risk of the patient awakening or draw the blinds and lose the effect of the treatment. As, if you have the room with a south-southwest exposure in the afternoon, when the patient feels tired or depressed, you can open the window and let the room with sunshine, and the effect is almost magical. No disease is more common than pneumonia. The sun for any length of time. I see by the newspapers they have succeeded in curing the disease in the Spanish influenza. There were no particulars given, but we know, as you know, that the disease is not get him singled out and kept him away from the patient. The handkerchief is one of the dangers of our country. Many students of the Union they are not allowed in the public schools. That is a step in the right direction. I think here they will understand what it means. Probably the chest brings a few. The handkerchiefs distributes them around. After a person has had a disease things in the chest are not the same. On the clothes line, but it is very seldom that a pocket is disinfected. It is very desirable that on each day

It is very important that the organs of respiration should be in as good condition as possible, that the air drawn into these cavities should be clean and pure and that the nose is the part of the body through which nature intended the air to enter the body, and the mucous membrane of the nose is the entrance of the air into the lungs. The mucous membrane of the nose contains a number of glands which moisten and warm the air, and also small hairs which grow in a downward direction, by means of which certain particles of dust are taken out of the air before it passes into the lungs. If you have any idea of how much work these small hairs perform, and of the secretions from the nose, blow your nose into a towel, and wash afterwards upon some windy day. You should take the precaution of cleaning out these passages. We should at length get out our noses sufficiently often to get rid of the little particles of dust and germs that have adhered to them. I think that is one of the chief precautions that should be taken to prevent the spread of the disease upon any time you have been out where there are a number of people. Wash out your nose. I don't say spray with some of the ointment, but wash, which probably irritate. Wash it out with a normal saline solution of a little teaspoon of salt to a pint of water. It is not so simply to keep some of the things in the nose of a child drawing it in the nose and drawing

into the clearance they will soon get crack at him, or a serum for inoculation of the nose, and will meet the needs of this disease. The face and not many other emergencies, and many a disease more readily than the sun's rays will destroy any known germ. Then try to select a room that can be ventilated—and every room can be so ventilated—and insist on doing it. Insist on doing it. That is one of the things that you will have to do in many of the homes in which you continue the household. Do some of the work and convince them that they will never get a cold from fresh air. It is so much easier to keep a house warm that has a window of air is it than a house closed up and full of stale air. You need oxygen for your life, and you get plenty of fresh air to enter your house. I daresay, and if you have one or two windows in the room you can try to have them open. Always have the windows open as near the ceiling as possible. Have the window down from the top, if you have only the one window, and open it up from the top. Nothing in at the bottom of the window so that the current of air will be directed upwards, then it will pass over and under the furniture, through the air in the room, mixing with it, keeping up the circulation, but not causing a draught on anyone. If you have a fireplace, open it thoroughly. Wash. Always try and have removed from that room everything that is unnecessary. Don't have anything on the floor that they are never desirable.

There should be a little paper bag and a packet of wash handkerchiefs of which may be taken one needed for blowing the nose or for sneezing and then burned. This is absolutely necessary. The wash handkerchief, because it has to be washed, should be absolutely prohibited. About the most convenient and the most comfortable of good quality crepe tissue paper, but part of that near the head of the bed in a paper bag. The patient should be given a paper towel in this way and put a safe pin in it like that and pin it to the side of the mattress. Then when the patient wants to take a piece of paper and when he is finished use it he drops it in the bag, and two or three times a day, or twice a day, wash the cleaner, better, costs less than the soap required to wash handkerchiefs. It is well to take these precautions. It is very important, to prevent the spread of infection. Another thing, for two reasons above-mentioned, the patient should be kept away from the spread of the disease. If the tray should be properly looked after and kept separate. When the patient is in bed, it is necessary that the patient should have his meals in bed, try and have his paper services, do not let him get up.

Select the smallest and simplest dishes you can find in the house and keep these for the tray. Keep the other dishes in the kitchen, and the other dishes. The ordinary washing of dishes is not sufficient

it into the mouth, and gargle the throat. Keep your teeth clean, wash your mouth with water, and breathe as to force it to every corner and between all the teeth. If you are careful in matters of this kind you will likely keep the germs that cause germs to locate there in sufficient quantity or for a sufficient length of time to invade the system, so that they will be unable to produce the symptoms of the disease. The air that is passed through the nose is usually pretty safe air to enter the lungs.

The human body is often compared to an engine, and I know of no more apt illustration. Because the human body is an engine, and it is an engine, and it is an engine, and it is an engine is to keep up steam that engine must be stoked, and the blood stream is the stoking material, and the heart is the stoking pump. There must be pure air in the lungs. It is an absolute essential, both in health and disease, if there is to be no pneumonia, to keep the lungs pure. We can live for three weeks without food, days without drink, but only a few minutes without oxygen, and without oxygen the air we breathe, and if we have plenty of oxygen in the lungs when the blood comes from the right side of the heart, the blood is made the carbon dioxide is given off and the oxygen of the air taken up, and the blood is purified and the waste matter is taken out. The waste matter wherever you have fire, there must be waste material to remove.

I say "try" because I don't think it would be wise to go into a home and say, "I am a doctor, and I will bed and insist on having the carpet taken up, but if you are fortunate enough to have the preparing of the room, the floor scrubbed, the furniture removed, the floor scrubbed and everything that is not washable removed from the room, so that there will be no light or air in the room, possible, because the more work that is done in a sick room, the more of your own strength you are unnecessarily used up, for even though the patient is simply lying there, if there is somebody working in the room, the patient is not getting any rest, and the more things there are in a room the more work there is to be done, the more danger there is of germs being introduced.

Keep your room just as clean and neat and free from unnecessary things as possible. If you cannot get a bed if possible, have a single bed. It is always better to have a bed with a metal frame or a plain wooden frame, than a bed with a position in the room that the attendant can go to all sides of it. Place the bed in such a position that the light will come from a light, either into a window or an artificial light—let the light fall from the head of the bed on and over the patient. The patient may wish to read or on the tray.

If you have to nurse a patient in a room, you can only do it better if you have a light. I would say, have the window raised from the bottom, place something across it in such a way that the light will fall down so that it will not shine on the patient's face at a table. Place knives and forks in the most convenient place, and have all the things they are going to use.

There is one thing I want to emphasize—the fact that the circulation of the blood takes place through a series of closed tubes, and these tubes are full of liquid all the time, but it is kept circulating in these tubes by the force of the heart. If you force liquid into a tube that already is full you feel the liquid all the way along the main trunk of the artery.

Now, about the heart's action? Now the pulse, of course, is caused by the beat of the heart, and by feeling the pulse we can tell the condition of the heart, the strength of the heart, the action of the heart is full and strong, whether there seems to be an equal quantity of blood forced out by each beat. It is very important to know the pulse, and also the necessity of having fresh air for the patient to breathe so that

blowing across the patient, and, as I said before, be sure that the bed is in such a position that you can get to all sides of the patient. Then, get a piece of white oil-cloth or sheet, and put several thicknesses of paper between the folds of the sheet and put it over the head of the bed in the form of a canopy, so that the body is under the mattress like that. You can see what a neat little hood it makes over the top of the bed, allowing the patient to breathe, and preventing any draught from striking the patient. In doing this you must be very careful to tuck it under the mattress so that if you turn over there would be a little draught strike the patient.

Then you must isolate your patient. Do not let any one take in a good deal, and do not take in any easy to carry out. Take the patient nearest to them. Of course, the dishes should be washed with water and soap, and be disinfected, and they should always be thoroughly boiled before they are allowed to mix with the other dishes of the patient. It is a practice of putting a little water, or a little water, soap of any kind is a germicide.

The basins and towels, of course, must be kept in the room, and you should be very careful that they never borrowed nor allowed to be used out of the sick room. The towels should be changed every day, and towels should be put through an infecting solution before they are used, and always insist on the highest disinfection. But do not place any faith in disinfectants as much as to fresh air and sunshine. Nevertheless, a disinfectant

tion should always be used in a chamber or bed pan before coming to the patient; it is pleasant and safer for both the nurse and the patient.

On a list of some of the more prominent disinfecting solutions and to tell you how they can be easily applied, we will tell you all we can do to this morning. Carbolic acid solution is one of the standbys, but its use is not recommended. However, Lysol does just about as

I have been asked about the use of liquor in cases where the patient is a solution of a strength of one in twenty for disinfecting. A solution of one ounce of iodine to one quart of water will make it in a large quantity and keep it in the sick room, do not leave it in the bottle. I think it is better to use one ounce of disinfectant to nine ounces of water. I think the bottle should be kept in the sick room and should be labelled "poison." In the case of the iodine solution, the dissolutive disinfectant in a little bit of warm water first and then use the iodine solution.

One in twenty is what you would use ordinarily for disinfecting any person from the body; but to dip the hands in the solution when there is one in forty would be strong enough. The solution should always be kept in the house, and if the hands are not burned may be disinfected. That is very important not only for your safety, but is important where the disease is so prevalent, as it is in the country where there is no such system. Many

These germs are very long lived and they are not easily killed by heat and in that way be conveyed to the human family. In the country you should always insist that there be no manure or anything else of the place where the direct road of the sun will fall, and the excreta should be buried there and covered with soil. Do not let the manure get on any spot, but do not permit them to go to choose a shady corner under a tree. The typhoid fever germ, for instance, will live for years even after it is frozen in ice, and the germ that causes diphtheria, and the germ that causes cholera, can live in a tank of water. A dark place may be used to grow celery or some of the vegetables that, unfortunately, are grown in the open. Often these germs again return to the human body. Chloride of lime is also a very cheap and good disinfectant. Excreta from the bowels or bladder.

"In connection with this nursing it is necessary that you should take care of yourself, for if you get too much sleep or too much cold, you are careless in any way, you are not fair to yourself, your patient or your doctor, and you owe a duty to every one of them.

"You must keep yourself in the best possible condition, and in order to do that you must observe the following rules: You must keep your body clean. You must dress in wash dresses. If you wish to wear a mask you may do so, and I think it is recommended. You must not eat any kind of cake or gauze doubled and put across the face, covering the nose and mouth so that you breathe through it and the germs get into your nose and mouth or nostrils or in your mouth. Be very careful to wash your hands every time you do anything for the patient, and

dancer or
police
to get
too much sleep or
too much cold, you
are careless in any
way, you are not
fair to yourself, your
patient or your
doctor, and you owe
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Never think of seeing any linen from the patient or the patient's clothing, or of touching anything washed without it first having been dipped in a disinfecting solution.

After patients have been sick with cholera or dysentery, if you are attending to them, or if they are allowed to attend to you, of quarantine and mix with other people they must have a thorough disinfecting bath—a carbolic bath or a solution of caustic soda bath. If you cannot get the carbolic bath, you will always be able to get sufficient carbolic for that purpose, because you do not want it to be any stronger than a hundred and twenty. Be careful that

you do not use any excreta from the patient; do not handle the dishes that have been in the mouth of the patient until they have been washed in a soap and water; and always wash your hands carefully every time you touch them or their bed. Avoid putting your hands to your face, and avoid the bad habit which people have, and it is a very dangerous one. If you are careful about these essentials and have plenty of food, you will be able to persevere out of doors every day, have your meals at regular times, and eat nourishing and easily digested foods. I would say you will be

the hair is thoroughly washed, and then have the patient put on clothing that has not been in the sick room, and if possible, have the patient taken out of the room, disinfect the room. Your patient is out of the room, and before disinfecting draw the covers over the patient, and open the bedding over the bed, spread the bedding over the bed, open up any closet or chest of drawers that there may be in the room, of course, you hope that the patient is wearing underwear.

Do not neglect the precaution of washing out the nose and mouth carefully every night and every morning, and every day. Remember the mouth then, but I would wash out the nose and gargle the throat before eating, and wash the mouth after eating, so that no particles of food will stay around the teeth or mouth. I think these are the essentials in the care of the patient with a sore throat. ABSOLUTE CLEANLINESS.

LECTURE NO. 2—THE BED PATIENT

This afternoon we are going to take up the care of the bed patient. We said a good deal this morning about the preparation of the room, in which we were going to take care of our patient, and we emphasized

The necessity of removing from the room everything that is like the case or the chest is not necessary for the convenience and for the general usefulness of the room. I spoke of having, in a large room, a chest that should be very dry. There should never be any dry sweeping done in a sick room. If you have a large floor, that is a very easy matter with which to deal, with a cloth moistened in a disinfectant solution. The dusting must always be done with a damp sponge. Never do any dry dusting, and never use a broom. Instruct your patients to take the proper precautions not to scatter germs in the room, both for their own sakes, as well as for the sake of the other patients in the hospital public.

You should wear a wash dress with a good big apron when doing anything for the patient. Be very careful, indeed, to wash your hands with soap and water every time you handle the patient, before you cut and before you put on a bandage. You must always have been near your patient, always be careful to wash your hands very thoroughly. I think that is the best free medicine in which infection is carried in giving medicine always note very carefully the patient's reaction to the medicine, and in giving it, no matter how often you have given the medicine, never give it out of the bottle without reading the label. If it is not in the medicine bottle, and you have given medicine at several times, and you feel sure just where you have set the bottle, and nobody else had been near it, you may never give medicine out of a bottle without

ried by those not accustomed to waiting on the sick. Take good care of yourself and your patient, and do not take care of your patient and not at all likely to contract the influenza yourself.

You will say a little bit about the keeping of a chart before we come to the actual care of the bed patient, and I would say that the chart is a very important thing.

I have outlined a chart. We have the date, the hour, the temperature, the respiration, the pulse, the treatment, medicine, nourishment, and, lastly, remarks. The keeping of a chart is a very important thing, and carefully and intelligently everything concerning your patient, is one of the most important things in the world. You should be constantly and systematically and learn to record your operations briefly but clearly, not only for your own use, but for the very important, indeed, that there should be a very full record made of everything that took place in connection with the patient.

Now, I will read to you the label on the bottle of the medicine. Always read the label carefully and be sure that you understand it before you give the medicine. When you are handling the bottle hold it up so that you can read the label, hold the medicine glass square, absolutely level, and measure very carefully, giving just exactly the amount that has been ordered. Then turn the bottle so that the bottle on the slide away from the label, so that the label will not be discolored by any medicine that may be spilled. Then take the cork work your bottle carefully and set it away. I want to emphasize the fact that you must do this every time. Then give the medicine exactly as it was ordered. If it is an unpleasant medicine, try to give it in as pleasant a way as possible. If it is very bitter, give it in as little bulk as possible. If it is quinine, don't insist on placing it on ice, but give it in the most palatable way possible. Supposing you had to give a salidiz-powder, be sure to mix it with a little water.

In the first column you put the date and the hour. When you have taken the temperature, you write the number in the second column. In the column headed "temperature," Supposing we have taken a temperature at 2:30, and we find that temperature to be 102.4, mark 102.4, and then find the pulse and the respiration. Suppose we find the pulse to be 108, say, and the respiration 30.0. The normal temperature is 98.4; the pulse, normally, in a child, from 80 to 100, and in the infant, 100 to 120. It is quite necessary to remember that the pulse rate is greater in the child than in the adult. For you may remember, the normal pulse is from 60 to 80, and in taking a child's pulse, while it may be perfectly normal, if you find it is 100, you will find it is abnormal.

The normal respiration is from 16 to 20, but, of course, in a disease where the respiratory organs are affected, there is approaching pneumonia, we may find respiration very much increased. We find our respiration in this particular case, 20.

Now I have marked the next column "urine," and it is very important that you should make a note of that and of the color of the urine. If there is very much fever or poison in the system the urine will probably become scanty, high in color, and the doctor should know it. Always make a note of the time at which the urine has been voided.

After you have given the medicine watch the patient's condition carefully, and if you find that afterwards, so that you would notice if there was any unusual effect following the medicine.

Then nourishment. Every time you feed, make a note of it. It is better just to make a note of what has been given, and if the patient seemed to enjoy it, but if the patient seemed to be restless for something unusual, something out of the ordinary, make a note of that. He may crave for something acid or something alkaline, and that all the doctor has to pay particular notice to the doctor should know.

Then we have a column for remarks, and I consider that one of the

nant column of the whole
ere is a great deal that
in the column "remarks."
position in which he lies,
is living in a peculiar po-
a note of it, and
of a most important
of the usual position
him in that po-
of a collection of
the patient is getting an
in the side, he will near-
wrist and roll them, gently inward,
and when you are sure you feel the
your watch—and it should be done
with the second hand—and when
you are sure you are holding the
of your watch is over one of the
numbers, start to count, and it is
in counting the respiration, try to
do it without letting the patient
know that you are counting. You
are taking the temperature; they

an attempt to lie slightly incline-
ward. Place your right hand on
your own position to ensure
entire part. Make a note
notice the expression of the
face is very important. In
where you are lying
of pneumonia, there
ways a change of expres-
sion. The patient looks
worried and there may
be a feeling of tightness
an anxious expression
on the face. Make a note of any
sweat. Notice if your patient
is quiet. If your patient, who has
been quiet and comfortable
suddenly becomes restless,
change of it, and carefully note
the patient makes in
any symptoms they may
be. Make a note of
the face. Make a note
report to the doctor. If
the patient has a chill and rigor,
cannot change their head be-
cause these are controlled by the sym-
pathetic nervous system. You
can alter the rate at which they
breathe, and the depth of their
breath. If I were to say to any-
one, "Breathe in and out of your
mouth," I am going to count how
often you breathe to the minute." It
would be impossible for her to
breathe naturally. Count without
knowing the patient's pulse. Put
after counting the pulse, instead
of watching your watch, watch the rise
and fall of the bed clothes, or the pa-
tient's chest. If the patient is not
breathing deeply enough to
cause a rise and fall, slip your hand
in above the diaphragm, and if the
chest does not rise and fall, then
you will feel the rise and fall. Put
the palm of your hand flat in there.
You cannot take even the shortest
breath without feeling the rise and
fall under your hand. You can
count the respiration easily in that

fully, the time, the place, and the duration, and always a very important one, and usually marks the some fresh absorption of some fresh dose of the disease. In pneumonia or some kind of pneumonia or some kind of pneumonia, if the patient has a discharge from the nose or mouth, it is not a good sign. Not a good sign. If it is bright red blood. If it is bright red blood in color it is probably from the lungs or throat. If it is from the lungs or throat, it may have been vomited. If you notice, mark in the column headed "re- mark if there is something to ask the doctor about." Perhaps was something you noticed, but did not explain something at as fully as you wanted. If you set about carrying out the doctor's orders, and if you set about carrying out the doctor's orders, so to what he meant. If you forget to ask him the next morning unless you have made

[illegible]

the doctor. The chart is simple, very important matter. It is much better that you should have a blank book or ledger than a ledger which is fastened, and the pages as I have indicated, at that if you require more than one, is no damage destroyed. In a case where the temperature on for some days, the will very probably give the nature of the case, and possibly will plot the chart *yourself*. Always mark your record just as soon as you can, and having a chart that is from the beginning right enough the case it gives the chance of knowing the cause of the fever. If it is a which you will probably have that comes on after so many days, we will know what we are prepared so that it is quite important the chart and not have some of the chart will be lost, and the temperature taken, but the temperature taken, but with your patient and your patient becomes flushed, the skin is red, the temperature is rising, take the temperature and see if it is. Then

respiration and pulse, and
impartation from the
throat. Do not be
but still do not go to the
tremore. Take the tempera-
usually every two hours or
four.

If you are giving medicine every
four hours, you give the medicine
and the medicine given. If the
was excited after the giving
take a note of it. If the
after giving
a note of it. If it has not
unusual effect you do not
record.

Take a patient's tem-
always look at the ther-
and see where the mercury
be sure it is shaken down
the mouth if the patient is re-
cuse. Ask the patient to close
his lips on the pad. Put it well back
in the mouth. If the patient
patient try to talk while it is
tell the patient he must keep
I keep the lips closed upon
difficult to make him do that.

When you first go to a patient who
may have been sick for a few days, wash
hands and face and wash
out her mouth with Compound
and she will feel like a new crea-
ture.

Now we have the patient comfort-
able in bed and the temperature is
slightly high, and we will place
the patient a sponge bath. Before
you start to give a bath always be
sure that you have everything ready.
It is very important to remember and
does not show foresight on the
of a nurse if she has to stop to go
and get something. Have everything
ready. Have the water at the right
old linen, soft old linen torn
squares, to wash out the linen. You
may use gauze, but old linen is as
good as anything. Use a lot of an
old towel for a wash cloth, as it
be disinfected, boiled or put in the
sun, and it will be sweet and clean
when you use it. Be sure to use it. Be
sure that you have your little tin
ready for washing the eyes and
mouth, and have the water ready.
Have the water warm water ready
ready for the general bath and
some good soap, because in giving

Then straighten her
ering and tuck
so lightly as to
her hair. If she
she is fairly com-
fortable.

Now, if the pa-
tient is in bed
flap in bed, try
to keep her
If she is very
up her up on
padding. The
use of little p-
various things, n-
comfortable and
pillow or a
pillow that is
slip that in j-
Then we have
the patient's
is getting prop-
lying flat on a
bath towel a
change the pos-
low, just as if
patients' heads
that give com-
flict, just to pu-
the arm on the

[illegible]

We come to the pulse. The nature of course is the nature of the blood. If the pulse is the impact of the heart as the blood is forced into the arteries, we can count the pulse at the wrist and in doing this count the pulse with the finger. We grasp too firmly, and shut off the flow of blood. Loosen up your fingers and place them over this

gent cotton and
ing the thum
upper and lower
the in on the
Never use the
having washed
out the mouth
out the condi
of a person ha
a disease suc
usually becom
a bad taste i
ould wash it
For the
wash so tha
with moist
table hot feet
glycerine, the
menes a lit
mon juice i
glycerine soft
brane and the
es the flow
ds. Always
your pu
ment to be sur
can. It is ver
moves and mou
cleansed. Wash
correctly.
gently.

ently but very
forget to wash
uses around the
the chin and the
nicely.
ashed our pa
are going to d
patient must b
er herself, and
uncover her id
is arm we hav
dress, but we
er under the
ing to slip out
nder this arm
Then we hav
soap all ready
n and soak it

Soak It well
between each
arm to the
thighs in the
well with soap
wring out the
towel that will
tight towel right
I've just throw
beginning with
Tight from the
axilla, and the
at the same
the blood will
be more rapidly
of the massage
from the extreme
Now we have
Then we have
and body. We
and put it un
soak our cloth
holer. We
ask the patient
to wash the body
not touching the
of the body. If
it there, and we
own on the we
good massage.
body is the
at the legs and
we did the arms
covered except
usually the
towel under
feet up to the

time way. That
the patient's back
it has been lying
time, never roll
her. A patient
the mistress
seen a patient
just from being
on her back
sprink her. She
brink of a pre-
to hang on for
the crowd the
narrative will be
back must be
of Wash. and
dependent, but
any pressure
it scrupulously
the crowd
be discomfort, b
o the back mus
thoroughly, and
the buttocks, as
end of the spine
with soap and
water, and the
massage. Keep
the lean and keep
there is not lik
the foot. You
glyethylated sp
give a rub with
oil. If give a
oil. Do not pig
shed on, but give
your hands
growing. Now we
bathed, and then
the legs.
the patient's
to the head, and
the sleeve. The
full of your
to the side. Hav
re is no difficult
or arm in. The
the patient's
gave a practice
hanging the bed.
the upper part
n, too, though no
other. Put you
your patient and
the bed.

ent has had to lie
 length of time
 ed, and you must
 tired
 and you cannot
 bed rest, or any
 and made me
 e her quite com-
 under a good deal
 e. Take a small
 bath to-day
 under the knees
 relieve the pro-
 builders. The bed
 fire, and the
 mattress, so we fol-
 just slip it under
 raising the shoul-
 Then, when
 under, we put a pil-
 low pillow, at the
 put her arm out
 great deal of
 pillow and place
 hen, possibly, in
 saw this out from
 under the knee
 it and slip the pil-
 a little change
 The heels may be
 is so painful
 heel may be with-
 So if we haven't a
 can we probably
 a little
 heel and you will
 great deal of con-
 is able to turn
 from a track to
 very sore. Even
 on her back to
 to put a little pad
 and if she is going
 to eat, or to do
 thing of the kind
 great deal of con-
 turning down read-
 it is. A little thin-
 such a difference
 to prevent
 every, and it con-
 vength, which is our
 things in taking
 I intend it. I
 aid
 to a nurse for her
 a bed sore. The
 In preventing bed
 sore, the nurse
 parts carefully and
 relieves the pres-
 at least by the use
 of pads, thus avoid-
 wrinkles in the
 mbs in the bed.
 re will be given a
 findings
 Wednesday morning