

HOW I NURSED MY BROTHER BACK TO HEALTH.

IN TWO PARTS.—PART I.



HAD never been quite happy about Hugh since he had taken to working so busily in the most unhealthy part of the town, down beside the river and the wharves. I knew it was important to him to gain experience in such work, and that he could not better em-

ploy the interval between taking his degree and his ordination than in helping our hard-working clergyman. Yet I was sometimes anxious about him, for he was always very much in earnest over everything he took in hand; and then he had never been very strong.

I do not know if I can tell exactly what first made me feel thoroughly uneasy about him. For a good many days I had fancied him not quite well, but first he had only laughed at me, and had seemed in almost unusually high spirits; and then, a little later on, he had answered almost snappishly, and told me to "mind my own business"; and it was so very unusual for Hugh to be irritable—least of all to me—that I felt a vague premonition of trouble to come.

One chilly October evening, a few days later, Hugh came in looking fagged out and thoroughly wretched. He sat very quiet in an easy-chair, and shivered a good deal, despite the fire's cheery glow. He was so thirsty that I had to order up a fresh relay of tea, but he would touch nothing solid, not even the thinnest bread and butter, and he seemed oddly indisposed to talk. He confessed to a headache, and thought perhaps he had taken a chill, but he had no sore throat, and that reassured me a little.

Our step-mother advised him to go to bed, but it was a good while before he seemed able to summon resolution to move. I went to see him a little later on, and took him some soup, but he did not care for it, and asked for tea again. He was shivering all over, and was terribly thirsty. I felt certain he was going to be ill, but I could not get any one else to share my fears. Our father looked at our step-mother, and she said we would wait till morning—very likely it was only a cold.

In the morning, almost before I was dressed, I was summoned by old nurse to come to Hugh. He was lying half dressed upon the bed, his eyes dim and half closed, and a sort of dusky flush upon his face. He seemed to find a difficulty in speaking, and not always able to get hold of the word he wanted. He made no resistance to our putting him back to bed, and lay on his back quite still, only shivering from time to time, as he had done the previous evening.

There was no question then as to sending for the doctor. Our step-mother was terrified lest it should be something infectious which her children might catch, and we were all glad that Hugh's room

occupied so isolated a position, right away over the offices, far away enough from nurseries or living-rooms. The doctor was sent for, but unluckily I had small confidence in him; he was a kind, fussy little man, very popular with children who only ailed little things, but I do not think he was clever, and that added to my anxiety.

He seemed, however, to find out pretty soon what was the matter with Hugh. The look of his eyes and his tongue, and the appearance of some little reddish spots on his body, seemed to settle the matter quickly.

"It is typhoid fever, Miss Molly," he said to me, in his cheery way. "It will give you a nice bit of experience, if you are going to be nurse. Typhoid is a tedious thing, and it needs a deal of care; but that I am sure you are prepared to give." He then gave me some general directions, and took his leave, promising to look in later.

It was plain to me from the outset that all the nursing would fall upon me, with such help as old nurse could give. Mamma was afraid to enter the sick-room on account of the children, for, despite the doctor's assurance that typhoid was not infectious, in the ordinary sense of the word, the very name of fever was enough for her, and she was quite afraid to come near us. We were not rich, and could not well afford a trained nurse, unless it should be actually necessary; and Hugh and I having been all in all to one another for so long, I was almost relieved to feel that he would be my special charge now.

I set to work promptly to arrange the room. Hugh was so quiet and torpid that, as long as I moved quietly and kept the blinds down, he seemed to notice nothing. I lighted a good fire, and brought up a few household utensils, such as a kettle, a saucepan, a certain number of plates, cups, spoons, and forks, which I intended keeping as my special property during the next weeks, so that the things used in the sick-room should not be mixed up with those in use elsewhere. A small box-room close to Hugh's served me as a kind of store-room and scullery, and nurse promised to keep me well supplied with hot and cold water for the requisite washing up. I next got an old screen, which I placed between Hugh's bed and the door, and as it also screened him from the light of the windows, it served a double purpose, for during the first week, while the severe headache continued, he was very intolerant of anything like a bright light.

I hung a sheet in front of the doorway, and sprinkled it with a solution of carbolic acid (1 in 20), though I am not sure that this precaution was really necessary for a fever as little contagious as typhoid. Later on I had to substitute Condy's fluid for carbolic acid in and about the room, as Hugh seemed to sicken of the smell of carbolic; but I preferred it myself, and thought it more thoroughly efficacious.

I may mention here what I was told later, and what

proved of great service to me in keeping the room sweet, that any disagreeable smell can be dissipated in a very simple way. Pour a little common vinegar into a saucer, and then take a live coal from the fire and keep dipping it into the vinegar. A pungent steam is at once thrown off that entirely overpowers every other odour, and is rather pleasant than otherwise to inhale. By walking about the room with your steaming saucer you can purify it in a very few minutes from end to end.*

I was always very thankful that I remembered upon that first day to write to an old friend of my mother's, who was a nurse in a London hospital, to tell her of my trouble, and ask her if she could give me any hints in helping to nurse my brother. I remembered many years before having been taken to her hospital by my mother, and hearing there a brief dialogue, which had somehow contrived to stick in my memory.

"You have a great many cases of typhoid?" my mother observed.

"Yes," was the reply; "we get all the worst cases sent up here. We are rather noted for our typhoids in these wards."

"For good recoveries you mean? But do not the same doctors attend all over the hospital?"

"Ah, yes; but you see, in typhoid the nurse, not the doctor, holds the most important office. In fact, almost everything depends upon the nurse; and though medical attendance is necessary, and even indispensable, no doctor can save a case unless it is properly nursed. The real responsibility rests with us, and very heavy it is sometimes."

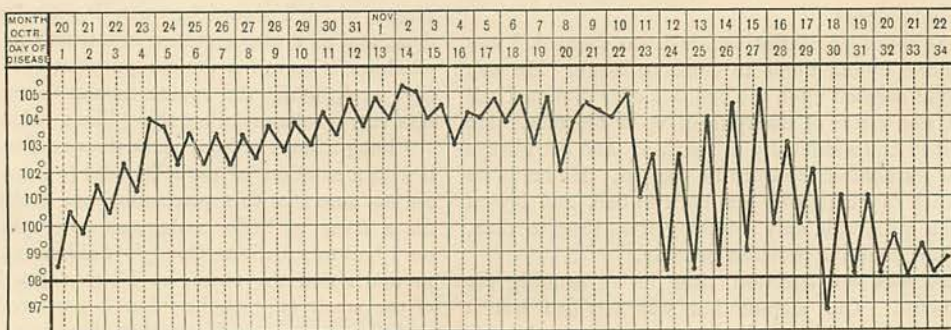
The moment the recollection of this conversation flashed into my mind I sat down and wrote my letter, getting by return of post a long and most kind reply full of little helpful details, which gave me far greater confidence than I could have had without. I also received as a present a clinical thermometer for taking my patient's temperature, and some blank charts for registering its indications, together with a "sample chart" of a typical typhoid case, as a sort of guide to me what the temperature ought to be, so that I need not feel undue anxiety even if it did rise high at certain times.

A clinical thermometer is a little tube of glass with

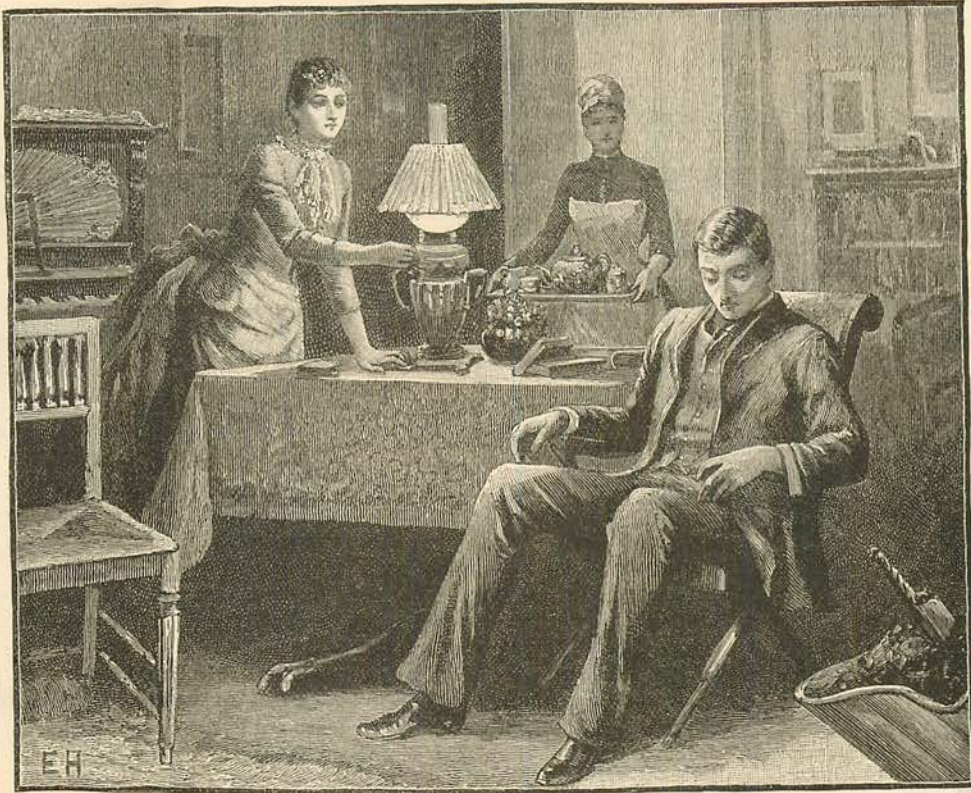
* If there is no fire in the sick-room, a hot poker from the kitchen fire will do as well as the live cinders.

a bulb of mercury at one end. This bulb is placed in the mouth of the patient (the lips, but not the teeth, being closed upon it), or under the arm, if more convenient, and held there for about four minutes. These thermometers always act on a registering principle, and do not run down when taken from the patient, so that the temperature can be seen by the doctor on his visit, and the register shaken down afterwards. Taking the temperature is most important, as it is the best index of the way the fever is tending, and changes either for better or worse are indicated by its readings long before any other alteration is visible. Temperatures are usually taken morning and evening; but if the patient is in a critical state, it may be well to take it every four hours.

My instructions were clear and simple. The patient was to remain lying flat on his back in bed, and not to get up, or even sit up, for any purpose whatever. I was even to be careful, if he were very ill, how he moved over upon his side, and to keep him, in short, as still as possible. Everything in the way of bed-clothing was to be not only well aired, but actually warm, before it was put on, and absolute cleanliness was strictly enjoined. In order to avoid perpetual re-sheeting of the bed, which always fatigued the patient, and was often difficult to accomplish without more movement than was advisable, she explained the principle of "draw-sheets," the use of which I found indispensable. A draw-sheet is a sheet folded in such a way that it covers the bed from just below the bolster to about the patient's knees, and if tightly tucked in at both sides, causes no inconvenience to him. When it requires changing, you get your patient to move himself over to one side of the bed, and then you go round and roll up the soiled draw-sheet into a tight roll, till you roll it up against his body. Then you place the clean draw-sheet on the bed in place of the old one, tuck in one side quite firmly, and roll up what is over into a second tight roll beside the first. Then pressing both rolls deep into the bedding, you get your patient to move himself over them without difficulty, till he is lying on the clean sheet. The soiled one can then be drawn away at once, and the clean one unrolled and tucked well in at the opposite side. Two people can do this little office for a perfectly helpless or unconscious patient by simply moving him very slightly from side to side. It is always best to have a



TEMPERATURE CHART OF A TYPHOID FEVER CASE.



"HE SAT VERY QUIET IN AN EASY CHAIR" (p. 111).

piece of mackintosh under the draw-sheet to keep the bed-clothes perfectly dry. The upper clothing should always be kept well over the patient whilst the under sheet is changed. To avoid any soreness of the skin from perpetually lying in one posture, my kind friend told me to rub the back, and such parts as were likely to be affected, with methylated spirit (warm), and dust them after with fine starch powder. As prevention is better than cure, this process was to be regularly carried on all through the illness, and repeated about every other day. I may as well say that it answered perfectly, and that though Hugh was six weeks in bed, he never suffered in the least from tenderness of skin from lying.

My remaining main charge related to diet—on *no account* was anything to be given for weeks that was not absolutely liquid. She warned me that in the later stages my patient would plead piteously for "something to eat," if only rice or arrowroot; and she warned me also that even the doctor might give way and order some light pudding, only to repent later of

the indulgence. She told me I must be very "hard-hearted"; and when the first experiment was made, to let it be only a few spoonfuls at a time, and test the temperature most carefully afterwards. "I have known a small basinful of thin arrowroot to throw a patient back for weeks. My doctors now leave the diet question mostly to me; and I find by experience that the more resolute I am to be extremely cautious, the better it is in the end for us all; but it is often very hard to be firm."

Food, that is milk, beef-tea, and stimulant (if ordered) was to be given in small quantities and frequently—if exhaustion was great, even as often as every ten minutes. Much depended on never allowing the patient to run down for want of nourishment, and both face and pulse were to be carefully watched for indications of exhaustion.

I have not got very far yet with my account of Hugh's illness, it has taken so long to set down these details about nursing; but I will finish my story in another part.



HOW I NURSED MY BROTHER BACK TO HEALTH.

IN TWO PARTS.—PART II.



PERHAPS it will not be out of place to preface this paper with a few words about typhoid fever, which will explain why such especial care is required as to diet and to the enforced quietude of the patient. Typhoid fever is attended by an ulceration of a portion of the intestinal canal, and the consequence of this is that the tissue is worn exceed-

ingly thin over the ulcerated spots. It will be easily understood, then, that any exertion, or the passage of anything approaching solid food, would be likely to act injuriously upon these ulcers, causing in some cases perforation and acute peritonitis, or hæmorrhage and collapse, both of which only too often end fatally. When patients are not feeling very ill, and are yet kept so strictly by doctors and nurses, they often rebel much against what seems mere "fussiness." But it does not do to relax rules on that account. Only a few days ago I heard of a woman who, though only slightly ill with typhoid fever, died quite suddenly after getting out of bed. She was a poor woman, and probably knew no better, and had no notion of the risk she ran; but unless people really understand something of the reason for such especial care, it is difficult for them to believe how great a risk is run by only a very little exertion on the part of the patient. I should never have been so very careful with Hugh if my hospital friend had not explained to me how very important such care was, and the reason for it; and I can easily understand what she said: that people who are less ill than he was are often harder to manage, as the wish to get up and do more for themselves is so much stronger.

Poor Hugh was docile enough during the first week. He suffered terribly from headache that nothing appeared to relieve, and lay in a kind of semi-torpid state, never speaking unless spoken to, and often not understanding what was said, unless it was spoken rather loudly or sharply. He answered sensibly when he was once roused, but would sink back almost at once into his lethargic state, and, unless in much pain, would be perfectly quiet and still.

Internal pain was relieved by fomentations and poultices, which last I found very troublesome to make, till I got my hand well in. The ordinary kind of messy, home-made poultice between layers of muslin is scarcely any good. In a properly-made poultice the consistency of the linseed should be so thick and adhesive that it can be spread upon a cloth

to the required thickness, and then remain as it is spread, without any muslin over it. It should be rolled up and carried to the patient, losing none of its heat by the way, and when removed, after the needful space of time, not one particle should remain adhering to the skin.

It was some time before I succeeded in making my poultices up to the required standard of excellence. At first I was afraid to use too much meal, and they were sloppy and messy; but a little practice soon gave me the knack, which once gained is never lost. Poultices should be made with *boiling* water. I always pour the water into the basin first, and then throw in handfuls of meal, stirring all the time until the right consistency is gained. Poultices should be made quickly, so as to keep all their heat. Have everything you want under your hand before you begin your task.

Fomentations also should be as hot as the patient can bear them. The best plan with them is to dip the flannels into boiling water and wring them out in a towel afterwards. It needs two to do this quickly and effectually. Fomentations should not be moist enough to run down and wet the under sheet, and a piece of mackintosh should always be used over them to protect the night-dress from damp. Carelessness in these little matters often results in a chill that may do incalculable harm.

After a comparatively quiet week such as I have described, Hugh's illness took a much more trying turn, and for about ten days he was fearfully ill and in great danger. The fever ran very high, and was attended by delirium, and we could not leave him night or day for a single moment. He did not rave or become violent, but lay with half-open, glassy eyes, muttering incoherently, and with little intermission, the whole four-and-twenty hours through. As the fever ran higher the restlessness increased, and he was perpetually trying to raise himself or to get out of bed; and although always amenable to authority, and quieted by my voice or touch for the moment, yet the next minute the delusion, whatever it was, would come back again as strong as ever, and the same attempt would be repeated. Knowing as I did how much depended on complete quietude, these days were days of unceasing anxiety, and I almost learned to do without sleep; for I could not rest out of Hugh's room, and only snatched a few hours' sleep as I could upon a couch at the bed's foot. I do not recommend this course as the best—nurses ought to have regular hours for rest and exercise and food; but in exceptional and critical cases this is sometimes impossible, and it is wonderful how much of this kind of fatigue one can stand with impunity when one is put to the test.

I took every reasonable precaution, avoided most carefully inhaling the patient's breath, or anything else offensive by which infection could be carried,

and was most particular in the use of disinfectants, both in the room itself and in the water in which every utensil was washed. I did not intend to get ill myself if any proper precautions could prevent it; and I was never better in my life than whilst I was nursing Hugh.

The cheerful little doctor began to look quite grave

upon my patient. Whilst the weather had kept mild and bright I had been able to open the window at the top in the ordinary way, and sometimes to keep it open for an hour or two together; but this was now out of the question, and yet, from the position of the door with reference to the rest of the house, no adequate current of pure air could be admitted through it alone.



"HE LIKED TO HEAR BOYS' STORIES READ TO HIM" (p. 146).

during the course of the second week. Pulmonary symptoms had begun to show themselves in the patient, and one lung became undoubtedly congested. The fever was much aggravated by this complication, and the difficulty of breathing, together with the persistent hacking cough, exhausted him fearfully. It was a sudden change in the weather that brought the unwelcome chest affection with it. Hugh had always been subject to bad coughs, and I suppose this was why he was so susceptible.

One of my difficulties now was how to ventilate the room effectually without letting in the raw frosty air

At length I hit upon an expedient that answered all practical purposes sufficiently well. I got a strip of new flannel the same width as the window, and nailed one edge all along the top of the frame and the other edge along the top of the upper sash. When the window was shut it hung down in a sort of bag, but when the window was open the flannel was stretched out taut, and acted as a kind of screen, through which the air filtered in quite fresh, and yet robbed of the raw chill that was inevitable when it blew straight from the open. My bit of flannel was about a foot deep; I think that is large enough for all practical purposes, as you must

open the window as far as the flannel will permit, so as to keep it tight and let it act in the proper way.

After ten days of extreme anxiety there came the crisis we were waiting for, and how thankful I was I need hardly say when our patient sank into a quiet sleep such as he had not known since the commencement of his illness, pulse and temperature alike falling, whilst the rapid breathing became more soft and steady, and something of healthful moisture appeared on the dry, harsh skin. To prolong this health-giving sleep as far as possible was now our chief concern; but Hugh was always so light a sleeper that I was afraid of making the least sound, and how to keep up a good fire was a difficulty. I tried one or two plans of building it silently up, but the one that answered best was that of tying up coal (large and small together) in brown paper parcels of about three pounds weight each, and putting them quietly into the heart of the fire when it began to burn hollow. Of course the coal was tied up in this way before it was brought into the room at all.

Steady, though gradual, recovery now set in; and though I should have been frightened by the rapid rise of temperature each evening at this stage of the fever, had it not been for my typical chart, I knew that it was to be looked for, and was not discomposed and did not fear a relapse, as I should otherwise have done.

One very trying stage had still to be gone through a little later on, when poor Hugh became ravenously hungry, and seemed nauseated with the milk and beef-tea that had been his diet for so many weeks, and begged piteously for something more satisfying. Prepared as I was for it, I found it very trying. The doctor would have been much weaker than he was if I had not begged him not to make any change too soon. He was so cheerful and easy-going that I trembled to hear him give way to Hugh's pleading.

I shall never forget how Hugh begged one day for "something to eat," and how, when I could not let him have it, he pulled the sheet over his face, and I knew that he was crying quietly to himself. I think it was the hardest moment of all those trying weeks, and I cried a little myself; but I did not give way.

Whatever else nurses are, they *must* be firm when

they know they are in the right. Even as it was, a very little rice pudding a few days later caused a slight return of pain and a sudden rise of temperature. Hugh was astonished and convinced by this lesson, and waited more patiently after it, till by slow degrees we were able to give him first one thing, then another, until he began to look almost like himself, and to look forward with pleasure to getting about again.

I was struck with a certain weakness of mind—a sort of childishness and vacuity that came over him at times—but I learned that it was a very common sequitur of typhoid fever, and passed quite away with returning strength. He liked to hear boys' stories read to him, stories he had not looked at for years; and he entered into them with the same zest that one of our little half-brothers would have done; but that phase passed away in due course, and Hugh was his own bright affectionate self again, full of quiet fun, and always ready to tease poor old nurse till she used to tell him he was "every bit as bad as he used to be before he knew better, that he was!"

What a proud, happy day it was for me when Hugh first came downstairs and was comfortably ensconced upon the drawing-room sofa, beside a glowing piled-up fire!

"It's almost worth being ill to know the pleasure of getting well again," he said, looking about him with bright, eager eyes. "I'd no idea how pretty things were here. Molly, I've been no end of a plague to you—you're the right kind of sister for a fellow to have—that you are, and no mistake!"

That was his way of thanking me, I knew. It is only in books, I think, that brothers make grand, set speeches to their sisters. Hugh's eyes said a good deal more than his lips. I bent to kiss him, and I won't deny I felt rather "choky."

"Thanks, dear old Moll," he said. "I'm sure I don't know how you did it. They say it wants a lot of care, and skill, and everything to nurse typhoid. I can't think how you learned it all."

"Ah," I answered sagely, half laughing lest my voice should tremble and betray me, "there's no knowing what one can do when one is put to it, and there is nobody else to do it for you. Necessity is the best training, after all."

THE CITY OF THE SHEREEFS.



Tis only during the last few years that the city of Wazan has come to be known at all to Christians, as, being a city essentially and wholly Mahomedan—and, moreover, a sacred city—it has always been considered an almost impossible place to get at in safety. However, within the last twelve years the mistake has been discovered; and it has now, at various times, been visited by some two

dozen Europeans. Situated in the mountains of Morocco, four or five days' march from Tangier, its position has held it aloof from the foot of travellers, while its being off the main road to Fez has still further added to its seclusion.

Before I begin to tell of what we did and saw in the sacred city, it may be as well very briefly to sketch out its history and importance to the Mahomedan world of Africa; for as Mecca is to Arabia and the East, so is Wazan to the immense hordes who are