

governess, but as her mother, and as my wife."

He was very patient with me, when he saw how the suddenness and the wonder of it all upset me, that a man like Mr. Lucas could love me, and be so clever and superior and good. How could such a marvellous thing have happened?

And mother knew it, and Uncle Geoffrey, for Mr. Lucas had taken advantage of my absence to speak to them both, and they had given him leave to say this to me. Well, there could be no uncertainty in my answer. I already revered and venerated him above other men, and the rest came easy, and before we returned to the house the first strangeness and timidity had passed; I actually asked him—summoning up all my courage, however—how it was he could think of me, a mere girl without beauty, or cleverness, or any of the ordinary attractions of girlhood.

"I don't know," he answered, and I knew by his voice he was smiling; "it has been coming on a long time; when people know you they don't think you plain, Esther, and to me you can never be so. I first knew what I really felt when I came out of the room that dreadful night, and saw you standing with drenched hair and white face, with Dot in your arms and my precious Flurry clinging to your dress; when I saw you tottering and caught you. I vowed then that you, and none other, should replace Flurry's dead mother," and when he had said this I asked no more.

(To be concluded.)

NEW MUSIC.

STANLEY LUCAS, WEBER AND CO.

It is Better Farther On. Words by the Rev. Joseph Parker, D.D. Music by Ernest Ford.—Pretty words, easily and pleasantly set to music.

A. COX.

Le Chant du Gondolier. Serenade. Par G. J. Rubini.—This piece presents no difficulties, and combined with its effectiveness, is likely to become a favourite.

Festival March. By Louis Honig.—A very attractive composition. The varied changes and grand finale, without any difficulties, will be appreciated by many.

ROBERT COCKS.

The Holy Land. By William Smallwood.

- No. 1.—"Jerusalem."
- No. 2.—"Rachel's Tomb."
- No. 3.—"Nazareth."
- No. 4.—"Bethany."
- No. 5.—"Lebanon."
- No. 6.—"Jacob's Well."

No. 5, which we have now before us, is a march, entitled "Lebanon." The time is distinct, and the air martial sounding. There are no difficulties. Dr. Westbrook has arranged it for the organ, the pedal bass adding much to the effect.

Sweet Thoughts. Waltz. By P. Fiandra.—A good waltz, easy and pleasing, with coloured portrait.

The Dean's Little Daughter. Song. Words by Jessie Moir. Music by Charles Marshall.—A story of a little, sensitive child, alive to the voices speaking to her through the bells,

and filling the belfry with her imaginations of angels bringing holy messages to her. The music is descriptive and pleasing.

The Song of a Boat. Words by Jean Ingelow. Music by Alice Borton.—A poor widow looking out on the sea where her "sailor lad" was lost, and at the little nest, from which her nestlings have gone, feels that her only home now is where they dwell, and longs to join them there. The music is simple and appropriate.

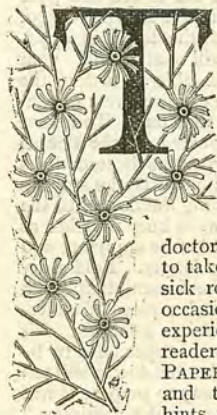
WEEKES AND CO.

A Soldier's Wooing. Words by M. E. Garth. Music by Frank H. Simms.—The air and accompaniment are easy and lively, without pretensions to high merit. The tale is of a maiden whose constancy is rewarded by the return of her soldier love, with riches to satisfy an exacting father.

Though thou art Far from Me. Words and music by the same composer and writer.—Of small compass and quite easy.

A FEW HINTS ON NURSING FOR OUR GIRLS.

BY A HOSPITAL NURSE.



THE fact that almost every woman has at some time to act as a sick-nurse is generally acknowledged, but only very little provision is made for training our girls to be intelligent and efficient aids to the

doctor when their turn comes to take the management of a sick room. I wish on this occasion, as a nurse of some experience, to address the readers of THE GIRL'S OWN PAPER as young nurses, and to give a few simple hints which may be useful either in attending sick friends, or on meeting with some of those cases of accident to which we are liable every day of our lives; cases in which a little knowledge and presence of mind may avert a great deal of trouble, sometimes may save even life itself.

To begin with, I have a piece of encouragement to give you as inexperienced nurses, if you are suddenly called upon to act. Remember that loving care, unselfishness, and obedience will make up for a great deal. If you can get your patient to like your attendance, and not to object to receive your assistance when necessary, you may, by obeying your doctor in every point, carry through a case very creditably without regular training. Still, study and experience are not to be undervalued; for one thing, even if you have had but a little, it is a comfort to yourself to know that you have at least a fair idea how things ought to be done from having done them before, or having seen others do them. I know from personal experience that even when the patient and friends are satisfied, and the doctor complimentary, there is yet a keen sense of incompetence, or, at least, of uncertainty; a feeling that if so-and-so had been done otherwise it would have been better; a haunting fear of something absolutely necessary for the well-being of the patient being left undone. This is all very foolish. When we go into hospital for training, we learn that what we have to do is to carry out orders; not to originate, or to fancy that things have been forgotten.

However, we must come now to practical matters. Suppose you have a member of your family laid up at home with a bad knee and the doctor orders a blister, would you know how to apply it? First be sure you know the exact place where it is to go on. Some doctors mark it on the patient's body, and it is a very good plan. The place should be washed clean, of course, leaving the mark. When you get the blister-plaister, if there is a little bit of stuff like silver paper over the flies (the brown part), take it off before applying, unless the patient's skin is exceedingly tender. Warm the blister slightly, holding the back to the fire. The doctor will tell you about how long it is to stay on and the signs by which you will know when it is to be taken off. The ointment for dressing the blister should be spread upon a piece of lint or old linen cut to the right size *before the plaister is removed*. Have a pair of sharp scissors ready, or, failing them, a needle will do. Then take the blister off as gently as you can without dragging. The best way to do this is to take it with both hands and draw it towards the middle from the edges. Have a piece of cotton-wool or old linen to catch the "serum," as the fluid that runs out is called, and if the blister has risen much it may be well to put a saucer underneath to save the sheets. In hospitals there are trays for such purposes. Snip or prick the blister at its lowest part, and the fluid will run out. If possible, do not let any flow over the healthy skin, as it is apt to scald. You may help it out with a little gentle pressure. There will be some dead loose skin. Opinions differ as to whether it should be cut off at first or not. It will come away in time. It is always removed if the blister is to be kept "open;" but the doctor will explain this to you. By keeping it open I do not mean leaving it uncovered; this is never done. I mean keeping up the irritation by means of some smarting ointment.

A blister should be dressed at least every morning and evening until the place heals up. In some parts of the body the dressing will keep its place if laid on, but it is generally well either to bandage it loosely or to fasten it down with two or three strips of strapping or diachylon plaister. If you use this for any purpose, heat it first by holding the back—the linen side—to the fire, or by putting it round a vessel of hot water. Otherwise unless the skin is very hot it will not stick.

Sometimes a poultice has to go on when the blister comes off. In this case, if you have to attend to all yourself, you must open the blister first, and cover the place with a piece of lint or old linen, while you make the poultice, which would be quite cold if you made it first, besides, it does not take long to prepare, and ointment is often very tedious to spread.

If you are set to make a poultice and are not in good practice, do not be afraid of having it too hot. It is much more likely to be too cool with all your pains. Do not be afraid, either, of having it too big if for a surgical case. In poulticing the breast cut a hole for the nipple.

First spread out your linen or whatever you are going to spread upon so as not to waste time after the poultice is mixed, then scald out the vessel in which you are going to make it. Throw away that water and pour in some more, as much as you think will do, from a kettle hissing and boiling furiously, put your meal in by degrees, stirring it in quickly until you have a thick smooth paste with no dry meal at the edges of the bowl. Always stir in the same direction, not backwards and forwards. Turn out on your linen and spread it evenly, about a quarter of an inch in thickness; cut the edges straight, leaving a good margin of linen to turn in like a hem. The linen should be double. I have

often seen poultices spread on lint, but it is great extravagance, for large ones, at any rate. Tow does very well for the purpose, but it requires some practice to lay it properly, and a badly-made tow poultice is very uncomfortable. Dipping the knife or spatula into boiling water makes it easier to spread the meal.

When taking off a poultice or any dressing, if it sticks never drag it; moisten it slightly with warm water and it will come away. If a poultice is likely to remain a good while unchanged, and is over an open sore, a very little oil spread upon it will keep it from sticking. Some people recommend oil with all linseed poultices. I do not. It is hard to put little enough, and it is rather dirty. A properly-made poultice ought not to stick, but in a case where one might not like to disturb a patient during the night I should use oil, as if left on many hours a poultice is apt to get dry.

A mustard poultice is an old-fashioned remedy for cold on the chest. The approved way to make it was to use cold water, and spread it on brown paper with a little bit of muslin over the front to protect the skin. This could not be kept on long. Perhaps ten minutes or a quarter of an hour is as long as one could bear it from the time it is first felt. Nowadays I generally see linseed meal mixed with the mustard, or mustard leaves are used. They are very good and clean and easily applied. When you take off a mustard leaf lay a folded pocket-handkerchief or a piece of old soft linen over the place.

The nicest way of making a bread poultice that I know is to grate up stale bread in a colander, pour a little boiling water upon it, and stir it up with a knife. It takes much less water than you would think, as it should be a pretty stiff paste, and if sloppy it is no good and will fall to pieces before coming off. With a little oil spread over it, it is a very soothing application, but this does not make a very hot poultice. If heat is required, and you use bread, first scald out your vessel, put in a little boiling water and then some coarsely crumbled bread, stir it, and leave by the fire or in the oven to soak for five minutes or so.

Most extraordinary mistakes have been made about blisters and poultices, though they seem simple things. It is not fair, however, to expect people to know what they have never been taught.

Not long ago I left a blister on a patient, and asked his wife, a middle-aged woman, if she knew what to do when the time came to take it off. She told me that she had never seen a person blistered but once, and then she fainted. The first blister I put on, many years ago, did not rise. If it had risen I should certainly not have known how to treat it, though probably some one in the house could have told me. It is, however, very stupid and very wrong of people nursing the sick not to ask for directions in a case of this kind if they are not quite sure that they know what to do. In some arts we learn a good deal by our own mistakes, but a nurse's mistakes mean suffering to her patient, and this being the case she ought never to be ashamed to confess ignorance and ask for instructions.

A clever person not long ago, who was too lazy or too proud to ask for directions in a simple matter, set about making a linseed

poultice by blending up the meal with cold water—I suppose with a vague idea of making starch. If it ever reached the spreading stage it must have been a nice sticky mess. Many years ago a doctor in the North of Ireland, prescribing for one of his out-patients, gave the wife a blister, a bottle of medicine, and some other things that were required, with, as he thought, full directions how to use them. Calling a few days afterwards to see how the man was getting on, he found that the woman had put all he had given her into a saucepan and boiled it, giving the mess afterwards to the patient as a dose. The doctor said that the man would most certainly have been poisoned, only that the flies of which the blister was composed made him very sick, and he brought the whole thing up, so that after all no great harm was done.

Fomentations or stupes are often ordered to relieve pain. There is a peculiar kind of material called spongio-piline used in hospital for the purpose, but a stupe can be made quite well by wringing out coarse flannel in boiling water. If not wrung every day, a fomentation is about the most miserably uncomfortable thing that can be imagined, and is almost certain to give the patient cold. A good way to prepare one is get a strong towel and lay it over a wash-hand basin; then lay your flannel in the towel, and pour boiling water upon it until it is well soaked. By twisting the ends of the towel in opposite directions, you will not scald your hands, and you will be able to wring the flannel dry. Two people can prepare a fomentation much more easily than one. To relieve acute pain opium is sprinkled on the flannel before applying, and turpentine is sometimes ordered as a counter-irritant. If the stupe is to be plain hot water, bring the flannel to the bedside in the towel so as to keep it as hot as possible, shake it up just before applying, and it will keep warm much longer. Fold a dry towel and lay it over the fomentation when you put it on. In hospitals a piece of waterproof material is generally used for this purpose. Sometimes these stupes have to be changed very frequently, but the doctor will tell you this. If you have many to prepare it will be worth while to make a regular "wringer," by running a stick or lath into a hem at each end of the towel. By twisting these sticks in opposite directions, you can wring with little or no fatigue. The wrists soon get tired doing it the other way.

When a doctor asks you any question about yourself or anyone else, be quite sure you understand what he means. If you do not, tell him so. I remember once hearing a girl unintentionally quite deceiving a physician about a shivering fit she thought she had had; it was probably just a little chilliness, but she made herself out so very much worse than she really was, that he thought she must have had a severe rigor, as it is called, and sent her to the fever hospital, where, I believe, they rather laughed at her, and sent her away in a day or two, as having nothing the matter.

Another thing: When you get a prescription made up at a dispensary, be sure you understand how the medicine is to be given. Doctors have ways of their own of writing

directions, meant for the dispenser, not for you. A girl once brought me a piece of paper that had been given her with a bottle; from having been some time in the hospital as a nurse I could explain it to her, but before I went I could have made nothing of it. In most of the London hospitals I believe they have printed labels for all the bottles, "Take two tablespoonfuls three times a day," and so on. It is a good plan and ought to be universally adopted. If you do not understand the directions, however, and ask the dispenser, he will always tell you when and how the physic is to be taken.

There are a few simple things to be noticed in giving medicines that you may as well understand. It may perhaps be an unnecessary caution to tell you if you are directed to give, say, a tablespoonful of anything, only to measure it in the spoon and bring it to the patient in a cup or glass. I have known a spoon put to the sick person's lips with the dose. A moment's thought will convince you that is a most slovenly and uncomfortable proceeding. Always wash your cup and spoon immediately after giving medicine. If you have to give castor oil, first rinse your vessel and spoon in cold water; then put your milk, or brandy-and-water, or whatever you are going to give it on, into the glass, measure the oil in a spoon, and pour it as carefully as possible into the middle of the glass, not letting a drop touch the sides. It is well to pour out castor oil near the patient, as carrying it across a room is apt to shake it up. When it is desirable to make the oil act quickly it should be stirred up in hot water. This must be a most abominable dose; but, given as I have described, castor oil need not be hard to take at all. However, some children, and grown people too, are very obstinate, and if this medicine is ordered will point-blank refuse to take it. For them we had a plan in hospitals of shaking the oil up with about twice the quantity of peppermint-water in a soda-water bottle. Any bottle, of course, would do, provided it was clean and big enough. It takes a good deal of shaking until it comes into a sort of creamy stuff. It seems to me that this would be far nastier than the oil in its usual form; but I am bound to say that I have seen a boy who would roar for half an hour if you suggested castor oil in his hearing, but would take this mixture without the slightest fuss. A nurse, who has had large experience, told me that she never knew a child object to it.

Sometimes when a pill is ordered for a patient one is rather put aback by the statement that he or she never did and never could swallow such a thing. I have sometimes been able to persuade one of these incompetent people to try a very simple plan, which I never knew to fail even with a small pill, which is more difficult to swallow than a big one. Put it back as far as possible on the tongue, and take a drink of water; it is almost sure to go down. In case of a child, however, or a patient who is determined that he cannot take a pill on any terms, the best way is to scrape it up and mix it with a little sugar in a teaspoon. Then, of course, there is no further difficulty.

(To be concluded.)



signed expressly for the use of enamels, and the treatment of the apple is consequently rather more natural than it would have been if it were to be stained only.

Fig. 4 is given to show the sort of treatment of figures for enamelled glass. It forms part of a procession, the figures of which were drawn by Mr. Ryland, and requires little comment. The figures should be solidly outlined, and they can then be enhanced with stain and enamels. The walk at the back should be traced thinly in ancient brown, and matted over with umber brown, leaving the flowers white. The legs of the second figure and dress of the third figure might be left white, as the wall being tinted will throw them up sufficiently.

FRED MILLER.

A FEW HINTS ON NURSING.

By A HOSPITAL NURSE.

II.

Now as to a few of the accidents which we may come across. Suppose a neighbour was to faint away: are there many young readers of *THE GIRL'S OWN PAPER* who would know what to do? Supposing the patient faints in a chair, there is a quick way of restoration which you probably would not think of for yourself. It is to draw the head forward towards the knees. Another way is to lay the patient flat. On no account raise the head of a person who has fainted; it is simply the worst thing you can do. The reason of this is that fainting is caused by there being too little blood in the head, and the object is to get it back again. You can see that if you raise the head it helps to keep the blood away. Loosen any tight clothing, especially about the chest and throat; a little water given to drink as the patient's senses return, will help recovery, but there is no object in drenching a person, as is sometimes done. Sal volatile, or smelling salts, may be used if they are at hand, but the patient will generally come round without much difficulty if placed in a proper position, and given plenty of air. Do not let people crowd round a fainting person. Anyone who is not of use had much better keep quite away. If you are alone with someone who faints do not be frightened; generally it does not signify much.

If, however, you should see a person become insensible with flushed and purplish face and heavy breathing, this is another matter, and may be very serious indeed. In this case get a doctor as soon as possible, and in the meantime raise the patient's head, as there is too much blood to it; bathe it with cold water, unfasten any tight clothing, and put hot bottles to the feet. If you have not got a regular tin or jar, an ordinary glass wine bottle will do. The water, of course, must not be so hot as to crack it, and the cork must be carefully tied in. The bottle ought also to be wrapped in something to keep it from slipping about. One should never make these heaters so hot as to hurt the patient, and this caution is specially necessary if he is insensible. In any case I would put the sheet at least between the bottle and the skin.

I suppose all of us some time in our lives come in contact with hysterical people, and though we may be very sorry for them, and not like to seem harsh or unkind, yet we must remember in dealing with them that humouring and coaxing them is the very way to make them worse. I should not like to say that hysteria is all nonsense—I have, unfortunately, seen too much of it for that—but I am sure if a girl has self-control, and her friends do not make her worse by mistaken indulgence, a great deal can be done to shake it off when it

begins. A girl gets low-spirited and miserable for no particular reason, mopes about, takes whims and fancies about her food, and about her family, imagines that certain people have taken a dislike to her or takes herself an unfounded dislike to someone, feels inclined to cry if anyone speaks to her, more especially if that person speaks kindly. I entreat of you, girls, if any of you ever have these or kindred feelings, do your very best to fight against them and shake them off. There are few women who have not had some of them at one time or another. If you knew what they may lead to, making you a burthen to yourself and to all around you, I think you would struggle hard to get rid of them. They are caused partly by disease, I know, but it is a disease which the sufferer can do much to remedy. Having plenty to do is a very good cure. If you are with a person who is hysterical, and can succeed in making her a little bit angry with you, you will be treating her far more kindly than if you coax and humour her.

If you happen to have the care of a person recovering from ether or chloroform you must not be caressing in your manner. I remember the first time I was set to watch such a patient, an experienced nurse saying to me, "Now, when she comes to, whatever you do, don't speak kindly to her." This sounded very cruel about a poor creature who had just gone through a severe operation, and I felt relieved when the nurse came back before the girl had recovered her senses, so that I could watch her and see what she really meant. Very soon I saw the wisdom of her directions. Sometimes after chloroform people are inclined to cry, then if you coax them it makes them ten times worse. Sometimes they say queer things before they are quite restored—of course, unconsciously. I remember once hearing of a girl saying, "Oh, I can't bear that So-and-so," meaning the house-surgeon, who, unfortunately, was standing at the foot of her bed at the time.

Bleeding from the nose is a common accident, which is often made far worse than it need be by improper treatment. Holding the head down over a basin is the very way to increase the flow which you wish to check. In a case of this kind let the patient lie down flat, and draw up the arms above the head. Apply a door-key or smoothing-iron, or anything cold to the back of the neck—an ice-bag is often used in hospital. These simple remedies generally give relief, but there are cases where the nostrils have to be plugged by a surgeon. If the bleeding goes on long you should send for one.

In an ordinary cut if you press tightly on it with your finger, or hold something firmly against it, the bleeding will generally stop sufficiently to let you tie it up. If you cut your finger, hold it up; do not let it hang down. The same way with your arm or leg. Raise the bleeding part, and hold something, say a piece of folded linen, against it. Cold helps to stop bleeding, as it closes the vessels; a piece of ice, if it can be had, laid over a trifling cut, will stop it directly. If, however, it is a bad gash, and you see the blood, of a scarlet colour, spouting out in jets, send for a surgeon at once, and, in the meantime, tie something firmly round *above* the place, and hold a little pad of linen over the cut with your thumb. I remember reading a story of a girl who was at work in a hay-field with several other people, when a man gave himself a severe cut with a scythe. While some of the neighbours ran for a doctor, she snatched off her garter and tied it tightly above the wound, thus probably saving the man from bleeding to death.

Don't be frightened if you see blood. In fact, those three words, "Don't be frightened," contain a very important lesson for a nurse, and women who are not naturally timid have

a great start of others who are so. Still, as we go on, if we learn to forget ourselves in the interests of our patients, we learn to forget our fears too. If, however, you do scream or faint at the sight of blood, you had much better keep out of the way when there is an accident. If we are not of any use ourselves, at least we need not hinder the usefulness of others.

I think one has to go into hospital to learn the value of ice. I have told you it will stop bleeding; in cases of vomiting, too, ice will sometimes stay down when nothing else will. In vomiting blood, which is not a pleasant accident to witness, little pieces of ice are sometimes given to the patient to suck, also in blood-spitting when in any quantity. It sometimes gives relief in the latter case when applied to the chest or between the shoulders. An ice-bag laid on the lower part of the body may help to check the bleeding from the bowels in typhoid fever.

A small piece of ice in milk makes it a very pleasant drink for an invalid, whereas milk alone will make him thirsty. I have often put this to the proof. If I had no ice, and was giving a patient milk to drink, I should add a little water to it.

The worst of ice is, however, that valuable as it is, it is not at all easy to keep. If you want it to last any time you must let the water drain away from it, otherwise it will melt directly. In some hospitals it is wrapped in flannel and kept in a box with a false bottom formed of wooden bars, through which the water drains, and is carried away through a little spout. In a private house I should make a flannel bag for ice, and hang it up to drip, in the coolest place I could find. The best way to break it is to get a moderately-fine needle, and drive it in with a thimble on your forefinger. This way makes no noise for one thing, and you can break off as much or as little as you want. If you use a hammer you will probably waste a good deal. An easy way to make an ice-bag to apply to a patient is to soften a bladder in hot water, and put some broken pieces into it; when the ice is melted it is of use no longer. A bag of this kind down the back was an old-fashioned remedy for sea-sickness. To keep ice at the bedside tie a piece of flannel loosely over a bowl, and lay the pieces on it so that the meltings can drain away. It lasts thus a great deal longer than it does if you lay it in a saucer, and let it melt in the water. In Germany ice is often used as linseed poultices are here. It sounds rather cold comfort.

Burns and scalds are very common accidents, and the sooner they are attended to the better. Dust the injured skin thickly over with flour. In slight cases this gives relief at once. Of course, for a bad burn you must have a doctor's advice, but I would use flour at any rate, and lay a piece of old linen over it. Blisters, if they rise, may be let out with a needle, but be careful not to tear the skin. Carron-oil, a mixture of lime-water and oil, first used at the Carron Ironworks, is a very common dressing for burns. It is a useful thing to have in the house in case of accident; lint or old linen is steeped in it, and laid over the place; cotton-wool is apt to stick on burns. These injuries are generally very painful. In a severe burn this is a favourable sign, as sometimes when most dangerous they are accompanied by no pain at all. I remember seeing a poor little baby brought into hospital with its back literally charred. It seemed quite numbed, and only lived a few hours. Another small boy a good deal scalded about the head and face screamed and cried, and would scarcely let himself be touched; he suffered a good deal, but recovered, except for a few scars. In a dangerous scald the skin is of a pearly whiteness. Bad cases of this kind will generally be taken

into hospital, but if you have one to dress at home take care to leave it exposed to the air as little as possible. Have all the fresh dressings ready before you take the old ones off. This rule applies to all surgical dressings except poultices.

When dressing a burn or any discharging sore, be very careful about your own hands. If there is any cut or scratch upon them, cover it over with a bit of sticking plaster before you begin, and if you get any discharge down behind your nail, for instance, wash your hands immediately in cold water. It is a good plan to hold them under a running tap, so as to cleanse them thoroughly. If you put them in warm water at first the poisonous matter is apt to soak in. I have known several instances of nurses in the wards being more or less maimed or disfigured for life by neglecting their hands when doing surgical dressings. It is a great pity, for a little care would probably have prevented permanent mischief.

If your dress catches fire and there is no one at hand, lie down at once on the floor. Roll over, and if you possibly can, roll the rug or carpet round yourself. We all know, I suppose, that it is about the most foolish thing possible to run about with one's clothes blazing, thus fanning the flames; however, unfortunately, from lack of presence of mind it is often done, and terrible suffering, if not death, has been the consequence. If you see anyone else catch fire, make her lie down, or throw something thick round her—a quilt, or anything you can lay hands on. A lump of alum dissolved in the water in which print dresses, &c., are washed, would prevent them blazing if they did take fire.

I told you that the blisters caused by a burn can be let out with an ordinary sewing needle; the same is true of the blisters you may get on your feet in walking. I remember some years ago limping about for two or three days with one of these; but when I showed it to a friend, under the impression that it was something terrible, she just pricked it with a needle, and I felt it no more. Tight boots will blister and deform your feet, and lame you in various ways. I hope you all have too much sense to wear them.

If a child in your care was seized with croup, would you know what to do? Send for a doctor, of course, for croup is very dangerous; but the child may choke in the meantime. If you have linseed and mustard at hand, make a poultice and put it round its throat, and let it breathe the steam. If you cannot get the poultice, pieces of sponge or flannel wrung out in boiling water, and laid across the throat, will answer the purpose. You should have two, and as you take one off put the other on. Keep the child in bed, and as warm as possible.

There is another disease called child-crouping, or spurious croup, which is very seldom fatal. The child draws in its breath with a sort of scream, and the face turns dusky. Open the windows and give the little patient plenty of fresh air, loosen its clothing, wring out the end of a towel in cold water, and flap it across the face and chest. It will probably recover quickly. Rickety children are subject to this disease.

Babies, especially those who are improperly fed, are liable to fits while teething, or when getting measles or scarlet fever. A warm bath is the best cure in these cases; but caution should be used, for I have known this piece of knowledge grossly misapplied. Test the heat of the bath by putting in your elbow. Keep the child in for about five minutes, then wrap it in warm blankets. The same treatment is good in rheumatism. If you have not a regular bath, let the patient sit in a tub of warm water, with a blanket thrown around to keep in the steam. Rheumatic people often

find great comfort in lying between blankets instead of sheets. I remember a young girl in hospital who was threatened with rheumatic fever; when brought in she was given a warm bath, rolled in a blanket and put to bed. On being asked, about half an hour afterwards, how she felt, she made answer: "Oh, I'm much better." She escaped the fever after all.

I have spoken to you about teething fits, and I want to tell you what probably concerns most of us a good deal—a simple remedy for the toothache. Wet a towel in cold water, wring it pretty dry, fold it to about the size of your face, and sprinkle a little vinegar upon it. Lay the aching side against it, and I think you will find it will draw the pain out and probably put you to sleep. Most of the things you buy to put into your teeth injure them. I would specially caution you against putting things into your ear to relieve the toothache, as these are sometimes very injurious.

If you take a feverish cold in time, you may save a great deal of trouble and suffering. Do everything you can to get into a heat. It is one of Nature's ways of carrying off mischief. Take a warm bath, or bathe your feet. If you put mustard in your foot-bath it makes it more heating; however, you must be careful not to get a chill afterwards. Just as you lie down in bed take a hot drink—black-currant jam or jelly in water, if you can get it, or hot milk or weak tea.

In the first part of this paper I spoke to you of a rigor; now I want to tell you what that is, as, if you saw one for the first time and were not prepared for it, it might frighten you very much. It is a severe fit of shivering; the teeth chatter and the lips turn blue. I have seen a heavy iron bedstead shake under a child of eight years old with a rigor as if it was coming to pieces. This kind of shivering comes on at the beginning of a fever, or when an abscess is forming; or sometimes in surgical cases, when things are going very wrong, so it may be a very serious matter; but I can tell you for your encouragement that I have seen a very bad one come to nothing after prompt treatment. With the child I mentioned it was supposed to be caused by a tight bandage on his leg, which had been torn by a wheel passing over it. Now, if a patient in your care begins to shiver violently, and cannot possibly stop himself, what are you to do? Simply everything in your power to promote heat. Cover him well, put hot bottles to his feet, give a hot drink—brandy and water, hot milk, anything you have, in fact, so that it is hot. Very likely the warmth will make him sleep when the shivering fit is over, and he may be much better when he wakes. Still, I would have you remember that a rigor generally takes place at the beginning of an illness.

Any of you who have been in hospital have probably heard a good deal about "bed-sores," but you may not all know that a person lying day and night in bed is very apt to break out into sores about the back and hips, or, indeed, any part of the body that is either very thin or subjected to much pressure. Patients are sometimes brought into hospital with them, and they make a most distressing addition to any illness. In most cases they can be prevented. Carefully wash the part of the body on which the sick person lies every morning with soap and lukewarm water, dry it thoroughly, then dust the parts over pretty thickly with powder—fine starch powder does very well. If you see any redness or hear any complaint of soreness, and the skin is not broken, pour a little spirits of wine into the palm of your hand and rub it in every day. If the skin is broken, call the doctor's attention to it at once; you don't know how quickly these things may spread. Two kinds of patients are specially liable to them—large, fat people who perspire freely, and those who are worn by

long illness. With the latter, indeed, it is almost impossible to prevent something of the kind unless one has a water-bed or at least a water-cushion; however, as the sores are caused by pressure, this can be relieved by a little round pad or cushion, such as any of us can make, with a hole in the middle to come under the tender part. Crumpled sheets are very likely to cause bed-sores, and a patient with this tendency ought never to have an under blanket. If you are filling a water-pillow, use lukewarm water, and do not make it quite full, or it will be very stiff and disagreeable to lie on. You can easily tell by feeling with your hand when it is full enough. If a mackintosh sheet is used to protect a water-pillow, it will last much longer than it will if merely laid among the bed linen. Never on any account put a water-pillow next the patient's body. I should not think this caution necessary if I had not seen hospital nurses make the mistake, to the great discomfort of the patient as well as the destruction of the cushion.

I hope in the few hints I have given you about accidents I have not suggested remedies beyond the reach of the readers of this paper. Flour, hot water, a sewing needle, such simple things as we use or see used every day of our lives, may with the help of a little knowledge and presence of mind be made most useful in preventing serious trouble and suffering. Never lose an opportunity of learning all you can upon this subject; you do not know how soon you may be in circumstances where you would give anything to know what to do.

It is a noble work to relieve pain, even in the smallest way. Remember that it is one way in which we can follow the example of our Saviour, who looked with special sympathy upon the sick and suffering, and extended His loving care to the diseased bodies of men.

VARIETIES.

A WILFUL HELPMEEET.

A headstrong wife who oft came in for blame,
When charged with scant obedience, would reply,
"Why snarls my spouse? our wishes are the same,
He would the ruler be, and so would I."

OUR DUTY.—We have each to do our duty in that sphere of life in which we have been placed. Duty only is true; there is no true action but in its accomplishment. Duty is the end and aim of the highest life. The truest pleasure of all is that derived from the consciousness of its fulfilment. Of all others, it is the one that is most thoroughly satisfying, and the least accompanied by regret and disappointment. In the words of George Herbert, the consciousness of duty performed "gives us music at midnight."—*Dr. Smiles.*

TRUE FAITH.—It is the heart which feels God, and not the reason. This is what true faith is: God felt by the heart, and not by reason.—*Pascal.*

THE PASTOR.—The pastor is the deputy of Christ for the redeeming of men to the obedience of God.—*George Herbert.*

HOW TO TREAT TIME.—Since time is not a person we can overtake when he is past, let us honour him with cheerfulness of heart while he is passing.—*Goethe.*

THE END OF DISPUTING.—A woman who is fond of disputing will, in time, have few friends to dispute with.