

bright blue eyes. But the lids were down-cast now, and the lips under the scanty moustache were set in a curve of pain. The Vicar had not been to church, but Coombes had told him of the scanty response to their appeal. His pride revolted at their dependence on charity, while his heart was wrung with pity for his suffering wife.

He had entered the ministry with a single desire for God's service, and for a time all had gone well with him. But now the iron had entered into his soul, and he was tempted to curse God and die.

His schoolfellows were prospering in the world; he, with gifts no whit behind them, was forced to see his wife fade by his side for

lack of the sordid pence that had fallen so plentifully to their share. In his agony he dared God to a trial of strength; he challenged Him by the promises of old to show Himself a God of might, and to deliver His servants in their hour of need.

A gentle tapping on the wall roused him at last; he strove for composure and in a few moments joined his wife in the sitting-room.

"How late you are, Arthur," she said anxiously, "and you look so tired. I do wish you would not study so late. A letter came for you an hour ago, but I did not like to disturb you," and she held out a sealed envelope.

He weighed it in his hand for a moment

before opening it. Within were five ten-pound notes, and a scrap of paper bearing the lines—

"Lady, I bid thee to a sunny dome,
Ringing with echoes of Italian song;
Henceforth to thee these magic halls
belong,
And all the pleasant place is like a home."

"Not very appropriate, are they?" commented the curate smiling. "Darning is more in your line than Italian poetry."

He could not know that Miss Colbourne had with the money transferred all her own hopes and aspirations to the invalid.

CECIL VINCENT.

OUR MEDICINE CHEST.

By "THE NEW DOCTOR."

PART I.

THE SURGICAL DRAWER.



FAIR critic asked us the other day why all our articles were written for Londoners—why we had never addressed our remarks to girls living in out-of-the-way districts at home or in the colonies?

Truly we do not know what difference it makes if these papers are written in London or for Londoners. Health and sickness are much the same all over the world, and the chief difference between England and the Gold Coast as regards disease is the prevalence in the latter of maladies which are peculiar to the land. And the discussion of these would not afford interest to any save such as are living there.

But we will address this article chiefly to persons living in remote parts where medical aid is not always easy to obtain.

We were buying some drugs yesterday, and when we had finished our purchases, the chemist showed us a wonderful "new toy" which had just been sent to him. It was called "The Patients' *Vade Mecum*."

Vade Mecum—go with me—evidently something to be carried about with one—a pocket-case, in fact. Oh, but this was not a pocket-case! It was a great chest—like a family deed-box. It was bound and studded with brass nails, and was a very tolerable load for a strong man to carry. Not at all what we should call a *Vade Mecum*.

Let us describe this chest. Follow it carefully, for we are describing the exact reverse to what any sensible person would have in her house!

There was a grand brass lock and two keys. Unfortunately, neither of the keys fitted the lock, so that it was at least half a minute before we could open the thing. When at length the lock yielded, the interior of the box presented a sight which we shall never forget. There was quite a forest of clean little corks. There were in the upper compartment one hundred and forty-four clean, sweet, little one-ounce bottles, all neatly labelled and fitted with the pretty little corks which were the first things that attracted our attention. These bottles were arranged in rows of twelve abreast, and there was not a stain on any one of them.

We took hold of one and tried to pull it out from amongst its fellows, but it wouldn't come. However, a good hard tug displaced it, and with it two or three others which

rolled to the ground, and we held in our hand a one-ounce bottle of—of—well, the name of the stuff slips us altogether—anyhow, it was quite new to us. Underneath the name of the preparation was written "Cure for Gout."

This looked interesting, so we examined the other bottles and discovered that the hundred and forty-four bottles contained a hundred and forty-four preparations—all guaranteed different—which "cured" a hundred and forty-four diseases!

But the odd thing about it was, we had never before heard of any of the drugs, nor did we know half the diseases which these wonderful drugs cured. There was one bottle to cure "humours" of the face. What on earth are they?

We cannot rise to this. But there is a drawer underneath. Let us open it and see what it contains. More bottles! Bigger ones this time. One, we see, contains tincture of arnica—guaranteed to remove all effects of "injuries, bruises, and inflammations." This is coming it too strong! We know tincture of arnica, and we know that some people have an idea that it does something or other to relieve bruises—an idea which we do not share. But to say it removes all effects of injuries, bruises (we should have thought that these might have been included under the former term), and inflammations—well, we live and learn.

There were five other bottles in this drawer. And then there was a pair of scissors. What can they be for? But then we found a roll of sticking plaster, and the mystery was cleared up at once. This is intended for the surgical part of the box. Fancy a surgery containing six bottles, a pair of scissors, and a roll of plaster!

And quite enough too, if one of the bottles contains a balm which will remove all effects of injuries and inflammations. But then what is the good of the other five bottles, the pair of scissors and the plaster?

"What do you think of my box?" asked the chemist when we had finished our exploration. "How much do you think that cost?"

"Dear me, man, you don't mean to say you bought that?"

"No," he replied, "I didn't. It was sent to me as an advertisement. They are selling them at £5 5s. a-piece, and they asked me to take a dozen and try to dispose of them. What would you do if you were in my place?"

"Well," we replied, "we would empty the bottles, clean them, and use them for better purposes, as they may be required, and the box you might give to your daughter as a workbook."

But another person standing near was not disposed to think so lightly of the matter, and told the chemist that he ought to telegraph at once to the people who had had the impertinence to send a respectable chemist such a concern, saying, "If you do not remove your rubbish within twenty-four hours, I'll sue you for warehouse room."

These homœopathic cases are very popular, and many persons buy them thinking that they can do what they pretend to do. We cannot warn you too strongly against purchasing these things. Avoid them as you would poison. No, we do not mean to be taken literally. There are no poisons in these chests. We have a law which prevents the indiscriminate sale of poison.

Now let us describe *our* medicine chest. Oh, let us see what we want it for before we fit it up.

You do not want a medicine chest to contain everything you *may* require. You want it to contain everything that is absolutely necessary for emergencies. There are practically three classes of emergencies—injuries, acute poisoning, and acute disease.

The surgical part of the box is far more important than the medical part. Let us talk about injuries first. Bleeding requires instantaneous treatment. If a person wounds a big vessel, she may bleed to death in half a minute or less. So you must act at once if you wish to be of any value.

You can stop bleeding of any kind instantly by pressure. Never forget this. Never go running about to look for a tourniquet or what not when a great vessel has been cut. Press on the bleeding place. Press at once. You do not want very much force to compress an artery; but the force must be continuous. When you have stopped the flow of blood, then think of sending for assistance. When a person is bleeding from a deep wound, press the lips of the wound together. Not the edges only—this is no good. Press the complete thickness of the lips of the wound together. If you cannot do this, stuff your handkerchief into the wound and press on that.

A not uncommon cause of bleeding to death is rupture of a varicose vein. Hundreds of thousands of women have varicose veins, but in very few do the veins rupture. Still, if a vein does get torn and the patient does not know what to do, her life will be lost while seeking assistance.

If you have a varicose vein, it will almost for certain be in the leg, and if it bursts, you will feel the hot stream of blood and rapidly become faint. When this occurs, lie down on the floor and elevate the leg as high as you

can. This alone may stop the bleeding. If it does not, press your finger on the spot, and then send or call out for assistance. The slightest pressure will stop bleeding from a vein.

In these cases of serious bleeding, send for a surgeon as soon as you have applied pressure. In all probability the vessel will have to be tied. But if the nearest surgeon is two or three hundred miles away, keep up the pressure and get someone else to put on a bandage pressing very tightly upon a pad, which in its turn presses upon the bleeding vessel.

In the case of a varicose vein or a small artery, this treatment will probably prove successful.

Whenever you cut yourself, the raw surface bleeds more or less. You can stop this kind of *bleeding either by pressure*, or by hot water. There is never anything to be alarmed at when blood oozes out from a wound, even though a considerable quantity of blood be lost. As long as there are not jets of blood, there is little danger in bleeding. Pressure will soon stop this form of bleeding.

That will do for the first and most important of all emergencies. What have we to put in our box for this purpose? Nothing at all. All we require is a hand and presence of mind.

Now about the treatment of wounds. First stop the bleeding, if this is severe. Then *wash your own hands*. Wash them well. Plenty of soap and hot water. Good hard work with the nail brush. Your hands should be absolutely clean before you meddle with a wound.

Now you will want some antiseptic. The best of all is carbolic acid. Mind you, this is poison. But if you are careful, and label the bottle and lock it up in your box, there is little danger in your possessing it. Your bottle of carbolic acid should be a good big one holding ten ounces at least. It should contain a solution of carbolic acid in distilled water of the strength of one part of pure crystallised phenol to twenty parts of water. It must be kept in a glass-stoppered bottle, which must be labelled—

“Carbolic Acid.
1 in 20.
POISON.”

When used for washing wounds dilute this fluid with four times its volume of warm boiled water. Having washed your own hands, thoroughly wash first with soap and warm water, and then with the carbolic solution, the skin round the wound of your patient. Do not be content with washing merely the immediate neighbourhood of the wound, but wash well round it in every direction.

Now to treat the wound itself. Take a perfectly clean basin and rinse it out with boiling water. Into this put your carbolic solution diluted with warm water to the strength of 1 in 80. Have plenty of the solution ready. Now wash the wound in the antiseptic. For this purpose you will require a small glass syringe and some pellets of perfectly clean absorbent cotton wool.

The wound must be absolutely clean—not a minute speck of dirt may be left in it. When you have washed the wound absolutely clean, take a small square of clean lint, wring it out in the solution of carbolic acid, and cover the wound with it while you take out the *materials* with which you are going to dress the wound.

You must not touch the table or the chair, and you must not touch your handkerchief or anything else, while you are dressing a wound. Microbes lurk everywhere except in the carbolic acid, and in the dressings, if they are

clean. And if you are careful, you can prevent any germs from getting into the wound; and this is the most important thing in surgery. Do not let the dressings touch the table. Deposit them carefully on a clean towel, which you have previously wrung out with the carbolic solution, and laid upon the table.

Of course the dressing you use must vary a little with the nature of the wound you are treating. If the wound is sharp cut or is perfectly clean and not ragged, dust it over thickly with powdered boracic acid. Then cover it with a small piece of absorbent gauze—the blue “sal alembroth” gauze is the best. Swathe thickly in cotton wool and put on a clean bandage.

There is no need to again dress the wound, unless it becomes hot and painful. If you have got the wound absolutely clean, when the dressings have been on for a few days, it will have completely healed without discharging more than a few drops of fluid. If, however, the wound smart, it must be dressed again, and possibly every other day. It should be dressed in the same way as it was in the first instance.

When the wound is very jagged, or impossible to get thoroughly clean, it is best to put on fomentations for the first day or two.

Fomentations have taken the place of poultices in modern surgery. Never put a poultice of any kind near an open wound. All your care and cleanliness will go for nothing if you do.

To make fomentations take a square of lint and fold it twice. Then wring it out in boiling carbolic solution (1 in 80) and apply it as hot as it can be borne. Cover it with a square of oiled silk, put on a thick layer of wool, and bandage. Fomentations should be renewed three or four times a day.

When treating a wound, never use sticking-plaster except to keep on a dressing. Sticking-plaster must never be placed on a wound, and above all it must not cover the wound. If it does so, it will keep the discharge locked up under it. The discharge will decompose, and a very serious state of affairs may intervene. Free drainage is essential in all wounds, and if this is interfered with, the wounds will go wrong.

What have we to put in our box for the treatment of wounds? The following—

Carbolic acid solution, powdered boracic acid, sal alembroth gauze, surgeon's lint, absorbent cotton wool, oiled silk, bandages, pair of scissors, syringe (glass).

Burns are common accidents, and though they do not call for such rapid treatment as do wounds, nevertheless, it is always advisable to see to them at once.

The pain of burns and scalds is often very severe, especially when the flesh is not deeply burnt. You can relieve the pain by the application of sweet oil, or by an emulsion of sweet oil and lime water, sometimes called carron oil. The latter is better, but the former can be obtained in any household, so it is not worth while filling up your box with the emulsion.

After a burn, if the skin has not been destroyed, a blister will form. This blister can be left alone, pricked, or removed entirely. If you are not certain of cleanliness or you do not possess antiseptics, never open a blister. If you leave it, the liquid will become absorbed and the cuticle will flake away.

You are usually told to prick blisters as soon as they are fully formed. This treatment we cannot countenance. If you are sure of cleanliness, and the needle you use is absolutely sterile (*i.e.*, free from germs), and if, moreover, your after-treatment is properly carried out, then there is no danger in pricking a blister. But no amateur ever is certain of perfect

cleanliness. And we fail to see the advantage of pricking the blister after all.

Suppose the needle you use is dirty, just see what a state of things may occur. Your needle is dirty—it is swarming with germs. You prick the blister with it—that is, you introduce into a cavity filled with warm solution of albumen the organisms of putrefaction. This is just what the microbes like, and they will rapidly render the contents of the blister putrid. And now neither the microbes nor the matter can escape, for the prick has long ago become obliterated. Nor can you apply anything to kill these germs or promote healing.

The third way to treat a blister is to cut away the whole of the cuticle confining it. This is dead skin, and so removing it causes no harm. You can now apply an antiseptic ointment to the raw surface. The best is an ointment of boracic acid, oil of eucalyptus and vaseline.

Oh, but when you cut open the blister, do you not let the germs in? Yes, you do, unless you have been scrupulously careful that everything you used was perfectly clean. But even if you have introduced germs, it is not so very serious here, for you apply the ointment directly to the raw surface. So now the microbes get the worst of it. There is nothing for them to eat; there is nothing preventing them from getting away; and there is a (to them) poisonous ointment applied directly to them.

We said everything you use must be clean. We must therefore tell you how to sterilise needles, scissors, etc. You are usually told to sterilise instruments by passing them through a flame. Now this has many disadvantages. In the first place, merely passing a knife through a flame does not even warm it. Then, if you leave it in the flame long enough, you spoil its temper and make it dirty with soot.

By far the best way to sterilise instruments is to boil them. Sterilise your needles, etc., by boiling them in solution of carbolic acid in a test-tube.

To treat burns, what must we add to our chest? Boracic acid ointment, that is all.

Now for fractures. If you are taking a drive with a friend, and the horse bolts, and you are both thrown out, but you escape uninjured, while your friend breaks her arm or leg, what are you going to do? You are going to “set” the fracture, are you? Oh, no, you are not! Not if your friend has her wits about her. Have you ever set a fracture before? Have you ever seen a fracture set? Do you know anything about setting a fracture? Of course you do not. You would find that setting a fracture was not the simple thing you think it is.

But wait a minute, we are not yet satisfied that the leg is broken. How do you know that her leg is fractured? If you see the bone protruding, or an angle or lump anywhere between the joints, or if your friend cannot move her leg, or if she can move the upper half but not the lower half, or if she thinks that her leg is broken because she heard a snap, or for other reasons, you may be pretty certain that the leg is broken. You cannot tell for certain, and you must not try to make certain. If you attempt to prove that her bone is broken, you may convert a simple into a compound fracture—a trivial into an extremely serious condition.

But you must do something. Here you are, out on a road, five miles from anywhere, with a friend lying in the road with a broken leg. What are you to do? Splint the leg. For a splint you may use an umbrella, a walking-stick, a branch of a tree, a newspaper strengthened with twigs, or anything that is handy. Place the splint against the limb, and with your own and your friend's handkerchiefs tie the

splint to the leg. Tie it with the handkerchiefs a long way above and below the broken place. Then place your friend on the floor of the conveyance and drive slowly home or to the nearest surgeon.

Upon this emergency-splinting a very great surgeon—let us call him Sir William Sawyer—tells an amusing story. He was walking along a country road, and came across a cart overturned, with one wheel broken, in the

middle of the road. A man was lying near the cart. On approaching him the surgeon saw that his thigh was broken. He immediately turned out his pockets and found two old newspapers. Between these two papers he "sandwiched" a good number of twigs, and then wrapped the whole concern about the thigh of the injured man.

When he had done this, he became aware of the presence of a second man, apparently

uninjured, staring at him. He therefore bade him go to the nearest village and fetch a surgeon.

When he got to the village, he went to the nearest medical man and asked him to come quickly, for "an old idiot was stuffing his mate with newspapers." What was the medical man's surprise to see that the "old idiot" was Sir William Sawyer!

(To be continued.)

"OUR HERO."

A TALE OF THE FRANCO-ENGLISH WAR NINETY YEARS AGO.

By AGNES GIBERNE, Author of "Sun, Moon and Stars," "The Girl at the Dower House," etc.

CHAPTER XXVI. THE DEAR OLD COUNTRY.



THE month of April, 1808, saw Polly and Molly again in London—not this time for the enjoyment of gay assemblies. Old Mrs. Fairbank, after many months of gradual failure, had passed away in an acute attack of bronchitis, and Mrs. Bryce immediately offered a home to the two girls

until, at least, it might be possible to know the wishes of Colonel and Mrs. Baron. Though Mr. Bryce, as usual, only had to assent to his wife's proposition, he did so with a heartiness not always shown towards every wish of hers.

So the Bath house with its quaint furniture was let, and in the end of March, after a few weeks given to necessary arrangements, the two girls found themselves once more under Mr. and Mrs. Bryce's hospitable roof, in their luxurious town mansion.

A double bedroom, opening into a dainty small sitting-room or boudoir, was assigned to them, and here they loved to pass much of their time. Mrs. Bryce was now, of course, in a full swing of engagements; and she would greatly have liked to drag Polly with her wherever she went, despite the recent death of Polly's grandmother, but for Polly's resolute resistance.

"Well, well, well, my dear—all in good time," Mrs. Bryce had said, after some discussion. "To be sure, the old lady was tolerable close related, and there's no doubt your feelings does you credit; but I can assure you, 'tis time you was settled in life with a husband of your own, and a *ménage*, and a suitable equipage, and the rest of it.

And as for Captain Ivor, I protest I've no sort of patience with the man. Why, 'tis eighteen months at the least since ever a word reached us of Captain Ivor and his doings; and by this time there's no sort of question that he's forgot all about you, and found himself a wife, and belike he's been married this year and more past. So 'tis good time you too should forget all about him."

Polly was thinking over these utterances, as she sat before the drawing-room fire, dressed in white muslin, with black sash and ribbons. In the first decade of the nineteenth century white muslin was counted to be the correct attire for a girl, morning, noon and evening, summer and winter, no matter what the weather might be. Polly looked rather blue and chilly, with her bare arms and shoulders, the latter covered but lightly with a thin black scarf.

She was as pretty as ever, but her colouring was less brilliant than of old, while the sweet eyes contained a touch of sadness. Molly, dressed to match, though with a good deal more of white and less of black, was busily reading to herself on the other side of the fireplace.

It was a cold April afternoon, five o'clock dinner being over. Mr. and Mrs. Bryce were out on one of their innumerable engagements. Mr. Bryce—poor man!—would greatly have preferred a quiet evening at home with the girls to the most brilliant assemblage of rank and fashion; but his relentless wife dragged him in her wake—an unwilling and helpless victim—to dinner-parties, balls, crushes, routs, innumerable.

"Molly, the Admiral is at home again. 'Tis a fit of the gout, Mrs. Peirce tells me. I saw her to-day, and she is vexed, for it makes him roar like a wild beast. And though 'tis doubtless true, as the faculty say, that the gout sets a man up again, yet the setting up is by no means pleasant. And Mrs. Peirce and the Admiral are sorely troubled about Will, for since he was taken prisoner, all that long while ago, never a word has reached them about him. O this weary war!"

Molly murmured one or two indistinct responses to the early part of Polly's speech. The last four words made her

look up. Then she stepped across, kissed Polly's brow tenderly, and went back to her seat.

"What is it that you are reading, Molly?"

"The *Edinburgh Review* for this month—an article on 'Marmion.' And, Polly—would you think it?—the editor has no appreciation for our great poet's genius! No, none whatever. He writes—he writes as if Mr. Scott were but a common man like any other scribbler, and not the mighty world-wide genius that he is."

"Would that be a paper by Mr. Jeffrey? But he knows Mr. Scott. The two are friends. Can he find it in his heart to blame his friend? And what may he see to find fault with?"

"What, indeed?" echoed eager Molly. "Do but hear what rubbish the worthy man sees fit to write! 'A good deal longer' than the last poem. 'More ambitious,' 'greater faults' and 'greater beauties,' 'less sweetness,' 'more vehemence,' and 'redundancy.' 'Unequal and energetic,' 'a general tone of spirit and animation, unchecked by timidity or affectation, and unchastened by any great delicacy of taste or elegance of fancy.'"

"Oh!" gasped Molly. "And now listen again—"

"But though we think this last romance of Mr. Scott's about as good as the former, and allow that it affords great indications of poetical talent, we must remind our readers that we never entertained much partiality for this sort of composition, and ventured on a former occasion to regret that an author endowed with such talents should consume them in imitations of obsolete extravagance. . . . His genius, seconded by the omnipotence of fashion, has brought chivalry again into temporary favour. Fine ladies and gentlemen now talk indeed of donjons, keeps, tabards, scutcheons, tressures, caps of maintenance, portcullises, wimples, and we know not what besides; just as they did in the days of Dr. Darwin's popularity of gnomes, sylphs, oxygen, gossamer, polygynia, and polyandria. That fashion, however, passed rapidly away; and Mr. Scott should take care that a different sort of pedantry does not produce the same effects."

"Oh!" once more cried indignant

dead. Now that was indeed a home, but what "rolling stones" we have all become! Our very cats shame us. Pussy often absolutely refuses to move. I once took a house, and the cat belonging to the former tenants insisted upon remaining in the house. They took him away with them, but he came back with the milkman in the morning. We turned him out again, but he took up his residence in an outhouse, and had his eye so fixed

upon the back door that the moment it was opened, he found his way in and sat in front of the kitchen fire. In vain did the cook "rout him out," and declare that he had "no rights in her kitchen." He maintained his rights, and point-blank refused to budge. At last we absolutely took a great liking to the animal, which showed such an attachment to his home. Directly he gained his way he became very affectionate, and was a most

amiable companion to the children. By a curious coincidence he died the very day before we left that house!

Love of the very place called "home" is a sentiment which should in every way be encouraged, and it is greatly to be regretted that it seems to be dying out, and we much fear that "flats" will give it its death-blow.

(To be continued.)

OUR MEDICINE CHEST.

By "THE NEW DOCTOR."

PART II.

THE MEDICAL DRAWER.



OW many of our readers know how to perform artificial respiration? Only a very small proportion, we are afraid. Yet everyone ought to know how to do it, for rarely does a girl go through her life without encountering a situation

where a knowledge of how to perform artificial respiration would be the means of saving the life of one of her fellow creatures.

Every girl ought to be taught how to perform artificial respiration when she is at school. This immensely important aid ought to be able to be rendered by every man, woman or child in the world. It is the most important, and perhaps the easiest of all measures for the saving of life.

Let us see if we can explain to you how to perform artificial respiration. Two persons are required. Place the patient on her back, open her mouth, pull her tongue forward and wipe out her mouth and throat, so as to clear it of any blood or whatever it may contain, which would hinder the air from entering her chest.

Each of you must then take hold of one arm, with one hand grasping the forearm and the other grasping the upper arm. Now start. Slowly draw the arms away from the chest and elevate them above the head. Pull the arms as high above the head as you possibly can. Rest for two seconds, then slowly bring the arms down again to the side of the chest, cross them over the chest, press upon the chest, and gently press upon the pit of the stomach. Again rest for two seconds, then elevate the arms again and repeat the performance as long as necessary. Never be in a hurry. The performance is no good at all unless it is done slowly.

Now we will tell you where artificial respiration is necessary.

Suppose you are on the scene when a person is dragged out of the water after drowning. The person is unconscious, but not dead. What are you going to do? Place her on her chest, and squeeze out of her chest any water that you can. Wipe out her mouth and throat. Pull out her tongue, turn her on to her back, and perform artificial respiration. Get someone else to wrap her up in blankets, and apply warmth to the extremities. But do not discontinue the artificial respiration until a surgeon arrives, or until the patient breathes regularly in a normal way, or until some other pair of philanthropists relieve you.

If you find a person hanging, cut her down, wipe out her mouth and perform artificial respiration at once.

If someone is found unconscious in a room where gas is escaping, bring her out into the

fresh air and perform artificial respiration at once.

If a person is suffocated in the smoke of a fire, or an infant is smothered by the bed-clothes, take her out into the fresh air and perform artificial respiration at once.

In all these cases, the patients are in the greatest peril of their lives, and if you run after assistance, they will die in your absence. But one might almost say that a person cannot die while proper artificial respiration is being performed upon her.

Now let us wander to another emergency—the treatment of acute poisoning.

First find out if you can what poison the person has taken. Most poisons cause vomiting, intense pain in the stomach, collapse with pallor and coldness of the fingers and toes, and cold sweats. Purging, cramps in the calves, unconsciousness, and heavy noisy breathing are also common.

The cause of the symptoms of poisoning is the presence of the poison in the body. Therefore the first item of treatment is to get as much of the poison as you can out of the body. Therefore make the patient vomit. Give her an emetic for every poison except the strong mineral acids (sulphuric, nitric and hydrochloric acids) and the strong alkalies (caustic soda, caustic potash, and strong solution of ammonia). In poisoning from these you must not give an emetic.

The best of all emetics is a large tablespoonful of mustard in a tumblerful of tepid water. Therefore in poisoning from anything except the six drugs mentioned above, give mustard and water before you do anything else.

Then loosen the clothes about the person's neck, and apply warmth to her extremities. The further treatment depends upon the nature of the poison.

For the strong acids, sulphuric, nitric, hydrochloric and acetic, give the patient magnesia, if you have it handy. If not, give her dilute solution of soda.

For the alkalies, caustic soda, caustic potash, or ammonia, give dilute vinegar. For poisoning with copper or mercury salts, give white of eggs. For oxalic acid or salts of lemon or salts of sorrel, give lime or chalk. For opium, give hot coffee and perform artificial respiration. For prussic acid or cyanide of potassium, apply cold water to the spine, and perform artificial respiration.

If you have done these things, the doctor, when he arrives, will probably find the patient at all events alive. The further treatment, of course, belongs to him. But if you have rendered your first aid, it will make a very great difference to the patient.

Let us leave this chapter of horrors. But one moment—we want to say something to you about fainting. We suppose it has been the experience of very nearly everybody to see a girl faint in church.

It is rather a hot stuffy day in July, and Miss Jones goes to church; but the place is

rather more crowded than customary, for the sermon promises to be more interesting than usual.

About the middle of the service Miss Jones feels "queer." She reels a bit, utters a faint cry and falls down "in a heap" fainting. Confusion at once reigns. The gentlemen about her lift her up, elevate her head and take her out of the church.

What is a faint? It is the momentary cessation of the heart's action. The heart stops for a second. The brain is deprived of blood. It instantly ceases its function. The body drops as if inanimate. It is this dropping down in a heap which prevents the brain from being deprived of blood for long. It is this which saves the person from danger.

When a person falls down in a faint, leave her alone. Unloose her collar if you like, but under no circumstances should you elevate her head. Let her head be the lowest part of her body. Remember this! Let the head of a fainting person be the lowest part of the body.

Afterwards you may give her a little sal volatile and fresh air. But it really does not matter what you do as long as you pay attention to the position of the head.

Oh, by the way, we were talking about our medicine chest! Let us return to our subject, and exactly describe the box and its fittings. The box should be made of metal, not wood. The reason for this is that metal is such a clean material, and when it has been soiled, it is a simple matter to wash it, whereas wood holds the dirt, and is not by any means so easily cleaned.

A japanned cash-box makes as good a medicine chest as anything. One about twelve inches long, six inches broad, and six inches deep, makes a capital medicine chest. Certainly it is quite large enough! What would you have? What is the good of a medicine box that you cannot carry about?

We keep a medicine chest of the size above mentioned. We find it quite large enough for when we are travelling "off duty." It is quite sufficiently large to carry all that we require for emergencies. Of course it is furnished differently from what yours should be; but, as regards size, it is only ten inches long, six inches broad, and six inches deep.

A new cash-box makes the best of all medicine chests. No, you do not want partitions, nooks and crannies. The simpler the box is the better. But it must be clean. When you have got your box, dust it and rinse it out with warm carbolic solution, and let it thoroughly dry.

Now let us start to furnish it. Surgical necessities first.

A glass syringe, about eight inches long, with the piston fitted with an asbestos plug, and not wound round with string. This is

useful for washing wounds, etc. A needle mounted in a holder for removing splinters, etc. A pair of small, well-made, nickel-plated forceps for removing splinters, etc. A pair of small, blunt-pointed, nickel-plated dressing scissors. These scissors are for cutting dressings, etc. No other pair of scissors must be used for dressings, and the dressing scissors must never be used for any other purpose.

These are all the instruments you require. They should be kept scrupulously clean, and wrapped up in small pieces of chamois leather when put away.

The dressings you require are these: Sal alembroth gauze. This is absorbent gauze impregnated with perchloride of mercury. It is coloured blue to distinguish it from other kinds of gauze. We have described how it is used for dressing wounds. It is an excellent material with which to dress any abrasion or cut or raw surface.

We are not going to allow you to have any poisons in your box, except carbolic acid. We must allow this, for it is indispensable. Oh, it is not that we do not trust you with poisons; but no one who is not a physician ought to keep poisons in her house, for you never know who may meddle with them. And besides, you can never get a sufficient knowledge of drugs to enable you to use any of the poisons with safety. Of course, perchloride of mercury is a very powerful poison, and so we suppose that sal alembroth gauze is too; but it is quite safe to keep it, and it can no more be called a poison than can lead water-pipes or silver spoons.

The second dressing you require is lint. This is very useful for many purposes, such as for spreading ointment upon or for making fomentations.

Then you want cotton wool. Either the best white absorbent wool or else the blue wool—the companion to sal alembroth gauze. For bandages keep white calico ones, eight yards long, and two and one inches broad.

Just a little piece of sticking-plaster to keep dressings upon the face, where bandaging is difficult, and a fair-sized piece of either oiled silk or green protective to cover over fomentations, complete the list.

A half-pint bottle of carbolic acid dissolved in water (1 in 20) is the first application required. Then you want about an ounce of powdered boracic acid for dressing wounds; and an ounce pot of boracic acid and eucalyptus ointment.

To allay the pain of bruises do not use tincture of arnica; but apply the following

lotion on a piece of uncovered lint: one part of spirit and one part of solution of acetate of ammonia (B.P.) to eight parts of water. When the pain of a bruise has been allayed, the absorption of the residual swelling and discoloration may be hastened by gentle massage. So much for the surgical requisites.

We are of opinion that the less you have to do with drugs the better. People cannot understand that if a drug has a powerful action in disease—if, for instance, a drug will stop convulsions—it will have an action if given to a perfectly healthy person, and that action will do harm to the body.

The drugs which we advise you to keep in your medicine chest are all perfectly safe; but at the same time they all have definite actions. The liquids should be kept in half-ounce bottles. They should be labelled with the names of the drugs, their doses, and the complaints for which they are used.

Mind you, this box is to treat emergencies. It is to serve you when you cannot obtain medical aid. Do not imagine that when you possess this box you can consider yourself independent of medical science. This box is for emergencies, and for emergencies only.

These are the preparations the box should contain:—

1. *Sal Volatile*.—For fainting. Half a teaspoonful in a small wineglassful of water.

2. *Brandy*.—A teaspoonful—not more—for collapse from poisoning after an emetic has been given and has acted. Also for fainting and colic. People always give too much brandy. A teaspoonful at a time is ample. If necessary, this dose may be repeated.

3. *Ipecacuanha Wine*.—For the early stages of cough. Ten to twenty drops on a lump of sugar or in water. For children two to eight drops. This is one of the very few drugs which may be given to children for cough.

4. *Oxymel of Squills*.—A very useful preparation for cough with profuse expectoration. Especially useful for elderly persons, the subjects of chronic winter cough. The dose is half a teaspoonful.

5. *Solution of Carbonate of Ammonia* (1 in 10).—A very useful adjunct to the two former for coughs. The dose is ten to thirty minims in water, either with or without ipecacuanha or squills.

6. *Spirit of Ginger*.—Half a teaspoonful of this in a wineglassful of water will relieve flatulency, colic, and diarrhoea.

All these liquids must be measured. A glass minim measure must therefore be kept in the box.

These are all the liquids. Not a very formidable list, is it? Now for the solids. The best way to keep these is in the form of pills or tabloids. Some, however, are best as powders.

7. *Liquorice Powder*.—Dose, one teaspoonful. Mild aperient. Best kept as a powder.

8. *Bicarbonate of Soda*.—One of the most valuable of all medicines. Dose, ten to thirty grains or more. For indigestion with acidity. May be kept in powder or in tabloids.

9. *Bicarbonate of Soda and Sub-nitrate of Bismuth*.—For indigestion with vomiting. Best kept in the form of tabloids containing two and a half grains of each. One to four tabloids is the dose.

10. *Calomel*.—Infinitely and beyond all comparison the most valuable of all drugs that act on the stomach, the liver, or the bowels. Used chiefly for dyspepsia, especially "liver attacks." It is best kept in tabloids containing one grain each. Dose, one to two tabloids.

11. *Phenacetin and Caffeine*.—Best kept in the form of tabloids containing four grains of phenacetin to one of caffeine, or three grains of each. Dose, one tabloid for headaches.

12. *Pill of Aloe and Nux Vomica*.—Of the following formula: aloin, one and a half grains, extract of nux vomica, quarter of a grain. An excellent aperient for chronic cases.

Besides these always have in the house the following drugs:—

Mustard.—As an emetic, one tablespoonful in a tumbler of tepid water. It is also useful for making mustard plasters.

Epsom Salts and Seidlitz Powders and Alum which is very useful as a gargle for sore throats. The gargle may be made of the strength of two in a hundred.

We have described our medicine chest for emergencies. No one can say that it is elaborate or costly. Yet we know you are disappointed with it. You wanted something more pretentious. But if you follow our instructions and use the various items as we have directed, you will soon find that you have got all that is absolutely necessary for the treatment of emergencies—that is, as far as you yourself can treat them in the absence of a doctor.

Before we leave you we wish to make one request. That is: If you follow our advice and fit up your box as we have directed, you will add nothing else thereto. No, nothing whatever—not even to fill up an awkward corner.

VARIETIES.

ALL WILL COME RIGHT.

Things can never go badly wrong
If the heart be true and the love be strong,
For the mist, if it comes, and the weeping rain
Will be changed by the love into sunshine again.—*George MacDonald*.

IN PRAISE OF WORK.—Work drives away depression, whets the appetite for food, invites sleep, promotes digestion, strengthens the muscles and sinews, gives free circulation to the blood, stimulates the intellectual faculties, provides the comforts of life, develops all the powers which it brings into exercise, transforms stupid ignorance into brilliant genius, fills the world with works of art and literature, and develops the resources of nature. Nothing can stand before work.

WELL NAMED.

Bainbridge: "I know why they are called fugitive poems."
Goldsborough: "Why?"
Bainbridge: "Because the author had to run for his life."

BE WISE TO-DAY.—"Dear young friends," says a popular preacher of the present day, "begin right. You will never find it so easy to make any decisive step as just now. You will get less and less flexible as you grow older. You will get set in your ways. Habits will twine their tendrils round you and hinder your free movement. The truths of the Gospel will become commonplace by familiarity. Associations and companions will get more and more powerful, and you will stiffen as a tree trunk becomes stiffened with the growth of years. Be wise to-day."

PRINTERS' ERRORS.

In the early half of the present century it was announced in a London newspaper that "Sir Robert Peel, with a party of fiends, was shooting peasants in Ireland," whereas the Minister and his friends were only indulging in the comparatively harmless amusement of pheasant-shooting.

Shortly after the battle of Inkerman one of the morning papers informed its readers that "after a desperate struggle the enemy was repulsed with great laughter." The omission of a single letter has rarely perhaps played more havoc with a subject which was certainly no laughing matter.

NO MORE FAULT-FINDING.—The business of fault-finding would soon come to an end if every fault-finder could be only introduced to herself.