

appear to be. To reach a thoroughly trustworthy decision in such a case requires considerable experience and some ingenuity. The simple tests of calling or clapping the hands when the child is not looking are often misleading. A child with acute hearing will frequently take no notice of these sounds if its attention chances to be otherwise engaged, and I have several times seen a totally deaf child turn upon such an occasion either as a coincidence or from perceiving vibration, to which they are often surprisingly sensitive. There are also several mental defects that simulate deafness very closely, but, of course, require entirely different treatment.

If a mother wishes her deaf child to be as little unlike other children as possible, she must have him taught by the best pure oral methods, avoiding all forms of manual instruction, and she should have the final goal in view from a very early day.—JOHN D. WRIGHT, *The Nursery*.

THE EXERCISE OF INGENUITY

To remove a ground-glass stopper from a bottle, put a piece of cord around the neck of the bottle once and pull the cord quickly from side to side. The bottle will become heated and expand slightly, when the stopper may be easily removed.

During the period of illness, a chamber in which a patient is confined should be freely ventilated, so that its atmosphere is constantly changing and replacing the closeness, so universally prevalent during a course of fever, by fresh, pure air,—a comfort to the patient and a protection to all others. How this is to be done depends much upon the ingenuity of the nurse. Many sick people are afraid of “fresh air” and have to be urged to take it, much as if it were medicine, but something can be done towards convincing them by always speaking of it as “clean air.” This term will often appeal to the patient when that of “fresh air” utterly fails. This air must find entrance to the sick-room in some manner; it may be done by windows, transoms, doors, ventilating flues, etc. Any nurse will be unworthy her title if she fail in this particular, even though circumstances caused by the construction of the building are not in her favor.

The ingenious contrivances which the private-duty nurse evolves are often quite as amusing as useful. One very successful nurse called to a patient with eclampsia, living in a farm-house, faced an order to

“give the patient a sweat.” Moist heat sounds easy, but how? no rubber sheets, patient too ill to sit up in a chair, no alcohol lamp to give vapor bath, no bricks to heat in an oven and put around her—nothing but patient, bed, and blankets. Finally the nurse, after visiting the kitchen for inspiration, went out to the barn, and there she saw a crib full of corn, and at once had a bright idea. She filled the wash-boiler half full of water, adding thirty or forty ears of the field corn. When it was boiling she put a double blanket under the patient, a single blanket over her, and then put the steaming ears of corn at the sides, covered all with more blankets, gave the patient a hot drink and a cold compress to her head, and the sweat was a wonderful success.

For wakeful, restless patients not suffering from pain a nurse may do much to induce sleep without drugs.

First, a sponge-bath, change of bed and body linen, brushing hair, thorough ventilation, a hot drink with cracker or bit of bread, and, last, turning patient on the side, pulling up gown or night shirt to expose back and shoulders, and sponging spine its whole length with hot water, long, even, downward strokes for fifteen or twenty minutes. A large sea-sponge is best, as it wrings easily. Have plenty of hot water that it may be renewed, and when through let the patient be alone until he falls asleep. All of this may be for nought if the nurse be one of the heedless, awkward sisters who forgets that she has many little things to do afterwards and thus disturbs the patient with footsteps and moving about the room.

