

Editor's Note: The following extract is taken verbatim from the book
**Ambulance Work And Nursing ---A Handbook On First Aid To The Injured With
A Section On Nursing, Etc.**

found in the [Library at The Medical Center At The University Of California San Francisco](#), which was published in Chicago by W. T. Keener & Co. approximately in the late 1890's from a British work published by Cassell & Company, Limited, La Belle Sauvage, London, E.C. No Author is given.

Every physician recognizes the importance of good nursing. In the treatment of disease medicinal agents are necessary to combat the various symptoms as they arise, but it is equally important that the surroundings of the patient should be so arranged that he may be supported and tided over the critical period of his illness. It is not too much to say that in many illnesses good nursing is more than half the battle. When a man is seriously ill he is practically as helpless as a child, and can neither think nor act for himself. He is fortunate should there be some friend or relative who will take the initiative for him, but there are many people—often men in good social position—who have no one about them whom they would care to trust. The sick man sends for his doctor, and nurses are provided on whom rests the responsibility of seeing that he is properly cared for, and that no advantage is taken of his helplessness. The trust is a sacred one, and for the honour of the nursing community is rarely or never abused.

By a sort of tacit understanding nursing is generally, we may say almost universally, regarded as a woman's vocation. It is very desirable that the nurse should be a young woman, and both in hospital and private practice, women are employed both in the female and in the male wards. There are, it is true, men who adopt nursing as a calling, but compared with the women they are few in number. The so-called "male nurse" partakes more of the nature of the valet or attendant than of the nurse proper. In exceptional cases where a patient is extremely violent and cannot be controlled in any other way, the services of a man may be found necessary, but practical experience shows that a delirious patient is far more likely to be quieted by the gentle touch of a female hand than by any mere exhibition of physical strength. Whilst recognising the occasional utility of a man as a nurse we are inclined to think that the occupation is one which is more safely left in the hands of women. The following remarks apply almost entirely to the female sick-nurse, and are not applicable to the male attendant, or to the nurse or nursemaid who is entrusted with the care of healthy children.

SOCIAL STATUS OF THE NURSE.—the social status of the sick-nurse has undergone many curious changes during the last twenty or thirty years. Thirty years or so ago a trained nurse was a rarity, and when sickness broke out in a family the patient was usually nursed by a relative with the assistance of an old servant or a superannuated charwoman. Even in our large general hospitals the state of affairs was not very much better, and the nursing staff consisted chiefly of uneducated women who, however well-intentioned, were practically untrained. They were in the main honest and trustworthy, the only serious charge that could be brought against them being that they were addicted to the use of spirits, and had a constant habit of sampling the patient's whisky or brandy.

Suddenly a marvelous change took place; the old-fashioned nurse was ousted from her position, and nursing was raised to the dignity of a "profession." It was the popular fad of the day, and women all over the country became "nursing mad." They abandoned their household duties and eagerly sought for admittance into the various training establishments. They donned more or less appropriate costumes, and astonished their stay-at-home sisters by the facility with which they employed abstruse medical terms, and by their gruesome stories of the horrors of the operating room and wards. Their enthusiasm was so great that they willingly paid heavy premiums for instruction, taking little care to ascertain whether it was good, bad, or indifferent. The demand created a supply, and nursing institutions of all kinds sprang up all over the country, some of them undoubtedly supplying a want, but many of them serving simply to bring grist to the mills of their astute promoters.

Although the system was, no doubt, in many respects faulty, the result was beneficial in this sense, that nurses of high character and of admitted competence were to be obtained without difficulty.

Of late, however, there has been a decided reaction, and nursing can no longer be regarded as a lucrative calling. It has to a very great extent ceased to be fashionable, and so far the change is not to be regretted. There are those, however, who hint that the *moral* of the class as a whole does not stand on quite so high a level as before the reaction set in. Such critics account for the retrogression which they believe themselves to have observed partly by the fact that the market is overcrowded, and that constant work is difficult to obtain, and partly by the fact that the nurse is accorded an amount of liberty which is somewhat unusual in the case of other young women. When she has completed her training and leaves the hospital she may commence nursing on her own account, and in these circumstances, when she is not actually fulfilling an engagement, she is from the nature of the case under no supervision. Such critics would certainly admit that in the vast majority of instances the emancipation from control leads to no abuse, while, on the other hand, those who hold that the criticisms are ill-founded will not deny that such freedom as this may not be altogether unattended with danger. On the whole, however, the modern nurse thoroughly merits the high estimation in which she is held, and it goes without saying that in the ranks of the sisterhood may be found characters of the very highest type. No one can assert that the average nurse is not faithful and attentive in the performance of her duties, and the severest of her censors will concede that she is an immense improvement on the nurse of thirty years ago. It is almost an insult to her, indeed, to mention the two types in the same sentence.

THE NURSE'S QUALIFICATIONS.—The qualifications required to be a successful nurse are necessarily of a high order, and this applies not only to the trained nurse, but to her embryo sister who wishes to adopt nursing as a calling.

In the first place she must be not only physically, but constitutionally strong. She must be not only well formed, but must have certain powers of resistance. A girl, for example, who is subject to sick headaches, or who readily "knocks up," will never make a good nurse. The best type of nursing girl is one who is tall and strong, and who has a certain suppleness of movement. One who is accustomed to play lawn-tennis, who can ride, and skate, and row, makes the best material. If she can dance, especially if she is an enthusiastic dancer, it is a great advantage, for graceful carriage is a thing to be cultivated, and nothing is more distasteful in a sick-room than a suspicion of clumsiness.

If in addition to being well formed she is favoured with good looks, it is all in her favour, for doctors readily recognise the influence of an attractive person in the management of refractory patients.

A nurse who aspires to rise in her profession should have a soft and evenly modulated voice, for harsh notes jar on the ears of sensitive patients. With regard to her general education she must be able to speak her own language correctly, and if she has a smattering of French and German so much the better. She should be able to write a good hand, and should have an elementary knowledge of how to keep accounts. Respecting her moral attributes, it may be said that a girl who has been brought up in a country parsonage, and has had little experience of the world, is hardly fitted for hospital work. In the wards she will be brought in constant contact with people of various modes of thought, and if she is unable to adapt herself to her surroundings, her novitiate will of necessity be a very uncomfortable one. It is true that the embryo nurse rapidly acquires knowledge, but if she has strong views and prejudices she will soon find that her life is not an easy one. This is still more the case in private practice, for people when they are ill are not tolerant of opinions which are not in accordance with their own. A nurse has to learn the very useful lesson that she is not a reformer of other people's morals, and that her highest claim to consideration and respect is that she carries out her duties conscientiously.

Nursing should not be undertaken from sentimental motives, or, from any notion of becoming one of the "Guardian Angels" of the novelist. Such an idea will assuredly end in disappointment, for it will be found that the really sick have but a poor appreciation of sentiment, that the routine duties of the sick-room are monotonous and tiresome, and leave but scant time for indulging one's imagination or poetic feelings.

It is hardly necessary to say that a nurse should be honest and truthful, for the vast majority of English nurses possess these qualifications in the very highest degree.. When a man living alone, say in chambers, is suddenly taken ill, he must of necessity be nursed, almost equally of necessity the nurse has to be given charge, not only of his expenditure, but of his personal effects. The nurse is commonly a perfect stranger to him, and although this responsibility arises in thousands of cases we have never heard of a single instance in which the slightest suspicion of dishonesty or unfair dealing has arisen. The only danger to the patient is entirely of another character, for it sometimes happens that the invalid during his long period of convalescence, becomes so enamoured of his kindly attendant that he finds it impossible to dispense with her services, and marries her!

AMATEUR NURSES.— There is a decided prejudice against amateur nurses, but if there is a young woman in the house who is willing to learn, it is astonishing how quickly she can be taught by a doctor who is accustomed to teaching, and who has those personal characteristics which are so essential for the formation of good pupils. If the doctor will teach, and the pupil is intelligent and willing, a very serviceable nurse may be improvised in a few hours. There is no particular mystery about nursing, and the technicalities are easily acquired. If the raw material is there it can be knocked into shape very readily. In cases of emergency it is wonderful how much can be accomplished by a little mutual good understanding.

Relatives always make worse nurses than those who have no such tie to the patient, especially if they have had no previous training. They cannot be expected to regard with the necessary calmness the suffering of one to whom they are tied by bonds of friendship and consanguinity, and there is nothing more trying to an invalid to see constantly around his bed the too-anxious countenances of his family, the doleful expressions of which are often the cause of a needless and mischievous sensation of alarm. Again, relatives have not the necessary control over patients; and one often sees the strength of an invalid wasted by little peevish family squabbles over food or medicine, which would have been taken without question if offered to him by a nurse with authority on her side. Invalid children are proverbially naughty and perverse with their parents, and invalid parents are usually unwilling to be controlled by their children.

TRAINING.— A young woman who wishes to be trained as a nurse usually applies to the lady superintendent of one of the nursing homes connected with a London or provincial hospital. She is furnished with a code of rules and regulations, and is required to sign an agreement before being admitted as a probationer. This agreement is often of a very stringent and arbitrary nature, and it is never safe to enter into such an engagement without first submitting the document to a solicitor or a business friend. If any objection is offered to this course it may be pretty safely assumed that the contract is of such a nature that it will not bear investigation. It must be remembered that it is not the hospital which undertakes to train nurses, and that the nursing establishment is merely a trading concern, which has an agreement to provide the hospital with a certain number of nurses at a price. The nursing institutions are not in any way charitable bodies, and do no gratuitous work, so that they have no real claim on the public. They sometimes appeal for support on the ground that they nurse the sick-poor in our hospitals, but they are liberally paid for their services, and have many privileges given them. Some of them are not above "sweating" the nurses, and derive a handsome profit from the transaction.

They pay the nurse from (say) £16 to £30 or so a year, according to her proficiency, and do not hesitate to charge from two to three guineas a week for her services.

The age at which a nurse should begin her training is a matter concerning which there is some difference of opinion. One authority thinks that the best age is between twenty-five and thirty. This is an entire mistake, for a person who attempts to enter a business or profession at the age of thirty rarely does much at it. Twenty-one is a good age to begin, and forty is a good age at which to retire. A woman is much older than a man at the age of forty, and by that time a woman should have made some permanent provision in life for herself. Few doctors will employ old nurses, and few patients care to have them.

At most hospitals paying probationers are received. The charge varies from £30 a year to a guinea a week. Non-paying probationers are considered to be proficient at the expiration of twelve months. They are usually required to sign an agreement containing a clause, that "during the three years succeeding the completion of their training, they will enter into service as hospital or infirmary nurses in such situations as may from time to time be procured for them by the committee." On inquiry it will often be found that "the committee" is not the committee of the hospital, but the committee of the nursing home.

The nurse's wages vary somewhat in different institutions, but in all they are small. For example, at St. Bartholomew's Hospital they are £8, £12, £20, and £30 for probationers, while staff nurses are paid £35 and £40; at King's College Hospital the wages are none the first year, £15 the second year, £20 the third year, £30 the fourth year, £33 the fifth year, and £36 the sixth year; at the Paddington Green Hospital for Children the wages are £12 for the first year and £14 for the second, while nurses are paid from £25 to £36, and sisters from £30 to £40.

In some of the regulations we note that the nurses "pay their own laundry." In one institution it is stated that there is "an allowance of two shillings a week for washing," a sum which is certainly inadequate. As a rule indoor uniform, or material for making up the uniform, is provided after the end of the trial month, but in some hospitals there is no such provision during the first year of probationership. Outdoors uniform is seldom provided.

In some of the agreements there is a clause to the effect that "probationers will be subject to be discharged at any time by the matron in case of misconduct, or should she consider them inefficient or negligent of their duties." The expression "at any time" seems to imply that the probationer may be dismissed at a moment's notice. Nothing is said about any right of appeal to the managing committee, and the matron is evidently entrusted with full powers.

The hours of duty for nurses vary somewhat in different hospitals. In the regulations of one hospital we find the following note:—"Hours on duty, twelve; two and a half hours off duty every alternate day, and half a day once a month." At another hospital the hours on duty are given as twelve. At a third the day nurses rise at 6 a.m. and retire to rest at 10 p.m., but they are allowed an hour and a half for exercise in the middle of the day.

At Guy's Hospital the holidays are two weeks at the end of the first year, three weeks at the end of the second, and afterwards four weeks. Staff nurses get five weeks, and sisters the same, and also every alternate Sunday to Monday.

The regulations for the most part show an improvement upon those that obtained a few years ago, though in some cases it is still true that they are drawn up too much in the interest of the training school, and with too little regard to the welfare of the nurses and probationers. One advantage which nurses now enjoy is that conferred upon them by the Royal National Pension Fund for Nurses. In many hospitals all the nurses who join this excellent Fund have half the premium paid for them by the institution.

THE NURSE'S DRESS.— The nurse must be cleanly in her person, both for her own safety and for the sake of those with whom she comes in contact. Her dress should be simple, but by all means let it be becoming. Many ladies who take to nursing think it necessary to assume the most hideous garb imaginable. If the exigencies of religion necessitate this course, we regret our inability to argue the case, but on medical grounds we feel quite sure that the dress of an attendant on the sick should be simple and becoming, and not such as will excite the wonder, the fear, or the risibility of a patient. The dress should be just long enough to clear the ground, and should be made of printed calico, or some other *washing material* of a light colour and a smooth surface. Moreover, it should be frequently washed. Some of the nursing sisterhoods adopt a robe made of black flannel with long hanging sleeves. Nothing can be imagined more ill-suited for a nurse's dress.

The blackness of it prevents the ready detection of dirt, the rough surface and absorbent texture is ready to catch and suck up all disease particles, whether dry or liquid, and the dangling sleeves and floating stole and girdle are certainly likely to hitch in every projecting object, and as they fulfill no useful purpose, it is difficult to see why they should be retained. Some of these lugubrious dresses are worn, too, for as long a period as were the hair shirts of the mediaeval hermits. We have heard a sister boasting of the grimy penance to which she had subjected herself for more than six months.

It is to be regretted that ladies who perform their duties with so much zeal and with the highest possible intelligence, should run the risk of marring much of the effect of their good deeds by adhering to a fashion of dress which ought to have died out with the Middle Ages, and before the dawning of the science of hygiene.

A nurse should wear a neat cap, and should be careful to have shoes which do not creak. A pair of scissors and a pin-cushion carried from a girdle will be found also of the greatest service. It is customary with many nurses to carry with them a small pocket case filled with instruments, such as scissors, dressing forceps, caustic holder, tongue depressor, and so forth, but these things are intended only for show, and are quite unnecessary.

THE NURSE'S OUTFIT.—A nurse requires some kind of an outfit, but it need be of the most inexpensive description. A clinical thermometer in a metal case can be obtained for 2s., scissors with blunt or sharp points are 2s. 6d. a pair, a grooved director with scoop costs 1s. 9., and a silver probe with an eye or sharp point 1s. If the nurse chooses to indulge in the luxury of a case or wallet, she can get it complete, filled with a variety of instruments, for 19s. 6d., and can have her name stamped on it in gold letters for 1s. extra. "Silent shoes" for use in the sick room are a little bit more expensive, but are supplied by most bootmakers at a price ranging from 6s. 6d. to 10s. 6d.

EXAMINATION FOR NURSES.—At many hospitals nurses are required to pass examinations. We have had an opportunity of inspecting some examination papers, and we must admit that some of the questions do not impress us with a sense of their utility. We give one or two examples:—

1. What is meant by (a) hydrocarbon diet, and (b) diabetic diet ? Explain something of the principles on which these diet tables are constructed in relation to the diseases for which they are prescribed.
2. Describe in full the principles of central galvanisation.

Such questions as these as applied to the training of nurses, are not only useless, but border on the farcical. In a recent work on nursing which deals with the practical side of the question, we find the following common-sense view of the subject, which we commend to the so-called "authorities" of nursing establishments:—"Instead of a nurse leaning over a bed and holding the cup of cooling drink to the fevered lips, we have a vision before us of a frantic probationer with her fingers in her ears bent double over a dirty old copy of Kirke's "Handbook of Physiology", and the second picture is as true as the first."

HOSPITAL LIFE.— There is good reason for supposing that in some of our hospitals the food and sleeping accommodation for nurses are still not what they ought to be. A few years ago a commission was appointed with the view of investigating this question, but many of the nurses, although evidently holding strong views on the subject, declined to afford any information, being afraid of offending the authorities. One nurse wrote:— "I am sure, from what I have heard, that the matron would not wish me to begin joining in the discussion now made public, and knowing so well her views on the subject, I think it would be neither loyal nor right to take, in ever so small a way, a part in the matter.' Sentiments such as these are in a sense praiseworthy, and reflect much credit on the writer, but at the same time it must be remembered that a hospital is a public institution supported for the most part by voluntary contributions, and that those who contribute their money have a perfect right to inquire into the truth of rumours, and that the proper feeding of the nurses is as much a matter for concern and, if necessary, public investigation, as the care and welfare of the patients themselves. A public institution should have nothing to hide, and if there is a suspicion of abuse, the sooner the wrong is righted the better for all concerned. If people will not help themselves, it is hardly likely that others will do it for them.

Some nurses, however, were not so reticent, and expressed their views freely and in no measured terms. One of them wrote:— "At times the cooking has been very bad, quite spoiling and wasting the food." Another said:— "A little more attention to the cooking and serving of the food would render it much more appetising without additional expense. The monotony of the diet and not the quality is distasteful to the tired nurse." The *Lancet*, commenting on these statements said — "This is obviously a very serious grievance, and one, moreover, that need not exist at all. An efficient cook is much less expensive than an inefficient one, for bad cooking means waste."

The fact is, that a large hospital is a very complex institution. What is the business of many people seems to be the business of no one. In the first place, there is the cook with a staff of subordinates. The cook is responsible to the steward, and the steward is responsible to the secretary, who, in his turn, is responsible to the house committee which meets once a week and is appointed at the annual meeting of the governors. The house committee is usually composed of a number of individuals who are personally actuated by the very best principles; but the majority of whom know little or nothing about household management, and despise such trivialities as good cooking. If the house committee does not move the secretary, he naturally enough does not move them, for as a salaried official, he prefers a life of peace and quietness, and endeavours to make things work smoothly.

The nurses themselves are not organised, and are under the thumb of the matron, who promptly suppresses any expression of discontent.

If any individual nurse were to take action, and appeal to the house committee, she would receive very little support, and would probably be told that she was "not strong enough for the work."

The resident staff of the hospital— the house physicians and the house surgeons— are as a rule none too well fed, but they are in constant touch with the permanent staff of the hospital, and have a habit of expressing themselves strongly and effectively if their wants are not attended to.

They are a fearless body of young men, who have before now been known to champion the cause of the nurses, and make a strong fight on their behalf.

Whatever difference of opinion there may be respecting the feeding of the nurses, there can be no doubt that in nearly all our hospitals they are disgracefully overworked. The universal custom is to have only two "shifts" in the twenty-four hours, so that each nurse is on duty for about twelve hours at a time. As a matter of fact, the nurse rarely goes off duty the moment she is relieved, as she has to make up her report and hand over her instructions for the care of the patients to her successor, so that it not uncommonly happens that her twelve hours are extended to thirteen. The twelve hours' system, as need hardly be said, is a cruel strain on the strength and nerve of a woman. One nurse who was interviewed on the subject said: "In my opinion the chief evil of the present system of nursing is the long hours the nurses are compelled to be on their feet, and there will be no remedy for that until the days divided into three parts of eight hours with three relays of nurses.

The night nurses are especially hard worked, for they are on duty twelve hours, and in the medical wards often have not the chance of sitting down even for half an hour; then after a hard night they have beds to make, washing of patients, dusting, and breakfast to prepare and to give to each patient." Another says "Fourteen hours of work, which not only includes hard manual, but also responsible and anxious work, is, I consider, too much for any woman. I have now worked in a hospital for over a year, and my experience is that the whole cry of nurses off duty is, "Oh ! I am so tired ! Should this be ? Should a nurse off duty feel so worn out as she does ? I quite think that the eight hours' system should be introduced in hospitals. Why should not some little bit of the charity which is so freely given to the patients be extended to the nurses ?"

Another very decided grievance is the shortness of the annual holiday. The allowance in some instances is two weeks for a probationer, three for a staff nurse, and four for a "sister."

A probationer in one hospital where the leave of absence is only ten days in the year, says: "The committee will not hear of our having a longer one."

When one spends two days in the train, as some of us have to do, it leaves us with eight days, and to spend about £3 on it seems waste." Considering that the poor girl's salary would in all probability be no more than £16 a year, her complaint is not altogether an unreasonable one.

The difficulty would be easily overcome by slightly overstaffing the nursing department, instead of understaffing it, as is so commonly the case in even our most wealthy institutions.

Those who wish to see the moral tone of the sisterhood rise above its present high level should exert themselves to ensure that they are not overworked and underfed, and that they are allowed reasonable time for rest and recreation. Year after year many promising young women break down and abandon their calling, and it is strange, all things considered, that the number of those who take to other employments is not even greater.

{several sections here are omitted from this extract}

NURSES'S ACCOMMODATION.— The difficulty of accommodating a nurse in a small household is often very great. She must have a bed-room, and often enough there is no room to spare. She, of course, must never be asked to take her meals with the servants, and should either dine with the family, or what is better, should have her meals sent to her own room. She cannot be expected to be always on duty, and in a severe case two nurses are absolutely necessary.

When the nurse has finished her "turn," she is at liberty to do just as she likes, and may go to bed or go out as she thinks best. If she dines with the family the patient's condition should not be made a subject of discussion. The best way is to treat the nurse, not only well and kindly, but liberally. She is always better for change of scene and recreation, and if, when she is off duty, she elects to go to a place of amusement or to enjoy herself in any other way no possible objection can be offered, provided only that she does not put other people to inconvenience.

A nurse in the sick-room wears her nurse's dress, but it is open to question whether she should appear in the streets in that guise. Some people have a decided objection to seeing a nurse in uniform leaving their house, and their wishes in this respect must be observed. A few years ago it was common enough to see persons parading the streets in nursing dress whose connection with nursing was of the slightest.

Those were the days when a good many young ladies were coquetting with the nurse's vocation.

Now it may safely be assumed that the nurse's uniform is not worn without proper warrant. At some hospitals there is an understanding that the nurse wears uniform only when actually on duty.

NURSES' GOSSIP.—A nurse must not talk. We do not mean by this that a nurse is to abstain from holding conversation with a chronic invalid, but we wish our caution to apply particularly to those who have the care of acute invalids, to whom talking is an effort, and with whom anything like argument is quite out of place. If food or medicine is to be given, let the portion or the dose be prepared, and when ready offer it to the patient as if there no question that he were going to take it. Never say; "Will you take this, or try that?"; or, "Shall I get your medicine now? or put similar questions. There is no use in doing it, and if the invalid raise objections, as is often the case, the necessity for argument arises, which is a thing always to be avoided. Inexperienced nurses are very apt to pester and bother a patient with incessant sympathetic questionings, "Are you in pain now, dear?" "Does your head ache?" "Are you lying comfortably?" "Will you have the door open?" and so forth. This is bad. The good nurse watches her patient, and is quick to detect any complaint or sign of discomfort, but her sympathy manifests itself in some action designed to remedy what is amiss, rather than in misplaced expressions of pity.

Some nurses worry their patients almost to distraction by talking about their "cases." Most patients object very strongly to having nursing or medical papers brought into their rooms, and as a rule they take very little interest in hospitals and details of operations.

Nurses, from the peculiarity of their relations to their patients, often become possessed of information regarding them which ought to be considered perfectly sacred, never to be breathed to human ear. Happily the cases are few in which the temptation to tell a secret overcomes the sense of honour, and so these private matters become the conversation of gossiping women.

Nothing must be withheld from the doctor that can affect the patient's interest, but the nurse should never speak of her patient except in that general way which can hurt no one, and even then, with this exception, she should take care not to indulge in what is called "harmless gossip." Many people consider they may ask questions of nurses about their patients which they would not dare to ask the sick person or his friends. Nurses must be on their guard not to be led to say anything which, were they in the patient's place, they would not like said of themselves.

Many people —women particularly— are selfish from want of thought, rather than from want of heart, and many women gossip from mere thoughtlessness rather than to gratify ill-natured feeling.

A patient ought to be able to look to his nurse as his best friend for the time being, and to feel that everything concerning his most private life is as safe with her as with himself.

THE FEE FOR NURSING.— The charge made for a nurse varies somewhat in different town and districts. For many years there was a uniform fee of a guinea a week, but of late the price has risen, and it is no uncommon thing to be asked two or even three guineas. The institutions charge extra for surgical cases, for fever cases, for mental cases, for cases of influenza, and in fact for almost any disease that a patient is likely to suffer from. No one objects to pay an extra fee in cases of fever, for the nurse runs an extra risk, and has to go into quarantine for a time, but why an additional charge should be made because the patient is attended by a surgeon, and has to undergo some trifling operation, is not very clear. It will be remembered that the fee is not the only expense, for the nurse must be fed, and will expect an allowance for washing as well as for cab fares and traveling expenses. If the money actually went into the pocket of the nurse it would not be grudged, but as the nurse, as a rule, receives a salary of £25 or £30a year, or less, there seems to be no particular reason for giving her three guineas a week. There are in some towns co-operative nurses' associations, which pay over to the nurse the whole of the fee minus seven and a half per cent. for working expenses. These associations are popular with nurses and attract the skilled hands. It is usually perfectly safe to deal with them, for it is to their interest to send out only competent people.

Patients at the conclusion of a long illness often ask the doctor if they are expected to make the nurse a present. The answer is decidedly in the negative, the patient pays the full fee for her services, and if she is underpaid by the institution from which she is obtained, and if she is underpaid by the institution from which she is obtained, he can hardly be expected to make up the deficiency.

It may happen, however, that the nurse has been exceptionally kind and attentive, and that the patient is really desirous of giving her some little memento, that the patient is really desirous of giving her some little memento, something that will convey to her in a tangible form his appreciation of her services. There can, of course be no possible objection to this. It may be contrary to the rules of the institution, but the patient is not bound by them. He had better take care that the present to the nurse assumes a form that will be personally useful to her, and he must give her to understand that it is for her use and hers alone, and that it is not to be handed over to the nursing home.

THE CHOICE OF A SICK ROOM.— Much of the comfort and peace of mind of a patient during a protracted illness depends on the careful selection of a room in which to be ill. The ordinary sleeping apartment may be quite unsuited for the purpose.

It is often a good plan to convert the sitting-room into the sick-chamber. The room should, if possible, face the south, so that the sun may shine in freely. If the patient has the misfortune to be in a room with a north aspect the sooner a change is made the better.

It is essential to turn out all unnecessary furniture, and the carpet must be taken up. There must, of course, be a fire-place in the room, not only for the purposes of warmth, but to ensure efficient ventilation. It is convenient to have two rooms, either communicating by folding doors, or at all events adjacent. A screen is handy for keeping off draughts, especially in the winter.

The sick-room should be a large one, not only because the patient never leaves it night or day, but because the air of it is consumed by his nurses and other attendants, besides himself. Directly a patient is well enough to be left alone at night, he should be so left, because the air of a room occupied by one person will keep fresher than when occupied by two. Excepting when a person is very seriously and acutely ill, it is always advisable that the night nurse should remain in an adjoining room rather than in the sick-room, provided that the patient has ready and certain means of communicating with her.

VENTILATION.— One of the first essentials in a sick-room is efficient ventilation. If the room is not well ventilated the patient will make no progress. A sick-room ought always to be so fresh that a person coming from the outside should be unable to recognise any feeling of closeness or any improper smell, but a nurse should be taught that when an open window is impossible, either from the state of the weather or the condition of the patient, that there are ways of ventilating a room without creating a draught.

If the bottom sash of the window be pulled a little upwards, and a piece of board or a sand-bag be inserted between the bottom of the sash and the sill, the air will enter at the opening left between the junction of the two sashes, and the in-coming current will travel upwards to the ceiling, and not laterally in any way. In this way there will be a constant renewal of the air, but no draught will be possible.

A careful nurse will always be on her guard, not only to admit fresh air from without, but also to keep the air of the room as pure as possible. Nothing that can foul the air should be allowed to remain in the room longer than is absolutely necessary. All the excretions of the patient are to be removed with as little delay as possible.

No cooking is to be carried on if it can be avoided, and all pungent cooking is to be carried on if it can be avoided, and all pungent liquids, such as brandy, wine, or medicine, should be kept in some adjoining room. If food or stimulants be spilt upon the bed-clothes, they should, if possible, be changed, for nothing is so antagonistic to appetite as the sickening smell of spilled wine, brandy, or beef tea. The room should be kept clean, and in order that it may be kept as clean as possible with the least amount of trouble, it is always advisable at the at the beginning of an illness to disencumber it as far as possible of all superfluous furniture. Carpets, bed-hangings, heavy window curtains, wardrobes filled with wearing apparel, should be removed. A few strips of carpet by the bedside and in front of the fire give an air of comfort, and if these can be thoroughly shaken out of doors every day there is no harm in retaining them. The room should be thoroughly swept and dusted every day, and a good nurse will manage to effect this almost without attracting the attention of the patient. It is necessary that this should be done, and none but a bad nurse will neglect it. Pastilles and strong scents are to be employed as little as possible, and if a room be kept clean this will be seldom necessary. A few flowers growing in pots are a cheerful addition to the sick-room, and the pleasant scent of them—if not too strong—is agreeable to the patient. Such strong-smelling flowers as hyacinth, magnolia, gardenia, or orange-blossom should not be used.

Some people have a prejudice against "night air," and erroneously think that it is to be excluded at any price. Such a notion arises from ignorance; and if the windows be kept open in the manner we have directed, they may be left so throughout the whole of the night.

LIGHT.— At night time it is advisable to burn a light, but it should be remembered that a light fouls the air of a room as much as a living being, and that the presence of a nurse and a light in a sick-room, in addition to the patient, is quite a serious tax upon its power of proper ventilation. A night-light should be as small as possible, and should burn a very small flame.

It should be looked upon rather as a means from which a proper light may be obtained in case of necessity, than as a regular source of illumination for the room. A gas-jet turned to its lowest is the best form of night-light; failing this, any of the ordinary night-lights answer the purpose admirably.

Although the daylight is not to be excluded during the day, care must be taken that it is not too obtrusive in the early morning during the summer months. It very often happens that invalids who are restless during the early hours of the night begin to fall asleep and to doze about four o'clock in the morning, and it is on all accounts important to take care that the early sunlight does not disturb the precious morning slumber.

A sick-room should not be unnecessarily darkened. It sometimes happens that an invalid cannot bear the light, or that it is desirable to encourage repose in every way, inclusive of shutting out the light, but if no good cause to the contrary exists, daylight should be freely admitted. Daylight is cheerful, and its free admittance to every corner of a room is conducive to cleanliness. There can be little doubt also that daylight is necessary for is necessary for perfect health, and that under its influence nutrition is more active. If a sick-room be kept too dark, as very often is the case, it soon becomes very difficult for the occupant of it to bear the light at all, and he becomes markedly sensitive and delicate.

TEMPERATURE.— In this country it is almost always necessary to have a fire in a sick-room. A fire gives warmth, and it also assists ventilation very materially. The fire should be brisk with a bright flame. A sluggish fire backed up with cinders and ashes is of very little use for ventilation. A thermometer should always be kept in a sick-room, and it should be placed as near the centre as possible. The temperature should not be lower than 60° Fahrenheit, and in many cases, especially of lung disease, it is deemed advisable to have the temperature considerably higher.

A thermometer is obviously the only safe guide to temperature.

The feelings of the nurse or the patient are of little use. It is very important not to let the fire go out or get too low during the night or early morning, which is the coldest time of the four-and-twenty hours. Many a patient with bronchitis has been killed by the negligence of his nurse in this respect.

NOISE.— It is essential that a sick-room should be quiet, but the precautions which are taken to ensure quietness are often quite unnecessary. The straw in the street and the muffled knocker are the familiar insignia of sickness.

Sudden starting noises are those which annoy the sick most; while, on the other hand, it is astonishing how little the patients in the London hospitals heed the inevitable noise which is incessantly going on both within and without.

Unnecessary noise, or noise that creates an expectation in the mind, is that which hurts a patient. It is rarely the loudness of the noise, the effect upon the organ of the ear itself, which appears to affect the sick.

How well a patient bears the putting up of a scaffolding close to the house, when he cannot bear the talking—still less the whispering—outside his door.

Never to allow a patient to be waked, intentionally or accidentally, is a *sine qua non* of all good nursing. If he is roused out of his first sleep, he is almost certain to have no more sleep.

It is a curious fact, that if a patient is waked after a few hours instead of a few minutes' sleep, he is much more likely to sleep again. Pain, like irritability of brain, perpetuates and intensifies itself.

If you have gained a respite of either in sleep, you have gained more than the mere respite. Both the probability of recurrence, and of the same in intensity, will be diminished; and both will be increased by want of sleep. This, too, is the reason why a patient waked in the early part of his sleep loses, not only his sleep, but his power to sleep. A healthy person who allows himself to sleep during the day will lose his sleep at night. But it is exactly the reverse with the sick; the more they sleep the better they are able to sleep.

It is important never to allow one's self to indulge in conversation in a sick-room in which a patient cannot, or is not meant to, participate. Although noise is to be avoided as much as possible, it must be remembered that a certain amount of work *must* be done, and that the performing of it will entail a certain amount of noise.

A good nurse will thoroughly make up her mind as to what is necessary to be done, and then, being fully satisfied as to the necessity of action—be it the making up of the fire, the cleaning of the room, the administration of food or medicine, or what not—she will set about her work and perform it thoroughly, quickly, and with the least amount of noise that is consistent with thoroughness.

An inexperienced nurse will take ten minutes to poke the fire, moving one coal at a time, and inserting the poker between the bars with absurd gentleness.

In the end, the fire is not properly made up, the patient is bothered beyond expression by the persistent fidgeting, or perhaps wakes with a start as a big knob of coal falls with a crash into the fender.

For merely replenishing the fire, knobs of coal may be placed upon it with the gloved hand; but it is better to make it up thoroughly, and run the risk of half a minutes noise, than to keep up an undercurrent of disturbance for a quarter of an hour.

GENERAL RULES.— It is important for a nurse to fully recognize the fact that she cannot always be with her patient. It is greatly to the advantage of the patient that the nurse should keep in good health and it is incumbent upon her to arrange for proper rest, and for a due amount of exercise. In making these arrangements, however, she must be careful to place someone in charge during her absence, and to see that the person in charge is duly instructed as to the proper course to pursue. It is during the absence of the nurse that injudicious visits are often paid to patients, and that they become tired out by conversation.

A good nurse will always foresee the possibility of the little *contretemps*, and will guard against them. Some nurses fail to realise what it is to be in charge. To be in charge is not only to carry out the proper measures yourself, but to see that everyone else does so too; to see that no one either willfully or ignorantly thwarts or prevents such measures. It is neither to do everything yourself nor to appoint a number of people to each duty, but to ensure that each does the duty to which he or she is appointed. This is the meaning which must be attached to the word by those in charge of patients, whether of numbers or of individuals. One sick person is often waited on by four with less precision, and is really less cared for, than those who are waited on by one.

A nurse should never suggest any alteration of treatment without first consulting the medical man in charge. By so doing she may cause much disappointment to the patient, and may loosen that confidence which ought, in the patient's interest, to exist between her and the doctor. A doctor is always glad to receive any suggestion, or hear any proposition made by a nurse.

"An 1895 Look At Nursing"
