





## PREFACE

My experience both as nurse and as patient has been too limited to justify me in adding to the existing stock of notes upon nursing, were it not that I have taken pains to note down things which have come under my actual observation, either as giving relief, or causing discomfort to the sufferer. I must leave much that is obvious unsaid, and I am aware that I say much which seems too obvious to require saying.

My excuse must be that I have wished to keep strictly to what I have learnt, or unlearnt, in sick rooms. I do not pretend to lay down any large rules as to nursing, but I wish to point out how some of the many disagreeable circumstances attendant upon illness may be diminished or removed. I have been able to watch the nursing of experienced hospital nurses, and I have been with those who had the highest characters for efficiency, and with those who were neither trained nor efficient, but who yet had something to teach.

I have also had the actual nursing of some cases, and have suffered too much from my own shortcomings not to wish to turn them to account for others.

I have often wondered why it is considered a proof of virtue in anyone to become a nurse. The ordinary relations between the sick and the well are far easier and pleasanter than between the well and the well.

There are no doubt people to whom the sight of physical suffering is so distasteful as to turn a sick room into a real Chamber of Horrors for them. That such unlucky persons should ever have authority in a sick room ought to be an impossibility; but if by some unlucky chance they ever have, we should surely reserve our pity for the unfortunate invalids in their charge.

Illness has, or ought to have, much of the leveling power of death. We forget, or at all events cease to dwell on, the unfavourable sides to a character when death has claimed its owner, and in illness we can afford to ignore the details which in health make familiar intercourse difficult.

The ways in which our friends dress, bring up their children, or spend their money, are apt to

cause disagreement more or less marked between us when there is no thought of suffering or loss; but the moment we are threatened by either, how slight such matters seem! We can contemplate without irritation the vivid fringe of hair when the head which it disfigures is aching and fevered; and we feel equal to allowing the spoilt children to put their feet in the 'crystal butter-boat,' like the never-to-be-forgotten little boy of our childhood, if it will give any pleasure to the over indulgent mother who is racked with pain.

#### NURSING INSTINCT

A NURSE'S LIFE is certainly not a dull one, and the more skilful the nurse the less dull she will be. The more she cultivates the *art* of nursing, the more enjoyment she will get, and the same may be said of the patient. The art of being ill is no easy one to learn, but it is practised to perfection by many of the greatest sufferers.

The greatest sufferer is by no means the worst patient, and to give relief, even if it be only temporary, to such patients is perhaps a greater pleasure than can be found in the performance of any other duty.

It ought to be quite immaterial to a nurse whom she is nursing. I have often heard it urged against trained nurses that they look upon their patients as *cases*. If to look on patients as a case is to feel indifference towards them, then the charge is indeed a reproof; but assuming that the nurse is not indifferent, how should she look on her patient but as a case; and further, why should she?

The genuine love of her 'case' and not of the individual patient seems to me the sign of the true nursing instinct.

It would be hard if those who were specially charming, or whose antecedents interested, were alone to be tenderly nursed. Every nurse, whether trained or amateur, should look on her patient as a 'case,' nursing with the same undeviating tenderness and watchful care the entire stranger, the unsympathetic friend, or the one who is nearest and dearest.

In most cases of illness nursed at home, even if there be a trained nurse, there is generally some member of the family watching and helping—more often hindering the work of the sick room.

Much may be done by such helpers to make the lives of both patient and nurse easier and brighter; but unless such outsiders help with skill and tact, as

well as with zeal, their presence in the sick room is dreaded instead of desired.

To avoid confusion I have used the word 'nurse,' but many of the little hints which I have noted down are for such watchers. One imperative duty of all those in attendance on the sick is that they should be cheerful; not an elaborate, forced cheerfulness, but a quiet brightness which makes their presence a cheer and not an oppression. It may seem difficult to follow this advice, but it is not. Cheerfulness is a habit, and no one should venture to attend the sick who wears a gloomy face. The atmosphere of the sick room should be cheerful and peaceful. Domestic disturbances, money matters, worries, and discussions of all kinds should be kept away.

#### *LYING*

THERE CAN BE no half dealing in such matters; hints and whispers are worse than the whole truth. There is no limit to a sick person's imagination, and this is a fact which is too often ignored, even by the tenderest friends. The answers, 'Oh, it is nothing,' 'Don't worry yourself,' when suspicion is once aroused, are enough to fret the unfortunate patient

into a fever. She will torture herself with suspicion of every possible calamity, and at last, when she has nerved herself to insist on being told, her unconscious tormentor discloses the fact that one of the pipes has burst!

If trouble should come, and it is important that the invalid should be kept in ignorance, her watchers must make peace with their consciences as best they can; and if questions are asked, they must 'lie freely.'

#### *CRUMBS*

AMONG THE NUMBER of small evils which haunt illness, the greatest, in the misery which it can cause, though the smallest in size, is crumbs. The origin of most things has been decided on, but the origin of crumbs in bed has never excited sufficient attention among the scientific world, though it is a problem which has tormented many a weary sufferer. I will forbear to give my own explanation, which would be neither scientific nor orthodox, and will merely beg that their evil existence may be recognised and, as far as human nature allows, guarded against. The torment of crumbs should be stamped out of the sick bed as if it were the Colorado beetle in a potato

field. Anyone who has been ill will at once take her precautions, feeble though they will prove. She will have a napkin under her chin, stretch her neck out of bed, eat in the most uncomfortable way, and watch that no crumbs get into the folds of her night-dress or jacket. When she lies back in bed, in the vain hope that she may have baffled the enemy, he is before her: a sharp crumb is buried in her back, and grains of sand seem sticking to her toes. If the patient is able to get up and have her bed made, when she returns to it she will find the crumbs are waiting for her. The housemaid will protest that the sheets were shaken, and the nurse that she swept out the crumbs, but there they are, and there they will remain unless the nurse determines to conquer them. To do this she must first believe in them, and there are few assertions that are met with such incredulity as the one—I have crumbs in my bed. After every meal the nurse should put her hand into the bed and feel for the crumbs. When the bed is made, the nurse and housemaid must not content themselves with shaking or sweeping. The tiny crumbs stick in the sheets, and the nurse must patiently take each crumb out; if there are many very small ones, she must even wet her fingers, and get the crumbs to

stick to them. The patient's night-clothes must be searched; crumbs lurk in each tiny fold or frill. They go up the sleeve of the night-gown, and if the patient is in bed when the search is going on, her arms should hang out of bed, so that the crumbs which are certain to be there may be induced to fall down. When crumbs are banished—that is to say, temporarily, for with each meal they return, and for this the nurse must make up her mind—she must see that there are no rucks in the bed-sheets. A very good way of avoiding these is to pin the lower sheet firmly down on the mattress with nursery pins, first stretching the sheet smoothly and straightly over the mattress.

#### BED

MANY PEOPLE ARE not aware of the importance of putting on a sheet *straight*, but if it is not, it will certainly drag, and if pinned it will probably tear. The blankets should be put on lightly, one by one, not two or three at a time. There is an appreciable difference in the way in which coverings are laid upon people. Each covering should be laid on straight and smooth; no pulling straight should be done afterwards. If the patient is in bed when her

bed is made, the lower sheet should be half rolled up and laid on the edge; the patient should then be lifted over the roll on to the fresh sheet, half of which has been spread over half of the bed. The old sheet can easily be pulled away, and when the new one is unrolled it can at once be tucked in and pinned if required. The upper sheet is rolled or folded breadth-ways and laid under the blankets, beginning at the feet; it is then quickly drawn up and the old one removed, the blankets not being disturbed. All blankets and quilts should be so arranged as not to drag and not to slip; any extra covering which is required only over the feet should not drag down to be pulled off by each movement of the patient, or by a careless passer by; it should be supported on a towel-horse unless there is a good footboard to the bed. If there is not a good footboard, it is well to improvise one by putting a plain deal board at the end of the bed between the mattress and the bars, as the legs of a towel-horse or a chair are very liable to be kicked by passers by, and the bed gets shaken, a thing much to be avoided.

If an eider-down quilt is wanted, it should be pinned with American safety pins on to the top covering.

A sick bed is apt to become close and unpleasant, but the nurse may refresh it without chilling the patient if she raises the top sheet, with the coverings resting on it, three or four times, thus fanning the bed and causing the patient no fatigue or chill. An invalid can air her own bed in this way if she can raise her knees; she need then only lift the outer edge of the sheet up with her hand and raise one knee up and down; but this of course requires some strength, and the bed will be more effectually aired by some one standing by the side of it.

Some people think that the whole comfort of a bed depends on its pillows, and I am not sure that they are not right. Certainly a hard or a pappy pillow will make an otherwise comfortable bed a most unresting one. Everyone has their own way of arranging their pillows: some like them smooth and straight, while others twist and turn them till it seems as if no head could find rest. The nurse must find out which way her patient prefers before attempting to arrange the pillows. I have often seen a sick person tormented by the over zealous nurse seizing the pillow and altering what certainly seemed a most uncomfortable arrangement, but one which was in fact exactly suited to the patient's

needs, and only attained after many struggles. The nurse must be always ready to turn the pillow when wanted; she can do this without fatiguing the patient by placing one hand at the back of the sick person's head, while with the other she quickly turns the pillow and slips it back into its place. I say hand advisedly. The palm hollowed inwards a little should be used. Nurses very often make use of two fingers, which, when well pressed in at the back of the head, make the turning of pillows a very torturing process. Where no second pillow is at hand, and the patient wishes to have her head higher, she can make a comfortable change for herself by doubling the corner of the pillow back or under her cheek; but no nurse can attempt such an arrangement, as it may be such an uncomfortable one, that it is only by the patient's own hand and cheek that the proper curve can be made.

#### *WATERPROOF*

IF A WATERPROOF sheet is necessary, the best way to make the bed is as follows: the bed having been made as usual, with a good blanket under the lower sheet, the waterproof should be laid on it, over the waterproof a blanket, and again over the blanket a

sheet; these should not be tucked in. When the waterproof is no longer wanted, the top sheet, blanket, and waterproof can all be drawn away from under the patient, who will find herself on a clean, freshly-made bed.

The shorter time that a waterproof can be kept under a patient the better; the smell and heat cause much discomfort, and with a good under-blanket the mattress will seldom come to grief. Nurses are very apt to exaggerate the necessity for a waterproof, and are unwilling to believe in the restlessness and discomfort created by one. Economy is a great virtue in a nurse, for all illness, however slight, involves expense; but the virtue may be carried to excess.

There are, I believe, many people who would rather suffer a great deal of discomfort than swell their washing bill; and if the nurse should find this to be the case, she must do all she can, while keeping the patient sweet and fresh, to save expense. Nothing can do a sick person more harm than to worry over accounts and expenses, and if the patient should be one of those notable house-wives to whom any exceeding of a certain sum is absolute misery, her peculiarity in this as in all other respects during

illness should be respected. If, however, the nurse has not got to deal with such a patient, but may secure the *luxuries* of cleanliness, I would counsel her to have as much clean linen and as many clean clothes as she can lay hands on.

It is, as far as I have been able to judge, an invariable rule among nurses that when only one clean sheet is used, the clean one should be placed on the top, and the one that was on the top should be placed below.

The obvious reason for doing this is, that the top sheet is the one that is seen, and therefore should have a glossy freshness. The obvious reason against it is that the bottom sheet is the most felt, and therefore, in the interest of the patient's comfort, I would beg that whenever one clean sheet only is put on, it may be the one on which the patient has to lie. I am quite aware that the top sheet is only *tumbled*, not soiled; but it is that very tumbling, that want of smoothness and freshness, that makes a long stay in bed so trying. And if, as we take for granted, the top sheet *is* only tumbled, the doctor can surely be allowed the sight of it. Unless the patient be a Mrs. Skelton, she will prefer to have her comfort consulted rather than her appearance.

*HANDKERCHIEFS*

IF CRUMBS ARE the most tenacious inhabitants of a bed, handkerchiefs may be considered as the most transitory; they disappear mysteriously, although they have been invariably placed under the pillow. To obviate a little the perpetual game of hunt the handkerchief, it is well that the patient should be provided with two handkerchiefs—one placed under each end of the pillow. If the invalid should wear a bed jacket, it should be furnished with pockets. With regard to jackets, I would advise that they should be made with large armholes and sleeves, sufficiently large to allow of the night-gown sleeve passing under with ease. There should be no thick frilling or trimming at the throat; although in the hand such jackets look pretty and becoming, they are hot and uncomfortable to wear, and as the frills soon turn in and get untidy, in a short time they do not even look well.

*WASHING*

THERE IS NO part of nursing more troublesome, more necessary, or more to be deplored, than washing. We know that there are many people who have

a perfect mania for washing. Speaking to such invalids, I would entreat them to repress their desire for soap and water as if it were for gin; to be content with a small wash every day, and not to torment themselves with the idea that, unless they are washed all over every day in the most scrupulous manner, they must be dirty. The nurse, however, has not come to root up her patient's theories, but to carry them out as far as may be in accordance with the patient's well-doing. This is often not very easy; but a very thorough washing may be done without risk of chill, and with comparatively little fatigue, if the nurse manages well.

All that is required for washing should be ready at hand—hot and cold water, a bath-thermometer, and plenty of warm towels; an old flannel dressing-gown; a spare blanket should also be at hand. Before attempting to uncover her patient, the nurse must be certain that she has all she can possibly want; there should be no moving to and fro, no coming into the room, and no delays when the work of washing has once begun.

The patient must of course be washed piecemeal; the uncovered part must be covered with a loose flannel which has been warmed, and the washing and

drying must be done under this flannel whenever it is practicable.

Each part should be well dried, and covered with something that will not slip off—if the clothes cannot at once be put on—before the rest of the washing is begun. A little vinegar, eau de Cologne, or rose water, makes washing more refreshing, and eau de Cologne prevents a chill. The towels, which should all be well warmed, should not be scorching. The skin is very sensitive after washing, and the towel should be of an equable warmth, with no very hot bits, and should be given gently; the sudden giving of a towel and flapping the air against the patient's wet skin produces an icy chill, a fact of which nurses are too often unconscious. If there are two attendants while washing is going on, one should busy herself with the towels, moving them in front of the fire, so that every part is well warmed while none is scorching. If the nurse is single-handed, she should have her towels warming at a little distance from the fire some time before washing begins, and should turn them when she begins. If, by a chance, she finds any part of a towel has become too hot—and she should always pass her hand rapidly over the towels before using them—a

quick shake out while the patient remains covered would make the towel of a comfortable temperature.

When there is no fire a hot foot-warmer, round which the towels can be wrapped, does almost as well.

#### *BATH*

IN GIVING A bath the same course must be pursued in a great measure; but if the patient has to be carried into the bath, the nurse must be very careful to lower her gently into the bath. In bathing a helpless patient it will be found almost imperative to have two attendants. The patient's feet should be allowed to feel the water first, and the water should be moved by the hand of the nurse, while the patient is being placed in the bath, so that it laps up to the patient's body, and that she avoids all shock. Being lifted into a bath causes great nervousness, far greater than the bystanders can credit; and the nurse should make her patient's mind as much at rest as she can, not only by telling her the exact temperature of the water, but by letting her feel it with her fingers before she is put in. When lifted out, a large warm sheet should be ready with which at once the patient is covered; she must then be carried to a sofa,

on which must be spread a warm blanket; on this the patient lies, and in it she is wrapped; the sheet which has taken off the first wet is removed from under the blanket, and the patient is dried thoroughly with warm towels. A patient bathed in this way should feel little fatigue; but the bathing and drying must be done in silence. The useless remarks in which attendants indulge are absolutely injurious to sick people. The 'All right,' 'Oh, here it is,' 'Wait a moment,' irritate and take away all the refreshment which the bath would have given.

The nurse must be very careful not to hurt by rubbing or by soaping any scratch or sore place that a patient may have. The hurt may seem insignificant, but nothing is small in illness, and a little scratch well soaped will set up a very considerable 'raw,' and effectually prevent a nervous patient from sleeping. The nurse should be careful to keep her hands smooth and her nails short; the lovely filbert nails which are the pride of many are very literal 'thorns in the flesh' of the unlucky patient, who derives no consolation from the assurance given by the nurse, 'You can't feel a pin, ma'am, for my fingers are there.'

When the hands are washed, the basin should be held below the hand, so that the water may drip

down, not run up the sleeve, as is often the case. If by chance the sleeve should get wet, a piece of cotton wool should be placed between the wetted part and the arm, and the wet spot should be well sprinkled with eau de Cologne. If the bed should be slightly wetted, eau de Cologne sprinkled on it will prevent a chill; but if there is much wet, and it is impossible to change the sheet, a hot iron should be passed up and down the wet part, which will soon dry. In doing this extreme care must be taken not only that the patient should not be burnt, but that she should herself feel assured that such precautions have been taken that she cannot be burnt.

It is a great refreshment to sick people to have their feet washed, and no part of the body can be washed more safely and with less fatigue to the patient. A warm flannel must be put under the foot, which should hang a little over the side of the bed, the foot-tub or basin must be just below, and the foot can thus be soaped and sponged easily and effectually.

Each foot must be washed separately, and, as the sponge is removed, must be wrapped in a warm flannel and dried with warm towels. In cases of advanced chest disease, the patient will probably be

very much afraid of having her feet washed; but if the nurse can persuade her to have them done, she will reap even greater advantage than other patients, for in such diseases a thick dry skin forms over the foot, causing intolerable heat and irritation. When actual washing is not required, refreshment will be found in rubbing eau de Cologne over the feet and between the toes.

#### HAIR

IN DOING THE invalid's hair, the nurse would do well to use at first only a comb with large teeth, or, if she has not got one, only to use the large teeth of an ordinary comb. She should hold the hair near the roots with one hand, so that the patient should not suffer if a tangled part has to be combed out. The hair should be lightly touched, the head being kept steady, not pulled from one side to the other, as is often done.

The nurse should be careful to see *where* her brush goes. It is an absurd but unpleasant fact, that an invalid's eyebrows often get quite as much of the brush as her hair. The nurse should always clear the brush of loose hairs before using it. Few things are more aggravating than to have a long hair brought

slowly over the face each time the brush comes round.

Hairs are not so bad as crumbs, but they are very tormenting bed-fellows, and there is little excuse for any nurse who, after brushing the patient's hair, allows any stray hairs to remain on the night-dress or bed-clothes.

When the bed-pan is required the nurse should not oblige the patient to raise herself twice; she should slip the pan at once into the proper position, and when she removes it she can at the same time straighten down the patient's clothes.

If the invalid should be very weak and nervous, a small waterproof and towel can be kept under the bed-pan; these can be placed at the same time as the pan itself. Burnt vinegar is the most pleasant of scented disinfectants. An old jam-pot with vinegar in it, into which one or two live coals are dropped, is the safest way of using it. The scent of the vinegar, unless the patient objects to it, is far more healthy than ruban de Bruges, or pastilles. Sanitas is an admirable purifier. When used in a little squirt, it will soon remove all unpleasantness; it is most refreshing on the clothes and inside the bed. Boracic acid is an admirable deodoriser; if some of

the crystals dissolved in water are placed in the utensil before it is used, no unpleasantness will be perceived, and, as it is colourless and without smell, it is preferable to either Condly or carbolic acid.

#### AIR

SUCH GREAT AUTHORITIES have written on ventilation, that I need only say that there is no danger in having a thorough draught through a sick room each day, provided that the patient is not only thoroughly well wrapped up while the windows are open, but for some time after they are shut, and that the coverings are only removed by degrees.

Candle smoke is one of the most unpleasant smells in a sick room, and it is so constantly breathed by invalids, even when they have careful and considerate nurses, that I will venture to assert emphatically that there is only one way in which the smoke can be destroyed with absolute certainty—that is, by dabbing the wick with a spill, paper cutter, or any flat light thing that may be at hand.<sup>1</sup> The

<sup>1</sup> Since writing the above, a friend has sent me a delightful pair of snuffers, the only ones I have ever seen that quench the flame without producing smoke: they are flat instead of box-shaped, and neither cut nor crush the wick, while they effectually prevent any smell.

wick can be raised the moment the flame is out, and the candle will not be spoiled. Blowing a candle out upwards, or blowing it out while it is held up the chimney, are good ways, but not infallible. An extinguisher is the worst of all, as it imprisons the smoke, which either discharges itself by degrees, thus lengthening out the torment, or remains in the extinguisher till the candle is again wanted, and then escapes, and the last state is without doubt worse than the first. Night-lights should be dabbed out too, for they have a most unpleasant smell; they should never be put in the fire; there is no smell more offensive than that of grease burning.

#### *LIGHT*

MANY INVALIDS OBJECT to a light in the room at night. When this is the case, the nurse should dispense, if possible, with one. It is more often possible than nurses are willing to think. Candles and matches must, of course, be at hand, and it is well to have a light in the next room or passage; but if a patient wishes her room to be dark, the nurse should endeavour to make it so.

When a light is required, it should be skilfully shaded. By skilful shading I mean not only that the

light itself should be shaded, but that its reflection must be hidden as much as possible from the eyes of the sick person.

I have seen a candle shade carefully arranged by a kind and skilful nurse so as completely to hide the actual candle, but she ignored the fact that the light was reflected by a mirror just behind it. A night-light is often put in a basin for safety and shade, but a beautiful globe of light will be reflected on the ceiling, the light of the little lamp being increased tenfold by the glazed china. Daylight has to be shaded with equal care. If the blinds and curtains are drawn, the nurse must see that there is no crack left open. A slant gleam of light is more trying than the broad shaft which would come if the curtains were not closed.

Wherever lights are placed the nurse must be careful that they are not near anything which can suggest the idea of danger to the patient's mind. One of the many terrors which haunt the helpless is that of being burnt in their beds. Distances do not appear the same to those up and those in bed. What may be obviously safe to a person standing up, looks perilously close to one in bed; and the nurse must not argue the point, but must either move the light,

or, if that cannot be, she must *prove* to the patient's own satisfaction that there is no danger.

One of the many mistakes into which nurses fall is that of persuading patients, or at least trying to persuade them (for we know how seldom people well or ill *are* persuaded). A sick person will often give in from sheer fatigue; but she remains unconvinced, and her mind is not at rest; she goes over and over her reasons and the nurse's, and worries herself over a thing of small importance, because she does not like to reopen the discussion. I would impress on all nurses strongly that, as far as lies in their power, they should keep their patient's mind at rest. They cannot control the disturbing influences which find their way into the sick room, nor can they overcome all the varied miseries which beset the sick brain; but some of these miseries they can soothe, and they can and should always be careful not to cause any themselves.

#### FANCIES

INVALIDS' FANCIES SEEM, and often are, absurd; but arguing will not dissipate them; it will only increase them, as the patient will hide what she feels,

and so increase her mental discomfort—a sure way of augmenting her physical suffering. One of the many rewards that come to a careful and considerate nurse is that the patient's fancies are not absurd. If the invalid knows that her nurse has undertaken to see that a thing is right, she will have an easy mind about it, and will not worry the nurse with useless questions and suggestions.

There are, of course, patients who, without meaning to be exacting, are so delicately organised, or whose senses have become so acute through suffering, that they can detect a draught or a smell where even careful and discerning nurses can find neither. The nurse must, therefore, not deny that the evil exists; a door or a window may have been opened without her knowledge, and the current of air may be felt by the sick though not by the well. Something may have been dropped on the kitchen fire, or there may be some minute escape of gas which is imperceptible to all but the invalid. The nurse must remove these evils should they exist, and thoroughly investigate the evil real or fancied. Cold cannot be taken through the imagination; but a nervous dread of chill can make a sick person

thoroughly wretched, and one of the chief duties of a nurse is to make her patient thoroughly comfortable in mind and body.

If the patient be well enough to be left for any time she should always have a bell, and any small thing that she is likely to want in a hurry, close by her. The nurse should never leave her patient hastily, but wait to be certain that all the things are there, and that the invalid has said all she wants. The mind moves slowly to expression in illness, and the feeling that the words are impatiently waited for takes away the power to utter them.

A nurse, especially if she be an amateur, will find it useful to keep a written record of the events of the sick room—the hours at which food and medicine are taken, any variation of temperature or symptoms, the amount of sleep that the patient has had, &c. The monotony of a sick room is very great. Anyone who tries to remember in their order the small events which make up the invalid's day will be astonished to find how perplexed she is when any doubt is thrown on her statement. The doctor is very glad to have the diary of a careful watcher. Such symptoms as flushings, restlessness, excitement, and the hours

at which they occur, are important features in illness, but at the time of the doctor's visit the nurse is nevertheless very apt to forget them, unless they have been noted down.

### VISITS

IT IS A truism that one's friends are one's greatest enemies, but in illness it is a very painful fact; and the number of ways which kind people find of tormenting each other would be amusing were it not so painful. Most invalids have some hour when they may be visited, but it is in vain that they impress this fact on their friends. Day after day the unwelcome announcement is made that so and so knows she is too early but she will wait. The invalid hurries through her meal or her dressing, or whatever she may be about, and so is quite unfit to enjoy her friend's visit when it is paid.

Visitors have an uncomfortable habit of apologising for their visits. The invalid has, no doubt, much she wishes to say and to hear, and the time for the visit is short; it is therefore extremely irritating to have it made shorter by visitors who keep on assuring her that they won't stay a minute, and they don't mean to talk, &c. There is a delusion under

which most visitors to an invalid labour—that all illness affects either the brain or the hearing. It is impossible otherwise to account for the patronising cheerfulness and the peculiar distinctness of utterance which such visitors affect. We are reminded irresistibly of the excellent Mrs. Peckaby, who spoke broken English in order to make herself understood by M. Baptiste.

Visitors should come straight into the sick room; there should be no delay and whispering outside after they have been announced; they should not begin to talk till they are well within eye and ear range of the sick person. The habit of coming half in, of beginning to speak while still at the door, and still worse speaking while holding the door open (this practice is the almost invariable one of servants bringing a message, and should be checked by the nurse), all show that the visitors had far better keep away till their friends are well. If the patient is asleep and a visitor comes in, she should go away instantly, not stand and gaze till the invalid wakes, as she invariably does, with a start.

The patient's bed should never be sat upon nor held. Such remarks may seem uncalled for but very little experience in a sick room will convince anyone

that they are not. Hurried visits are much to be discouraged. An invalid would often prefer not to see her greatest friend than to feel that the visit is such a gasp; no pleasant talk can be heard, no refreshing sight of each other enjoyed.

The nurse must take it upon herself to turn away visitors. If it is difficult and disagreeable to her to do it, she must remember that it is far more difficult and unpleasant for the patient herself, who probably would not have the courage to tell her friends to go, though she will be very thankful if her nurse does.

#### NOISES

ALL MOVEMENTS IN the sick room should be quiet. I do not mean in the matter of banging doors and creaking footsteps, for people who are so noisy have no business in a sick room.

Nurses or visitors to a sick room should be quiet and steady in all their movements; they should not start up from their seat, however hurriedly they may be required; the rustle of clothes, the dropping of things off a lap, and the search for them afterwards, make the invalid regret that she caused such disturbance.

When evening draws on, the nurse should see that she has all the things in readiness that her patient can possibly require. She should not only have the food and medicines which are to be taken during the night, but she should see that the kettle is full, that she has matches, wood, and coal, a spare candle or two, plenty of water, and that materials for making poultices are at hand. It is a common experience how often illness takes a turn or a new form in the night; and the nurse should be provided with all ordinary remedies so as to be able to lose no time in applying them. Nothing should have to be sent for late. There should be no bustle or noise in the sick room. As night approaches the room should become gradually still. The fire must be arranged early, for no noise is more exasperating than the scraping up of cinders, or the raking out of coals. In short, the room should be so gently hushed that the patient should feel able to drop off to sleep at any moment, and not lose her one chance of rest, perhaps, from the sense that there is something disturbing still to be done. A night nurse should sit near the fire so as to keep her hands warm, as much for her patient's sake as her own. The touch of a cold hand will rouse a person

thoroughly; and though the patient may be awake, the nurse's object is to soothe her off to sleep as soon as may be. A pair of housemaid's gloves ought to lie by the coals, which can then be put on the fire without risk of disturbing the patient or of soiling the nurse's hands.

#### *FEEDING*

IF FOOD HAS to be given at night, the heating of it or other preparation should, if possible, take place in the next room to the patient's. If this cannot be, the nurse should be very quiet about it, and, when prepared, she should not offer it to her patient, except in cases of excessive weakness, unless she is quite sure that her patient is really awake.

It is one of the vagaries of illness that a sick person, who has been unable to sleep all night, will drop off the moment after she has asked for her meal. There would seem to be something in the knowledge that something is being actually prepared for their relief, which rests the mind and makes the sufferer go to sleep. When this is the case, however troublesome it may be, the nurse must make up her mind to let the food remain untouched, and to prepare fresh the next time it is asked for. The food should be

given in a regular, monotonous way, so that the patient is as little roused as possible.

A spirit lamp is invaluable for heating food or boiling water; it should be placed on a marble stand or table, if possible, as the spirit is constantly upset, and though the flame is soon extinguished and not very harmful, the flame rouses and alarms the invalid.

If the patient likes being read to at night, the reader's voice must be clear and loud enough for each word to be heard without effort. If the patient should fall asleep while the reading is going on, the reader must on no account stop, but must go on reading for some time in the same tone, and then gradually allow her voice to die away.

When an illness has gone on for some time the sick person becomes very weary of the things which surround her. She has looked at all the pictures which hang on the walls, and at the patterns which ornament or disfigure the paper, till she can bear them no longer. The nurse cannot, of course, alter all these things, but she can give a certain change to the aspect of the room. A looking-glass so placed that it can reflect the sky and trees, or, if the sufferer is in London, some portion of the

street, will be a refreshment to the eyes which have for long not pierced beyond the narrow boundary of the sick room.

Plants and flowers should be placed so as to show their best shape and colour to the invalid's eye, and in such a position as to be seen by her easily without any exertion. Many people are worried by the sight of a thing placed crookedly, and a nervous patient will dread the appearance of anything placed near the edge of the table. She will go through in imagination the crash which will follow if the book or vase is swept down by a passer by.

When a message has to be given or a note written, the nurse or friend should endeavour to carry out the sick person's wishes as quickly as possible. The most patient of invalids cannot overcome a feeling of disappointment if told that what they have begged may be done at once, has been put off, or will be done in good time. In the dulness of an invalid's life small trifles become important; and although the note which had to be sent may have been of no great moment, the invalid has probably been counting on the answer, and may very likely another time make an effort to write herself rather than be kept in suspense.

*DRESSING*

WHEN THE PATIENT can be dressed and put on a sofa, the nurse must gather the patient's sleeves up in her hand, so that the arm may pass in without difficulty.

All clothes should be warmed before being put on, and all should be put on straight, not dragged straight afterwards. The first getting up is made miserable to the convalescent by her clothes; every movement rucks them up, and she is not yet strong enough to stand up and give them a shake down.

The nurse must always be ready to pull down the patient's clothes, and she must begin with the flannel, or whatever garment the patient wears next her skin, and work outwards, not, as is almost invariably done, begin by the petticoat, and so leave off where she should have begun. Care must be taken not to pull the clothes down too tight, or they will drag at the throat, which is most uncomfortable.

I have tried in the foregoing pages to note down some of the ordinary duties of a nurse; I have tried to point out how many little details there are in the every day-work of the sick room which can hardly be called nursing, and yet which, if badly performed

or neglected, materially affect the patient's comfort, perhaps even retard her recovery.

### COOKING

I NOW WISH to add a few words about various remedies and the ways of making use of them in various forms of illness. I am quite aware that I must leave much unsaid that ought to be said, but I wish only to give my own experience, and to tell of remedies that I have found useful, or useless, in such cases of illness as I have had the opportunity of watching. As all nurses should know something of cooking, and be ready to prepare food for their patient, I will begin with the invalid's food. The nurse must of course see all the food before it is given to her patient, even when she does not give it herself. Beef-tea often comes from the kitchen with a fair coating of grease. The nurse can remove this by floating little bits of whitey-brown paper on the surface, which will blot up the grease in a very few seconds. As the cup will probably smell greasy and look messy, the nurse should pour the hot beef-tea into a clean hot cup which she should have ready. If the beef-tea should be thick, the nurse should strain it through a piece of muslin which she has wetted in

cold water. After doing this, she will have to warm up the beef-tea on her spirit lamp.

One or two extra cups, glasses, and spoons, a bowl, and clean cloth should always be at hand. The best feeding cups are of glass, which are easily cleaned with a baby's bottle brush. A certain variety may be made in beef-tea, of which patients are certain to weary, by mixing veal with the beef.

The best beef-tea is made of two or three pounds of freshly killed beefsteak, with an equal quantity of veal. The meat must be cut up into dice, all fat and skin being removed, and placed in a jar with a little salt, and enough water to cover the meat. This jar, which must have either a lid or a thick cloth tied over the top, is then placed in a saucepan of water on the fire and left to stew. In three hours a cup of strong beef-tea is procured; but it is better to let the whole quantity be made and allowed to get cold; the fat can then be cleared off, and the beef-tea, which is then jelly, can be warmed as it is required. If a large quantity is made at once, it must be well boiled up every day or it will turn sour. The nurse and patient must remember that the strongest beef-tea does not produce a stiff jelly. Unless a little of the shin of beef or knuckle of veal is put in, a jelly of any consistency

cannot be got. This must be done if the invalid likes sometimes to have jelly instead of soup, and the beef-tea must be well reduced or the jelly will be insipid.

Reducing simply means letting the beef-tea boil away; you reduce the quantity but not the quality. This explanation seems superfluous, but I have known a good nurse 'reduce' beef-tea by adding water to it. The nurse must remember that when gravy or broth is much reduced it does not require salt. A patient suffering from soreness of the mouth will often complain that too much salt has been put in the beef-tea, and will be silenced by the answer that there is none. If the patient is suffering in this way, her food must not be much reduced, for the increased strength produces increased saltiness. If the invalid has to be fed, the meat must be cut up most carefully, the patient's tastes being scrupulously observed. The mouthfuls given must be of medium size; people often imagine that little scraps will tempt a patient, but the fact is that very tiny mouthfuls weary the patient of her food long before she has eaten all she should. The nurse must never touch the patient's food with her hands, and must have perfectly clean hands before she begins to feed the invalid; she should never blow anything that is hot.

## FOOD

WHEN HELPING THE patient to eat or drink, the nurse should support the head with her hand and tilt the cup or glass gently, but sufficiently. It is most aggravating to be able only to sip when you want a refreshing draught.

Beef-tea may be thickened with Groult's tapioca, sufficient being put in to make the soup of a pleasant consistency; the tapioca must be stirred in while the soup is boiling. Arrowroot can be put in soup in the same way, and is useful when the bowels are relaxed. Macaroni boiled in gravy is nourishing, and can be taken with meat when vegetables are either not allowed or not liked. The macaroni must be well stirred while cooking in the gravy, or it will not be soft, although it may have been cooking a long time.

If vegetables are taken, they should be removed from the room at once, as any green vegetables have an unpleasant smell.

In cases of nausea, cold food will be found far more palatable than hot; cold quenelles or cold fowls, boiled or roast, with thick cold white sauce or a beef-tea jelly, can be taken when any hot food would create disgust. In cases of violent sickness,

Brand's essence of beef or strong meat jelly can be taken in very small quantities alternately with lumps of ice. Whey is also very useful in sickness, as it can be retained when nothing else can. Unappetising as it looks, people suffering from deadly sickness will keep it down, and it is very nourishing.

For any affection of the bladder the patient will frequently be ordered a milk diet.

The nurse must see the milkman herself and impress on him the importance of sweet fresh milk from one cow being always brought. When brought she must empty the milk into a flat pan, such as is used for rising cream in a dairy; this pan must be placed in a cool place, and must be well scalded each time it is emptied.

The nurse must skim the milk carefully herself, for in such cases the patient must have no cream. The tumbler of milk must be stood in some warm water before it is given to the patient, so that the milk may be of the warmth of new milk. This milk cure is much used and is most valuable, but the nurse must remember that a milk diet is not heating, and that the patient must be kept warm, and great care taken that she should never have a chill while she is undergoing it. The illness itself will conduce

to chilliness, and the lowness of diet makes it imperative that the patient should be warmly covered, and that the room be kept of an even temperature.

#### REMEDIES

AIR AND WATER cushions are of great use to those who have been long in a sick bed. Water cushions are more comfortable and healthier, but they are colder, than air. Each should have flannel and linen cases. A water cushion should be filled with warm water, not hot, but decidedly warm; otherwise it is a most chilling thing. The same rule applies to a water bed. The water in a water bed should be replenished every three weeks; care must be taken to fill both bed and cushions *too* full of air and water. They can easily be reduced when the patient is on them, but cannot be filled, and no one but the patient can tell the exact fulness which is comfortable.

Enemas are constantly given by nurses, but they may be made such a torment to the sufferer that simple as the process is I will write as if the use of them were unknown. When the water is of the right temperature and mixed with the soap, oil, arrowroot, or whatever may have been ordered, the nurse should fill the enema and then empty it once or twice; she

should then hold the pipe and tube under the water, while with her hand she firmly squeezes every particle of air out of the enema. She must then withdraw the pressure and let the enema fill gently, touching the bulb to feel that it is well filled, and keeping both tubes and the pipe under water. When the pipe is oiled and placed, the nurse must squeeze the enema steadily, always keeping the other end of the tube under water, so that as the enema is emptied it fills. In this way the patient will have received no wind.

If the patient has suffered much from severe straining, hot flannels applied to the part will be found comforting. At first the flannels must not be applied very hot, as the skin is very tender, but by degrees they may be as hot as the nurse can make them.

When there is illness, whatever the time of year, the nurse should always be allowed easy access to a fire. Hot water, hot flannels, and poultices may be required suddenly in almost every case, and the relief they give is in proportion as they can be applied quickly. A severe headache is often lessened, if not removed, by putting the hands and feet into very hot water. It is a great relief to have the

head sponged with almost boiling water; a mustard leaf at the back of the neck is of use in cases of severe nervous headache. When the patient is weary and restless, it will be found soothing to sponge her back and limbs with hot water. Sleep may even be induced, and the nurse can go on sponging while the patient is dozing, never relaxing in the monotonous movement; but she must in such a case have a second person at hand to renew the hot water. If an invalid complains of sudden violent pain in the back or side, the nurse should at once apply poultices and hot fomentations even before the doctor comes. Such pain often means the beginning of internal inflammation, and the hot applications must be used without delay.

The water in which flannels are wrung out for fomenting must be so hot that the nurse cannot bear to put her hands in it; she should, therefore, always have two good sticks about fourteen or eighteen inches long, and several pieces of flannel with hems at each end, into which the sticks can easily pass. The flannels are dipped into water, the nurse holding the sticks, and when the flannel is well soaked she wrings it round the sticks, twisting each way till it is dry enough to apply, when the sticks are

quickly slipped out. In this way the flannels are very hot, thoroughly wrung out, and the nurse is not hurt.

Linseed poultices are generally made too hard and dry, and consequently soon become cold and heavy. The nurse should have a basin near the fire into which she puts her linseed, pouring on it boiling water and stirring with a wooden spoon till it is as smooth as cream. The piece of muslin (which is better not quite new) must be at hand, and the linseed poured into it, and the ends turned up over the poultice. A flannel should be laid over the poultice, and sometimes oil silk is used over the flannel, but this makes the poultice heavier. When the poultice is removed, the nurse should wipe, or rather dab, the part with a warm towel, and place a piece of medicated wool where the poultice has been.

Medicated wool, as it is called, is most valuable in cases of rheumatism; it must always be placed near the fire before it is used. When it is warm, it will puff out to double its original size; care must therefore be taken not to put it too close to the fire, or it will be in flames in a second. If liniments are to be used warm, the best way is to place the bottle in hot water. The heating of the liniment causes the

stopper to rise, and the bottle is easily upset and its contents lighted if it has been placed by the fire, causing a most alarming aspect of conflagration, although the flame is soon extinguished. In placing the bottle in hot water the label will often come off; different coloured threads should therefore be tied round the necks of the bottles so that the nurse should not make any mistake as to what she uses. Wool sprinkled with laudanum is comforting in cases of acute rheumatism.

Hot bran, or salt bags, give great relief. The bags should be made of flannel and shaped according to the part they are to cover. The bag should not be filled too full. If salt is used it can be heated in the kitchen oven, as it retains the heat. If bran, it must be warmed in a saucepan on a fire in a neighbouring room, as it becomes cold very quickly. While heating the bran the nurse must stir it, and then pour it carefully into the bag, watching that no spark has fallen in. This must be done with the most anxious care, for a tiny spark may easily escape observation, and the bran may be put into the bag with apparently no more smoke than is caused by the heat. Yet after some time the patient finds that her poultice becomes hotter and hotter, and finally

discovers that her clothes are smoking, and that they are slowly burning away. In rheumatism of the joints the part affected must be covered with wool, and the wool covered with oil silk. The wool must be constantly renewed, and when taken away it will generally be found to be wringing wet with cold perspiration. Rheumatism often causes intense irritation of the skin, although no eruption or even redness is visible. Boracic acid melted in water will often relieve this, although ointments and soaps have been tried in vain. Most illnesses affect with less or greater importance the water that the patient passes; the nurse should, therefore, have a clean covered utensil in which to keep it, and should never omit to show it to the doctor.

When strapping is required the nurse should be particularly careful only to moisten the ends of the plaster. If, as is often thoughtlessly done, the whole plaster is wetted, it had better be thrown away, as it will do more harm than good. The greatest care should be taken that the lint, or whatever is next to the inflamed part, should protect it well from the plaster. The plaster must be pressed on gently, though firmly, as the surrounding parts of an inflamed spot are sure to be tender. If there

should be any tendency to soreness of skin, the tender part should be washed with brandy and water, so that the skin may harden; it should always be most carefully dried. If soreness should actually exist, or there be anything in the shape of a bed sore, great comfort will be derived by a small pad being used. This is merely a bolster of wool covered with linen or washing silk, the ends of which are sewn together, so that it resembles a giant corn plaster. The hole must be the size of the sore, the bolster resting only on healthy skin. It is kept in its place by straps of plaster placed crossways, the ends of which are warmed so that they adhere to the skin. This kind of pad is extremely useful in the case of boils.

When bandages are required they should be made of very tightly rolled stuff. Common towels, if they are smooth, may often be used. They must be rolled tightly and smoothly, and pinned, so that when they are required they are fit for use. The nurse should hold the roll of linen in her left hand, the end which she has undone being in her right, so that as she unrolls she tightens. She must fasten her bandage, if a large one, with safety pins (the American are the best); if a small one, it will be wound

round and across till the limb or joint is well strapped, and can then be sewn.

In cases of advanced cancer, the attendant must remember that the bones are apt to become very brittle. In moving such sufferers the greatest tenderness must be observed. Even with great care a limb will often be broken; and although, where disease has conquered the body so completely, the pain of a fractured limb is small, still the inconvenience and discomfort of a broken limb add to the miseries of the already tormented life.

In moving sufferers the nurse should be very careful to have the night-dress smooth under her arm. A tiny fold of linen may seem perfectly harmless; but if the patient's back is examined after such a tiny fold has been pressed in by the nurse's arm it will be found to be red and indented; the tenderness of the flesh in illness, and the especial sensitiveness in particular cases, cannot be over-estimated.

#### *NERVES*

WHEN THERE IS great nervous excitement, the nurse may be able to soothe her patient by holding her hand and talking to her quietly without apparent motive or effort, but keeping her object in view,

and becoming gradually silent if she sees that her patient is not becoming soothed.

Nervous people often awake with a sudden start, feeling as if they had been struck violently. It is long before they can become calm, and the startings recur with more or less violence each time they drop asleep. A good remedy for this, if it can be taken, is a breakfast cup of milk in which a tablespoonful of brandy is stirred. This should be taken before the patient settles herself to sleep, and after it has been continued a few nights, the chances are that the nervous startings will have ceased.

Another painful form of nervousness is a convulsive twitch, which patients suffering from nervous exhaustion will often give when wide awake, and which produces a sort of shudder and horror. The nurse may calm much of this nervous condition by gently rubbing the limbs. Rubbing, if skilfully done, will often compose the sufferer and induce sleep. All such rubbings must be done deliberately and with certainty. There must be no *niggling*. The patient must know exactly when and where the nurse's hand will come; she must not rub with jerks and starts, but slowly and smoothly pass the hand up and down. Rubbing is a real art, and, in many

cases, a professional rubber will be found to give relief when all other remedies have failed; but all nurses should be able to rub, and to use their fingers, softly and tenderly manipulating the patient. A severe neuralgic headache may be driven away by the slow touch of sympathetic fingers.

The quiet and calm which should make the foundation of a sick-room life are nowhere more necessary than when the patient becomes hysterical.

It is not easy, even with the best intentions, for a nurse to remain perfectly calm with an hysterical patient, and in the effort to do so she often affects either an unnatural gravity or cheerfulness, both of which increase the attack. The nurse should never speak to a person in hysterics, nor look at her. What has to be done in the way of giving salts, cold water, sal volatile, &c., should be done as silently and as naturally as possible. The few words that may have to be said, must be as few and as commonplace as possible. There must be no gaiety and no reproof.

If the nurse feels that there is any danger of her becoming upset herself, she should at once leave the room. A second away, a whiff of salts, will steady her nerves; but if she gives way in the least, her patient's attack will be much more prolonged; and

as there is little that can really be done, it will be better that the nurse should remain out of the room. This applies especially to amateur nurses; trained nurses are not liable to be easily affected.

In cases of sore throat, especially if there be any tendency to diphtheria, the nurse must be particularly watchful. The doctor will probably paint the throat with a few drops of muriate of iron mixed with water; but the nurse must not wait for the doctor's visit; she must look down the patient's throat every hour, and if there is the least sign of the fatal white film forming, she must remove it at once with the throat-brush. After having used the brush, she must wash it with the greatest care. The film which has been removed from the throat will stick firmly on to the hairs of the brush, and it must be completely cleared away before the brush is finally rinsed out. Lumps of ice should be given frequently; in such a case the ice acts as a tonic on the throat, and it is an immense boon to the sufferer, whose throat, when in that condition, is most painful.

In cases of severe retching, ice will again be found most useful, and all food should be iced. A lump of ice placed on the nape of the neck will stop the severe straining of sickness. In such cases, when

the patient feels inclined to retch, the nurse may stop it by giving her iced water, in which some ozonised water has been mixed, to wash her mouth out with.

Sickness induces great thirst, and, as drinking anything will again produce sickness, the nurse must moisten her patient's lips and even her tongue with lemon juice and water. A patient suffering from nausea should not be allowed to see or smell food, and all handkerchiefs or towels used should be clean. Even when the actual sickness has stopped, it may be brought on again by the sight or smell of anything.

#### CONCLUSION

IF THE PATIENT should die, the nurse must remember that though her help may still be needed her place is not by the death-bed unless it is requested. She should make her presence felt as little as possible. If she has done her work well in all ways she will find that all turn to her; but she should be perfectly quiet, and forbear to make any remarks or suggestions. Unless she sees that the relations are unwilling to do so, she should make no attempt to close the eyes of the dead nor to tie up the chin.

If all such last duties *are* left to her, she must make her preparations as silently and unobtrusively as possible.

These remarks may seem uncalled for, but experience has taught me that not only the trained but the amateur nurse requires to be reminded that in the presence of death all bustle is unseemly.

To those who have watched and suffered with the sufferer there is nothing but rest at first in the knowledge that death has come, but the feeling of peace is destroyed by the terrible and unreal garb we are in the habit of using for our dead. If instead of the pinked-out band of hard white linen a soft silk handkerchief were placed round the head—if the warm coloured dressing-gown which has been associated with the living might clothe the dead, the last hour would not leave on us the painful impression that it does.

When the requisite washing has been tenderly done, and the fresh white clothes have been put on, the head, bound up by a silk handkerchief, should be laid on a low pillow, not put perfectly flat; the covering, whatever is wished, should be laid over the body, and then the relations, if they have

remained away, return, not indeed to find all that they loved, but not to be shocked by a terrible picture which will haunt them long and destroy the memory of what they held most dear.



JULIA S. STORRS, 1850.