

arrangements themselves; and in such circumstances, the Nurse will find her services more appreciated if she merely does quickly and well all she is told to do, and avoids all initiation, which, to Surgeons who do not desire that form of assistance, savours of fussiness and interference.

To return to the arrangements of the sick room, most Surgeons do not object to carpets, and light washing curtains need never be discarded. Dr. Schofield says the sick room should contain only *two* chairs: one, very comfortable, for the Nurse; and the other, hard and unrestful, for the accommodation of the visitor who stops too long. A sofa, or second bed may be needed for the comfort of the patient when convalescence has commenced.

The regulation of visitors is one of the duties of the Nurse. She should exclude all whom the patient does not wish to see, by making judicious and polite excuses. That he has seen one friend is no reason why another should be admitted, but rather the contrary. While, on the other hand, that someone was refused admittance, is no reason whatever for the exclusion of somebody else now. A Nurse may gain the reputation among the friends and relatives of her patient, of keeping him unnecessarily secluded from their company, and even of discriminating unfairly in admitting certain visitors only; but her duty (which should always be performed courteously) is to secure the patient's comfort, and usually, but by no means invariably, the patient himself will be grateful.

Unless her constant attendance is actually essential, a Nurse should leave the room after seeing a visitor seated, and should return after a short time to see if the patient is pleased with the change, or tired; in the latter case, she should gently suggest the visitor's retirement, unless he appears, by the turn of the conversation, about to depart of his own accord. If the patient seems to be enjoying a chat, and not to be tired or excited, she should go away again, for there is nothing more aggravating to both patient and visitor than to feel they are being watched, and the Nurse's presence is a certain restraint on the most ordinary conversation. Except thoughtlessness, there is only one explanation rationally applicable to a Nurse's insistence on being present at every interview: it is, that she dreads the discussion of her own attributes and conduct. Patients put up with a good deal in this way. Thus, a young wife never once saw her mother or husband *alone*, for three weeks after her confinement; while another Nurse, a very determined woman, who subsequently acquired political notoriety in America, once managed that even the Doctor was kept for six weeks in ignorance

of the annoyances the patient endured at her hands.

No visitor should be allowed to remain talking more than half-an-hour. It will generally be found that the visitor who brings pleasant news from the outside world, is more eagerly welcomed than those who spend the whole visit condoling with, and pitying the patient; while those who detail horrors, and talk about others who are, or are supposed to be, suffering in a similar way to the patient, must be rigorously excluded.

The visitor who brings a few photos, an interesting article in a magazine, a new book, or even some little novelty gleaned in the morning's shopping, will do absolute good to a convalescent, by giving that pleasing variety he naturally craves for in this stage. It is hardly necessary to say, that in infectious illness no visitor can be allowed, and the Nurse herself must do all she can to amuse the patient. At the same time, friends should be reminded that letters are not less welcome, because they cannot be answered.

In various illnesses all letters addressed to the patient should be opened by a member of the family, before being sent into the sick room, and any containing bad news must be put aside till the patient has *recovered*. Should it happen that there is no one to take charge of the correspondence, as in the case of anyone living alone, the Nurse should ask the Doctor for instructions, without which she should, on no account, take upon herself to open letters, or in any other way interfere in the patient's private concerns.

THE ECONOMIC ASPECTS OF NURSING.

I PROPOSE in this article to offer a few thoughts and suggestions, upon what, for the want of a better definition, I must call the "Economic Aspects of Nursing," and I shall confine my remarks solely to that branch of Nursing work commonly called "Private," or, as I prefer to put it, "Home" Nursing, the least esteemed perhaps of any; but, in fact, as far as the paying public is concerned, the most important of all, for, personally, they are concerned in none other.

Nursing has so long been identified with Hospitalism, that people have hardly yet learned to dissever them; the individual has been merged in the Institution, and the personality of the Nurse, a most important factor in home work, has been kept in abeyance. Hospitals are great Schools of Nursing, as they are of Medicine, but the practice of Nursing, no more than that of Medicine, can be confined to their walls; and were Nursing

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