

with the strangers, and yet fellow-Members, coming to her locality from many others. It affords opportunities of making or renewing pleasant acquaintanceships, of giving or receiving hospitality, of broadening knowledge on this matter, and dissipating prejudice upon that. More perhaps than anything else will such meetings do good to Nurses whose lives are so often lonely and self-dependent, by proving beyond doubt or denial that, however solitary they may seem or feel, they are in reality united by many ties to thousands of fellow-workers all over the world—united in a common calling, in the desire to attain common ends, in the intention to assist others as each would be helped herself, by that perfect fellow-feeling which makes one wondrous kind.

A GUIDE TO MEDICAL AND SURGICAL NURSING.*

CHAPTER XXI.—WARD DUTIES (CONTINUED).

SPLINTS.

It will be very useful to you to make yourself acquainted as soon as possible with the names of the various *splints* used in surgical cases. These vary so that it is impossible even to say anything about them. Neither do I see much use in taking up your time with any remarks on the way of padding them. In some Hospitals this is a most elaborate proceeding, and one in which the Nurses take great pride. In others the padding is done in the roughest way, but I daresay effects the intention quite as well as the other. The same thing holds good with regard to the putting on of splints, which by some Surgeons will be bandaged with infinite care, whilst others are content with a far more rough and ready but equally efficacious process. But these are exactly the things which you come to a Hospital to learn, and on which theoretical teaching is of little value.

A constant habit of attention to what is going on around you is what you should cultivate, though I should not advise you to weary out the patience of the Staff Nurses with whom you may be placed by wearisome and incessant questions.

You will occasionally, even as a Probationer, be left in charge of Wards where you will be expected to receive any cases of accident which may happen to be taken in. In an Accident Ward there are always some beds kept prepared for any case of the kind, with the bed-clothes protected from being soiled by blood, &c., by a mackintosh sheet laid over them. After the patient has been placed on the bed by the porters, and the screen

drawn round, you will be expected to perform the operation of washing in most cases, though I have known instances in which Nurses have adhered too rigorously to this general order of cleanliness, and in which it would have been better to allow the unfortunate sufferer a little time to recover the shock to which he had been probably subjected.

Females who have sustained some perhaps slight injury are often brought into a Hospital suffering from an hysterical fit; and both men and women are constantly brought in suffering from accidents as well as from drunkenness and delirium. It is not every Nurse who has the gift of managing such troublesome patients; many are extremely timid when called upon to deal with them; but however frightened such a one may be, I should advise her most earnestly not to show that she is so. Neither contradict or argue with persons who are not in their senses, but treat them with mild firmness.

The difference between drunkenness and a fit is such as to puzzle experienced Medical men often, so I am sure it does not become me to enter upon it; but it may be useful to you to know how to distinguish between a fit of epilepsy and hysteria, though this is not easy.

The chief differences are, that in epilepsy a patient generally knows beforehand when a fit is going to take place—an *aura* her peculiar sensations are called; in hysteria there is seldom any warning. She frequently, in falling down in an epileptic fit, hurts herself by knocking against something, whereas an hysterical patient seldom does this, but nevertheless cries and makes a great deal of fuss; yet she cannot bear to have her eyes touched, which an epileptic patient will allow you to do just as if she was under the influence of chloroform. Also, during the fit, the patient passes *fæces* or urine involuntarily in epilepsy, but not in hysteria.

Hysterical patients want firm but kind treatment; and if a Nurse once manages to obtain a certain amount of moral ascendancy over them, she may do a great deal towards cure.

Hysteria is a constant accompaniment of uterine disorder, but is very largely developed by want of self-discipline and control on the part of the patient. It should be checked as soon as possible in a Ward, for it goes from one female patient to another, and in a very short space of time you may have the whole Ward in a state of commotion with it.

I do not think I need further urge on you the importance of intelligent and accurate observation of the sick. I am sure you are all convinced of this; but after you have been *some time* in a Hospital you will discover how impossible it is for

* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

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