

yourself, they will then soon come to recognise that the "Nurse" is not an extra person giving them more trouble, but a real help in the house as well as to the sick. In dealing with them it is very necessary to exercise the quality of reticence, on which I desire to lay much stress. An undisciplined tongue is always a source of mischief, but the evil a Nurse may do by talking is most serious. Every private Nurse should take for her motto, "Silence is golden." On the particular course of the illness and the condition of the patient the medical man is the person to give an opinion, and a Nurse has to be exceedingly guarded in the answers she gives to the anxious questioning of the friends. She should avoid being led into talking of other similar cases she may have seen, and her Hospital experience generally. Much concerning the most private affairs of the family may come to a Nurse's knowledge and should be kept to herself as a sacred confidence. She should remember that not only must she not speak of the household she has been working in, but that she must also avoid having an air of knowing anything special about them, which is much more difficult. One can so easily be trapped into a remark or statement without thinking that it concerns a matter you would never have known but for your very confidential position in the sick room. One realises in this connection how important it is for Nurses to have some general cultivation of mind, and how strongly all probationers should be urged not to allow themselves to become hospitalised, but to keep up their general reading along with the professional reading which is necessary, for of course, if a woman has nothing else in her mind than Hospital matters, she can give nothing else out.

A pleasant voice is an excellent thing, and to have had it trained in the art of reading aloud is a valuable accomplishment for a Nurse to possess; at the same time it requires great tact to know when and what to read, and the Nurse should be careful to consult her patient's taste, and not her own, remembering that there are some people who do not enjoy being read aloud to.

To be a good all-round needlewoman is an advantage, and to have a knowledge of, and a taste for, some really artistic work is very often a boon both to patient and Nurse. Another piece of practical knowledge which never comes amiss to the private Nurse, especially in nursing the aged or children, is to have some understanding of the laundry. It is very useful to be able to direct how flannels can be washed without shrinking, and how the fine shawl and the lace cap may be made like new, perhaps in some country place, or house of straitened means, where to send to a cleaner is not possible.

Above all, a private Nurse must understand cooking, and she should not only have a theoretical knowledge of dietary for the sick, but she should have experimented in sick room cookery with her own hands. I would advise every Nurse, besides having some cookery lessons, to be anxious constantly to add to her experiences, to keep a note-book in which to write down any receipts she may find, and then when occasion offers, to try them, in her holidays to make a point of experimenting in the kitchen, and having tested the receipts so gathered, to write them out into a book, making any alterations her experiments may have led her to consider as improvements. It is well to be very exact as to quantities. The details of diet are so often left to the Nurse by the medical attendant that it is of the utmost importance to her patient that she should have a thorough knowledge of the matter. Even if she is Nursing in a house where the cook is excellent for the family, she may be quite unable to satisfy the requirements of the sick room, and the Nurse needs to know why the dish is unsuccessful, what detail in the cooking is amiss, and what omission or addition will make it fit for the sick person.

If possible, a Nurse should also have some understanding of the art of hairdressing, and she will find it useful to be able to cut hair in the proper barber fashion, for she may find herself where a hairdresser is not to be had, and it is wonderful how much difference it makes both to their comfort and appearance when a sick person's hair is well kept.

Notes on the Nursing of a Case of Hysteria in America.

SISTER — writes:—"I send you herewith the notes of a case of nervous exhaustion accompanied by rectal atony, which I had the privilege of nursing some time since under Dr. Weir Mitchell, who is so well known for his system of 'Rest-cure.' He was, I believe, the first to *combine* rest, massage and electricity. All had been used separately and in some cases rest had been used with massage, or electricity had been employed conjointly with massage; but it remained for him to combine the three methods into one system.

The average period of his Rest-cure is from six to eight weeks. He never has experienced the slightest difficulty in inducing his patients to get up at the end of the prescribed time. Many physicians have found that nervous cases acquire 'habits' easily, and the 'bed habit' is one they easily fall victims to. Dr. Mitchell says warningly: 'Never send a patient to bed unless you are quite sure you can make her get up when you want her to.'

Dr. Mitchell holds that the value of his treatment consists in systematic bed-keeping, with one person only near the patient, and the absence of sympathetic and hysterical displays from friends and relations.

This organised professional rest is very different from the *dolce far niente* life and picturesque posing

[previous page](#)

[next page](#)