

versational tone than when reading. There is a further advantage in being able to adapt, lengthen, or shorten the recital, as prompted by the slackened or increased attention of the child.

CONVERSATION.

The scope of conversation would often be most desirably widened if the nurse would remember that her laudable anxiety to teach might well, especially in private work, be combined with a desire to learn. There are very few educated patients from whom valuable scraps of knowledge might not be obtained. Suppose a nurse whose professional education may have been excellent, but whose literary training has not been liberal, is reading aloud, and comes to some Latin or German phrase, or some expression which is meaningless to her because she does not understand the implication. What does she do? Possibly she has a wary eye lifted, and steers round the threatening obstacle; probably she goes full speed ahead and gets over the difficulty "somehow." Would it not be wiser to say, "My Latin is very feeble. Will you translate this sentence for me?" or, "I do not catch the meaning of this quotation. I suppose it is because I do not know the context?" Remember that your patient is humiliated twenty times a day by his weakness and incapacity, and do not grudge him any superiority which soothes his pride by seeming to redress the balance of disabilities.

It depends very much on circumstances whether the nurse may look on the hours spent out of doors with an invalid as a period of mental rest for herself, or the time of all others when her conversational powers will be most ceaselessly taxed. On a crowded esplanade, or in a cheerful winter garden, there can be little need for her to talk; but on a quiet country road, with a patient who has no love of nature, unpeopled, she may find herself in a hand to hand grapple with boredom. She must try and save up her powers as a *causeur* for the moment when they are most needed; some patients, for instance, hate talking while they are eating, and it is generally wasted labour to converse with children at mealtimes, while others will manage to eat twice as much if the nurse can only prevent their thoughts from dwelling upon the insipid mixtures which it is her duty to offer them.

Young children are by nature extremely leisurely in their way of eating, and the nurse will often be asked when she brings them a cup of soup or arrow-root, or an orange, "May I eat it as slowly as I like?" and in no way can she give more harmless satisfaction at less expense to herself than by a cordial assent.

Adults generally prefer a nurse who is sometimes silent and sometimes talkative, and detest a thin trickle of sprightly remarks spread evenly over the day. With children the converse is true: anything resembling continuous conversation bores them, while the nurse who has not a smiling answer for every

little appeal, mute or spoken, is considered cross and dismal.

ÆSTHETIC EXPERIMENTS.

When a patient is too weak for much conversation, but not too languid to be affected by her surroundings, it is often recommended that the nurse should ask permission to select pictures and ornaments from the rest of the house and make "pleasing arrangements" with them. Unless sure of one's own good taste and the patient's, this ingenious plan might not have satisfactory results. I was once spending the afternoon with an invalid friend who is something of an artist. She told me that she "yearned for a little colour in the grey-ness of her room," and asked me to place half a dozen little earthenware vases, squat in shape and the colour of ripe tomato, on the shelf at the foot of her bed. I did so. "Oh, *don't!*" she exclaimed as sharply as if I had hurt her. What had I done! Influenced by the extreme narrowness of the ledge, I had placed them in a straight row. "That's better!" she said with an air of relief, as I hastily pushed them into a shapeless group. Then she lay peacefully and looked at them.

Suppose that instead of looking on me as that unconsidered trifle, a lifelong friend, I had been a nurse at two guineas a week with feelings to be wounded, would she have felt obliged to endure my arrangement of those vases? Or if their hateful shapes and colour had appeared in my room, should I have smiled hypocritically and said "How bright they look, nurse! Such a patch of colour almost makes sunshine on a day like this!" Unless the patient can be trusted to express her real likings, and the nurse can endure to have her efforts corrected or disapproved, these æsthetic experiments do not make for harmony in the sick room.

(To be continued).

Progress of State Registration.

A copy of the Act Regulating the Practice of Professional Nursing of the Sick in Connecticut is to hand. It is a simple, straightforward measure, drawn much on the lines of other American Registration Acts. The Board of Examiners and Registration is composed of five practical nurses with not less than eight years' nursing experience and graduates of a training school for nurses which gives a two years' course in a general hospital. This Board is to be appointed by the Governor of the State.

The Bill grants and protects the title of Registered Nurse, and no other person than the nurses who receive the Board's certificate shall assume such title or use the abbreviation "R.N." Two years' term of grace is allowed, and the registration fees of five dollars are to cover the cost of administering the Act. But, of course, the State provides offices and other expensive details.

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