The World Health Day.

FOOLISH FRIENDS IN THE SICKROOM.

By Florence Nightingale.

The words of the wise are always topical. Although written in 1859, Miss Nightingale’s remarks will strike the modern reader as being quite as apt and as scathing as the day they were penned.

These warnings about foolish friends in the sickroom are taken from the Chapter “Chattering Hopes and Advices” of Florence Nightingale’s “Notes on Nursing” of which a new edition has recently appeared.*

In a Foreword, Lucy J. Ottey, President of the Royal College of Nursing, says: “Florence Nightingale was convinced that most bad nursing was the result of thoughtlessness rather than unkindness, and her purpose was to help nurses to undertake some intelligent thinking on their own account. The simplicity and practical wisdom with which she carries out this task are a surprising facet of a genius who was later to become famous for her statistical analyses.”

I really believe there is scarcely a greater worry which invalids have to endure than the incurable hopes of their friends.

There is one practice against which I can speak more strongly from actual personal experience, wide and long, of its effects during sickness observed both upon others and upon myself. I would appeal most seriously to all friends, visitors, and attendants of the sick to leave off this practice of attempting to “cheer” the sick by making light of their danger and by exaggerating their probabilities of recovery.

Supposing the patient to be possessed of common-sense—how can the “favourable” opinion, if it is to be called an opinion at all, of the casual visitor, “cheer” him—when different from that of the experienced (medical) attendant. Unquestionably the latter may, and often does turn out to be wrong. But which is most likely to be wrong?

The fact is, that the patient is not “cheered” at all by these well-meaning, most tiresome friends. On the contrary, he is depressed and wearied....

He feels what a convenience it would be if there were any single person to whom he could speak simply and openly, without pulling upon himself the string of this shower-bath of silly hopes and encouragements.

On the other hand, there is nobody so credulous as a credulous invalid, except perhaps, the credulous friends of a credulous invalid.

How often does it happen that, no sooner have the doctor and nurse come to a perfect understanding as to what must be done, than the nurse is surprised by having an opinion given her as to what ought to be done from somebody she has never heard of before. It is sometimes an old friend or an old school-fellow who suddenly finds out that everybody, patient, doctor, nurse, has been wrong, and that such and such other management would answer better; and everything is upset, confidence is destroyed or disturbed, everybody is annoyed, but only one person is injured, and that is the patient.

So also as to all the advice showered so profusely upon the sick, to leave off some occupation, to try some other doctor, some other house, pill, powder, or specific. I say nothing of the inconsistency, for these advisers are sure to be the same persons who exhorted the sick man not to believe his own doctor, because “doctors are always mistaken,” but to believe some other doctor, because “this doctor is always right.”

Wonderful is the face with which friends will come in and worry the patient with recommendations to do something or other, having just as little knowledge as to its being feasible, or even safe for him, as if they were to recommend a man to take exercise not knowing he had broken his leg.

To me these commonplace, leaving their smear upon the cheerful, single-hearted, constant devotion to duty which is so often seen in the decline of such sufferers, recall the slimy trail left by the snail on the sunny southern garden-wall loaded with fruit.

To nurses I say—these are the visitors who do your patient harm. When you hear him told: 1. That he has nothing the matter with him, and that he wants cheering; 2. That he is killing himself, and that he wants preventing; 3. That he is the tool of somebody who makes use of him for a purpose; 4. That he will listen to nobody, but is obstinately bent on his own way; and 5. That he ought to be called to the sense of duty, and is flying in the face of Providence—then know that your patient is receiving all the injury that he can receive from a visitor.

How little the real sufferings of illness are known or understood. How little does anyone in good health fancy him or even herself into the life of a sick person? Do, you who are about the sick, or who visit the sick, try and give them pleasure, remember to tell them what will do so.

A sick person does so enjoy hearing good news—for instance, of a love and courtship, while in progress to a good ending. If you tell him only when the marriage takes place, he loses half the pleasure, which God knows he has little enough of; and ten to one but you have told him of some love-making with a bad ending.

A sick person also intensely enjoys hearing of any material good, any positive or practical success of the right. He has so much of books and fiction, of principles of precepts, and theories; do, instead of advising him with advice he has heard at least fifty times before, tell him of one benevolent act which has really succeeded practically—it is like a day’s health to him.

There is no better society than babies and sick people for one another. Of course you must manage this so that neither shall suffer from it, which is perfectly possible. If you think the “air of the sick-room” bad for the baby, why it is bad for the invalid too, and therefore, you will of course correct it for both.

It freshens up a sick person’s whole mind to see “the baby.” And a very young child, if unspoiled, will generally adapt itself wonderfully to the ways of a sick person, if the time they spend together is not too long.

If you knew how unreasonably sick people suffer from reasonable causes of distress, you would take more pains about all these things.
