

There is less necessity for caution in the diet of a convalescent typhus patient, than in that of one who is recovering from typhoid. When his tongue is clean, and he is able to take solid food, he may be allowed anything he fancies, in reason, and with the aid of food and tonics, he will quickly recover his strength.

For the Nurse's personal safety, she must remember, first, to keep her patient's room well ventilated, by night, as well as by day. Secondly, to avoid stooping over the bed as much as possible, since the danger of infection lies entirely in the breath, and emanations from the body of the patient. Thirdly, to take daily exercise in the open air. This is most important, and cannot be too strongly insisted upon. And lastly, as anything which depresses body or mind—as anxiety, want of food, or fatigue—must be regarded as a pre-disposing cause, she must never enter the sick room in the morning, without having previously taken a good meal.

For the safety of others, she must see that the personal and bed-linen of the patient are freely exposed to the air, for some hours, before being sent to the laundry, as the poison seems to be rapidly destroyed by diffusion through the atmosphere, and, though typhus is not generally considered communicable, it will be advisable to observe the same precautions during the illness, and in the sick-room afterwards, as are necessary in scarlet fever, and small-pox.

SYMPATHY.

By MISS MOLLETT,

Matron of the Chelsea Infirmary.

"Thou must be true thyself,
If thou the truth would'st teach;
Thine heart must overflow, if thou
Another's heart would'st reach."

THERE is one well-worn historical anecdote of which one never tires, that of Sir Philip Sydney and the wounded soldier at Zutphen, and the answer, "Thy necessities are greater than mine"; and perhaps it is, because it bears on what is the highest form of human sympathy and compassion; that which is so unselfish that it literally does forget its own sufferings in those of others; whose own troubles sink into insignificance when confronted with those of a fellow sufferer. The troubles and pain the truly sympathetic and compassionate strive to allay, always appear to them greater than their own; so naturally, however, does the world rate selfish feelings as more natural than unselfish impersonal compassion, that I have heard a Sister say, she preferred having a Nurse who had herself known what illness was—she had more feeling for the patients. For she argued that a woman could not be in perfect sympathy with her

patients unless she had herself been a sufferer; was not sufficiently unselfish to feel for another's pain, unless in her own person she had felt that pain, and so took a kind of vicarious interest in his; and it is a common belief that the best comforters, the people who are most lenient to offenders, are those who have themselves known trouble, as if all our pity, compassion and sympathy for suffering were dependent on the suffering we had borne ourselves. The highest sympathy has its root in a nobler quality than that of compassion for a fellow sufferer.

There is a great deal of discussion at present, about the harm of a too great development of altruism (not that there seems much fear of it), but in nursing, at all events, we can have no fear of injuring another by our unselfishness; if overstrained devotion is apt, in healthy life, to develop selfishness and weakness in those dependent upon us, sickness is different. The patient is thrown out of the groove of his natural life, is weak, helpless, and dependent, and nothing is better for him, than to relieve him of the entire burden of having to think for himself, to let him enjoy fully the delight of allowing the mind a perfect rest from any consideration of its own body.

Often, in a Nurse who is naturally a harsh, quick-tempered woman, sympathy with her patients—those who are really dependent upon her, whose sufferings from long and thoughtful acquaintance she has learnt to gauge and appreciate—is a very marked characteristic; it is curious to note how she "tones down," so to say; becomes gentle and soft at the bedside; never forgets to move, or answer a patient, gently, however irritable she may be feeling at the moment. The natural womanly instinct of protecting the helpless, the pity, akin to love, for down-right suffering, is often very strong in rough, harsh natures, who cannot appreciate the more emotional troubles of finer-strung natures. Who does not remember Dr. Johnson, whose house was a perfect asylum for broken-down and decayed humanity, yet who, on hearing of a lovely lady of fashion who died of sorrow at her husband's death, merely remarked that, "a washerwoman with eight children would not have sobbed herself to death"?

There is one point regarding sympathy, that is not always fully appreciated; that is, that sympathy should be *with*, not *for* its object. Charles Reade, in his well-known novel, "Put Yourself in His Place," continually dwells on the necessity of not only putting yourself in another man's place, but of entering into his state of mind, his character, imagining to yourself how you would look at a thing if you had been accustomed all your life to regard things from another standpoint than your own. In putting yourself in your patient's place, do not imagine yourself a Nurse, of fair education, and knowledge of your profession, brought up in a refined home, where decency was a matter of course, knowing to a cer-

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