

this. In order to use the great toe properly, your boots must have straight inside lines.\* But this is not all. Stockings, too, as well as boots, are generally pointed in the middle, and friction against the sides of the boots in drawing them on helps to force the toes still more into the form of a cone. Only a very vigorously-acting great toe will be able to overcome the resistance to sideways movement caused by the tightened sock. A separate stall for the great toe, like a baby's glove, is very desirable. Failing this, a straight inside line is imperative. I am aware that many persons do divert or distort the great toe very much, and no serious harm seems to come of it, but they do not lead the life of a Nurse. It may be asked, If the tip-toe position be good, are high heels permissible? Certainly not. It is the act of raising the heel that tightens the tie-rods, and for this act it is necessary that the heel first go down. Holding the foot in the raised position is possible, but very irksome, and much less efficient for our purpose. Boots should have no heels whatever. They who think that graceful walking can only be done, or be done at all, with high-heeled boots, have very false notions of grace.

The swelling of the feet, of which Nurses complain so much, is best prevented by the muscular exercise which is the essence of the advice I offer. Let everything be done to keep the feet and legs in health, dry friction, massage, and so on, but, above all, I say—Use the feet as feet, as parts of the body dignified by giving it the god-like attribute of standing and moving in the erect position. Do not use them as merely pedestals, and the legs as pillars resting on them.

### THE ECONOMIC ASPECTS OF NURSING. No. II.

IN this article I shall endeavour to point out the personal qualities and attributes required for the successful practice of private or home Nursing, regarded from its economic aspect, and bearing upon the interests of the employer and the employed. What is needed for the public weal is a body of professional women, devoting themselves to Extern Nursing, living in our midst, with us, and of us. And we should be able, with perfect safety, to exercise the same freedom of choice in selecting our Nurse as we have in selecting our Doctor. Under these circumstances, a skilful sympathetic woman would soon make a *succès d'estime*, and nothing would tend more to popularise Home Nursing than a popular Nurse.

\* I do not say, and do not mean, square-toed boots. The ends of the toes are not square in outline: there is no reason why the boots should be so.

The conditions under which the art of Nursing is carried on in private practice are so dissimilar from those of the Hospital, that they demand in the Nurse a rarer and—dare I write it?—a higher type of character, and certain special attributes, neither required nor developed in the routine work of a Ward.

During the important period of her Hospital training, the personal position of the Nurse is wholly subjective. Obedience, order, good conduct, attention to duty, are all exacted from her by its salutary discipline. She carries on her work under every advantage, she has wise counsel in every difficulty, and ready help in times of perilous emergency; and with a student's observant eye, she witnesses the efforts of Medical and Nursing skill. Her position towards her patient is subjective. She nurses him according to rule, and under critical supervision; she is not personally responsible to him, and as far as he goes, her services are gratuitous to him. In the outer world "John Smith" is an "entity," possibly a costermonger of pronounced opinions; in your Ward he is a "case" and a "numeral," and although as No. 4,976 he will receive your utmost attention, and he may, in a burst of gratitude, declare you to be a "Hangel upon hearth," if he were to take the other view of the question, it would be of no personal consequence to you; you have nothing to do with his "opinions."

But, when the Nurse leaves the familiar walls of the Hospital, and her old companions therein, and enters upon an independent career of Nursing, all is changed with her. Hitherto she has worked in a sort of "go-cart," supported on all sides; now she must "work" alone. What wonder, then, that a few falls and failures accompany her first efforts in that attempt! She will often have to carry on her work under every disadvantage, meet difficulties unaided, face perils alone. If engaged at a country case, her Surgeon may be resident a mile or two off, and she must act upon her own judgment till he comes. Instead of obeying, she will be called upon to direct; instead of having others to think for her, she must think for herself and others. Self-reliance, courage, resource, tact, temper, and a forbearance often sorely taxed, will be required in her new path of duty.

Your position towards your patient is wholly changed. When you go to Nurse John Smith, Esq., of 2, Oleander Gardens, Bayswater, you will find, though a "case," he preserves his "entity"—often a very trying one to deal with—and the only thing "numeral" about him is the number of his house. He is nursed in his own home, and in the midst of his own family; you *are* personally responsible to him for the due performance of your duty, and your services are not gratuitous.

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