

she should rinse her mouth with disinfectant after attending to the patient, and avoid swallowing her saliva till she has taken that precaution. A basin of disinfectant and a towel should be always ready for rinsing the hands after touching the patient. Her apron should be changed before taking her meals; and her cap should fit as closely as possible, for hair will sometimes retain the germs of infection even after being washed.

In scarlet fever, diphtheria, smallpox, &c., a good supply of old linen is invaluable. Pieces should be used by the patient instead of pocket-handkerchiefs, and each piece should be burned as soon as soiled, as *all discharges* are laden with the germs of disease. Soiled dressing will of course be burned, but unstained bandages should be washed by the Nurse after soaking in a strong disinfectant solution for at least twelve hours, and may be used again for the same patient, being finally *burnt* before the Nurse takes her departure.

Convalescence is a trying time alike for patient and Nurse; but nothing will help to wile away the time so quickly as constant occupation. In all illnesses *where the eyes are not affected* women may be encouraged to avail themselves of their greatest resource, needlework; and any kind that will stand subsequent *boiling* is not lost labour. Macramé work done in unbleached cord will be rather improved than otherwise by being submitted to the boiling process, and is a great amusement for boys as well as girls, being both easily learnt and quickly done. A Nurse should not consider it beneath her dignity to play games and *enjoy* them, for patients, whether children or grown up, will not reap any benefit from participating in any diversion in which the Nurse joins in a bored, perfunctory fashion.

As soon as the patient is allowed to leave the sick-room, the first disinfection should be performed. Furniture and bedding should be opened out as much as possible, and a carbolic vaporizer, or Sanitas lamp, be burned for at least three hours, while all doors and windows and the register of the stove are closely fastened. The windows and register should then be opened, and the floor, after being plentifully sprinkled with whichever disinfectant has been previously used, should be swept, and every article of furniture be dusted. All this must be done by the Nurse, as no servant should be asked to enter a room just vacated by a patient recovering from an infectious illness. Should the convalescence be tedious this process should be repeated many times, the day and night rooms being disinfected alternately. Finally, before leaving, the Nurse will thoroughly disinfect the rooms by sulphur fumigation.

It is often difficult to know whither to send

convalescent patients, who, though they may have sufficiently recovered to be able to travel with safety to themselves, are still liable to prove a source of danger to others by disseminating infection, and Nurses are often consulted by the patient's friends as to what is best to be done at this stage of convalescence. With patients recovering from scarlet fever, the difficulty is solved by sending them to Miss Mary Wardell's Convalescent Home. The care and attention bestowed on patients, and the benefit derived by them from residence in this institution (of which a full account recently appeared in the *Nursing Record*), should be well known to everyone who has any extensive experience in Private Nursing in the Metropolis. It enables patients to obtain the benefit of change just at the right time, without danger to themselves or others, and it relieves the Nurse of her duties at a time when they cease to be professionally interesting, and when, in the interests of her own constitution, she should have a change of occupation.

### SOME ASPECTS OF NURSING IN THE PRESENT DAY.

BY MISS MARION C. PINCOFF.

IT is well known in the present day that many educated women take up Nursing as a profession, to whom the financial side of the work is of no importance. The consequence is, that, whereas only a few years ago the choice of suitable applicants for desirable Nursing posts was limited, the exact contrary is now the case. Committees know to their cost the keen competition to which even small vacant appointments give rise; not to speak of Matrons overwhelmed with applications from those desirous of becoming Sisters or even Staff Nurses. There is no doubt that this state of things is only the natural outcome of the many improvements in Nursing of the last few years, and of the raised status and higher moral and mental tone pervading the Nursing profession in the present day.

In this world we must resign ourselves to the fact that there is no such thing as unmixed good. However disappointing it may be, it is best to face the inevitable, and to acknowledge that there are always two sides to everything. No one with the feelings and instincts of a Nurse would for one moment desire to go back to the "good old times," which, in very deed, in the Nursing world at any rate, sorely belied their name. No one would dispute the immense good that has been done, and the suffering that has been lessened, both mental and physical, by the introduction into

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