

THE TRAINING OF NURSES FOR SICK CHILDREN.*

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I COMMENCE by stating two propositions: first, that sick children require special Nursing; and, second, that sick children's Nurses require special training. Both of these propositions I hope to prove before this paper is finished. To many in these days to whom a Sick Children's Hospital is a familiar object—at least its outside walls—this may seem like stating a self-evident truth, one that arouses no opposition, and to which a ready assent is given; yet there must be some among us—not so very old either—who should be able to recall the founding of the first Sick Children's Hospital in this country in 1852, and many, perhaps, recollect some of the opposition that was aroused by that modest institution—an opposition not quite yet exhausted. The effect of opening that Hospital has been to create similar Hospitals in London, and all over the kingdom, and separate Wards for sick children in most of the general Hospitals.

The origin of this movement was principally the outcome of a London Physician's dispensary practice in the heart of a poverty-stricken district in the City, where he was brought face to face with stricken childhood in its saddest phase, where he found the utter hopelessness of treating its diseases among such surroundings, and where he learnt what a scant welcome was given to the sick child in the general Hospitals. He saw one after another of these little lives drop into an early grave, and his medical training taught him that only given care, fresh air, nourishment, and warmth, many of these little lives might be saved. And so, in conjunction with other members of his noble profession, and some philanthropic laymen, the first Hospital for the little sick child was opened.

That Hospital has taught its founders many things, but among the most valuable items of knowledge is the speciality of the sick child from the Doctor's point of view, and from the Nurse's. The sick children in all ranks of life have been immensely the gainers for the knowledge, and so have their attendants.

Let us for a moment look at the sick child, as compared with the adult. The adult brings himself to the Hospital; he can furnish some account of the commencement of his illness, and of his previous sensations; he can reply to the questions

that seek to elicit the prominent symptoms; he can aid in the physical examination by putting out the tongue, holding the breath, or taking a deep inspiration, &c., and submitting the various functions for questioning. On being placed under treatment he can give his criticisms on the remedies used, describe his sensations whilst under the influence of certain drugs, or in a surgical case aid or mar his progress to recovery by his attitude under the Surgeon's hands. He can, as a rule, feed himself, and otherwise do much that is necessary for himself in the daily routine of sickness; his position is more that of a person put in favourable surroundings for recovery, with skilled attendants around him, to direct and supervise, than a helpless unit in the hands of his Nurses. I am, of course, excluding in this comparison the very acutely ill, whose condition is indeed that of the child; but these, happily, do not fill every bed in the Hospital. These adult patients, moreover, have to be treated as responsible persons, trusted by themselves, and their co-operation in their treatment secured, so that they are not for ever present to the minds of their Nurses, like a child.

The sick child is brought to the Hospital by parent or friends, who have to state their impression of the child's condition, and this, in nine cases out of ten, is most misleading. The child, on being handled for physical examination by a stranger, will probably cry, and certainly he will not aid the process by prompt obedience, as the order to put out the tongue will generally shut up the mouth tighter; the use of the stethoscope may produce a roar, and frequently has to be used whilst the child is twisting and wriggling about; the simple directions to speak or to hold its breath are as Greek or Latin, and frequently the examination has to be closed without much result. If the affection is some surgical injury, all attempts at handling only increase the child's terror, and make the task of dealing with the little one almost hopeless, especially when the mother's unreasonableness has to be added to the child's fright.

When the child gets into the Ward, it is entirely dependent upon its attendant. It can give no reliable help in detailing its symptoms, or in giving an account of its daily functions; it very probably refuses all food and all medicine when first offered, and even after it has become tractable, must not be trusted with its own feeding or dosing. Moreover, it must never be left alone; its attendant must always be on watch for any change in its physical condition, as such changes for good or for ill occur most unexpectedly, and run their course with startling rapidity. Over and above this, that child will thrive the best who is the best "mothered" by its Nurse, for these little sick ones are quick at discerning those who love them, and

* Being a Paper read before a Meeting of the British Nurses' Association held on November 23rd.

[previous page](#)

[next page](#)