

become Nurses in Asylums than in Hospitals, for the reason that the patients in Asylums depend for years upon their Nurses, whilst after a few weeks in Hospital the patients leave, consequently a woman of education, with gentleness and tact, can do much to make the lives of Asylum inmates happy, day by day, for years, instead of weeks.

Again, the weak mind at once recognises a superior one, and refined women have an immense influence with the insane. Also, it must be remembered that so many of the better class become mentally afflicted, and surely it must be pleasanter for them on their bright days to converse with one of their own position, who may be has met people the patient has known, or read the same books, perhaps sings the same songs—in fact is very much “in touch” with her charge.

But in writing thus, I feel that all honour is due to those who for many years have worked on, doing a grand work amongst the insane—patient, enduring women such as one constantly comes across in our Asylums, and I would not for one moment wish to hurt their feelings. What they lack in education they make up for in kindness of heart, and I know are wishing to learn all they can to help their patients.

At the present moment the public sympathy is with the Hospital Nurse and not with the Asylum attendant, and again I ask “Why?” Is it “sentiment”? As a Hospital Nurse, I answer that “sentiment” comes with the visitor and goes with the same; real prosaic work remains with the Nurse. As an Asylum Nurse, I say no sentiment comes with the visitor—indeed visitors are scarce, and the work is so much more depressing, and many cases are, oh so sad, that I maintain that public sympathy should lean towards Asylum Nurses, if it cannot be equally divided, which would be fair.

It has been suggested that Asylum Nurses should undergo the three years’ training in Hospital before entering on their duties in the Asylums. I think the strain is rather great, but if a woman could go for a year’s training, either at the beginning or end of her Asylum probationship, I think it would be a great benefit.

This, perhaps, the Association may arrange, and though it is early to put forward suggestions, I would like to say that what we Nurses would like to see is some place where Nurses from our Asylums could go on their day off duty to read the papers or books, hear lectures, and meet with Nurses from elsewhere, instead of walking about town, looking at shops, attending matinées, and, sometimes not knowing how to spend their time until they are due in. The monotony of nursing the insane renders it imperative that the attendants should have a day away from their work constantly, and many Nurses round our “great city” have no friends in it, therefore spend their time as described, greatly benefiting by our Free Libraries, &c., however.

Another thing I would like to see is Hospital and Asylum Nurses mixing more together. For some unknown reason these two classes of workers, who are calculated to do so much good in the world, will not amalgamate. Do Hospital Nurses ever consider that mental Nurses are working for the same cause as themselves, that is, the cure of their patient, or to alleviate suffering? I fancy not, or I am sure what may be called a noble band of women would at once stretch out a friendly hand to a band just as noble if a little more lowly, and I would enforce on the Hospital side that their work is much more interesting and not so monotonous, therefore they should give more sympathy to their fellow workers (for such they are) in the Asylums.

I may be thought wrong in suggesting that more sympathy is wanting. I think not; I have mixed with the two, and have come to the conclusion that the Asylum Nurse is just a little jealous of the Hospital one, and I fancy the latter a “wee” bit looks down on the former.

As this letter will be read by both sides, it is well to state this, and possibly these few words may set them thinking, and, I hope, lead to good results.

This new Association is most welcome, and I sincerely

hope it will not divide the Nurses more, but will bring them into closer friendship. Anyway, it will not lack mental Nurses willing to do all they can to raise their standard, and it is fervently hoped that it will encourage many more well-educated women to join our ranks.

Yours, &c.,

“TRAINED ATTENDANT.”

[We are entirely in sympathy with the views and aspirations of our correspondent.—ED.]

MESSAGE FOR CONSTIPATION.

To the Editor of “The Nursing Record.”

MADAM,—Mention was made of this in a recent number of the RECORD and, if I remember rightly, nothing was said as to the *methods* which should be adopted. A few words from me who have been for some time accustomed to use this treatment (under medical supervision, of course) may be interesting. The doctor for whom I work has his practice chiefly among infants and children, and he has carefully drawn my attention to the fact that although massage generally for children should not differ from the massage of adults, still some differences exist in the position of the digestive organs at various periods of the child’s life, which, in abdominal massage must be taken into account. He has, therefore, instructed me to pay minute attention to the anatomy of the stomach and intestines of infants and young children, and he also insists that the manipulations in young subjects should be practised on the left side only, the chief cause of habitual constipation in children being due to the length of the lower portion of the large intestine, coupled, of course, with weak development of the intestinal muscular layer. In some cases he instructs me to give only four minutes’ rubbing, this being often quite sufficient, while in older children and in very obstinate cases it may be prolonged to ten minutes, but never longer. My doctor has also given me a most useful “wrinkle” which is, that in infants the massage should be performed while the baby is being suckled, otherwise it is liable to cry and the tension of the abdominal muscles be thereby increased. I always consider it a sign of an indifferent masseuse when I see the use of oil or any other lubricant on the hands, but I make an exception in the cases of infants and little children whose skins are apt to be very sensitive and easily chafed, so, in these cases, I use a little lanoline cream.

I hope these hints may be of service. It appears to me that if a Nurse comes across anything new in her work, or gets some valuable hints from her doctors or from any other source, that she should give her fellow Nurses the benefit of it, and so I shall always communicate, in this spirit of sisterliness, anything which I think may be of value to other Nurses.

Truly yours,

EXPERIENCED MASSEUSE.

[This desire to help her fellow Nurses is highly commendable upon the part of our correspondent. We wish every Nurse was inspired with the same kindly feeling.—ED.]

THE NURSES’ LIBRARY.

To the Editor of “The Nursing Record.”

MADAM,—It was with great pleasure that I read that the Royal British Nurses’ Association are really intending to commence a Lending Library for its members.

I am out of reach of a good library (Mudie’s being too expensive) and feel the need of modern books very much. I do hope the lending library will be an accomplished fact before long, and that we may have books conveyed per carriers when unable to exchange them in person.

Your faithfully,

BOOKWORM.

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