

her training has taught her her work until she has had practical experience outside her training-school. Herbert Spencer tells us, "The test of being educated is, can you do what you ought, when you ought, whether you want to do it or not?" If a nurse suffers from a severe illness, she learns many things from that experience that cannot be so thoroughly learnt in any other way. If she is fortunate in having a thoroughly good nurse to attend her, she realises what a difference all the *little things* make to her comfort; or, on the other hand, if her nurse is one who rushes over everything, wears noisy shoes, and shakes the room as she walks, chinks glasses and toilet vase when she moves them, lets the door bang, leans against the bed, and does not know that at times "silence is golden," and a number of other things I could name: *that is an education.* When an "Old Master" was asked how he mixed his colours, he replied, "with brains." This commodity is a most necessary ingredient in nursing. A power of organisation is as useful to a private nurse as it is to a Matron of a hospital, because she has to adapt herself to many different establishments, in each of which, when she enters it, she has first of all to take her "bearings," and then to organise her work to fit in with the household. (Some nurses think *vice versa*, and that all households must give way to them.)

There are the servants to be considered, so that the extra work need not fall too heavily upon them. If they find a nurse tries to save them trouble, they are only too willing to oblige her in any way possible. But if bells are constantly ringing, and they are called away thoughtlessly from their regular work, they resent it, and life for the nurse is then not always a bed of roses. It is always wise to make friends with the cook if you wish to do the best for your patient. We all know the difference it makes whether food is well cooked and served, or the reverse, and by explaining to the cook how much her mistress's recovery depends on her, you will generally find her a willing colleague instead of complaining of the amount of work "nurse makes." In the same way, the maid or butler will help, if you allow them to do as much of their usual work for the lady or gentleman (as the case may be) as is possible without actually interfering with the nursing. Never let the members of the family or the personal servant think you wish them kept out of the sick room. I rarely find they do any harm, or that there is the slightest difficulty, if you explain to them what is good for the patient, and that for a certain definite time you are engaged with the toilet, &c. Then they do not think of intruding any more on the invalid than they would do on the privacy of any other member of the family at such a time. If you find it excites a patient to see her friends,

then arrange that they can see her from the door or from another room without her seeing them, or if you find it exhausts her to talk, then ask one of them to sit quietly in the room with some work or a book, and advise the visitor not to speak unless first addressed. It is a comfort to many a sick person to feel "one of their own" is *near* her; it keeps her from feeling lonely and depressed, especially during the first day or two, while she feels the nurse is a stranger. It is never wise for a nurse to isolate a patient herself. If she finds the relations are harmful, which very occasionally may be the case, then it is far better for her to report the fact to the doctor and to have his authority for doing it. It is a common complaint, "nurse would never let anyone go into the room." I think this is a point where a nurse should "put herself in the patient's place." Which of us would submit for a moment to a stranger keeping us away from perhaps the one person dearest to us? I for one would *not*. You gain people's confidence much quicker if they are able to watch your work. If they imagine there is any secrecy, they cannot avoid feeling a little suspicious of you.

It is during convalescence that the most tact is required, and it is then that a nurse can protect her patient from her friends. They understand a severe illness; but when the critical stage is past, and she only suffers from *weakness*, it is then that outside friends call, and require the patient to entertain them (how few people have the gift of talking to an invalid). This is most exhausting, and instead of having cheered her, as they fondly think they have, the reverse is the result. At first, never allow more than one visitor at a time, and limit the visit to ten minutes. There is nothing more tiring to an invalid than to be forced to listen to people carrying on a conversation, who are under the impression they are "taking her thoughts off herself." A short visit from a bright, sympathetic person is like a breath of fresh air, but one from a noisy, frivolous person has a depressing effect. It is a good plan to let the patient invite whom she likes for the first few days, even if it is the same one each day. If she is asked, Would you like to see Mrs. —? she has not the courage to refuse, fearing she will offend. It is at this stage of an illness that a clever nurse will so manage that she is "never *in* the way and yet never *out* of the way." She can see in a moment when her patient begins to flag; then the visitor must be removed.

Some nurses when they first take up private nursing are over-anxious to please the doctor, and are also just a little afraid of him. My advice is, "get over that feeling as soon as you can." Look upon him as your best friend and colleague. An eminent surgeon once said to me: "My nurses are *me*, and if they are not treated properly they must tell me everything." If any little thing goes wrong, tell the doctor at once; he is responsible for the

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