

amusing Mrs. A. by an account of all they have done or suffered while nursing hysterical Mrs. B. or irascible Major C. The invalids themselves are largely to blame for this; they slip into a childish curiosity, and I have sometimes known them confess—not even half ashamed—"I love to lead nurse on to talk about other people's business." The nurse must keep her wits about her and quietly resist this dishonourable "leading on."

It is hardly wise to make, because almost impossible to keep, any hard-and-fast rule about not mentioning in one house anything that has occurred in another, but the nurse must scrupulously avoid using names of places or persons, or anything that could lead to identification. If the patient will not be satisfied with tales of an anonymous "old lady I nursed some years ago," or of "a case I had on the other side of England," this form of amusement must be tabooed.

Nurses are often advised not to speak of medical or surgical matters to their patients. It is difficult to adhere strictly to this: they know, and the patients know that they know, more of these subjects than of any other, and it is as natural and inevitable that the sick should be interested in disease as that the schoolboy should be interested in football. It is better to modify the rule by saying that the nurse should speak as little of illness as the patient will permit, and never of the disease from which that special patient is suffering, or is likely to suffer. Conversation of this kind need not always be waste of time; some years ago an acquaintance told me "While I was laid up after that operation I made nurse tell me lots of things, especially about scarlet fever and heart disease. I suppose she chose them because I am not a likely subject for such a youthful complaint and because the doctors said my heart was as sound as a bell, but I cannot tell you how useful I found it when A. and P. were ill. We could only afford one nurse, and she was not a very good one, and I don't know how I should have got on if I had not remembered all the things I extracted from Miss ——."

Nurses occasionally check conversation that would be harmless or even useful by too decided and conclusive a way of speaking. "Nurse, do you believe in so and so?" asks a nervous, fanciful patient. "I think it perfectly idiotic," replies the nurse, crushingly. The invalid subsides, and returns to mental calculations, "How many more hours must I endure having that woman in my room?" The nurse would have done far better to say in level and impartial tones, "It seems incredible to me because of such and such reasons, but I have had more than one patient who believed that it gave relief. Shall I tell Dr. —— tomorrow that you would like to try it, if he thinks it will not do you any harm?" She would then have honestly expressed her own opinion without throwing reflections upon anyone's sanity, have

shown herself anxious to meet the patient's wishes, and have judiciously prolonged a conversation that was interesting to the sufferer, instead of nipping it irritably in the bud.

Or, perhaps the patient has a great love for poetry, and the nurse in the midst of business that seems to her, and possibly may be, of infinitely more importance, asks her opinion of ——'s criticism on the inward meaning of "Sordello" or "Paracelsus."—It is easy, and to some natures tempting, to reply in a manner which will prevent one from hearing any of these gentlemen's names again; but it would be equally easy and inexpressibly kinder for the prosaically-minded and occupied nurse to say, "I have never had time to wrestle with Browning's longer poems. I am among the half-hearted brigade who only read the short ones, and are base enough to enjoy the extracts that other people have hewn out. Won't you quote me a few of your favourite passages while I finish doing this?"

The daily newspaper is one of the nurse's best friends, but how little many of them realise the fact! How often one sees her pick it up with a resigned air, every line of her body dumbly protesting that she knows nothing and cares nothing as to its contents, and would not be in the least surprised if she found the leading articles signed, or the latest war news slipped in among the advertisements of quack medicines. "What shall I read you?" she asks in martyred tones. Can it be wondered at if the patient replies, irritably, or with dull indifference, "I don't care."

Suppose that instead of this she had picked up the paper with an expression of eager interest (which surely need not be counterfeit?), had glanced quickly through the summary, and then, with a shrewd guess at the patient's intellectual tastes, or share in the world's work, she had said, "The Unionist candidate has got in for ——, but by a very small majority," or "There is a more detailed report of the battle of ——," or "This is such an amusing review of ——'s new book, but I call it rather unfair. Do let me read you part of it." The patient would probably give an amiable consent, or be roused to declare, "No, I want to hear first about so and so, if you don't mind." Natural and effortless conversation would result, and half a morning's amusement provided.

It is much the same with books; the nurse must take a genuine interest in what is being read, and if the patient is too weak or impatient for long readings, she should go through the chapters first by herself, so that she may omit the non-essential parts.

The nurse will generally find that children up to the age of ten or eleven greatly prefer a story that is told, and after a very little practice the plan will prove less fatiguing to herself. There is not only the saving of her eyesight, but of her voice, as in telling a tale she unconsciously uses a more con-

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