

The Nurse in Private Practice.*

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One of the great uses of an International Congress is that it allows free discussion of important subjects by those who have gained their experience in widely different circumstances. No line of work offers such startling differences as that of private nursing. A nurse may be summoned from the bedside of peer to take charge of one who is struggling to live from hand to mouth. She may go from a home where all is love and content to one in which every evil passion is aroused. Her life is thus one of constant change, and as it is rarely under supervision, she has to a great extent to make standards and rules for herself. The Council of the International Congress of Nurses has done well, therefore, to make "Private Nursing" a subject of discussion. It divides itself naturally into the following headings:—(1) The nurse in relation to the patient; (2) the nurse in relation to the friends of the patient, and the surroundings in which she finds herself; (3) the nurse in relation to the medical attendant; and (4) the nurse in relation to herself. Upon some of these points I know, perhaps, more than you do, but upon the majority you have the advantage of me, and I can only suggest topics for you to enlarge upon from the stores of your own experience.

1.—THE PRIVATE NURSE IN HER RELATION TO THE PATIENT.

Your relation to the patient naturally comes first. It is the very object of your existence, and it is, I think, in this relationship that you are at your best, and in regard to it you make the fewest mistakes. You are disliked chiefly because you act as machines, for, having been educated under the discipline of a public institution, you try to introduce your system without modification into the routine of a private house. It is, of course, very necessary to conduct your work in a methodical manner, but your rules should be elastic, and should be capable of such easy modification as circumstances may require. It is my habit to visit patients upon whom I have operated soon after breakfast, because I am busy in the later part of the day, but I sometimes find that this habit has caused the nurses to submit their patients to a series of petty tyrannies, in order

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that the room may be "ready for the doctor." In other cases I have found that nurses have awakened their patients at six o'clock merely because it was six o'clock, and the nurse had been accustomed to begin to wash and dress patients in hospital at that hour. Even in health her patient would not have thought of waking so early, and after a restless night, with the prospect of a long and tedious day in bed, it was clearly unnecessary to lengthen the time in so barbarous a fashion. In like manner there seems to be a routine of washing, which may reasonably be broken through in some cases. The washing of sick patients is often a ritual, and it may be carried out in such a manner as to be extremely fatiguing to the unfortunate patient who is subjected to it. I often think that in such matters the modern hospital nurse has still much to learn from the dear old motherly nurses I still see in attendance upon better class patients in this country when I am called in to circumcise the newborn baby. They know nothing of surgical cleanliness, but they keep both mother and baby in the pink of condition without undue ablution. In like manner the bowels are a constant source of anxiety to many nurses in private practice; unless the patient has a daily action, and even then if the nurse considers it to be insufficient, she has recourse to enemata, and she implores a prescription for an aperient, or more probably takes the matter into her own hands, and gives one. Such care is all very well in reason. There is no doubt that confinement to bed does cause constipation, and that the whole body is better when the large intestine is not overloaded, but its emptiness can be purchased too dearly when it is associated with vomiting, disturbance of digestion, or a restless night.

2.—THE PRIVATE NURSE IN RELATION TO THE FRIENDS OF THE PATIENT AND HER SURROUNDINGS.

The second topic of this discussion is the relationship of the nurse to her surroundings in a private house. It is here that nurses fail most often. Sometimes from mere inadvertence and from the peculiarities of their employers, but most often, I fear, because they are wholly unfitted for private work. They are unfitted for private work for two great reasons. They are either born without the gift of tact, and this no one can teach them, or they are deficient in adaptability, a great fault, but one which can be remedied by example and precept.

The first great fact that a nurse has to learn is that she is an unwelcome member of every family she enters. Some people are more polite than others in hiding their feelings, but

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