

Our Prize for the Practical Nursing Article.

We have pleasure in awarding the Prize of £30s. to the Hon. Albinia Brodrick for her paper on "The Nursing of Children," which we publish below.

The competition, on the whole, has been disappointing. Twelve other papers have been received, not one of which comes, in our judgment, under the heading for which we offered the Prize. Some of these papers are interesting, but are more scientific and social than practical. For instance, "Notes on Superficial Anatomy," "The Use, Structure, and Repair of Bones," "Processes of Digestion." These are text book subjects. Then we have "Midwifery," a paper on the social conditions relating to lying-in women; "The Nursing Question," and so on. Not one paper on real, practical nursing—that is, the care and comfort of sick people so far as the nurse is concerned. We could have wished to receive papers on questions on which every well-trained nurse might throw new light.

The Nursing of Children.

Children's nursing calls for our best faculties.

Children, like animals, are inarticulate, so that our powers of observation are taxed to the utmost.

Children in sickness change with a rapidity which calls for cool head and prompt action.

Children in the normal state are a mystery to most doctors, and still more a mystery in sickness. Therefore (low be it spoken) we must bring to bear upon our work for them all our powers of diagnosis, and present to the doctor such a convincing picture as shall enable him to form a clear opinion.

And, lastly, it is of the essence of things that the sick child, as a rule, should be unconscious that it is being nursed. Many a grown up patient consciously demands the whole time, attention, and mind of the nurse. The child is a delightfully unconscious and unself-conscious human animal, unless it has been hopelessly spoilt, and the less it is fussed over the better. But that is where the difficulty of good nursing of children arises.

Dr. Hutchison's simple advice, "Never look a baby in the face," lays down a law which obtains throughout all the care of sick children. Such care should, wherever possible, be indirect rather than direct. Children, thank Heaven, forget so soon, that half the trouble of sickness slides away from them, if nurse will

be wise and not bring back recollection unnecessarily upon them. And, on the other hand, children also remember too well, and if their little minds have once been filled with apprehension, their fear persists and recurs in a way so obstinate that it may take not only days but weeks to allay. This is why nurses who are hasty or rough, however kind or however well-intentioned they may be, should be debarred from contact with sick children entirely. It is a pitiful thing to see a child endeavouring to propitiate the grown-up human being on whom its little hopes depend, and who has scared it in a moment of hasty temper, almost beyond power of remedy.

A child is fundamentally dependent for physical health upon a healthy mental environment. It is true that it has a marvellous power of recuperation, which adults well may envy. But, on the other hand, the process going on in the little body is two-fold. It must always be remembered that, whereas in the adult patient repair is the only process during recovery, in the child repair is proceeding concurrently with growth. There is a double demand made by Nature, and any mistake in supplying that demand will inevitably result in a stunting somewhere of the forces of the body.

What help can the child give us as regards the symptoms of its illness and the diagnosis of the disease? With infants, the expression of pain and discomfort is by crying, by position and wriggling of the little body, and by the placing of the hands. These are its positive signs. But of even greater importance are those signs which are negative. If the baby will not suck, if the baby will not sleep, if the baby will not defæcate or urinate, that baby has expressed quite clearly the fact of its sickness, and if it has a wise nurse, will have enabled her to draw many deductions.

As the child develops, we have the conscious statements succeeding these inarticulate expressions of infancy: "Oh, my head," "I am so thirsty," "Oh, it hurts," "Everything tastes nasty," "I'm so tired," "I don't want it." Each short statement conveys the statement of a symptom, and not merely the random expression of a sick child's impatience.

So far, the child's power of expression can carry us. Beyond those limits begins the practically illimitable field of the nurse's own observation. How are we to study the little patient so efficiently as to be enabled to help him forward on the road to betterment?

The sooner we recognise the futility of building from the top downwards, ignoring foundations, the quicker shall we have some chance

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