## OUR PRIZE COMPETITION.

IN NURSING 'A PATIENT IN 'A' PRIVATE HOUSE WHAT MINOR DETAILS WOULD YOU OBSERVE IN REGARD TO THE PERSONAL CARE OF THE PATIENT AND HIS (OR HER) SURROUNDINGS, IN ORDER TO ADD TO HIS COMFORT?

We have pleasure in awarding the prize this week to Miss Ména M. G. Beilby, Cranford, Middlesex, for her paper which we print below.

## PRIZE PAPER.

When nursing a patient in a private house, two axioms should be kept in the forefront of one's mind: firstly, that no act of service which will conduce to his restoration to health should, failing another to perform it, be considered as being beyond one's duty; secondly, that happiness and personal comfort are the finest restoratives that we can secure to the sick. The exact measure in which that happiness and comfort can be supplied depends not so much on the circumstances of the patient as on the amount of resourcefulness, imagination, and tenderness which the nurse can offer to his needs.

It is essential that the organization of the nursing should be such as to minimize to the rest of the household the inevitable anxiety and discomfort caused by illness in the home; for an atmosphere of discomfort is a very tangible thing to the sick, and it reacts forcibly.

Servants, especially old servants, often constitute a point of difficulty; but this may generally be overcome by enlisting their cooperation, and enabling them to feel that, without their help, the best cannot be done for the patient. Nor should one forget to give them their meed of praise when an excellent recovery crowns the efforts of all.

Often there is much apprehension on the part of the patient and his family as to what the nurse will, or will not, allow. A good general rule—and it will engender confidence at the outset to make it clearly understood, is that anything and everything, if not unattainable, that the patient may desire will be allowed him, provided it will not in any degree retard recovery. Such a rule disarms any suspicion of autocracy or arbitrariness on the part of the purse.

In a case of illness extending beyond a few days the arrangement of the furniture often demands alteration. The bed should be placed so as to get the maximum of fresh air round it, without draught. •The centre of the room, with the window behind the bed and a screen placed round the head, usually secures this. If possible a small bed should be used; it is in

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every way the most comfortable, and better still are two small beds of equal height for all cases of illness, which allow of the patient's rolling gently into a freshly-made bed in the morning and again at night, all bed clothes being aired out of doors in the interval. Personal linen should be changed or aired twice in the twentyfour hours.

The *mis-en-scène* should be arranged with due regard to the patient's personal tastes and idiosyncrasies, and the exigencies of the type of illness. But the room should be as little as possible suggestive of a hospital ward, and on every hand should be a piece of beauty for the eye to rest on; a favourite picture, a plant or flowers, a beautiful cushion, an appreciated bit of china or silver, or lovely Chippendale. Discover the patient's interests and minister to these—even if they be only chiffons. If the days are filled with interest when the acute stage of illness is passed, time will fly instead of lagging, and the patient will all unconsciously gather up returning health and strength.

A fire should be kept going when practicable, as it not only assists ventilation, but adds greatly to the cheeriness of the room. When literal sunshine cannot be secured it should be suggested, mentally and physically. Adequate, unintermittent warmth is absolutely necessary. Sick people are easily chilled in mind, body, and soul; and it is sometimes difficult for a person of healthy circulation to realise how very much help some patients need in maintaining such warmth. Unless there is an ample supply of really hot water and several hot water bottles, hot fire bricks are more satisfactory as bed warmers. Bed clothes should be light, as weight is tiring. Bed-rest and bed-table should be obtained, or, if necessary, improvised.

The patient's wishes regarding his or her toilet should be ascertained and carried out. In severe illness the skin must be hardened on points of pressure by the use of spirit after washing and drying.

Meals should be dainty, punctual, and as varied and as surprising as can be managed. Perfect cleanliness, without any fuss, should be observed, and a restful condition of quiet.

To make the patient happy and comfortable in his or her own way, in addition to bringing him technical skill, would turn many an illness into a time of quiet pleasure instead of a misery to be somehow endured.

## HONOURABLE MENTION.

The following competitors receive honourable mention;—Miss Emily Marshall, Miss A. M. Smith, Miss C. Ryder, Miss F. Harvey, Miss M. Bradshaw, Miss J. Lupton.

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