

## The Midwife.

### THE PSYCHIC PRINCIPLE IN NURSING INFANTS.

The following little paper which appeared in the *American Journal of Nursing* some months ago, by Miss Jane Elinor Lester, R.N., pleased us very much; we should like others on this side to read it.

"In a recent paper by Dr. Zahorsky on 'Problems of the Foundling Home' he asks, 'Why do babies in asylums develop so slowly and imperfectly in spite of a very plentiful supply of food?' We all know that there are some mothers or nurses who have a wonderful influence on the growth of a child. There are others who lack this innate faculty. In the past few years great progress has been made in caring for infants in asylums and hospitals, but to quote Schlössman: 'This is the astonishing and obscure thing, why in the hospital we cannot succeed with such a minimum of care, as in the private homes.' The psychic theory is very much favoured by some, and Birk, in a recent article, says, 'It is not a question only of individual care and of some one paying especial attention to the child, but the nursing must be of such character as to produce an inner satisfaction.' He emphasises the spiritual contact between child and nurse. Freund admits that the home environment stimulates nutrition and growth in some way. Most of us are ready to admit that some psychic influence is present which causes disturbances in nutrition in particular. If this is true, how very essential it is that a nurse caring for children should have sympathy and be able to tell when a baby is hungry, or in pain, or merely uncomfortable. I am convinced that this branch of nursing is very important and that in order to obtain the best results the mother or nurse must love children. We are glad to note that the idea that a woman who has reared one or more infants at home can properly care for an asylum is preposterous and is no longer tolerated.

"There are two motives which, knowingly or not, rule the life of every one. The first is egoistic. Over against this is the altruistic motive. A nurse is bound to adjust her life between the ideals of egoism and altruism. Reasonable service for others is indispensable that we may truly serve ourselves. Each nurse when she enters private or institutional practice in a certain sense is going into business. She has something to sell. She looks for a market. If you would succeed financially you take your pay. But the pay in mere dollars is not altogether gratifying. You must give of your soul. Whether in literature, art, or nursing, if you do not get into 'the soul of things,' you miss the object of real vital importance. With her knowledge of the nature and

cause of disease acquired while in training, a nurse is able to see plainly the far-reaching results of her profession and thus ought to be able to do some social welfare work by instruction and example in the prevention of disease. We know that disease is never wholly an individual matter. Some diseases are predominantly social. Consequently her relation as nurse must involve a relation to the whole social body. She ceases to be a mere seller of merchandise and becomes a servant of the people. Society already places explicit duties on her and by implication requires many more. Her highest aim should be to lead society in the great movement of eliminating disease and in this nurses become real captains of health. This means a broad responsibility and a more dignified station. Nurses, like doctors, ought to be active leaders of public sentiment. Most of them endorse the many health movements although they feel that in so doing it means a diminution in their business. Every conscientious nurse practises these methods of routine in her professional work, which are calculated in a measure to limit the spread of disease. Through our associations we carry on an active and valuable campaign of education and assist in every form of social uplift. It is true that the medical profession may justly claim the credit of many important accomplishments in sanitation and public hygiene. While we admit that the foregoing statements are true, it is equally true that a sick child may receive very careful, skilful nursing through a severe illness and yet, when it recovers, be left in an environment which is not conducive to growth and development. It is not enough that nurses should be well trained in asepsis, or that the nurse who feeds the babies should not handle anything but the bottles. It is, of course, essential that the baby's milk, including the bottles, should be clean, but after all, the actual formula of milk modification and cleanliness is only of secondary importance if the environment is such that the child has not that 'inner satisfaction.' For those children who must necessarily remain in an institution or asylum much can be accomplished by the nurse. Even foundlings may make good citizens. Much has been accomplished in recent years by public lectures on pre-natal care and by organisations for the prevention of infant mortality, and also for the prevention of blindness, but why not have an organisation whose purpose it is to investigate the environment existing in public institutions for our sick children? Many nurses have undoubtedly observed in hospitals and also in private practice that procedure by which a patient at large expense of money and effort is brought to a condition of health and is then turned back to the environment which was the real cause of disease. While this is to be regretted in the case of an adult who

[previous page](#)

[next page](#)