

first are a very unruly lot. They prefer clandestine flirtations to the needlework which the matron serves out to them, to keep Satan from finding some mischief still for idle hands to do. "Why should they make up things for other folk?" they say. "It would be different if they could keep the things themselves."

In the tropics—when the heat makes almost everybody lazy and irritable, when the skin peels off noses in curly shavings, hair is being cut wholesale, and the drinkers of effervescent beverages envy the glassy-winged, blue-backed, silver-bellied flying fish, when after their brief flight they drop again with a flashing splash of diamond spray into the sea—Mrs. Davis has a hard time of it. On the night of the crossing—the-Line Saturnalia, the captain and chief officer, as well as the doctor, have to assist her in maintaining discipline. But she is so kind, as well as firm, that long before the black-striped white Cape pigeons flit

about the *Ark*, she has got a hold on almost everybody on board. The male emigrants try to make amends for their previous rudeness by sometimes almost ludicrous politeness; the sailors deferentially make the matron their arbitress in the funny disputes about the spelling of a word or the pronunciation of a proper name, which from time to time arise in the fore-castle now-a-days; the married women, whose shiftlessness she has done her best to remedy, half worship her—all the more because they can pity her as a "poor, dear, lorn, lonely, childless thing." Amongst the unmarried women, all, except one or two utterly bad girls, willingly and gratefully bend their necks to her light yoke. She finds time to nurse a poor consumptive young fellow in the "sick bay," who dies and is buried just before Australian land is sighted; and when she is pulled ashore in Sydney Cove, officers, crew, and emigrants still on board give her three hearty cheers.

HOW TO NURSE THE SICK.



EVER since Sir Walter Scott wrote his well-known lines on "Woman," men seem to think they have an authorised right to expect that all women will prove the "ministering angels" required when occasion calls for angelic ministrations, and "pain and anguish wring the brow," and sad

it is to say that oftener than not they are woefully disappointed. The best intentions and most kindly feeling may be present, but the requisite knowledge of the best thing to do, and the right way to do it, is absent, and in its place an astonishing prejudice frequently exists in favour of the worst thing possible.

There was a great outcry raised a little while ago, because a scientific man suggested the advisability of taking steps to hasten the departure of those whose recovery is considered hopeless. Public feeling rose at once, and rightly, against this, and so decidedly opposed it that the idea was suppressed almost as soon as it was given utterance to. It is, however, much to be feared that ignorant nurses do gradually and unconsciously what clever men are not allowed to speak of, and that the return to health of numberless patients is either rendered hopeless or postponed indefinitely for want of proper and intelligent nursing.

Nevertheless things are mending. Mrs. Gamp and her tribe are being slowly improved from the face of the civilised world, though it is more than probable that many a sufferer in obscure corners and country places will have to endure unspeakable horrors before they have quite taken their departure. There is still a wonderful amount of ignorance and carelessness about nursing, both among professed nurses and tolerably educated women; and the sooner these can be removed, the better it will be for the sick, both amongst the poor and the rich.

It has been said that true nurses, like poets, are "born, not made," and there is a good deal of truth in this. One person will enter a sick room and, though meaning kindly, will worry the patient and make him feel uneasy and unsettled; and another will come in and very quietly, and without any fuss, bring an atmosphere of repose with her, and find out and do exactly what is wanted.

This gift of nursing lies a great deal in the power of putting oneself in the place of, and entering into the feelings of, another; and repressed sympathy goes a long way in the sick-room. Indeed, to my mind one of the principal qualifications of a good nurse consists in the fact that she has been ill herself, and knows what sickness is. Still sympathy is not everything; and as the necessity arises at one time or another to almost every woman to minister to the need of those she loves when they are sick and weak, it is well worth while to find out in what the secret of good nursing lies, so that we may be ready to practise it when needed.

Good nursing, then, consists first in seeing that the proper remedies and medicines are administered, and afterwards in securing to the patient, without any trouble to himself, pure air, suitable nourishment, quiet, and warmth, together with perfect cleanliness about his person, his room, and his surroundings.

The remedies, the medicine, and the food vary indefinitely with the nature of the complaint, but it is desirable to say one word about the necessity of following closely the orders of the medical man, if one be in attendance. I suppose the very fact that the sick person has been given into the charge of the doctor proves that confidence is felt in his skill. If any cause should arise to doubt his competency to deal with the case, the best thing to do is to tell him so politely, either by word or by letter, and try other means; but as long as he is attending a patient, his advice ought to be closely followed. It seems as if some persons thought that the visits of the doctor had a charm about them which might prove beneficial, but that the advice was merely mentioned in the course of conversation, and need not be thought about again. Others call him in to act as a sort of safeguard to prevent things going wrong, and then try all sorts of experiments on their own account. Both these courses are equally foolish as a matter of policy, and equally unjust to the doctor.

There is no one thing of which the majority of people, especially among the poor and ignorant, seem to have such a dread as of fresh air. They confound it with cold air, and, to use the language of one of them, they like "dirt and warmth." Take the case of a person suffering from bronchitis or inflammation of the lungs. It is no exaggeration to say that the efforts of ten women out of every dozen brought into contact with him would be vigorously directed to keeping as much fresh air as possible away from him. And yet the patient must breathe air of some kind, and it surely will be better for it to be pure than foul and impure. Of course draughts are bad, but fresh air does not necessarily consist either of draughts or of cold air. The thing to be aimed at is that the impure air should be let out of the room, and fresh pure air let in. What is to be avoided is a stream of air blowing *upon* the patient, and so making him feel chilly and cold.

The way in which this state of things is to be brought about varies with the position and structure of the house and room in which the patient is placed. It may be truly said that, excepting in damp and foggy weather, there are very few cases in which it is not safe to allow the window to remain open *at the top* for about an inch, or even two inches. This alone will do wonders in keeping the room from becoming close. When this is impossible, a ventilator should be introduced into the room. Putting a fire into it alters the atmosphere, and in complaints of the chest and throat it is an excellent plan to have a kettle full of boiling water throwing out its steam into the room to keep the air from getting too dry. However it is done, it is of the utmost importance that the air should be kept pure. In six cases of illness out of every dozen, the attending feverishness and restlessness, and the relapses which follow each attempt to return to everyday life, are the consequence of the impure air which the patient has to breathe, rather than of the illness itself.

Whilst taking measures to prevent the room from

getting close, however, it is most important to remember that the patient must at the same time be kept warm. This may be effected by means of a sufficiency of light and warm clothing being laid upon the bed, and when necessary putting a warm bottle to the feet. All sick people are more likely to be warm in the afternoon and evening than in the morning; and they are never so likely to be chilly as in that hour just before daylight breaks, which is spoken of by old nurses as the "one in which the night dies."

It is scarcely necessary to say that nothing which would have a tendency to vitiate the atmosphere should be allowed to remain in the room a moment longer than is necessary. Any nurse who gives way to indolence or inattention on this point ought to lay down her work at once, and never take it up again. She does not possess in her constitution the qualities which go to make a good nurse.

There are a number of small wants and small annoyances experienced by all sick persons, which the nurse alone can look after and guard against; and it is the intelligent and kindly observance of these, or the ignorant or indolent neglect of them, which makes one difference between a good and an inefficient nurse. Some sick people like the furniture arranged in a particular way, or the medicine put in a certain place, and will become exceedingly annoyed if their wishes are not attended to and remembered.

A good nurse will neither forget these little things nor argue against them. Maybe they are in themselves immaterial, but they are for the time important to the one whose interests are bounded by a small space. You cannot argue a sick person into taking a sensible view of things. Get him well, and then he will be as reasonable as ever he was: if you argue the case out now, you will very likely produce no other result than that of fixing the weakness in his mind, making him feverish, and giving him a bad night.

Whilst you are very careful not to give way to despondency and low spirits before him, be careful also not to be persistently and determinedly cheerful. It is exceedingly aggravating to a sick person who feels ill, and knows that he is ill, to have the nurse assuring him he is a great deal better, that this or that little symptom is only fancy, and to hear her telling the doctor that he has slept beautifully, when he has really been tossing about and longing for the morning, while the nurse herself has enjoyed uninterrupted and sonorous repose.

At the same time, carefully avoid the opposite extreme, and do not choose the very saddest subjects of conversation. The talk of some nurses is a perpetual dissertation on Mrs. Gamp's text, "We are born in a wale, and we live in a wale, and we must take the consequences of sech a situation."

I have a friend who told me that in one of her illnesses she was attended by a woman who kept on telling her of different instances of similar cases to her own which had ended fatally, and concluded each one by saying, with a deep sigh—

"But we must hope for the best, though we none of us know, with life being so uncertain"

One day her husband came in suddenly, and found them both revelling in woe, weeping bitterly over the imaginary picture which the nurse had drawn of the mother being taken from her children, and the consequent grief of the survivors. The gentleman was so indignant that he sent the woman straight away, and would not allow her to come near the place again. My friend laughed heartily when she was telling me, and said that when she was strong she saw how ridiculous the whole thing was, but she could not fight against it at the time, and it made her feel terribly depressed.

I think most ladies who have been in a similar position, and who have not had a friend staying with them to take their place in the house, could testify to the anxiety they are compelled to go through with reference to the horrors that are going on down-stairs: how the butter is being used so extravagantly, and the children are being neglected whilst the nurse is gossiping with the grocer's young man. How much better it would be, when the mistress is quite unable to look after these things, not to let her know anything about them!

Do not allow yourself, or any one else, to stare at the patient. Some people come into a sick room, and fix their eyes upon the invalid, and contemplate him continuously and uninterruptedly, as if he were a curious work of art. I have seen this done again and again. The poor victim lies in bed quite helpless, but getting more and more uncomfortable; and the interested friend keeps up a close observation, until one does not know whether to feel amused or cross.

Be careful, too, not to bend over the patient any more than is necessary, and especially not to allow any one to sit upon the bed, or turn it into a table. This is an annoyance to be guarded against when friends are allowed to enter the sick-chamber. Two or three hours' discomfort may follow from a few minutes' thoughtlessness.

A nurse should be particularly clean in her own person and belongings, as well as in looking after the patient. No one who has not himself or herself had an experience of the two, can tell what a difference it makes when the nurse is clean and tidy, and suitably dressed, or when the reverse is the case. A rustling dress and creaking or heavy boots must of course be avoided. She must be careful, too, to have everything which is used in the sick-room clean and bright. The glass or spoon in which the medicine is presented should be washed out every time it is used.

When preparing food, offer it in small quantities at a time, so as to tempt the invalid, and make him think he could take more. Make it look as appetising as possible, serving it on clean napery, with bright crockery and silver, and do not consult the patient beforehand about what you are to bring up to him. The difference between a good and an inefficient nurse is shown in nothing so much as in the way they go to work about the food. An inefficient nurse will be talking about it all day, begging the invalid to say if he could not fancy this, that, and the other, suggesting various delicacies, and begging him above all things to speak if

he wants anything, until he loathes the thought of the food before he sees it; or when, feeling faint, he asks for some refreshment, he finds there is nothing ready, and that it has to be prepared.

When, after long waiting, the food is brought, the favourable moment has passed, and it is sent down almost untasted, because "the invalid has no appetite"—rather because the nurse has no sense. The true nurse, on the contrary, observes her patient without seeming to do so, seizes the auspicious moment, and has ready some tempting little delicacy, skilfully prepared, which he gladly welcomes, when, if it had been the subject of conversation two or three hours before, he would have rejected it altogether.

This leads me to say that every nurse ought to be able to cook, especially small dainty dishes suitable for an invalid. She ought to know not only how to make food look nice, but how to compress a large amount of nourishment into a small space. She should be careful, too, not to season her dishes too highly. Invalids are very soon "set against" anything; and a dish that is only agreeably flavoured for a person in health may be very distasteful to one who is sick. So much depends upon the food, that a true nurse ought to be quite independent of any assistance in preparing nourishment for her patient. I knew a clever but eccentric doctor who was about to engage a nurse to wait upon his own wife, and before he would enter into any conversation with her, made her go into the kitchen and prove that she could cook properly a mutton chop.

I must say one word about the means which are taken to procure quiet for a nervous person. Keep everything as still as possible, and do not let any one enter the room if you can prevent it, but let this be arranged away from the patient; and if any one does enter, avoid giving utterance to a low and stifled "Sh-sh-sh!" When it is necessary to open the door, do it gently but quickly. A prolonged gentle noise will annoy a nervous person far more than a decided one, even though the latter be the louder of the two.

A feather dipped into sweet oil, and promptly applied to the lock the first time the creaking noise is heard, will prevent a good deal of discomfort in that direction.

With the remedies and medicines to be administered, and the food required, I have nothing to do, as they vary with every complaint, and must be regulated by the directions of the medical man, and the circumstances of the case.

Miss Nightingale, that queen of nurses, whose admirable "Notes" ought to be in every home, speaks of good nursing as being in itself a most valuable remedy—and so it is. Many a patient has been lost for want of the care, attention, and "kitchen physic" of which our grandmothers thought so much. True, nursing the sick is weary work, calling for a greater exercise of good temper, forbearance, patience, and self-denial than almost any other duty. Still, when we remember that to all of us will come in all probability the weakness which will call for the display of these virtues in others, surely we shall not be found wanting when the opportunity comes to ourselves of "doing as we would be done by."

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