

## MENTAL TREATMENT OF THE SICK, AND HIGHER QUALIFICATION OF NURSES.

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**I**t appears to me that, while the technical training of nurses is such as to qualify them thoroughly for ministering to the physical necessities of the sick, and promoting the well-being of the body in surgical as well as medical cases, one great factor appears to be too much overlooked in the process of health restoration, viz., treatment through the medium of the mind and the nervous sensibilities.

To bring such a power to bear, to promote a speedier restoration, to allay irritation of the nerves and excitement of the temper, and spare the unnecessary trial of an almost exhausted patience, should be questions of serious consideration, and be regarded as objects of the deepest importance. But, so far as I have seen myself, the nurse, however efficiently trained in the technicalities of her vocation, is too apt to regard the patient as a mere body, a corporeal substance, a machine to be put in order; not a subject having a dual nature, a being consisting of spirit and mortal flesh, of mind as well as of matter, the two being absolutely distinct, yet closely united in bonds of an inseparable sympathy; one in comfort, and one in suffering.

Thus, to nurse such a being it stands to reason that while careful attention is paid to the condition of one of these twin personalities, the other and greater self could not possibly be ignored without prejudice to the well-being of both. They develop, suffer, and revive together, acting and reacting on each other, and the higher and nobler self must be tenderly considered, yes, and it may be humoured with a view to the reflex action brought to bear for good or evil on its weaker and more subordinate mate. Consequently it will be seen that an acquaintance with the framework of the body, the circulation, the voluntary and involuntary motions of the vital organs and muscles, is but half an acquaintance with that marvellous dual being committed to the care of the nurse. What an onerous charge is hers! How much depends on her higher and finer sensibilities to guide her in her manual work for her helpless charge! For, be it remembered, she holds at one and the same time the

unexampled position of servant and mistress, paid attendant and autocratic ruler.

Before proceeding any further in exemplifying my views on the higher and newer training in question, I feel I must carefully guard my advice by premising that while (in the main) my theory may be acted upon by all attendants on the sick, the carrying-out of that principle by a hospital nurse in all its many details must be restricted by the rules of the hospital and the "hard and fast" directions of the medical man in attendance. How far her own power and the exercise of her own judgment are limited, is a question for each nurse to decide for herself. But all the same, the principle I lay down, and the several and special suggestions I offer, open up a new subject for her study, and many of the suggestions should most certainly be scrupulously carried out by her as well as by an amateur acting altogether under her own responsibility.

The position of the amateur in the home circle and this responsibility is far more onerous than that of the hospital nurse. I have myself acted under difficult and most critical circumstances, living considerably out of the reach of the doctor on more than one occasion and having the advantage of his advice about once only in two or three days. This necessitated the making of suggestions on my part respecting difficulties accruing from changes and complications, and after a few decisive replies as to the possible changes, I was told I must use my own judgment in case of the "complications." And so I did.

To return to the certificated hospital nurse, who is regarded as duly qualified, let it be understood that I find no fault whatever with the usual training given as regards the physical treatment of the sick. But I do say this: it is not enough to know how to tend the wounded, reduce a dislocation, make a bed and turn the patient in it, nor even to be an adept at "invalid cookery"; for, while applying a soothing plaster to the body, she may be administering a blister to the mind, and her very expression, tone of voice, and inexorable determination to carry out "hard and fast" rules—*coûte que coûte*—may undo the effect of the most soothing of poultices and most quieting of narcotics. I have long advocated the principle of bringing the powers of the mind and the feelings of the heart to bear on a patient's physical condition, for thus material aid may be acquired to supplement the united efforts of nurse and doctor.

It seems really superfluous to enlarge on the powers exercised by the mind, heart and imagination as factors in reference to health or disease. Nevertheless, how frequently we see them ignored. It is well known that distress of mind, accompanied by a fit of crying, will hasten on any pronounced disease of the lungs, and with great rapidity, to the bitter end; likewise that a belief in supposititious infection or contagion with which a man may be brought into contact, and apprehension of it, will actually produce the dreaded disease in a healthy subject in a pure atmosphere and surroundings; while exposure to real danger will prove generally harmless to those who do not fear it. Trite as these observations may appear, the knowledge of such facts has not, as yet, resulted in making the principle which I build upon them a feature in the training of every nurse.

Multitudes in ever-increasing numbers of young women are endeavouring to press into

the ranks of those devoted and self-sacrificing women, our sisterhood of nurses. Of these youthful aspirants I always inquire, "What moral qualifications—over and above the technical and physical—do you naturally possess, or are you prepared to acquire, to render you eligible for undertaking such grave responsibilities?" Without these moral qualifications you must certainly prove inefficient in affecting bodily evils through mental impressions.

Again, as regards physical qualification in the person of the nurse, it seems to me that scarcely sufficient note has been hitherto taken, judging from the appearance of many young postulants and nurses whom I daily see. How many are strumous and anæmic!

In these days great progress has been made in acquaintance with our natural powers and influences, all which may and ought to be brought to bear upon others with beneficent results, yet possibly with malignant influence, so that we have no excuse for trifling with them. Animal magnetism is a well-recognised agent for good, and the lack of it may constitute the nurse into a species of vampire. A woman of feeble constitution and one having any taint in the blood is unfit to handle a weakly person and more especially a child. Were a course of massage or even of ordinary rubbing desirable, it is not every nurse that I have seen who would be a harmless, not to say a valuable, operator, for she might sap the patient's strength rather than communicate any of her own. With these remarks on physical qualification I pass over the question of technical efficiency altogether, as I feel satisfied that the training in this respect is good, and besides this it is foreign to my subject. It now remains for me to exemplify how the nurse should treat her charge mentally on every occasion when possible to do so.

The patient may be a person of extreme refinement, of sensitive feelings, of a highly-strung nervous system, of great quickness of observation; or else he may be of a suspicious, a desponding or an irritable temperament. He may also be troubled with various idiosyncrasies which demand exceptional consideration and other than ordinary treatment. For example—he may feel a loathing for certain kinds of food or of generally-approved modes of dressing it, or he may feel perhaps an inability to eat at the ordinary hours. I have known a case of the latter description when the little patient turned from all solid food throughout the day, but her appetite came back systematically at eleven o'clock at night, and the wise doctor insisted that nature should have her own way, and thus the child received nourishment and recovered. On the other hand, should the sick man be consigned to the mercies of a woman of low-class sensibilities, slow perceptive faculties and without tact, she will "ride rough-shod" over his feelings and wishes, she will aggravate or depress him, or awaken a feeling of insubordination, all highly injurious to an invalid.

How are we to meet such grave responsibilities? I reply, by a special course of training to prepare the nurse for every exigency.

Cleanliness and punctuality are inculcated already, and they certainly tend to carry out the principle I advocate. For the patient's temper and sensibilities, so sorely tried under bodily suffering and compulsory rule, are, so far, consulted. But there are other rules to

be learnt, that is to say, if the nurse would treat the ailing body, as far as might be, through the medium of the mind and the heart. A beloved child who was dangerously ill in infantile fever, and whose supreme desire was to spare me fatigue and distress at her own personal expense, inquired, "Is it very nasty?" as I held the medicine in my hand. "Yes, dear, it is very nasty, but you will take it for my sake," I replied; and she took it at once without another word. The heart triumphed.

Cheerfulness, gentleness, patience and tact must all be enlisted in the sufferer's favour. Cheerfulness must be exhibited in bright looks and encouraging words. The countenance and the dress, as I said, should be regarded as advantageous accessories to efficient nursing. The uniform adopted in hospitals is quite unexceptionable. In private houses it is not always so. No shabby old gown should be regarded "as good enough" for a sick room. Why? Because there should be no depressing influences about the sufferer, nor should he feel that he is treated with disrespect, nor as if he had no taste and discrimination, thus evidently regarded just like a piece of mere material mechanism. The whole appearance of his attendant, her countenance, her clothing, should bring an impression of sunshine into the sad sick chamber. Its depressing atmosphere should be lightened and cheered, for "truly the light is sweet and a pleasant thing it is for the eyes to behold the sun." And in "the hidden chambers of imagery" there will assuredly be a reflection of that most sympathetic brightness which she may display, and under the glow of that spiritual sunshine the blossoms of hope will bud and bloom in the sad and desponding heart. I have known some of the most kindly and careful of nurses who looked far more like mutes at a funeral than would-be restorers to health and life, for the essential principle of bringing the sympathetic influences of the mind to bear upon the feebleness of the body had never been instilled into their brain, and they lacked an intuitive perception of the power within their reach.

Nor must appearances alone be employed to gladden the heart by external impressions. I do not recommend the excitement of the invalid by setting the brain at work through the medium of conversation, excepting, indeed, under special circumstances when some amount even of mental fatigue is compensated for by turning the thoughts into a new and more agreeable channel. What I mean to say is this: "A word in season, how good it is." A reassuring word, a little sentence breathing sympathy and hope into the anxious ears, satisfying the yearning heart so hungering for them. Such words would fall like showers of balm upon the heart's distemper, and tend to restore a restfulness of mind that would probably induce sleep and hasten on recuperation. It is not, however, by laughing at his forebodings, nor by appearing incredulous at a description of his pains and aches that you will benefit him. Bantering would only serve to agitate and anger him. He would form an idea that his case was not understood and that the words of good cheer were misapplied.

Medical men know that the sick should never be contradicted, a rule that would not occur to a half-trained nurse. She should listen with sympathy and patience to his statements, but superadd her own reasons for taking a more hopeful view of his case.

And now, passing on from the attribute of cheerfulness, so essential amongst the qualifications of a nurse, I must inculcate that of *gentleness* as a factor in mental treatment. This is another highway by which the citadels of the heart and brain may be approached; gentleness of address, of handling, voice,

words employed and general movement. The voice should be at the same time both distinct and low, yet never lowered to whispering. Its effect on a patient's mind is disturbing, filling him with misgivings as to hidden dangers and painful possibilities. But I must again press on you the rule that, while hearing distinctly every word uttered in his room, he must not be startled by loudness of voice, the whole nervous system being painfully and abnormally sensitive in sickness. Gentleness of touch and handling should be maintained as regards his person, and all the articles and appliances around him. But the touch, although very gentle, should be firm and decided. There must be no hesitation about it, though it should not be feared by the sufferer in apprehension of aggravated pain. Moreover, a nurse's hands should be kept soft, the nails short and carefully trimmed. The patient must feel no dread of scratching, nor any shrinking from an unattractive, uncared-for, or damp hand. If coarse by nature or made rough by the weather, hard water or the handling of ice, she should put them under treatment by anointing them and wearing gloves at night, to make them soft and sensitive. As to the careless handling of articles in or next door to the sick room, striking one against another, dropping them on the floor, rustling paper, scraping chairs along the boards, shutting the door and poking the fire with a noise—all these things jar on a patient's nerves. They denote ill-breeding as well as carelessness, and even were the patient little instructed himself, he will recognise its impropriety quickly enough when experiencing the irritation thus produced.

Another qualification for a nurse is patience, and in her vocation above all others it "must have her perfect work." It will be tested to the utmost, and she must teach by example, and so win gratitude, and an effort on his part to meet that consideration which she extends, by similar demonstration on his. For the man may be fretful, wilful, bitter-tongued, passionate, sly, or ungrateful, and he may not try to spare her fatigue, nor recognise her authority, as he ought. Alas! poor human nature is only too often "weighed and found wanting," without the sore trial of patience, which bodily suffering and exertion together must entail. Thus, the "higher training" of the attendant at a sick bed-side is surely most urgently needed.

Perhaps I should exemplify what I mean. For instance, at the least evidence of impatience under coercion—should the invalid feel sleepy at the usual hour for washing, breakfast, or changing of sheets—the general rule of punctuality might sometimes be set aside, for the greater advantage of not only aiding a disposition to sleep, but of humouring her feeble charge, in a wish to be "left alone for a little extra time." There are times when certain rules may be relaxed as well as those when they must be inflexible.

Let the will and the convenience of the home nurse at least be from time to time subservient to the sufferer's fancy. I have heard a poor weary creature beg to be "left alone" when the time for ablution had come, and, being remonstrated with, he petulantly replied, "But I like to be dirty!"

He did not mean that he wished to be uncleanly, but that, for the moment, he preferred to enjoy the rest he needed and had gladly found in a new and pleasant position. Be assured, he will understand a system of "give and take," and thus, without causing injurious excitement and opposition on his part, if she sometimes relents, he will submit to her will on a more serious occasion, when her rule cannot be relaxed.

One of the first duties of a nurse is to acquire perfect self-control, to render her a suitable

attendant on a suffering fellow-creature, no matter how cross, unreasonable, and exacting he may be.

His pain, weariness, disappointments, forebodings, his restlessness, impatience, and the great irritation produced by helpless subjection, all these combine to render him miserable, and it is comparatively rare that he realises, as he should, the consolations of religion, and that the "Peace of God" in his heart supports him in the hour of his utmost need, and controls his impatience. A generous nature would meet all his misdoings with tender pity, and make ample allowance for all.

"Oh, gentle nurse,  
Upon the heat and flame of his 'distemper'  
Sprinkle cool patience."

Doubtless there are those afflicted ones who, seeing a Divine Hand in all trying experiences and conditions of life, and viewing their sufferings as a process of training for a higher and happier existence, exhibit a superb example of patience and gratitude for every act of kindness received. But the nurse must never expect to meet with cases like these. It is rather for her—free as she is, and in the enjoyment of health—to set an example, and to win respect and gratitude in return.

I said that one of the lessons which attendants on the sick must learn was the exercise of tact. Perhaps this most essential qualification is one of the very rarest of nature's best gifts. Amongst women it is more frequently found than amongst men, and it is well, since nursing is distinctly a woman's vocation. Examples of the occasions on which this tact may be exercised should be carefully pointed out to the postulant, and some of the countless occasions on which the best of rules should be waived to meet special emergencies and new features that may be developed in the case. Tact may also be shown in her withdrawal from the ear's-reach, when the friends of the patient or the clergyman visit him.

It should be shown also, when he is employed at his toilet, and at his devotions, or otherwise, when—were he in health—he would prefer to be alone. I have often heard it impatiently muttered, "When *is* she going? She hangs on like the toothache."

It may likewise be expedient for the nurse to withdraw from the sick-room when she has to confer with the doctor, or with inquiring friends, because relations of various features and humiliating infirmities of the case should never be made in his presence.

All this should be intuitively known to the nurse, whether certificated or an amateur. But presence of mind, keen observation, and refinement, which should characterise an attendant on the sick, are too rarely of native growth, and their obligation and acquirement ought therefore to be made an important subject of study. Without due attention to this department of her education and her work a nurse must prove essentially inefficient, and the nobler part of her patient's nature being ignored and sacrificed, he will not only suffer from a new source of pain, but from an intensification of all the purely corporeal ills, for which the attentions of the nurse were primarily engaged.

"Bear ye one another's burdens" and "love as brethren" are amongst the standard rules of our Christian faith. And love is the great motive power, which, did it exist as it should, would preclude the necessity for a treatise such as I have endeavoured to give. The more we cultivate that, the more keen will be our intuitive perception of what we should do, or refrain from doing, towards our dependent and suffering fellow-creatures, with a view to their mental treatment, in the process of physical restoration.