

NOTES ON NURSING:

WHAT IT IS, AND WHAT IT IS NOT.

SHALL we begin by taking it as a general principle—that all disease, at some period or other of its course, is more or less a reparative process, not necessarily accompanied with suffering: an effort of nature to remedy a process of poisoning or of decay, which has taken place weeks, months, sometimes years beforehand, unnoticed, the termination of the disease being then, while the antecedent process was going on, determined? Disease a reparative process.

If we accept this as a general principle we shall be immediately met with anecdotes and instances to prove the contrary. Just so if we were to take, as a principle—all the climates of the earth are meant to be made habitable for man, by the efforts of man—the objection would be immediately raised,—Will the top of Mont Blanc

B

ever be made habitable? Our answer would be, it will be many thousands of years before we have reached the bottom of Mont Blanc in making the earth healthy. Wait till we have reached the bottom before we discuss the top.

Of the sufferings of disease, disease not always the cause.

In watching disease, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these. And this quite as much in private as in hospital nursing.

The reparative process which Nature has instituted, and which we call disease, has been hindered by some want of knowledge or attention, in one or in all of these things, and pain, suffering, or interruption of the whole process sets in.

If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

What nursing ought to do.

I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of

fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of vital power to the patient.

It has been said and written scores of times, that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown.

Nursing the sick little understood.

By this I do not mean that the nurse is always to blame. Bad sanitary, bad architectural, and bad administrative arrangements often make it impossible to nurse. But the art of nursing ought to include such arrangements as alone make what I understand by nursing possible.

To recur to the first objection. If we are asked, Is such or such a disease a reparative process? Can such an illness be unaccompanied with suffering? Will any care prevent such a patient from suffering this or that?—I humbly say, I do not know. But when you have done away with all that pain and suffering, which in patients are the symptoms not of their disease, but of the absence of one or all of the above-mentioned essentials to the success of Nature's reparative processes, we shall then know what are the symptoms of and the sufferings inseparable from the disease.

Nursing ought to assist the reparative process.

Another and the commonest exclamation which will be instantly made is—Would you do nothing, then, in cholera, fever, &c.?—so deep-rooted and universal is the conviction that to give medicine is to be doing something, or rather everything; to

give air, warmth, cleanliness, &c., is to do nothing. The reply is, that in these and many other similar diseases the exact value of particular remedies and modes of treatment is by no means ascertained, while there is universal experience as to the extreme importance of careful nursing in determining the issue of the disease.

II. The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only a less violent consequence among the former than among the latter,—and this sometimes, not always.

It is constantly objected,—“But how can I obtain this medical knowledge? I am not a doctor. I must leave this to doctors.”

Oh, mothers of families! You who say this, do you know that one in every seven infants in this civilized land of England perishes before it is one year old? That, in London, two in every five die before they are five years old? And, in the other great cities of England, nearly one out of two?

Upon this fact the most wonderful deductions have been strung. For a long time an announcement something like the following has been going the round of the papers:—“More than 25,000 children die every year in London under 10 years of age; therefore we want a Children’s Hospital.”

Nursing the well

Little understood.

Curious deductions from an excessive death rate.

Last spring there was a prospectus issued, and divers other means taken to this effect :—“There is a great want of sanitary knowledge in women ; therefore we want a Women’s Hospital.” Now, both the above facts are too sadly true. But what is the deduction ? The causes of the enormous child mortality are perfectly well known ; they are chiefly want of cleanliness, want of ventilation, careless dieting and clothing, want of white-washing ; in one word, defective *household* hygiene. The remedies are just as well known ; and among them is certainly not the establishment of a Child’s Hospital. This may be a want ; just as there may be a want of hospital room for adults. But the Registrar-General would certainly never think of giving us, as a cause for the high rate of child mortality in (say) Liverpool, that there was not sufficient hospital room for children ; nor would he urge upon us, as a remedy, to found a hospital for them.

Again, women, and the best women, are woefully deficient in sanitary knowledge ; although it is to women that we must look, first and last, for its application, as far as *household* hygiene is concerned. But who would ever think of citing the institution of a Women’s Hospital as the way to cure this want ?

We have it, indeed, upon very high authority that there is some fear lest hospitals, as they have been *hitherto*, may not have generally increased,

rather than diminished, the rate of mortality—especially of child mortality.

Child life a
 test of healthy
 conditions.

“The life duration of tender babies” (as some Saturn, turned analytical chemist, says) “is the most delicate test” of sanitary conditions. Is all this premature suffering and death necessary? Or did Nature intend mothers to be always accompanied by doctors? Or is it better to learn the piano-forte than to learn the laws which subserve the preservation of offspring?

Macaulay somewhere says, that it is extraordinary that, whereas the laws of the motions of the heavenly bodies, far removed as they are from us, are perfectly well understood, the laws of the human mind, which are under our observation all day and every day, are no better understood than they were two thousand years ago.

But how much more extraordinary is it that, whereas what we might call the coxcombs of education—*e. g.*, the elements of astronomy—are now taught to every school-girl, neither mothers of families of any class, nor school-mistresses of any class, nor nurses of children, nor nurses of hospitals, are taught anything about those laws which God has assigned to the relations of our bodies with the world in which He has put them. In other words, the laws which make these bodies, into which He has put our minds, healthy or unhealthy organs of those minds, are all but unlearnt. Not but that these laws—the laws of life—are in a certain

measure understood, but not even mothers think it worth their while to study them—to study how to give their children healthy existences. They call it medical or physiological knowledge, fit only for doctors.

Another objection.

We are constantly told,—“But the circumstances which govern our children’s healths are beyond our control. What can we do with winds? There is the east wind. Most people can tell before they get up in the morning whether the wind is in the east.”

To this one can answer with more certainty than to the former objections. Who is it who knows when the wind is in the east? Not the Highland drover, certainly, exposed to the east wind, but the young lady who is worn out with the want of exposure to fresh air, to sunlight, &c. Put the latter under as good sanitary circumstances as the former, and she too will not know when the wind is in the east.

I.—VENTILATION AND WARMING.

First rule of nursing, to keep the air within as pure as the air without.

THE very first canon of nursing, the first and the last thing upon which a nurse's attention must be fixed, the first essential to the patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: TO KEEP THE AIR HE BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM. Yet what is so little attended to? Even where it is thought of at all, the most extraordinary misconceptions reign about it. Even in admitting air into the patient's room or ward, few people ever think where that air comes from. It may come from a corridor into which other wards are ventilated, from a hall, always unaired, always full of the fumes of gas, dinner, of various kinds of mustiness; from an underground kitchen, sink, wash-house, water-closet, or even, as I myself have had sorrowful experience, from open sewers loaded with filth; and with this the patient's room or ward is aired, as it is called—poisoned, it should rather be said. Always air from the air without, and that, too, through those windows, through which the air comes freshest. From a closed court,

especially if the wind do not blow that way, air may come as stagnant as any from a hall or corridor.

Again, a thing I have often seen both in private houses and institutions. A room remains uninhabited ; the fire-place is carefully fastened up with a board ; the windows are never opened ; probably the shutters are kept always shut ; perhaps some kind of stores are kept in the room : no breath of fresh air can by possibility enter into that room, nor any ray of sun. The air is as stagnant, musty, and corrupt as it can by possibility be made. It is quite ripe to breed small-pox, scarlet fever, diphtheria, or anything else you please.

Yet the nursery, ward, or sick room adjoining will positively be aired (?) by having the door opened into that room. Or children will be put into that room, without previous preparation, to sleep.

The common idea as to uninhabited rooms is that they may safely be left with doors, windows, shutters, and chimney board, all closed—hermetically sealed if possible—to keep out the dust, it is said ; and that no harm will happen if the room is but opened a short hour before the inmates are put in. The question has often been asked for uninhabited rooms—But when ought the windows to be opened ? The answer is—When ought they to be shut ?

Why are uninhabited rooms shut up ?

A short time ago a man walked into a back-kitchen in Queen's-square, and cut the throat of a poor consumptive creature, sitting by the fire.

A common madness.

The murderer did not deny the act, but simply said, "It's all right." Of course he was mad.

But in our case, the extraordinary thing is that the victim says, "It's all right," and that we are not mad. Yet, although we "nose" the murderers in the musty, unaired, unsunned room, the scarlet fever which is behind the door, or the fever and hospital gangrene which are stalking among the crowded beds of a hospital ward, we say, "It's all right."

With a proper supply of windows, and a proper supply of fuel in open fire places, fresh air is comparatively easy to secure when your patient or patients are in bed. Never be afraid of open windows then. People don't catch cold in bed. This is a popular fallacy. With proper bed-clothes and hot bottles, if necessary, you can always keep a patient warm in bed, and well ventilate him at the same time.

But a careless nurse, be her rank and education what it may, will stop up every cranny, and keep a hot-house heat when her patient is in bed,—and, if he is able to get up, leave him comparatively unprotected. The time when people take cold (and there are many ways of taking cold, besides a cold in the nose,) is when they first get up after the two-fold exhaustion of dressing and of having had the skin relaxed by many hours, perhaps days, in bed, and thereby rendered more incapable of re-action. Then the same temperature which refreshes the

How to ventilate without chill.