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# GOOD NURSING, AND ITS IMPORTANCE IN THE TREATMENT OF DISEASE.

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BY J. A. IRWIN, M.A., M.D., &c.,

*Late Hon. Physician to the Manchester Southern Hospital.*

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LADIES AND GENTLEMEN,—It is often observed how few people ever consider or appreciate the value of Health until they have to lament its loss. So it is, also, with Skilled Nursing and the Hygienic Management of the Sickroom—the first means by which disease may be combated, and lost health regained. It is absolutely astounding, in this age of progress and scientific advancement, when men and women are jostling one another on the very by-paths of learning, that so few can be induced to instruct themselves on a subject, which the least reflection must show them is of the most vital importance to themselves, and those dear to them, until, perhaps, it may be too late to learn, when sickness is already within their doors, and they should be prepared to act. Certainly, I know of no similarly important subject on which there is, even among the educated, so much misconception and such gross ignorance; and no ignorance so likely to be attended with lamentable results—bitter, unavailing regret to those who find themselves, through their own negligence, powerless to assist some suffering loved one; or, still worse, much needless discomfort, and often terrible injury, to the sufferer. The chief cause of this apathy may be found in the very openness and simplicity of the subject itself. It would, I believe, be more generally studied, and offer more attractions to a larger section of the public, if its teachings were difficult or extraordinary—even contrary to reason and common sense, or utterly useless to every-



body: in fact, anything but what it really is, simple and easily mastered—each principle founded upon some unmistakable law of nature, or some scientific fact capable of explanation and proof; and the whole of the most vital importance to every human being. Unfortunately, there is still in the world a scarcely diminished appetite for mystery and quackery in everything connected with medicine or disease. There are many intelligent sensible people, acute and discerning enough about other matters, but in sickness most readily gulled by every form of quackery and empiricism. They see genius in some vile charlatan, some wretched criminal fool, with no education, no intelligence but cunning, who, without knowing, or caring to know, even the nature of their disease, will still tell the same lying tale, with the same impudent assurance, “You are very seriously ill, but you have only to take my pills (or my draught) and be cured;” while they cannot trust themselves to the prudent, educated physician, because he will affect no mystery or intuition, and offer no opinion until he has investigated their case. They would be satisfied with almost any form of humbug, but he does not please them because, proud in knowing that the time has passed when it was necessary to shield ignorance by mystery or deceit, he is honest and open with them in everything. He explains and warns them of the danger, if danger exists, but more likely has the satisfaction of being able to tell them—which still further dissatisfies them—that this *serious* ailment is of slight consequence, only requiring, perhaps, a little rest and care, aided by some simple remedy, for its recovery. These same people, though often ashamed to acknowledge it, will read with the most credulous avidity any of those boastful, lying advertisements of quack medicines which are a disgrace to our journals; but ask them to inform themselves on such a subject as that we are about to consider, and they either have no immediate fear of sickness, or no time to waste on such trivial (?) affairs. It matters little whether we fear sickness or fear it not—it is pretty certain to come to each and every one of us, sooner or later, in one form or another. The noble science of Hygiene, which teaches us how to regulate our habits and surroundings most favourably for the preservation of our health, though scarce budding into existence, has already done much to lessen the frequency of disease, and even to modify its character, and no doubt will achieve much more when its teachings are more fully appreciated and more generally enforced by legislation. But it can never alter that decree which is inseparable from our humanity, “that



mankind must sicken, must suffer, and must die." Hence, the value of the sister sciences, Good Nursing and the Skilled Treatment of Disease, must still remain the same. It is to them we must look, when stricken with sickness, for the assuagement of suffering and the renewal of our threatened existence. I have no desire to invest our subject with a fictitious interest, but I will confess that, seeing the utter impossibility of taking any but the most cursory view of its numerous details in the limited space of even the longest lecture, I have made it my first endeavour this evening so to impress you with its importance as may induce you to study it more fully for yourselves in some of the useful works which have been published on Nursing and the Hygienic Management of the Sickroom.\* At the same time, I feel satisfied that nothing I can say will exaggerate my own conviction of its importance; for I regard the part of the nurse as scarcely second to that of the doctor in the treatment of disease; and if I were seriously ill myself, and obliged to choose between the two, I believe I would prefer to have a thoroughly reliable, intelligent nurse than be attended by the first physician in the land, if, during the intervals between his visits, I must be abandoned to the mercies of such careless meddlesome nurses, or selfish incompetent relations, as many of those one sees every day pretending to care the sick. Certainly, in acute disease, the doctor is almost powerless without the willing and intelligent co-operation of the nurse. He may write prescriptions in vain, unless she will carry his advice into effect.

I have sometimes left the house of a patient quite disheartened, feeling that my efforts would be useless, or worse than useless, and my trouble thrown away, simply because the person in charge was evidently too careless or too stupid to carry out my instructions; or I felt sure that she would only do so with such additions and alterations of her own as might effectually thwart what I was endeavouring to accomplish. This has been very much less frequently the case with professional nurses—especially such as have received a good hospital training—than with the amateur relative class, who very often—if they do not at the very start become utterly dazed and panic-stricken with groundless fear—are

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\* Those to be recommended are "The Care of the Sick," by Barwell; "Notes on Nursing," by Florence Nightingale; "Life in the Sickroom," by Harriet Martineau; "On Nurses and Nursing," by Dr. Storer, of America; "A Guide for Nurses," by C. Cullingworth; "How to Nurse Sick Children," by Dr. West; "The Management of the Sickroom," by Dr. Walsh; "Domestic Management of the Sickroom," by Dr. Thompson; and many others of more antiquated character.



most difficult to convince of the serious character of the disease ; and, thinking the instructions too exacting and unnecessary, can only be induced to carry them out in their entirety when the danger has become more apparent, and, perhaps, it is too late.

The duties of a nurse, though more than the mere automatic ones some people imagine, of administering stated doses of medicine, applying poultices, and so forth, are for the most part simple homely matters, and of seemingly trivial importance when considered separately. Nevertheless, there is a right and a wrong way of performing even the simplest task, and many of these, though they seem so easy, cannot be well done without much patience, tact, and skill. And each little duty, though simple in itself, whether it be well done or ill done, goes to form the great aggregate of successful or unsuccessful nursing—an aggregate which decides not only the comparative comfort or utter misery of the patient, but very often even his recovery or death. He who would fully appreciate the difference between good and bad nursing must find *himself* helpless upon the bed of sickness. How important then become all those little matters which seemed of no consequence when in health ! How acute is the suffering caused by the awkwardness or mismanagement of a thoughtless ignorant attendant ! With what agony do you dread her approach ! How deadly sickening is even the anxiety of her presence ; although she is, perhaps, your own relation, and one whom you loved ! You would sooner a thousand times do without something you really wanted than run the risk of some fresh awkwardness or mistake in her getting it for you. On the other hand, what an inestimable boon do you find a well-taught, intelligent nurse. She seems to do everything you want with such gentleness and foresight, without noise or disturbance. She is so kind and considerate ; and you feel so comfortable and safe in her hands, that you half forget your pain while she is about you.

I have often seen the same patient irritable and restless under the care of one person, when but a few hours later he was resigned and even cheerful with another. He would readily take his food and medicine from the hands of this one, although he had refused his medicine, and turned with loathing from his food, when presented by the other. If these nurses were amateurs—probably members of the family—they and their friends may not have understood why this should be so. Perhaps the poor sufferer himself could scarcely have explained. But the secret of their success and failure lay in this : while the one, remembering



that it was with a sick man she had to deal, one in whom both body and mind were unstrung, had laid aside all vanity and self-love, and exerted all her tact and intelligence to manage him and to please him—to soothe the poor irritable spirit, and tempt the hungerless stomach; the other was rough, noisy, and inconsiderate—magnifying, perhaps, the unpleasantness of the medicine by some stupid, thoughtless remark, or disgusting from food by cooking it under his very nose, or offering it in quantity sufficient for one in health.

To be a first-rate sick-nurse is, I believe, the most truly noble position to which a good woman can aspire; but I will not conceal from you that she can only attain it by the most complete sacrifice of herself. She undertakes duties, many of which are of the most disgusting and disagreeable nature. She has to perform tasks, often hard and difficult in themselves, and constantly demanding for their accomplishment the exercise of almost every virtue of which woman is possessed—and this without hope of adequate reward. To the soldier, the dangers and privations of the battlefield are succeeded by the glories of triumphal return. The nurse as truly faces danger, and often of a more revolting character, in the field of her sacrifice—the chamber of sickness. But where the glory? where the praise? Surely she cannot look for her reward in this world, unless it be in that most noble gratification—the pleasure of relieving suffering and doing good.

Much has been said of the natural characteristics which fit a woman to be a good nurse, and of some women having some intuitive perception of the art of nursing, which entitles them to be described as "*born nurses*;" and the absence of which other selfish women are ever ready to urge an excuse for shirking the irksome duties of a nurse. But this is all nonsense. To be a good nurse a woman only requires, though perhaps in a higher degree, the same qualities which would assure her being an esteemed and useful member of society in almost any other sphere she might adopt. In the first place she must be strong and healthy, and free from all physical defects: else she will certainly succumb under the trials and fatigues which are inseparable from her duties. Nothing can be more pitiably absurd than what one constantly sees—poor, broken-down old women, who, being past all other kinds of work, fancy they can find in the responsible position of a sick-nurse a suitable employment for their dotage and infirmity, in which to end their days. A nurse must be strictly sober and methodical in her habits, and scrupulously clean and



neat in her person and surroundings ; she should have a steady, delicate hand, a gentle voice, a noiseless step, and a quick eye ; a rapid judgment, and never-failing presence of mind. She should be naturally good tempered and cheerful, patient and forbearing ; but above all, she must be really kind-hearted and self-sacrificing ; and have that tender sympathy for suffering which, so far from impeding her in her duties, will soon double her influence and her usefulness, by gaining her the regard and confidence of her patient. Added to these, she should be fairly well educated, but certainly intelligent and observant ; and possessed, to some extent, of that ready tact which seems to teach some women to conquer almost every difficulty, and uncomplainingly to find a substitute for every want. Such a one would be, of course, the very model of a nurse ; and, I need scarcely say, an individual somewhat difficult to find. Nevertheless, we should not tire of aiming at perfection, even when we cannot always expect to reach it. And when, unfortunately, sickness has broken out in a family, and it is decided—as is most frequently the case, either from motives of economy or otherwise—not to employ a professional nurse, we should bear in mind these qualities, and entrust the sufferer to the care of the one, or at most two, members of the family or friends who seem to possess them in the highest degree. I am particular in mentioning that not more than two—one for the day and one for the night—should be allowed to interfere in the nursing. The duties are too important to be left to haphazard, and some *one* person should be responsible for them at all times of both day and night ; for there is nothing else in which the old adage is more true, that “Too many cooks spoil the broth.” As a rule, there need be little doubt in selecting a good nurse from the family circle ; the same sense of duty, kind-heartedness, and amiability, which best fit her for the post will, in all probability, induce her to volunteer for it, or at least to accept it readily. In the sickroom she will find much to test her good temper and forbearance. Most patients are very difficult to manage. A few are so anxious to give little trouble, that they will hardly ask for what they really want ; but the vast majority—even of those who are most amiable when in health—become fretful, irritable, and exacting. It is impossible to please them. They are ungrateful for every kindness, and constantly making the most unreasonable complaints of awkwardness and inattention, for

“ We are not ourselves,  
When nature, sore oppressed, commands the mind  
To suffer with the body.”



But however annoying all this may be, the nurse must consider it as apart of the disease. She should forget herself, while she remembers her sacrifice and strives to complete it; and if she cannot conciliate, she should say nothing, for she must *never* resent. I need not impress upon you how absolutely essential it is, for the welfare of the patient and all concerned, that the nurse and the doctor should work loyally and cordially together; that she should carefully attend to his instructions, and carry them out to the very letter. To act otherwise might be followed by the most disastrous results; and not only rob the doctor of his reputation, but the patient of his life. And no matter how experienced a nurse may be, she cannot surely be so foolish as to compare her knowledge with that of a doctor, who has not only seen more disease, but has studied and investigated it as she has never had the opportunity of doing; and though she fancy she has seen some precisely similar case successfully treated in an opposite way, there is no doubt some important difference which she cannot recognise. At the same time, an observant and intelligent nurse, who is constantly with the patient, and who carefully notes and relates at his next visit any important change which may have taken place during his absence, is of the greatest assistance to the doctor in ascertaining the condition of the disease, and deciding on the treatment. The very worst class of nurses are those who are constantly offering abstract opinions, and alluding to former cases; although they will not take the trouble of observing and remembering the simple facts which are occurring before their eyes. They are so full of vanity and selfishness that they can hardly find a thought for the poor patient before them in their anxiety to impress the doctor and everybody else with their own value and importance—how much they have seen and done, and how thoroughly they understand the nature of the disease.

We will now leave this part of the subject, briefly to consider in detail some of the more important duties which usually devolve upon the nurse. Foremost amongst these are the selection and general hygienic management of the sickroom: its *ventilation, lighting, temperature, cleanliness, and general arrangement.*

It is of the first importance that a sick person should have a large airy room, with a cheerful sunny aspect. If, therefore, another room is at all attainable which would be more suitable for him than that which he usually occupies, the nurse should not hesitate to suggest a change: the advantage of which will be so immediately



perceptible both to the patient and his friends that any inconvenience will soon be forgiven. There is nothing more necessary in sickness than plenty of pure air; and I may add there is no part of our subject on which there still exists such strong traditional prejudice as about the ventilation of the sickroom. One so often finds the poor sick man vainly struggling with disease, because of the heavy fetid atmosphere he breathes—air which would be sufficient to make a healthy man sick. Ignorant people are very apt to confound two quite different things: ventilation and temperature. For it is quite erroneous to fancy that pure air must of necessity be cold, or foul air warm. The ventilation should always be direct from *without* the house, by means of the window and chimney, in the absence of particularly arranged ventilators—not through the door, which should always be kept shut, as in many cases it would admit quite as foul air from the rest of the house as that already within the sickroom. It should be constant, not fitful—that is to say, there should always be, both night and day, winter and summer, sufficient of the window open—say an inch or so at the top—as will always admit a certain current of fresh air, be it ever so slight. What people call “airing out” a sickroom—opening wide the window for a minute or two once or twice in the twenty-four hours—is almost useless, for the fresh air thus admitted will soon be consumed, and in the intervals between the *airings* the patient will be half-poisoned by breathing the accumulatively foul atmosphere. In an ordinary room, the chimney is almost the best ventilator of all; especially when the fire is burning, which increases the upward draught. It is therefore an abominable habit to stuff up chimneys; and except in very warm weather it is always desirable to keep a fire in the sickroom. I will admit that, with our ill-constructed houses, and cold climate, it is not always easy to maintain at the same time the proper warmth and free ventilation in the sickroom. The nurse, however, must always bear in mind that one is nearly as important as the other; and further, that as a person is not liable to take cold when well covered up in bed, a little of the window may almost always be kept open, as I advise, without fear of its doing harm; especially if a piece of fine gauze be gummed or tacked across the opening so as to break the force of the entering air. In ordinary sickness the best temperature is from 65° to 70° F.; and as it should not be allowed to vary much, and as feeling is often deceptive, it is always advisable to keep a thermometer in the room. Nothing is so trying to an invalid as a



rapidly-changing temperature. Hence the danger of a stupid nurse piling up a huge fire at one time, and nearly letting it out altogether at another—probably altogether towards the early morning, when vitality is lowest, and the patient most in need of warmth,

The old adage has it, that "Cleanliness is next to godliness." I had almost been so heretical as to say that in the sickroom it is the *first* virtue of all. Certainly the most perfect cleanliness, both personal and general, is of the very first importance for recovery. There is almost no condition of disease in which the patient will not derive both comfort and benefit by having the hair brushed, the teeth cleansed, and the face, hands, and feet, well washed, at least once a day. In most diseases also, if he is not allowed a bath, the whole body may be sponged with soap and warm water, with the same immunity and advantage, and without risk of cold, if the job be quickly and neatly done, only one part of the body being exposed at a time. The sheets and body linen should be frequently changed; and the bed, except in most critical conditions, not only arranged and smoothed down, but thoroughly shaken up and turned over each day. With anything like skilful management, this may be done without the slightest risk of injury to the patient, by carefully removing him, without exposure, either on to another bed—which in chronic sickness is a very great boon—or placing him on a couch, or chairs arranged for the purpose. I may here mention incidentally that the best kind of bed for the sick is a small iron bedstead, with firm, level, spring mattress, and light warm covering; avoiding those large heavy linen counterpanes which, though oppressively weighty, give but little heat. It should be placed in such a position as will be most out of draughts, and at the same time convenient for the nurse in performing personal services for the patient. With reference to the removal of slops, &c., the ordinary paraphernalia of the housemaid should be completely excluded from the sickroom, as both noisy and disgusting; and the vessels when used, instead of being put under the bed, must be immediately removed and emptied outside, and brought back carefully rinsed, and, when necessary, deodorised with a little Condyl's fluid. There should be no confusion of medicine bottles, soiled glasses, spoons, and such matters about the room. Those in immediate use should be kept arranged ready to hand; all others should be removed.

The action of sunlight is not easily explained, but both chemical experiment and experience prove that, besides its cheering and enspiriting influences, it is absolutely necessary for every form of



healthy growth and vitality. It is therefore of much importance that the direct rays of the sun should occasionally penetrate into the sickroom, even though it sometimes is necessary that they should be tempered by the use of blinds or shutters.

I wish to impress most fully upon the nurse that she, and she alone, is responsible for everything that goes on in and about the sickroom—not only for what she says and does herself, but to a great extent also for what everybody else says and does. She must therefore be ever on the alert—though carefully avoiding any appearance of domineering or meddling unnecessarily in other people's affairs—to keep everything quiet and orderly, and to put a stop to whatever might worry or disturb her patient. These may be a hundred little matters—such as irritating noises, the rustling of a dress, clapping of a door, rattling of a window blind, and so forth; but worst of all, and often causing the most distressing suspense and anxiety, is that mysterious whispering which so often goes on within and about the door of the sickroom. If people must talk, let them go and talk elsewhere, or at least hold their conversation in a decided, audible tone; which will be much more easily borne. Again, she must exercise the strictest quarantine over all visitors, letters, messages, or other forms of news which might have an exciting or injurious effect upon the patient. In such matters, as in her own conversation, she must study his idiosyncrasy, and as far as possible consult his fancies; remembering that placidity of mind is the first element to recovery; and therefore that a sick man's craving should never be denied without absolute necessity. The visit of a kind-hearted judicious friend may have a very cheering and salutary effect, and be followed by no unpleasant reaction. The majority of visitors, however, are the very reverse of judicious. They run into one extreme or the other: either they excite and aggravate the patient with absurd attempts at "cheering him up," by making little of his manifest danger; or else they unsettle and depress him with maudlin sympathy and tears. Worst of all is that troublesome class who, though in total ignorance of even the nature of the symptoms, are ever ready to offer advice and suggest new remedies. This, as may be imagined, is most wretchedly worrying to one who knows that he is being waited on by skill and judgment, and that everything possible is being done for his recovery. Pity the poor invalid who complains in the weariness of his despair, "My advisers! their name is legion. . . . Somehow or other it seems a provision of the universal destinies



that every man, woman, and child should consider him, her, or itself privileged especially to advise me." "I have been advised to go to every place extant, in and out of England, to take every kind of exercise by every kind of cart, carriage—yes, even swing (!) and dumb-bell (!)—in existence ; to imbibe every different kind of stimulus that ever has been invented. And this, when those *best* fitted to know, viz., medical men, after long and close attendance, had declared any journey out of the question, had prohibited any kind of motion whatever, had closely laid down the diet and drink."

In sickness, especially of a chronic character, it is of great moment that the sufferer's mind, when not perfectly at rest, should be kept more or less occupied and amused with some external object, and thus be prevented from turning in upon itself or dwelling upon the condition of the body. A clever nurse may do much to effect this end. The sick, who are cut off from the great affairs of the outside world, are easily interested in small matters. An altered position of the bed—giving perhaps a new view from the window—a little reading aloud, or even music, a fresh picture, a pet bird, a bouquet of flowers ; anything will suffice that can break the dull monotony—the wretched wearying routine of looking day after day at the same walls, the same ceiling, the same unchanged surroundings.

We now come to a most important part of our subject, viz., the feeding of the sick. A good nurse will always bear in mind these two leading facts : that while in sickness there is usually a greatly increased tissue-waste, and consequently an increased necessity for nutriment, there is almost always a decreased appetite, or no appetite at all—often such a repugnance to food that, if left to himself, the patient would prefer taking none at all. Hence, although the medical attendant may decide what is the most suitable form of nourishment, on her devolves the more difficult task of inducing the sick person to take it. With this view, she must exercise all her ingenuity to tempt and encourage him, by bringing everything in the neatest possible form. On no pretext whatever should there be any cooking in the sickroom ; nor should she take her own meals there ; nor should any food be left standing near the patient. On the contrary, though his nutriment must be brought to him *frequently*—more frequently, of course, the less he can take each time—and *punctually*, it should only be in such quantity as he is likely to consume ; and immediately he is done everything in connection with food should be removed from his sight and smell until the next time. Much depends on such matters as these, and



many a life has been lost through their neglect. In acute disease, when solid meats cannot be taken, the best kinds of food are those which contain the most nourishing properties in the smallest and most easily digested form. Foremost among these is *well-made beef tea*: by which I mean not the greasy watery broth which so often goes by that name, but the nearly pure beef juice which has been slowly extracted, with the addition of little or no water, from fresh lean beef. A good substitute may be found in Brand's or Johnson's extracts of beef, which have often the great advantage in emergency of being immediately procurable at a chemist's; while the home-made beef tea should take several hours for its manufacture. Liebig's is only useful to flavour and strengthen an already good soup. It answers very well, and the variety is pleasing, to use the home-made beef tea alternately with the Brand's extract. Next in order comes *milk*; which, especially when combined with bread and butter, is very nourishing, and forms a most valuable article of sick diet. If it seems to disagree, or curdle on the stomach, it can generally be prevented doing so by the addition of about one-third or one-fourth of its bulk of lime-water. These may be varied by *mutton broth*, *chicken* or *rabbit jelly*, *eggs* in any form—plain, in custard, or in pudding with arrowroot and sago—and *real turtle soup*; which latter, however, is so terribly expensive as to be outside the reach of most people. Jellies made with gelatine, which contains scarcely any nutriment, are almost useless; and tea should be given only as an indulgence when specially wished for, and then it should be very weak, and with plenty of milk. I need scarcely say that all food given to the sick should be very fresh, of the best quality, and most carefully cooked.

Unfortunately time will not permit us to consider in detail many of the special duties which may at any time devolve upon the sick-nurse. I will, however, say a few words about some of the most important, and those on which there is most need of information. The attendant is generally required to administer the *enema* or injection—which in many conditions of disease is a most valuable method of treatment—and it is astonishing to find how few people there are, not even every professional nurse, who can properly perform this by-no-means-difficult operation. The points to be attended to are these. In the first place, in this, as in all similar services, there should be as little bustle and confusion as possible, and the nurse should be careful not to disturb or uncover the patient until she is quite certain that she has arranged ready to hand everything that will be required, as nothing is more stupid



and annoying than in the middle of some proceeding to have to run and fetch something that has been forgotten, leaving the patient exposed and in suspense. There are a great variety of injection apparatus. Almost any of them answer the purpose sufficiently well, but in using the india-rubber ones care must be taken to squeeze out all air from the bulb before commencing, else the air will be forced in by the first compression. The most convenient position is to put the patient lying on the left side. Then the nozzle of the instrument, having been well greased and warmed, should be passed slowly and carefully into the bowel, the point being directed slightly backwards. On no account whatever must the least force be used; but if there is any difficulty or pain in introducing the tube to the required distance, the nurse must wait for a minute or two, when, in all probability, the opposing muscle having become relaxed, it will pass in easily and without pain. The injection should then be given very slowly and quietly, and without any jerking or irregularity of motion; especially if it be desired that it should be long retained; and stopped immediately if the patient calls out that he can bear no more. Enemata are generally either nutrient\* or purgative†; but occasionally other medicines are given in this way. The nutrient are of extreme value, as it sometimes happens that, when nourishment can be taken in no other way, sufficient may be supplied by this means to tide over the period of danger, and snatch back, perhaps, the poor ebbing life which trembled on the very brink of the grave.

With reference to *poultices* (of which linseed, or linseed and mustard, are the best for ordinary purposes), it is sufficient to say that they should be large and thick; not boiled, but made with boiling water; and usually applied as hot as the patient can bear, with a piece of thick flannel or gutta-percha tissue on the outside to retain the heat; and pretty frequently changed. A poultice is almost always a safe remedy, but *blisters* and *leeches* should only be used under medical direction. Before the application of either, the part should be well washed with soap and warm water. Then, in the case of the blister, it has only to be slightly warmed before the

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\* A good nutritive enema may be made with: The yolks of two fresh eggs well beaten in about half a pint of strong beef tea, or in two tablespoonfuls (about half a canister) of Brand's extract of beef, dissolved in warm milk. About half wineglassful of port wine, or a tablespoonful of brandy, may be added in cases of extreme exhaustion. It should be given at about blood heat—100° Fah.

† An active purgative enema may be made with: Four tablespoonfuls of castor oil, one teaspoonful of oil of turpentine, and about a pint of well-strained gruel, soap and water. An enema of plain soap and water often answers very well.



fire and left on until "it rises," and a good-sized vesicle has formed, (which will usually be in about eight or ten hours), when the water must be let out by snipping the skin with the point of a sharp scissors—a perfectly painless operation—and the blistered surface dressed with spermaceti ointment spread on soft lint. If there is any difficulty in getting leeches to bite, they can generally be induced to do so by putting a few drops of milk or blood on the spots they are intended to take. They will usually fall off of themselves when filled, but if they remain on too long they must not be pulled off, but a little salt shaken on them, which will soon make them let go. The bleeding from their bites will also generally stop without interference. If it should continue to an undesirable degree, the nurse may nearly always stop it by making gentle pressure over the bite with her finger, or applying a little powdered alum or the muriated tincture of iron (*Tinctura Ferri Perchloridi*). I would not recommend her, without very great necessity, to try the more heroic plan of a red-hot knitting needle; but she should never leave her patient for the night until all bleeding has completely ceased. The bleeding may be increased, when desired, by fomenting with warm water.

There are so many various methods of dressing wounds, applying wet packs, &c., that no one could expect the nurse to be well informed upon all, and the medical attendant will be sure in each case to give special instructions.

I have purposely omitted, heretofore, to say anything of the particular nursing of *infectious diseases*, for I regard it as such an important part of our subject that I have reserved for it a special though it must necessarily be a very brief, consideration. If time permitted you would no doubt be interested in considering with me some of the recent theories with regard to the true nature of infectious diseases—especially as to whether or not a particular contagion is capable of being originated *de novo*; or if it were possible to completely stamp out such a disease as smallpox or scarlatina from every part of the world, and effectually to destroy every remaining atom of infection, could it ever in future times be originated again by some of those combinations of unsanitary conditions which we know are at present so favourable for its development; and also as to the real nature of the *materies morbosæ* or that terrible poison of infection which sometimes, even independently of sanitary defect, seems to find such awfully fertile soil in some localities and at certain times, while at other places and at other times it is comparatively easily eradicated. But we must



not wander into these questions, however interesting; especially as they are of but little practical value to the nurse, and are still the subjects of speculative inquiry and discussion in scientific circles. There are, however, other points in connection with infection upon which we have a very positive knowledge, and on which it is most desirable that a nurse should be instructed.

In the first place we know that diseases of this class are directly and indirectly communicable, through a vast variety of channels, from one person to another; secondly, that their degree of communicability is very largely influenced by the sanitary condition of the place in which they occur, and the adoption or neglect of such proper disinfecting measures as may destroy their virus, and so prevent their spread; and thirdly, and consequently upon these, that as soon as a case is ascertained to be infectious we have a new responsibility thrown upon us—not only as heretofore to strive for the welfare of the sick, but also to take measures for the protection of the healthy. I have no hesitation in declaring that it will generally be the best for all parties, especially if the house is small and in a crowded locality, that the sufferer should at once be removed to hospital. There, he will not only cease to be a centre of infection and death to his family and all about him, but he will receive every kindness, and find everything more comfortable, and much more favourable for his recovery than could possibly be the case with the, at best, imperfect arrangements at home. If, however, it is decided to keep him at home, it will be doubly necessary to enforce all the rules for free ventilation and cleanliness which I have already suggested. He should be placed in a large well-lighted room, from which all curtains, carpets, bed-hangings, and such other soft materials as would be likely to harbour the contagion, have been carefully excluded. He must be completely isolated from the other inhabitants of the house, and on no pretext whatever must any one be allowed to enter his room, except the doctor and the nurses in charge; while these, after being long in the room, should hold as little direct intercourse as possible with those outside. Added to this *the most active disinfecting measures* must at once be adopted. Of these there are two great classes—the first, or *aerial* disinfection, destroys, or renders inert, the germs of contagion while still suspended in the atmosphere, and can therefore only be accomplished by substances which are *volatile* or capable of diffusing themselves through the air; the other, or *direct* disinfection, fills the same office, but only when brought in direct contact with infective particles, as attached to clothing, bedding



utensils, and such other matters as have been about, or in contact with the patient; and does so by substances not necessarily volatile. There are a great variety of good disinfectants,\* and as many different plans of using them; but that which I generally recommend, as both effective and economical, is this: first, the free use of moistened chloride of lime all through the house, and even sometimes in the sickroom, if the fumes are not found to be irritating; secondly, to place in various parts of the room five or six soup-plates, or other flat vessels, containing Condyl's fluid; or to hang about the room as many perforated boxes filled with the solid iodine; thirdly, to keep the window opened freely but the door as seldom as possible; and to guard it both inside and outside with a large sheet, hung up to at least the height of the door, and at about a foot distant from it, and kept constantly well moistened with a solution of carbolic acid (strength, about one part of the acid to forty of water); and fourthly, and most important of all, to receive as soon as possible all sputa or discharges, excreta, soiled linen, and all such matters, into vessels containing a strong solution of Condyl's fluid, chloralum, or carbolic acid. Many of the diseases we are considering have, in addition to the property common to almost all of them—of infecting the air through the effete products of respiration from the lungs and skin—some specially-favoured channel of transmission, of which the nurse should be aware and prepared with a counteracting precaution. Thus, in cholera, in typhoid or enteric fever, and also, though in a lesser degree, in typhus and relapsing fevers, it is principally by the excreta from the bowels and kidneys. Hence the great importance that these should be received at the very moment of their issue from the body into vessels fully charged with disinfectants. In diphtheria it is by the throat. In erysipelas, hospital gangrene, and puerperal fever, by the discharges peculiar to each, which should be treated with the same care. In smallpox, by the pustular exudation from the skin, and in the latter stages of scarlet fever—as, indeed, more or less, in all the exanthematous diseases—measles, rothln, &c.

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\* *Great heat* (temp. above 250° F.); *Condyl's Fluid*, a solution of permanganate of potash; *Carbolic Acid* (very effective, but poisonous—has been taken in mistake for porter or black draught); *Chloralum* (chloride of aluminium, is non-poisonous, inodorous, cheap, and most effective for *direct* disinfection); *Chlorine Gas* (from chloride of lime, or soda, or mixture of chlorate of potass and muriatic acid); *Sulphurous Acid Fumes* (from burned sulphur, *only* for empty room); *Nitrous Fumes*, *Iodine*, *Bromine*, *McDougall's Powder*, *Cooper's Salts*, *Ferrous Sulphate* (copperas), *Sulphate of Copper*, *Bichromate of Potass*, *Chloride of Lime*, *Burnett's Fluid*, *Charcoal*, and many others.



in which this process takes place, it is by the desquamation or peeling-off of the skin. This may be rendered harmless by slightly moistening the surface of the body once or twice a day with ordinary olive oil or camphorated oil, or a weak solution of glycerine and carbolic acid. Without entering on the question of the *modus operandi* of disinfectants, let me give a caution for their use: that as some of the best known and most popular—for instance, *Condy's fluid* and *carbolic acid*—act in precisely opposite ways; the one so completely oxidising the contagious germs as to render them perfectly inert and harmless, while the other immediately destroys them; these must not be mixed together or used in very close proximity, or they may decompose one another. I need not say that to attend on infectious diseases a woman must not be a coward. At the same time she should not neglect proper precautions for her own safety. She should use disinfectants freely about her own person, be sure that she has a sufficient quantity of undisturbed rest and regular meals, and avoid coming into unnecessary close contact with the patient. She should at once give up the occupation if she feel her general health at all injured. She must also be careful not to undertake a non-infectious case after being in attendance upon an infectious one for a considerable time; and until she has put herself through a complete process of disinfection, and done the same with all clothes worn at the time which she has not discarded altogether. Nothing must induce her to go near a confinement for several (at least three) months.

I have still left untouched one of the most important branches of our subject, and one of those in which I am myself most particularly interested, viz., the special nursing of sick children. There is, however, so much to be said upon it—sufficient indeed to form a lecture in itself—that I dare not enter on it now. I will merely remind you that as children, especially when ill, are so much more susceptible than adults to all external influences—as important changes occur in them so much more rapidly, and as they are often utterly unable to communicate their feelings in the ordinary way—there is for them a double necessity of an attentive, intelligent, and observant nurse.

Now, in conclusion, while trusting that you have learned some useful hints to-night, let me again encourage you to pursue your studies of this subject; and let me assure you that you will bless the trouble which has fitted you to be really useful when the time comes, as no one knows how soon it may to most of us, when



duty or affection may call you to fill the almost sacred part of nurse by the sick bed of some near relative or dear friend. Unfortunately, the longer most of us live in this world of uncertainty and disappointment, the more fully we become convinced that life has scarce a pleasure without some attendant, usually out-balancing, pain, until at last we almost come to feel with the poet, that—

"The entire tide of life's a sickening mask,  
A covered mockery, a hideous sneer,  
A wearying dream, a miserable task,  
That drags our lingering time too slowly near  
Life's loathsome end."

It is reassuring then to find even one pleasure pure, unalloyed, and unchanging; and if there be one such, it is in the glorious task of doing good, by ministering to the infirmities and assuaging the sufferings of our fellow-beings. This is the reward I promise you if you fit yourselves for the duty and undertake it. Nor will it lose any of its sweetness even should your efforts fail to repel the cruel hand of Death from seizing on his prey. For although, as Christians, it should be our first consolation, when we have lost one whom we loved, to think that they have but left this world of sorrow to take their place in a better and everlasting one, still we are but human, and the greatness or nothingness of the life to come is almost too much for our human conception to realise—not so that most consoling solace of remembering that *we* have not been wanting in duty, kindness, or affection to those loved ones gone before.