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1868





BOOKS BY THE SAME AUTHOR :

WHY NOT?

A BOOK FOR EVERY WOMAN.

IS IT I?

A BOOK FOR EVERY MAN.

691
ON

NURSES AND NURSING;

WITH ESPECIAL REFERENCE TO THE

MANAGEMENT OF SICK WOMEN.

BY

DR. HORATIO ROBINSON STORER.

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TO

FRANCES S. MACKENZIE,

SISTER-SUPERIOR OF THE FRANCISCAN HOSPITAL,

HERSELF A REALIZATION OF THE PICTURE

DRAWN OF THE GOOD NURSE BY

ST. VINCENT DE PAUL.

ON NURSES AND NURSING ;

WITH

ESPECIAL REFERENCE TO THE MANAGE-
MENT OF SICK WOMEN.

THE need of a more thorough preparation for their duties by those intrusted with the care of the sick, — more especially where these invalids are women, — seems already to have been felt. Attempts have been made to supply this want, but usually by parties irresponsible or incompetent, who have, therefore, not secured general confidence, and have failed. Under these circumstances, I might well shrink from undertaking any portion of a task of such importance, and to which there has been attached so disagreeable a prejudice, did I not rely upon my readers'

forbearance and cordial coöperation. By personal example, individually, in the sick chamber, and by personal influence otherwise upon public sentiment, each one can elevate the standard of expectation, as of practice.

And here, at the outset, I shall say a word concerning our New England nurses, as compared with their sisters elsewhere, in this country and abroad. Speaking from a somewhat extended observation of both, I may be allowed to possess an unbiased opinion.

As a class, and on the whole, — I must be permitted thus to generalize, for I think that not one of them would be willing to claim for herself entire perfection, — I consider our own nurses superior to the generality of professional nurses elsewhere. They have not that wholly self-sacrificing devotion to others that characterizes the Sisters of Charity. How, indeed, is this possible, without the organization of that sister-

hood, with its peculiar education, and utter consecration of self to a religious idea? Nor have they all of them that thorough knowledge of themselves physically, and of the art of nearly indefinitely preserving their freshness and youth, which gives to the best specimen of the French attendant her demure and often bewitching charm. But, on the other hand, they have all the experience that a woman's life can bring. They have most of them passed through the trials of maternity, and know its pains, anxieties, and cravings for sympathy. They are generally intelligent and devout, doing their duty, for the most part, without fear or favor, and striving, so far as in them lies, to fulfil all the needs of their sacred calling.

A nurse's toil is great, her duties often disgusting, her pecuniary remuneration small in comparison with her requirements and her labors; so that there is nothing to invite the coöperation of the better class of women, save the highest motives which can influ-

ence the true Christian. At one moment, the selfishness and irritability of the sufferer may require strong control; at another time, her dejection and bodily weakness demand the utmost sympathy, tenderness, and judgment. It is necessary to rebuke the self-righteous; to solace the broken-hearted; to strengthen and comfort the feeble; to drop words of peace into the disturbed and softened mind; to smooth and to sanctify the passage through the valley of the shadow of death.

It is not, however, to nurses, as such, nor of them merely, that I would speak. My subject necessarily embraces much of direct and powerful influence upon any woman's own health, and consequently upon that of her offspring. No woman should be ignorant of the fact that there are a large number of diseases peculiar to her sex, and requiring especial care in their treatment; that of these, while all are not directly and entirely curable, the majority can be guarded

against and prevented; and that all can be very much, and often fatally, aggravated by neglect.

But besides the individual interest that each woman should take in this subject, as liable, sooner or later, to become a sufferer, and so, in her own person, to realize all that I have thus adverted to, there are none that will not probably, at one time or another, be called upon, in the case of a member of their own family or a friend, practically to illustrate what may here be spoken of. The necessity, therefore, for an intimate acquaintance with the principles of nursing, and, indeed, with the symptoms and general treatment, preventive and palliative, of the more important diseases of women, must be very evident. It would be impossible to cover more than a fragment of the ground referred to within the limits that I have now assigned to myself; but it will be my aim to impress the importance of the whole subject upon the minds of my readers by constant and

reiterated proof as we proceed ; for I believe that such can be done without in any way descending from a high professional standpoint, and with decided benefit to a large portion of every community.

It was my original intention to have presented a complete and comprehensive outline of all pertaining to the management, mental and physical, of sick women, and, therefore, of the various deviations from the usual standard of health in maiden, wife, and mother, with directions, so far as possible, for their prevention. It would have been necessary for me to speak, also, of childbed, both natural and complicated, the management of the new-born infant, and of the young girl approaching womanhood ; and regarding those points concerning which questions of doubt have existed among parents or among medical men, it would have formed part of my plan to attempt their solution. More especially would I have dwelt upon the nature and origin of the so com-

mon nervous and mental derangements of sick women; the latter a phase of insanity, whether partial or extreme, productive of infinite domestic unhappiness, and as yet very generally misunderstood, alike by unscientific observers and by medical men. My long attention to this subject; my belief in its exceedingly great interest and importance; the singular opportunities I have enjoyed in public and private practice, and, for a while, as one of the state commissioners on insanity, of Massachusetts, — all cause me the less hesitation in referring those interested to communications that I have elsewhere published upon the subject.

I have thought best, however, for the present, to confine myself to a limited topic, and its discussion to the extent of but a small book. If this shall be received with sufficient favor, and the subject attract the attention its great intrinsic importance deserves, I may, perhaps, complete the series I have indicated, to which this essay upon

the general principles of nursing and the management of sick women would then form a natural and proper initiative.

In the present publication, I shall indicate more particularly the needs and characteristics of the permanent nurse, or invalids' companion. Had I the time, I would gladly discuss those sub-varieties of the female attendant in sickness that are required in special emergencies. These are, —

1. The wet nurse; the necessity of a stricter physical examination of whom, and much more stringent provision against the transmission, through her, of constitutional and specific disease, than now obtains, is a matter very much more important than is generally considered.

2. The monthly nurse.

3. The child's nurse, or nursery maid.

4. The hospital nurse.

5. The midwife; and,

6. The female physician. Is she needed as such? And even if she can be as well

educated for her duties, is she as safe and reliable in that sphere as are men?

Upon all the points indicated, there is very much of public interest, concerning which I myself hold decided opinions; their expression, however, must in great measure be deferred.

Upon the general subject of nursing, — and here, as I have said, I must almost entirely exclude wet nursing, which, from the peculiarity of its details, should have especial mention, as, indeed, should each of the great sub-classes into which I have shown the profession of the nurse to divide, — there are few books with any pretensions to authority. Works proffering advice to mothers, hand-books and manuals for such, abound, filled almost exclusively with directions for the management of infants and children, but on the general principles of nursing, there is hardly a book in the English language, save those of Florence Nightingale, one of which is more particularly intended

for the conduct of surgical and military hospitals. *Incidental questions, indeed, are touched upon with great force of argument, aptness of illustration, and beauty of diction, in Miss Muloch's "Woman's Thoughts about Women," Mrs. Jameson's "Sisters of Charity," and other works that might be mentioned; but nursing, as a science and an art, still is left a matter of accident, taste, or individual experience. The medical profession, dependent, as we confessedly all are, in our practice, upon the discretion and assistance of the nurse or attendant, has been content to leave matters much as it had found them; fearing, from certain notable examples, that the nurse, by endeavoring to advance, might exceed her sphere; that in attempting to do better, she would do more, — too much, perhaps, — and so work harm: on the one hand, unsexing herself by attempting all the duties of the opposite sex, for many of which, at certain times, she is physiologically unfitted,

and on the other, injuring the patient by excess of kindness or mistaken zeal.

Abroad, in Great Britain and on the Continent, nurses are regularly educated as midwives and monthly attendants, receiving their instruction from leading physicians; generally from those holding professorial chairs. Similar instruction would probably have been proffered here, long since, had it not been for certain scurrilous statements that have been made, from time to time, in publications that have been issued by parties pretending to wish well for woman, but tending to throw discredit upon those from whom, in the very nature of things, the instruction and aid, to be thorough and of practical use, must necessarily come.

I need merely refer to these infamous pamphlets, some of which — the worst of which, perhaps — have been published in Boston. It is to their influence, in a great measure, that we must attribute the coolness and apathy of the medical profession. "The

public have been told, not by ladies, but by men acting in concert with female physicians, whose grossly indelicate language does not go far to prove them the fittest judges, that the confidence of the sex is abused by gentlemen practitioners, and that to employ them is an offence against the higher sentiments of woman's nature. Every pure-minded lady denies the libel, as regards her own trusted medical adviser, and the profession at large, as well as herself. Incapable of the indelicacy of thinking and acting as if in any matter concerning her health there could be any question of sex, she describes to her physician, without hesitation or reserve, the physiological or pathological phenomena in regard to which she solicits his advice, knowing that he receives her confidence in the same spirit. There may be exceptions in morality among physicians, just as there are among patients; but where can an equal number be found in any class of society whose conduct is as irre-

proachable? No objection is made to the admission of clergymen to intimate and confidential relations with the other sex, although these relations take place under circumstances infinitely more likely to lead into temptation,* and though the community has witnessed more instances of exposure of misconduct on the part of members of the clerical than of the medical profession.”*

I should do injustice to what is strictly a legitimate and important part of our subject, did I not say further, that the most valid reason why women cannot, as a rule, — to which there are few, if any, exceptions, — safely undertake the general practice of medicine, — if, indeed, of any of its special departments, the diseases of women and midwifery not excepted, — has, in the heat of discussion, been almost wholly lost sight of. It may be expressed in a very few and conclusive words; namely, that their physiological condition, at certain times, during

* Boston Medical and Surgical Journal, April, 1856, p. 173.

the greater part of their lives, often utterly disqualifies them for assuming such grave mental and physical responsibilities, involving, as these do, the issues of life and death.

We will now enter upon the development of the subject I have proposed, more particularly, for consideration: the general principles that lie at the foundation of all nursing, more especially that pertaining to the management of invalid women.

A nurse, say Worcester, Webster, and other lexicographers, is one who is in charge of a sick person. For my own nurses, however, I enlarge upon this definition, and expect a light and delicate hand, a noiseless step, gentle voice, and quick eye; neatness and a sense of order, perfect obedience, presence of mind, cheerfulness, sobriety, patience, forbearance, judgment, and kindness of heart. They must be intelligent and discreet, and must be actuated by high religious feelings and principles of duty.

Against this, place what is too often found to be the standard, not of realization alone, but of expectation and demand,—a higher sort of chambermaid, who considers that when medicines have been administered, poultices applied, an infant washed, and the sick room arranged for the day, her duties are done. Too often, again, we find the nurse a broken-down woman, unfit mentally, as well as physically, for the duties even of an ordinary servant, but who has taken to this responsible office as affording the only legitimate shelter for her decrepit and half-imbecile old age. It is not true that every woman makes a good nurse. This can only become possible, as a rule, when the elements of nursing, now almost unknown, shall be universally appreciated and understood.

These elements of nursing are divisible into two great classes:—

1. Those of a general or sanitary nature ;
and,
2. Those personal and individual.

The importance of the former class cannot be over-estimated. It comprises all that is known regarding better systems of drainage, and the ventilation of cities, as well as of dwellings; the supply of pure water; the rules of diet and dress, of exercise, and mental and moral discipline. Upon it, as foundation, are based all the details of daily domestic life.

But it is with the latter class mentioned that we have especially to deal—the personal duties of nurses; and these again involve, preliminarily and in ordinary cases,

- 1st. Duties on the part of the mistress of the house, and of the patient, as well as,
- 2d. Duties on the part of the hired attendant.

Without a full appreciation of this fact by the parties now named, nursing can never be successfully accomplished. There are difficulties always existing, the natural result of an advanced and artificial civilization; but it will be shown that by their

recognition by both parties, these can usually be overcome.

In the first place, it must be always fully conceded that the lady of the house, if her health permit, and if not, that some one to whom she shall delegate the proper authority, must be supreme mistress; her control over her servants is in no way to be weakened or interfered with by act or word; her wishes, if reasonable, are to be anticipated; her rules, if proper and just, to be rigorously obeyed. The nurse must recollect that the entrance of a stranger into any household is likely, for the moment, to be somewhat subversive of discipline; and that with a young mistress, especially if it be her first experience of the kind, there is apt to be a slight degree of jealousy or suspicion, which may break to the surface, even though this be unintended.

For all these requirements, due and full allowance must be made. Too often, however, the nurse herself, perhaps from un-

pleasant experience in other cases, suspecting the existence of an unkindly thought, and resenting in advance any infringement of rights, too often exaggerated and offensively asserted, takes the first step towards the hidden war or the open explosion.

On the other hand, the lady must herself recognize the fact that the nurse is not an ordinary servant, to be treated with the slights and indignities which inferiors are so wrongly, yet so often, accustomed to receive. She is called to assume grave responsibilities, often involving the very lives of those we dearly love; to relieve our own weak selves of heavy burdens; to take our place in the weary night watch; to bear the discomforts we should else be compelled to endure, and to perform that menial drudgery so offensive to ourselves, and yet often too sacred to intrust to an unfeeling servant, who besides is not unlikely coarse in act and in thought. The nurse is often, by birth or nature, in every sense a lady, with all the

tenderness and good-breeding of such, whose misfortunes in life, perhaps, may entitle her to our additional and fullest sympathy. She is in a position to see our most private habits of conduct; to appreciate all our faults; to know our domestic trials, often our personal secrets; to discover even that which we are blind to ourselves. Were we not bound by all the dictates of gratitude, pity, and common humanity to treat her respectfully and with kindness, can we, in deference to our own self-interest, well afford to do otherwise?

The nurse should not be viewed as an inferior; but let her not, on peril of her own happiness and usefulness, expect in all things and in all cases to be treated as an equal. This remark applies not to the monthly attendant alone, but to those, also, whose engagement is of a more permanent nature, whether as housekeeper or companion. No matter how free and intimate the intercourse on many points between mistress

and employed, there must yet be a limit beyond which familiarity in the one would be contemptuous, and in the other, insulting. There may be cogent reasons why at times the nurse should even share the couch of the sick woman ; but this does not, and ought not, necessarily to give that measure of confidence the invalid may grant to another friend. The nurse may be fully consulted about many of the details of domestic management, and may be acknowledged by the mistress her superior in all matters pertaining to household hygiene ; but for this she should not expect, necessarily, a seat at the family table, in the pew, or the carriage. These privileges, as a favor, may do very well in the country, and at times may be permitted even in the city ; but there is a double risk here obtaining, which is liable to work harm alike to the happiness of both parties. If granted in some cases as a privilege, it may in others, and generally, be assumed as a right, and then, under all the circumstances, become simply absurd.

What comfort can a person, whose position, while worthy of much respect, is yet necessarily subordinate, take in occupying, if by compulsion, a seat in which she knows she is liable at any time to be thought, and be treated, as an inferior; where she must listen to much that she can neither appreciate nor sympathize with, and must feel that her absence, rather than her presence, is often desired? The nurse should have a table of her own, or the general table subsequent to its use by the family; she should not be compelled to associate with the servants, above whom, confessedly and very properly, she should rank.

If the nurse has too much self-respect to assume the false position to which I have referred, nothing can do more to increase the family's respect for her and sincere esteem.

As with the meals, so with the remainder of domestic life. While the nurse does not eat with the servants, so should she neither

share her room with them. She desires her own moments of privacy; she has her own needs of self-communion; her own cravings for the hour in which the troubles of her soul may be soothed, her fainting spirit refreshed. Self-interest again, if there were no other reason, would suggest to her employer how expedient it is that these and similar privileges should always be granted.

In the third place, the reciprocal relations of mistress and nurse being fully allowed and understood, it becomes necessary that the position of the latter, relatively, to the regular servants of the house, and to other dependants, should also be clearly defined; for in this there is but too often another fountain of discord. I have already implied that the nurse's authority, while certainly and necessarily existing, within due bounds, is yet entirely secondary to that of the mistress; in other words, that it is wholly a delegated one. It is very necessary for the interest of the patient that some one

should have power to see that the orders, which must obviously originate with the mistress and the medical attendant, are properly carried out. It is impossible for the head of the house, in all cases and to the extreme letter, no matter how few her cares and her children, personally to see that everything pertaining to the sick room and its various dependencies is done at the right time and in just the right way. In the absence of the mistress from home, in her engagements, or in any of her temporary disabilities, the nurse is yet responsible to the full extent for the conduct of the case, and it would be unwise to undertake to divide these responsibilities among cook, man-servant, and chambermaid.

But while granting the nurse all reasonable authority, she is yet to exercise it in a gentle and lady-like manner, without arrogance or vain-glory; recollecting that as she would deserve herself from the mistress, so must she also mete out to her own inferiors.

Servants are but too apt to look upon the nurse as in a measure but their equal; to view her with envy, and a certain rankling, though unfounded, sense of injustice; to resist the acknowledgment of her authority, and either covertly to undermine it, or openly set it at nought. The extent of this authority, and the degree to which it is to be exercised, are of course in a measure dependent upon the will and the discretion of the mistress.

The various difficulties to which I have now referred are, like most others in life, best met in the beginning, and face to face. The nurse should be told her duties, and the expectations that are had of her; her rights, so far as they exist, and her privileges; and should be exhorted to exhibit to all, both above and below, that conduct and spirit that alone can be tolerated or considered becoming. The servants should then be spoken with by themselves, and not in the presence of the nurse. They should be

told — and this must be managed at once with decision, delicacy of language, and tact — that the nurse's position, though necessarily a dependent one, is yet superior to their own; that her duties are very different from theirs, yet not conflicting; that in consequence of the character of her duties, and the necessary confidence imposed, she is, to a certain extent, rendered responsible for their conduct, — that is, in so far as it pertains in any way to the sick room, — and that, therefore, she is intrusted with the necessary degree of authority, and is to be treated with consideration and respect.

And in entering upon the cares of a new situation, the nurse must do so with courage and a firm reliance, with God's aid, upon her own patience, good will, power of sympathy, and self-control. She must expect fatigue of body and mind, seeming slights from inattention or thoughtlessness, apparent ingratitude and very many discomforts; but, striving to do faithfully by all, to avoid all

conflicts with mistress or servants, and to devote herself, heart, body, and soul, to the interests of the patient, to whom, for the time, she is bound, she can but succeed. The very points that, directly required, would have been unwillingly granted, will, if apparently waived, make of those above appreciative, and of the servants grateful, friends.

One further remark will not be inappropriate here, standing as we do on the threshold of the sick woman's chamber. I would not say one word that in any way can awaken a religious prejudice, — an element that so often has bred discord among the greatest promises of peace; but it has been my experience, that so far as concerns the harmony between the nurse and those with whom she comes in contact during the performance of her duties, a community of faith is a matter of but secondary importance; that the woman is sincere in the views that she does entertain is a sufficient guarantee of

her faithfulness. Where, however, there are strong feelings upon the subject, they should certainly be respected, especially in the case of an invalid. In our large cities the state of things is such that these matters can be taken into consideration without doing injustice to any one, and indeed with the effect, while insuring domestic tranquillity, of adding at times to the nurse's ease and peace of mind—a matter that, as will now have been seen, if it were not indeed of personal experience, we are all of us too apt to undervalue or lose sight of.

These preliminaries settled, the nurse may now enter the sick room. Of this, the patient's apartment, a few words.

First, it should be *comfortable*. What a host of needs cluster round this expression! The temperature of the atmosphere must be grateful to the patient's sense, as well as suited to her physical requirements. Here, however, one word of caution is necessary.

There are those, especially in the furnace-heated houses for which our day and neighborhood are noted, whose appreciation of temperature has become so vitiated by the habit of indulgence, that they are incapable of judging with any degree of safety. In these cases, therefore, or rather in all cases, the use of a thermometer becomes imperatively necessary. It should be placed not by the fire, and we must have no furnace register in the room; nor in a draught, as from a window or door; nor at the very coldest extremity of the apartment. It should not be hung too high, in that upper region to which all heated air naturally ascends; nor too low, in that under stratum where lies the cold air just from without; nor should it rest upon marble, whose influence would but disturb its accuracy. Its position should, in all respects, be a medium one, and its index should not be allowed to exceed, in either direction, the limits between sixty-five and seventy degrees. I have spoken adversely

to the heat of a furnace; this may, perhaps, be necessary for the comfort of open entries and passages, and is for this purpose conceded; but even here it should always be tempered by steam arising from the evaporation of water in the furnace-chamber, and still better by additional moisture arising from a so-called porous evaporator placed within its every open aperture.* To be sure that the atmosphere is in proper hygrometric condition, that useful instrument, the hygrodeik, will be found of great service. To insure an abundance of moisture, fine spray or water dust may from time to time be added to the atmosphere by the use of an elastic hand "atomizer."

In a living or sleeping room, however, a furnace register should never be allowed; and here let me express my firm conviction

* At the Franciscan Home for Sick Women, in Hanson Street, I have had evaporators of this kind attached to every register, with the effect, during the cold weather, of very materially adding to the comfort and healthfulness of the atmosphere.

that the habit, so universal among women, of standing over an open furnace register, and exposing themselves so completely to the influence of the ascending column of heated air, is a most frequent and very sure cause of a large portion of the very prevalent local disease physicians are called upon to treat. The application of heat to any surface of the body produces an appreciable amount of congestion. In certain localities, this congestion, often repeated, is but the first step towards inflammatory action, and its usual and too often distressing consequences. The room should be heated, if possible, by no form of close stove, whatever economical arguments may present themselves in its favor. If a stove must be had, let it be of soapstone or of brick, never of cast iron, and in every case provided with an apparatus for the evolution of moisture by evaporation. Should an open grate be used, and certainly should anthracite coal be employed, this steam apparatus ought still to

be applied, being made movable, and arranged either to sit squarely upon the fire, or to hang from the bars; and it should be provided with a long spout or tube, extending forward into the room, and ascending above the limit of the open portion of the fire-place, so that the steam may not be drawn into the chimney and lost. The fuel used should, however, never be anthracite, if it can possibly be avoided, on account of the deleterious gases which this evolves, and the noise of making and feeding and stirring such a fire, unless, indeed, it be compelled by a smoky and unmanageable chimney. Generally, however, such can be remedied by alteration of the flue, or the addition of some suitable mechanical contrivance, below or at the top, and in the sick room should never be allowed. Wood is the proper material for the fire, and wood alone. If this cannot be procured, the better sorts of bituminous coal should form the only substitute. The objections to anthra-

cite in an open fire are increased many fold by employing it in any form of close stove or furnace. It has now been proved that the deleterious gases to which I have above referred escape freely through heated cast iron, and destroy the health of the families exposed to them by a potent, even though unsuspected, process of slow poisoning.* A small open fire-place, if properly constructed and arranged, will best answer the needs of comfort and ventilation, and yet be consistent with the requirements of the most rigid economy.

I am thus particular in my directions, because it is in these very details that the secret of successful and satisfactory nursing can only lie. It will be found that these homely and uninteresting minutiae of practical every-day life, if only properly attended to, would work a wonderful change in the

* Very interesting remarks upon this point have been made by Dr. George Derby, of Boston, in his late pamphlet upon the relation of anthracite coal to public and private health.

rates charged by life assurance companies,— which, by the way, for reasons I do not care here to fully explain, are generally afraid to issue policies on the lives of women,— and in the published mortuary statistics and tables of death. These details, to be sure, are not always and wholly under the control of the nurse; but it is very necessary that she should understand them, and, when required, be able and endeavor to mend them.

The room should be comfortably warm in winter, comfortably cool in summer, and always, except in very exceptional cases, whether in winter or summer, cool at night; for, while in the day time, when up and dressed, or sitting in bed, a patient is liable to be exposed to sudden draughts and chills, her body at night is almost wholly protected from the direct action of the air. Of course, if the patient is very restless, tossing about and exposing herself too much to be chilled, due allowance must be made, and discretion exercised.

Not only should the air of the bed-chamber be fresh every evening, but provision should be made for its constant change; and this can be secured only by proper means of ventilation. This is to be obtained, not by open doors or windows; for the weather at times may prevent their use, and it is often advisable for the comfort of the occupant that the windows should be furnished with weather strips or outer sashes. If windows are provided with a movable pane, hanging or sliding, it is generally, although in direct variance with common sense, situated at the bottom of the sash, by which means cold air enough can be let in, but not hot and foul air forced out, as this, as is well known, necessarily ascends to the top of the apartment. The proper and the only satisfactory way of ventilation is by a register, provided with cords for its control, and inserted into the chimney; or, still better, into a separate flue, warmed by proximity to that of the fire, near the ceiling; the

rule for its management being that it be always open at night, and always, also, in the day, unless directly entering the smoke shaft, as then, in a smoky chimney, or in certain winds, it might become necessary at times to close it for the purpose of securing the draught. A separate flue, however, should undoubtedly exist for this especial purpose. This is far better than the practice, so common, of ventilators through or above the chamber doors, opening into a common entry, by which is allowed only an interchange of air already foul. Were the tests familiar to the chemist for detecting the impurities of an atmosphere only in general use, it would not be necessary for me to urge the importance of these precautions at such length. They are the more essential -- if this be possible, when they are always indispensable — should plants be growing in the room, unless in a closed glass case; the deleterious exhalations of these at night, counterbalancing their influence in evolving

oxygen during daylight, being now well recognized. It should not be forgotten that arrangements for letting foul air out, by no means should be allowed to do away with precautions for letting fresh air in. In the absence of other facilities for ventilation, the opening of window sashes from the top rather than at the bottom, and pumping the room of its contaminated atmosphere, by forcibly and continuously swinging open its doors, are never to be lost sight of.

In the next place, the room should be exposed, if possible, to the direct rays of the sun, the influence of which, by its chemical action, is essential, not to the comfort alone and growth, but to the health, of every living creature, while its secondary effect, by promoting cheerfulness and good spirits, is universally acknowledged. The benefit, in many cases, of the sun bath, so analogous, in some respects of its effect, to that of the Turkish bath, is beginning to be appreciated.

The chamber, again, should be of pleasant aspect, away, if possible, from the disturbance of outside noise and bustle, and yet, if in the city, not looking upon a blank wall, or an untidy and disgusting yard. The sight of a pleasant and varied landscape or sea view, or even of a city park or distant street, goes far to relieve the monotony and tedium of ill health. If, besides, somewhat of outside scene and external life can be brought into the room, whether in the form of sculpture, engravings, flowers, green leaves, or pet birds, the chain of dull and dreary routine is broken, and an essential element towards cure introduced. It is in this way, as well as by the sense of companionship, that the beneficent influence of pet birds and animals is often to be explained. With the childless, another element is, of course, here present — the attempt at supplying an indefinable, but no less exacting, yearning and need.

The chamber should, if possible, always

be connected with a dressing-room, provided with hot and cold water, and a water-closet. If these are absent, there will always be in the sick room an aspect of untidiness, direct offence to the eye, and to another sense, — themselves an obstacle to convalescence, and a pregnant source of additional and dangerous disease. The ordinary paraphernalia of the chambermaid should be utterly abolished, and the opportunity thus offered of relieving the nurse of unnecessary trouble, the patient of discomfort, and the atmosphere of patent and excessive impurities, is a thousand times worth its cost. In addition to what I have already said, precaution should be taken that the sick chamber does not become the terminus of unsavory or other odors from the kitchen, privy, if such still exist, or even from adjoining unventilated chambers or bed-rooms; that there are no sources within it of additional disease, like damp plastering, moist paint, or green wall-paper, now known to exhale an arseni-

cated dust; nor even bed-curtains, which are liable to retain noxious vapors, and the products of imperfect ventilation. Everything should be so arranged that the nurse may enter the room of the sick woman without prospective hinderance, and take possession of it with a fair expectancy of success.

Much of the general management of the sick room we have already considered. We have supposed the nurse furnished with an apartment arranged with a view to the comfort and convalescence of the patient; that the walls are clean, the aspect sunny and cheerful, and proper provision made for warmth and good ventilation. We have also stated the rules by which these latter elements towards a favorable result are to be secured. Let us now descend to discuss some petty and minor, but yet all-important, details; and first, of these very same matters to which I have just referred — the sunny and cheerful aspect of the room, its internal arrangement, the temperature and purity of

its atmosphere. The foundation of all rules for the management of invalids, except in special cases, is, that they should be protected from everything that can suddenly exalt or depress the circulation, whether by exciting, or otherwise disturbing the nervous system, or directly by the action of external agents upon the surface of the body. In other words, all shock must be avoided. The sun, therefore, though so beneficial in its general effect, cannot always and to the same degree be admitted into the apartment, and provision should be made by curtains, blinds, or shutters for excluding or tempering its rays. This may often be unnecessary; but at times, and in certain cases, it is imperatively demanded. At all times, the entrance of sunlight through minute crevices and by sudden flashes should be carefully guarded against.

Plants, again, and pets, are, as I have said before, often of incalculable benefit in alleviating despondency, and the tiresome

ennui of chronic invalidism. In other cases, the odor of flowers, the song of a bird, the caresses or nestling of a pet animal, cannot be borne. Pictures, and the other ornaments of a room, so grateful to many, and at most times to all, may, in the excitement or delirium of fever, but aggravate the malady. It is for this reason, also, that plain wall-papers are much to be preferred to any other, whether of simple or complicated design, more especially if with mathematical outlines. The imagination, when disordered, is very apt to run riot among such tracery, and, by constant study, to construct images the most distorted, and at variance with reality.

The mirror should be placed so that its surface cannot be seen from the bed; better, indeed, if it be banished from the chamber. The invalid, even if convalescing, is often in no condition to be benefited by the sight of her own features; and besides the risk of annoyance by reflections of light from various

sources, there is always much chance that she may observe the troubled looks, grave and serious consultations, and all the various play of emotion natural to attendants when off their guard. A screen is generally useful; one of the large and generous affairs, provided with folding leaves and rubber castors, by which a thousand disturbing causes, necessarily present in the room, can be practically shut away: such as the direct heat of the fire, for this is not always and equally grateful; draughts of air, which at times cannot wholly be prevented even by weather strips; and especially the inevitable array of the implements of the invalid's warfare — phials and spittoon, porringer, drugs, and cordials. These should be all — always, so far as possible — kept concealed from view; out of sight, and they are much more likely to be out of mind.

The need of a moist atmosphere has been adverted to; in some cases, especially where complicated with affections of the chest, this

becomes absolutely requisite, though the deleterious influence of moisture in other forms, as from damp cellars, stagnant pools, or undrained soil, so insisted upon by Dr. Bowditch as one of the principal causes in developing consumption, should never be lost sight of. It is important to recollect that by the same means we resort to for fulfilling the indication of softening the atmosphere, it becomes possible, by mingling the vapor of medicinal herbs, as of hops, poppy capsules, &c., to attain other and very important ends; but never, on any account whatever, let any cooking, of gruel or more solid food, be done at the sick woman's fire.

The ventilation of the room we have already, to a certain extent, provided for; but we must prevent as well as, and much more than, cure. By the water-closet in an adjoining room, we avoid much of the usual annoyance, almost all of it where the patient is able in person to resort thither; but it

must be remembered that all exhalations from effete and putrescent animal matters are a common and most certain source of what is generally considered climatic, unavoidable, or contagious disease. Never, therefore, as I have already intimated, bring a waste pail into the room, — better, indeed, have none in the house, — but let all the vessels (closed) be carried immediately to the closet. If, and whenever, it is necessary for such to be used in the sick room, — and this rule is essential so far as concerns the physical welfare and comfort of the patient, — it should be always the bed-pan, by which the fatigue of too forcible effort is almost sure to be avoided. To add one word while on this point: water in any way soiled, even if from washing the hands alone, ought never to be allowed to stand any time in the apartment.

Let the patient go, or be carried if this is impossible, to an adjoining chamber while her bed and night-clothes are being aired.

If she cannot do this, let them then be taken out; and this, also, should be done at night with the clothes she has worn during the day. The clothes, in many instances, should be warmed before they are put upon the patient. In this, as in all similar matters, the nurse must be careful not to over-fatigue her. Some attendants err by attempting too little, others by accomplishing too much.

Should any foulness of the atmosphere, however, from whatever cause, exist, this is not to be removed by the usual resort to burned sugar, paper, linen, vinegar, or pastiles, the fumes of which can only conceal the stench, without counteracting it. The only safe measures to be resorted to, besides opening the ventilator into the chimney, or the top of the window, are the use of powdered charcoal as an absorbent, or some actual chemical disinfectant, either in bulk, as the chlorides of lime and soda, or in solution; in the latter case, it is not to be care-

lessly sprinkled about the room, causing damage, perhaps, to carpets; nor is a cloth to be wet with it, and shaken about the apartment, as is most usually done; but it is to be discharged in a fog-like water-dust by the simple atomizing apparatus to which I have already referred. An excellent disinfectant, but one as yet but lately known, is the ordinary coal-tar of the gas-works. Mixed intimately with fine coal-ashes, or any similar absorbent, it may be used like powdered charcoal; or its essential element, carbolic acid, whose effect in preventing the growth of the microscopic and disease-causing sporules crowding the atmosphere, is very marked, may be used in solution, and diffused through the air by the atomizer.

It will be seen by these examples how much may be said upon any of the special points of nursing and the management of sick women, however insignificant they may have seemed. Similar instances are found

in the details of the bed arrangements, the clothing of the patient, the precautions necessary upon her going into the 'external air. Had I time, I would gladly exhaust these branches of our subject; but I can now do little more than allude to them.

The nurse, in her cares, should be methodical. This rule applies to much of what I have just been saying. It is important that she should be orderly in the arrangement and care of the sick chamber; orderly in her own movements and plans. Not merely should the wants of the patient be attended to; they should be anticipated. The sick woman, in default of other occupation or amusement, comes to a pretty constant and correct appreciation of time. In nothing is this fact more marked than in relation to the hours of her meals; and this brings us to some other considerations connected therewith.

Food should always be simple, simply cooked and never in excess. If but a

slight error in this respect, it may, and often does, have the effect of wholly suppressing the appetite, and thereby of effecting much harm. A great deal, moreover, depends upon the way in which the food is served. Everything should be of the best quality. We take it for granted that it has been very nicely prepared; but the neatness and tidiness of the surroundings, the taste with which the dishes and their contents are arranged and displayed, give often to an invalid more satisfaction and relish than the meals themselves. As to the character of the food, I need say little beyond what I have already remarked, inasmuch as it must depend, of course, upon the necessities of the individual patient. The food, as I have said, must be simple, unirritating, and not spoiled or rendered indigestible by faulty cooking. It should, also, — and this remark applies to the case of all women, almost without exception, — be of a decidedly laxative character; and whatever does not come under

.

this description should, unless it is otherwise indicated, be avoided. Upon their food, rather than upon medicines, women should depend for regularity of digestion, health, and comfort.

The necessity that the attendant should thoroughly understand the mysteries of simple cookery, — as of gruel, steaks, beef tea, &c., — is clearly evident. Ingenuity in contriving simple delicacies is of equal importance.

But the nurse should in no wise, as she values her own usefulness, be inclined to administer any medicine that is not decidedly indicated, or that has not been advised in that very especial instance upon her hands, by competent authority. However much the case may appear to resemble others that she may have seen, yet symptoms are often deceitful, and a slight amount of this kind of interference may do much injury. It is from just this very point that many a nurse may date the ruin of her

own success. It is of importance that she should be observing, and capable of appreciating the value of symptoms as they may arise. These, carefully reported, are of very great value to the physician, and serve to raise the nurse in his esteem, in proportion as the other course to which I have alluded would tend to her injury.

To the necessity of enforcing strict personal cleanliness in the sick room I need hardly refer; the importance of this in health, and of course so much the more in its absence, being now generally acknowledged. Unless otherwise indicated, the proper means for this end consist in a daily sponge bath, the water being slightly tepid, followed by thorough rubbing with coarse towels, the hair mitten, or by the flesh brush or hand. Not only is a proper condition of the circulation thus insured, but the rubbing process is of direct benefit, by its action on the skin, muscles, and superficial vessels and nerves, to the whole physi-

cal system. It should not only follow the bath, but always be resorted to at bedtime, and will usually insure a good night's rest. In rubbing, the motion should be from the extremities towards the trunk, following the course of the circulation inwards towards the heart, especially when there is any inclination to dropsical enlargement, as of the feet. And in this connection, let me add that the ligature usually employed by ladies, technically styled the garter, should always be of elastic material, and worn above the knee. This advice may seem trifling; but if followed, it would often prevent serious disease. Other baths than the sponge should be reserved for especial cases and needs. The cold douche, and particularly the plunge bath, are seldom required, and at certain times of periodical disturbance are exceedingly dangerous. Many a woman has lost her health, or even her life, by sea or river bathing under such circumstances. The various forms of warm bath, whether

general or that known as the "sitz," though in so common use, should be reserved for times when they may be absolutely required. I have traced a large number of cases of pelvic disease directly to the abuse of the pleasant and luxurious warm bath as the cause. Much the same is true of the hot air or Turkish bath, now so fashionable. By its appeal to the general cutaneous system, it opens the external emunctory pores, and relieves any local or internal congestion. As an aid to treatment, I have often found it invaluable, but yet have had reason to believe that it should not be rashly or carelessly employed.

A matter never to be lost sight of is the depressing and disturbing influence of noise, especially when this is of a peculiar character, and at certain times, as in some stages of fever or nervous excitement, as well as at night, on awakening from the first sleep. Whispering, for instance, is much less easily

and kindly borne than conversation of a decided tone. The rustle of a dress produces a similar effect; and it is easily seen, in this connection, why Miss Nightingale deprecates in a nurse the use of crinoline. Similar objections will be seen to apply to garments of silk, or too thoroughly starched. Noises, indeed, of any kind, even though from an adjacent apartment, or from one over head, are seldom kindly or profitably borne. Direct conversation I would by no means condemn, but unnecessary gossip is with most patients to be avoided; with all, the slightest breath of scandal. The secrets or privacies of others are not to be referred to, or the details of domestic life in other families to which the nurse may have been admitted, too freely spoken of. Invidious comparisons are never to be made, or sought, or allowed. The nurse should never permit herself to usurp the part of a critic, whether of character, of conduct, or even, beyond a certain point, of sick-room

detail. Therefore she should not unnecessarily converse of the mysteries of medical management, or of medicines, whether used or not in the especial case. If she dabble in drugging, the chances are that she forfeit, with the esteem of the physician, the confidence of the patient. She should neither suggest doubts nor create fears; for by these a cure might often be delayed, if not, indeed, rendered impossible. Reading aloud to the invalid is often productive of decided benefit during convalescence, and the ability to do so understandingly and with ease is of great value in the nurse, while it serves to break the monotony of her own duties.

The necessity of avoiding excitement is always to be kept in mind. Strangers are to be rigorously excluded, friends to be admitted with caution, and with warning against conversing upon fatiguing or exciting topics. The delivery of letters must be carefully guarded by those having the

proper authority, lest thus, as in other ways, a dangerous shock be produced. There must be no undue excitement of expectation ; no appointments that might be broken , no promises unfulfilled. There must be neither hurry nor bustle ; no interruption, no forced delay ; the patient never being compelled to wait for anything that she has been promised, or that she has a right to expect. There must be neither irresolution as to advice, nor apparent lack of self-confidence. Reasons must be clearly and concisely stated, denials seldom made, unless they are absolutely necessary.

Not only is the comfort of the invalid to be considered in other respects, but the state of her bed is to be made a matter of paramount attention. Much could be said upon this point, generally so little understood. Not only should the bed be kept constantly comfortable and fresh, but all the mysteries of turning the sufferer therein, of changing or retaining her position, should be thoroughly known.

The nurse should so time her movements and her own necessities that she will not be likely to be absent from the patient when her presence is expected or required. In taking charge of the sick room, she assumes, in this respect, the whole responsibility, and she must guard against what is otherwise a fruitful source of discomfort, if not of deplorable and irremediable accident. It is she who has the care of the medicines, and who should see that mistakes with them are never made. I need hardly refer to the cases of mental derangement where exists the possibility, oftentimes, in her absence, of personal violence to defenceless parties, or of suicide.

She is to prevent all over-exertion of body and mind; to judge when the patient is incapable of judging. She is to bear with, without needlessly discouraging, the hypochondriac; to inspirit the desponding; to prevent the intrusion of what have well been termed chattering hopes and advices, and

by her own demeanor to inspire an expectation of improvement or cure.

There is a point that it were hardly right for me to pass in silence, though there are undoubtedly many who will disagree with me in opinion. I refer to the too common habit of ignoring or undervaluing the complaints of the sick, especially in cases where the symptoms are chiefly of a nervous character. If sufferings are neuralgic, they do not fail of finding abundant sympathy; if, on the other hand, they partake of the nature of hysteria, though as decidedly as the former consisting of a nervous derangement, they are too often viewed with suspicion and contempt. In anxiety to avoid exciting or increasing a tendency to hypochondria, nurses, friends, and even physicians tend to the other extreme of an apparently heartless indifference to real suffering; for there can be no doubt that mental distress or uneasiness of the kind referred to is often infinitely harder to bear than physical pain,

of which, indeed, it may be but the symptom and result..

And thus we return, through the nurse's conduct, to her own person. Her personal appearance, as I have already observed, has its power. This is of more value than is often supposed or acknowledged. Personal cleanliness is, with the nurse, of paramount consideration. Attention to the skin, the hands, the hair and teeth, the whole study and effect in this matter that distinguish the lady from the slattern, are never to be neglected or lost sight of. Her dress even has its morale. If it be capable of affecting the imagination, through the senses, in a drawing-room, it will have the same power in the sick chamber, and it ought not to be left to ignorance, thoughtlessness, or vulgarity to do, through trifling means, a real mischief. There is a fitness in these things which many do not intuitively appreciate; and I should do great injustice to my subject were I silently to pass them by.

We have now considered most of the various relations bearing upon the introduction of the nurse to the scene of her labors. There is one other, however, to which I have not yet adverted, but which must, nevertheless, not be lost sight of. It is the most difficult of all to control; and yet most important is it that this should be done, and to the fullest extent possible. I refer to the conduct of the sick woman herself towards her attendant. My readers may be surprised at my calling their attention to this point so seriously; but I am satisfied that if ladies will but reflect upon it for a moment when they are in good health, sickness will not bring to them, if they strive to act in accordance with their convictions of duty, so far as their physical state may permit, nearly so much impatience, unhappiness, and danger. Therefore, in view of what, in the case of each of them, may, I trust, be only a possibility, they will pardon me if here I address them directly and personally.

When requiring the services of a nurse, whether confined to your bed or not, receive her, in the first place, with perfect confidence. This is due, in consequence of the contract that has been made with her, by engaging her attendance upon you. Submit yourselves kindly and fully to her care and to her directions, unless these may seem directly at variance with the dictates of common sense; and even here, believe that it is more than likely that your capacity for judging in the premises has been vitiated at the same time with the other disturbance your illness has occasioned. Endeavor to bear your cross, and all its attendant discomforts and disappointments, cheerfully and without repining, knowing that it is in every way for your interest, as regards convalescence, and your securing the pity and sympathy of one who must necessarily, and perhaps for a long time, be your constant and hourly companion. If, on your part, you are careful not to show a petulant spirit, nor unneces-

sarily to call for her assistance, your attendant, on the other hand, will desire that you do not weary yourself by endeavoring to spare her, and yet will be very grateful for your kind intentions.

All that I might say upon this so neglected topic may be summed up in the single exhortation, that in their relations to the nurse, the sick only endeavor to do as they themselves would be done by.

I have already expressed an opinion that this profession, which brings its members into so close relations with the sick and suffering, and which involves such intimate knowledge of the private affairs of households, though it may be undertaken for the sole and only purpose of obtaining an honest livelihood, should yet never be entered upon without a realizing sense of its responsibilities, its truly honorable position, its opportunities of self-exaltation and improvement. I mean by this, that its constant demand for self-denial and watchfulness, for utter self-

sacrifice, should, without cant upon her part, or affectation of hypocrisy, imply previous self-consecration by the nurse to her work; and though she should by no means go to her labors as a martyr, yet the trials that must necessarily meet her at every turn, if properly accepted and undergone, must be of decided and permanent advantage to her disposition.

A nurse, then, to conclude, should be a woman of much decision and weight of character. Lady-like in her standard of thought and in her deportment, aiming not merely at her own aggrandizement, but at the well-being of the sick person she attends, she should be, said Plutarch, "of Grecian morals;" that is to say, a woman of singular firmness, sobriety, integrity, and discretion, fitted for emergencies, and yet for the petty details of ordinary life. She should walk her ways with purity of heart, and confidence in her own integrity, and

will so elevate herself and her calling. Were this but general, we should never hear of want of success, never of the so-called unaccountable aversions of patients.

Had I not already trespassed so largely upon the patience of my readers, I should present some views of the nurse from real life, drawn from my own personal experience. By thus showing what she commonly is not, we all the more readily appreciate what she should be. But time, at the present moment at least, fails me. I cannot better close my picture of the ideal nurse — a sketch that every one of our ladies, if she but choose, can fully realize — than in the beautiful language of St. Vincent de Paul, as he describes the Sister of Charity : —

“ Her only convent shall be the house of sickness ; her only cell, a hired lodging ; her chapel, the parish church ; her cloister, the streets of the city, or the wards of the hospital ; her only wall, obedience ; her

veil, her modesty; her grate, the fear of God.”

Having thus briefly and very imperfectly given an outline of the principles of nursing, relative, direct, and reciprocal, it may not be out of place for me to direct attention to one means of effecting that radical reform in this matter, the necessity of which, already evident, I trust I may now have made the more convincing. Any change in the practical conduct of nursing, and indeed in much of its theory, is one that must be, in great measure, of home accomplishment, and of home growth. But, on the other hand, to make the improvement effectual and complete, there must be a certain measure of clinical instruction by physicians at the bedside, and for many months — the more the better — a measure of daily, persistent, thorough drill in all general essentials, in all minute details, that pertain to the great

principles of nursing and management of the sick.

This can no where be given, can no where be acquired, save in a sick chamber, or in the wards of a hospital.* There must, sooner or later, be established, in connection with all large hospitals, scholarships, as it were, for nurses, corresponding somewhat to those already provided for ambitious medical students, who, for six months or a year, receive the appointment of resident or house physicians and surgeons. Many capable women, under such circumstances, would be found to gladly offer their services gratuitously in return for such privileges, and the honorable certificate a faithful performance of duty might justly receive. Instruction might thus be afforded to nurses, not merely at general, but at special hospitals, the ad-

* Since these sheets were sent to the press, the importance of the point above indicated has been urged upon the American Medical Association by its President, Professor Gross, of Philadelphia.

vantages of which are becoming recognized in every large city, and to aid in the establishment of one of which this little book has been written. Its claims upon the community are such that I shall devote a few words further to the subject.

Of special hospitals devoted to the treatment of the diseases peculiar to women, there were none, until lately, in this country. There are now but a very few; and of these, that established a few years back, in the city of New York, is the most extensive.

In the remarks now made, I would by no means undervalue the several purely maternity hospitals that have been founded, which, at Montreal, at Buffalo, and other places, I have visited with much pleasure, and with one of which, at Boston, — now, however, temporarily discontinued, — it was my privilege, some twelve years ago, to be connected as one of the attending physicians. Nor would I fail to mention, in terms of the highest praise, the excel-

lent asylums in this city for sick women, known as the House of the Good Samaritan, and the Channing Home, and under the care of those devoted ladies, Miss Anne Robbins and Mrs. Albee, formerly Harriet Ryan; but these establishments, if not for incurables solely, are yet for cases of general disease, and lay no claim to the special treatment of the affections peculiar to women. All, however, do but a portion of the work to be done; and though implying such great responsibilities upon the part of their managers, they fall far short, in certain important respects, of the institution whose claims I shall proceed to indicate.

A hospital, lately established by the Sisters of St. Francis, with the approval of the Right Reverend J. J. Williams, Bishop of Boston, is now open to all who require its benefits, irrespective of their religious belief. It has been in operation for some two years, having been, for a time, connected with St. Joseph's Home, an institution founded for

the reception of domestics out of employment, and general cases of sickness among patients of that class. But its connection with the Home was, from the first, intended to be merely of a temporary character, and experience soon showed that a separation of the invalids from the inmates who were in good health was very necessary. The hospital, though made self-supporting, so far as is possible, yet depends, to a great extent, and wholly, so far as many of its patients are concerned, upon charity. None of those connected with it in any way as attendants receive any salary, or other pecuniary compensation, for their services, the consciousness of accomplishing such constant and extended good being of itself a sufficient reward.

The building now occupied, at 28 Hanson Street, contains some thirty beds, which are always filled, the demands for admission exceeding the possible capacity of the house. The building is small and inconvenient, and

in many respects ill adapted for its purpose. What is needed is an edifice without vain show, or unnecessary architectural finish, but of size sufficient for from fifty to one hundred beds; a building capable of sheltering whatever poor women, requiring its aid, may knock at its doors; — a blessing to the community, and an honor to the city. Such is imperatively needed, and such it has been my aim to assist in providing. If, as I have stated, the demand for admission during the first years of its history has been so great that the hospital is constantly crowded, what will be the case as its existence and its beneficent charities become more extensively known? Do not compel it, for want of means, to accomplish a fraction only of the work that Providence has appointed for it to do, and of which the proofs are even now, and daily, becoming more convincing.

There are many reasons why, for the class of cases entering this establishment, the wards of a general hospital should be

comparatively unsuitable. Of these, I shall mention but one or two; for they will be found sufficiently convincing.

First. Diseases of this special character — the most important, in reality, of all to which flesh is heir — are best treated, in hospitals, at least, by those especially interested in their cure, and prepared by previous intentional and peculiar training for their especial management. This general fact has already been practically established with us, in another department of medicine, by the success of the Massachusetts Charitable Eye and Ear Infirmary.

Again, there is a natural dislike, upon the part of women, to whom, for these derangements, it is in all cases a hard struggle to apply for treatment, to entering wards with patients who are otherwise affected, and, on this account, less likely to sympathize with them, if not, indeed, inclined to view them with offensive curiosity, or even suspicion.

And, thirdly, in a separate and special

hospital there is much less danger of the occurrence of epidemic and contagious disease, which, in the case of lying-in women, is almost sure to occur in the form of child-bed fever, where, from propinquity to general wards, there is constant exposure to the so-called surgical fever or erysipelas, and which, in the absence of pregnancy, is very apt to attack cases of uterine or ovarian disease, under the form of pelvic or abdominal peritonitis.

One great element in the treatment of sick women, present everywhere, and everywhere cardinal, whether in the home or in the hospital, is, that the chief attendance, and more constant watching, nursing, and care, — though I would not ignore the gentle and tender skill, in these respects, of many physicians and many husbands, — should be by persons especially trained for this work, and selected with great circumspection. This fact, with its necessary results, has been recognized at the hospital of which we

are speaking, — here lying one of the chief guarantees of its permanent success. In ordinary hospitals, the nurse is merely a hired subordinate, with no other aim than the acquisition of her scanty pittance. Here, on the contrary, she enters already tried, having been selected from many applicants for her apparent fitness for the work, and under the immediate supervision of one who has herself been trained by a previous hospital service. She takes a deep and especial interest in every patient; she sees in each an intimation and precedent of those to come under her care in the future, and she feels that, upon her success and faithfulness, her own reward, not on earth, but in heaven, is to depend; while, to the invalids under her charge there comes a sense of the devotion with which they are attended, — in itself no slight guarantee at once of security and of recovery, and going far to secure the latter end.

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