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Brentano Strachwitz Claudius Schiller Bellamy Schilling Kralik Gibbon Tschchow
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Making Good on Private Duty

Harriet Camp Lounsbery

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PREFACE

Though technic is constantly changing, methods improving, and the teaching in our schools grows better and more comprehensive, the old problems in private work are ever to be faced, and still the young sister in our nursing world needs to be counselled, guided and helped. It is for these young private duty nurses that this book has been written.

For six years I went up and down one of our large cities doing private nursing, and I can remember, as if it were but yesterday, the curious little sinking of the heart I used to feel, as I mounted the steps of a house where there was a new patient needing my care. "Would I do everything right?" "Could I please the patient and the friends?" "Would the doctor be satisfied with my efforts?" "How would I feel when I was leaving?" "Encouraged or hopeless?" "Happy or sad?" A strange house looks so forbidding, "would this one ever look friendly?" There is time, while walking up the steps, for these and many more such thoughts to crowd into the nurse's mind. Once in the presence of the patient, however, all this quickly changes, and action puts all wondering and doubt to flight.

The "hints" here given are the fruit of my own experience and that of the graduates of the school of which I was the superintendent. Many long talks we had, when they felt the need of coming back to their hospital home for advice and comfort. It is an earnest wish to help the young graduate over the intricate paths that the inexperienced nurse must often tread that has led me to revise some early contributions [Footnote: Printed by permission of the *Trained Nurse*.] to the *Trained Nurse* and write a few new ones, which have within the past year appeared in the *American Journal of Nursing*.

In the chapter "Hints to the Obstetrical Nurse," there is little or nothing that is commonly taught in the class-room.

All of that is so well done, repetition here would be tiresome. All the asepsis is familiar to every graduate. She knows how to sterilize

any and every thing, but sometimes she does not know the best way to wash and dry the baby's little shirts or knitted shawls. Sometimes she will not realize that if the layette cannot be purchased at a store, old table linen makes the best diapers for the newborn baby, and that his pillowcase should not have embroidery in the center.

I wish in this part to give the nurse such hints that she may be able to help any woman who wishes to prepare for her confinement. I have been asked so many times to tell a young expectant mother just *what* to get, that I have made for convenience as full a list as is necessary for any baby or mother, with some hints as to the washing of the baby. The rest it is expected every nurse who graduates from a training-school would know. The table for calculating an expectant confinement was cut from a medical paper and given me by a physician some years ago. He did not know who wrote it, nor do I, but he always used it, and I have found it most accurate.

The recipes I have given are, I know, reliable, having all been tested many times. Most of the articles of food every nurse has probably prepared, but exact proportions have a dreadful way of slipping out of one's memory. Whether it is a pint of milk or a quart that must be mixed with two eggs for a custard might not seem much of a problem to a housekeeper, but to a nurse who has perhaps not made a custard for a year it might carry many difficulties.

I have tried to help in this most important part of a nurse's duty, and not only as to the food served the patient, but the *manner* of serving it, which last is truly to a sick person of as much importance as the food itself. The few leaves I have left blank are for such additional recipes as every nurse will gather as she goes from house to house. Any cook will be glad to give some hints as to how she does this or that, and no nurse should be too proud to learn from the cook, or anybody else. I shall never forget the fat little Irish woman who taught me to make clam broth, or how much pride she took in my first success. To ask the family cook for advice is sometimes good policy; she is often so ready to resent any extra work caused by the sickness or the nurse, it pays well to conciliate her, by asking for her aid or counsel. To feel that she can teach the "Trained Nurse" will often make a friend of the cook, and this will make things pleasanter all around. It is with the hope that these homely and

perhaps somewhat old-fashioned hints may be of real service, that this little book is sent forth to do what good it may to those who are setting out on their professional careers. It is ever to the young that we elders look, knowing, as Mrs. Isabel Hampton Robb has truly said, "Work shall be lifted from our hands and carried on to loftier ideals and higher aims by the strong young hands, hearts and brains of future nurses." H. C. L.

Charleston, W. Va.

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I

THE NURSE AND HER PATIENT

You may think it unnecessary for me to tell you any more about "the patient." You will say, perhaps: "Have I had all this training, and must I yet be told how to treat a patient?" I answer that you have been taught how to watch the progress of disease, how to follow intelligently the doctor's orders, also certain manual arts, your proficiency in which is unquestionably most necessary, but there is much more comprehended in the meaning of the term "a good nurse" than this. How often do we hear stories of nurses who were good — *but* — who were skillful — *but* — and after the *but* comes a long list of such faults as do not show so much in hospital life, where the routine and the many rules and the constant supervision make them less likely to become prominent. "She bangs the doors." "She breaks the fine china." "She wears heavy shoes," or "She talks too much," or "She is pretty and spends too much time over her front hair" — but why go on? You have all heard such tales — *ad nauseam*, and if you are wise, you will set up a sign-post against every one of these snares into which your sister nurses have fallen, and on this you will print in large, clear letters: "Danger! Walking on this place forbidden." So much by way of apology for treating you once more to a lecture on "the patient."

The relation between nurse and patient should, from the first, be a more than amicable one. You have come to bestow the priceless blessing of unwearied, skillful care upon one who should thankfully receive it, and believe me, if you do not go to your patient with a feeling of thankfulness to God for allowing you to assume such a sacred trust as the care of a human life, you are in no condition to undertake the work. Your nursing should be, in a way, an exponent of your own spiritual state; looking at it in its highest aspect, an outward and visible sign of an inward and spiritual grace.

In the first place, then, you must be in entire sympathy with the sick one—and here do not mistake me—by sympathy I do not mean sentimentalism. The two emotions are as far asunder as the poles. Sympathy, then, you must have, and if you do not intuitively feel it, let me tell you what to do to rouse your dormant feelings. Try earnestly to put yourself in the patient's place. Has she had an operation of some kind, and you have all night been trying to keep her quiet on her back, and she has been begging you to let her turn "never so little?" When you go to lie down, and have, perhaps, a backache, and feel tired, instead of settling yourself in the most comfortable position you can, lie straight and square on your back and say to yourself, "Now I can't turn over," and imagine you have by your side a nurse who will not let you turn. You will find out in the course of an hour that your patient has had a good excuse for all her complaints, and the next night you will know just where to slip your hand in the hollow of the back or under the shoulders to give a little ease. The patient will profit by such exercise on the part of the nurse, and your sympathies will be quickened. Never forget that *the patient is sick*, and you are *not*. You can, you must be firm in what you know is for your patient's best good, but you must never be dictatorial or argumentative. It is hard, I know, to bear with all the foolish, unreasonable whims of sick people, but if you are true nurses you will do it. There are, however, several consoling thoughts which have always helped me, and which I will tell you. In the first place, always remember, as I said before, that the sick one *is sick*, and on that ground you can overlook much. In the second place, remember that it will not last long. A few days or weeks will surely bring a change. She cannot, in the nature of disease, remain for long in the very trying stage, unless indeed she have some kind of mania, and of course if that is the case, you need pay no attention to her whims. If she says white is black, let it go. It does not make it so to have her say so, but if you argue the point, and bring all your wisdom to bear upon your demonstration, you may bring her pulse and temperature up to a point that will do her a real injury.

Tact, as you know, is worth everything to you, and by it you will win your way to all hearts. Try then to feel as the patient does, and you will know by instinct how to treat her, and will, perhaps, be

often rewarded for some little deed by the pleased surprise with which she will say, "How did you know I wanted it done?" You need not tell her how you knew, but you may be sure she will appreciate you all the more for your prescient thoughtfulness. Her pillows may be flat and hot, her hair uncomfortable, her under sheet wrinkled or untucked from the bottom; all these and a dozen more little things can be arranged so easily, and they conduce so much to the sick one's comfort when done, that you must ever have them in your mind.

Be most careful also as to your patient's belongings, her top drawer, her various boxes, and her linen closet. You must keep all these things just as she did. You may think it a very foolish thing for her to have three piles of handkerchiefs, each of a different age, or degree of fineness, but if that is her way, she will be better satisfied if she knows you will not lay a fine handkerchief over a more common one. So keep them as carefully divided as if they were the two parts of a Seidlitz powder.

Hang her clothes up carefully whenever she goes back to bed, be it once or oftener during the day. Separate them and hang them up; don't pick all up together and put them over a chair. Put her shoes away, lay the stockings on a shelf or put them inside the shoes. Fold her pretty shawl or kimono and lay it in a drawer. Let her see that you know a good thing, and know how to take care of it.

Put away fine china or glass and bric-a-brac, if she is very ill, and you need space for necessary glasses or other articles. It will be a pleasant way of beguiling the tedium of some long day in her convalescence to bring forth and arrange them in their accustomed places. Be careful of books, table-covers, and all the articles of luxury and beauty you will find in many of our city houses. Remember that these things belong to some one else, though you are for the present custodian, and think how provoked you would feel if some stranger should come to your home, and, even if she did nurse you back to health, she left many nicked plates, broken vases and handleless cups behind her. I think you would not want her to nurse you again.

I saw recently in an English magazine devoted to nursing, a very clever article on "Talk." The writer, a nurse, thought subjects were

scarce. She says: "We must not talk to the patient about her own complaint, that would make her morbid; or about the doctor, for that would be gossip; or the hospital, for hospitals are full of horrors; or the other nurses, for that might lead to talking scandal; or about other patients, for that would be betrayal of confidence. Now what *are* you to talk about when a patient is well enough to talk, and your talking to her will not hurt her (but on this point be very sure before you air your eloquence)? It is indeed quite a question, and the nurse must often use all her ingenuity to keep the patient to the right subjects, for even patients, though they hold it so reprehensible in a nurse to talk gossip, do not disdain to serve up their neighbors occasionally to the nurse, with some very highly seasoned scandal sauce, and here the honor of the nurse must come into play; let her forget it if possible, as woe will betide the poor girl if in her next place she unwittingly lets out any of the secrets she has heard in these long talks. Try then to steer clear of the neighbors. If your patient be a cultivated person, and you yourself know anything about books, you have a never-failing topic. All the latest books, the famous books, the most entertaining books, and if you can read aloud and the patient likes to hear you, read to her, and it will do both good—only be sure not to tire her by reading too much at one time. Talk of interesting places you have visited and she will do the same, of pictures you have seen, and last, but not least, you can talk about clothes. Generally the first serious piece of business a convalescent concerns herself about is the purchase and making of some new clothes. She wants something new and fresh, and if you can give her any new ideas on the subject or tell her of any pretty materials you have seen in the shop windows, you will prove as entertaining as if you talked on any of the forbidden topics, and many times more useful."

I would like, in closing this chapter, to say a word as to reading the daily papers. If your patient is a woman, she will want to know just about what you, yourself, would be interested in, and this is very easy; but if your patient is a man, it is harder to know what he will want; politics, the money market, etc., which most women skip over. If then your patient is a man, commence on the first page and read slowly the headings of the news items, when one strikes him, as desirable to hear, he will tell you to read it; when you get

through the news you may turn to the editorial page and do the same there. Unless you know your patient very well do not attempt to enlighten him as to the stock market quotations, for it is, I suppose, well nigh impossible for an ordinary woman to read them so that a man will understand her. He will probably laugh over your well meant endeavor, and ask you to "kindly let him look at the paper," when he will in a moment find out what you have been trying to say.

II

THE NURSE AND THE DOCTOR

I suppose no nurse goes through a training school without being duly impressed by all the doctors on the staff of lecturers that they, the doctors, are the generals of the campaign. She and her fellows are the aids, and that she will be kind enough to remember this fact, and not make suggestions to him, the doctor, or give him the fruits of her ripe experience of three years in a hospital, and more or less time, as may be, since she has graduated. But though this I think you all know, there are some points of your connections with the doctor which may not be quite so clear.

In the first place, then, remember that you are his *aid*, you are to help him in every way you can, you are never to work against him, never weaken the patient's confidence in him. If you do not understand why he does thus and so, ask for an explanation, if you know him pretty well, and if your questions are reasonable ones, and intelligently put, he will be glad to answer you, and explain all you wish explained; but if you do not know the reason of a certain order, and, moreover, if he will not tell you, do not assume that he does not know, or that he is cross; it may be some very uncertain, delicate experiment is being tried, and all he wants you to do is to tell him, with a free unbiased mind, what you see. Always, however, be loyal to him with the patient. When you are asked a thousand questions as to, "Why doesn't the doctor do this, or why does he do that?" you can always say that he does it, or does it not, for the patient's best good, of that you are assured, and they must be also.

You collect the facts and put them in an orderly way before the doctor; upon your observations and reports he bases his theories of the disease in many cases. You can see what perfect faith he must have in you, and how true you must be to him in order to secure your patient's best good. I have often heard doctors say, when speaking of a favorite nurse, as if it was the only virtue worth men-

tioning: "I am perfectly certain that when I am not present she will *faithfully* carry out my orders." Entire faithfulness takes precedence, I think, and deservedly so. Your accomplishments may be many, but if you have not this faithfulness, this obedience to the doctor as a rudder to the ship of your professional character, no matter how great may be the load of learning and accomplishments and good intentions, your self-will and vanity will bring you to the rocks where ruin is inevitable.

Do not fear losing your own individuality and independence. "He who obeys well, governs well," is a very old, and a very true saying, and your responsibilities will never cease. The more faithful you are to orders, the more trust and confidence will be reposed in you. You will have not only your patient, but the entire family looking to you for directions, for, upon your faithfulness, and the tact with which you administer your authority, will depend much of your success as nurses.

Be careful not to sever your relations with any patient unless your doctor knows all about it. Never leave your charge, no matter how urgent the reason may be, unless you tell him. You may be sick, or the place may be unsuited to you, or you to the place, and you may know that it is best for you to go. But speak first to the doctor, tell him candidly why you wish to go, and take counsel of him how you should act. If he tells you you may go, and you know that your place must be filled, do not offer as your substitute your best friend, or anyone else. If he wishes your counsel he will ask, and then you may tell him of anyone you think will suit the position, but do not offer your friend, as he may have some favorite of his own to put in your place. Of course the patient or her friends must know about the contemplated change— that I take for granted. Having consulted the doctor, will make everything satisfactory to the most careful practitioner. So, as said before, never go away from your patient, leaving in your place a nurse whom the doctor does not know. He has, in most cases, selected you for his patient, and he wants you, you may not be all he wishes you were, but still such as you are, *there* you are, he knows what you can and what you cannot do; and it is a great piece of impertinence for a nurse to go away unknown to the doctor, leaving a stranger in her place. The consequence, so

far as he is concerned, will most likely be to have her name crossed off his list as "unreliable" — so be careful.

As to your records, keep them faithfully; the doctor usually looks them over very carefully, but sometimes you find one who passes them over in a lofty manner, rather trying when you take such pains with them. You may conclude that it is not necessary to keep them accurately in such a case, but this same doctor may ask you some day how long ago it was that the patient's temperature took such a sudden rise, or how many days it is since she first had solid food, and if you have accurately kept and carefully preserved your records, you can tell without a moment's hesitation. It is better, more business-like, and every way to be commended, that the nurse should keep, and be exceedingly particular about these records. If the doctor will write his orders on the fresh daily record at his morning visit, it is a great help to the nurse, but very often he is in a hurry and you must write them yourself. If you have to do this, take your record and write as he tells you, *when* he tells you. If the orders are at all intricate it is your only way of being absolutely sure you have everything correct. It is a protection to you also, if the family are inclined to criticise.

A nice little point for you to remember is always to leave the doctor *alone* with the patient for a few moments, if it is at all possible, at each visit. Wait until he has asked all the questions he wishes, or until you have told him all that is necessary to tell before the patient, and then on some errand, real or imaginary, leave the room. Of course, if the patient is desperately ill, you cannot do this, nor will it then be necessary.

It is a good plan to wait for the doctor at the head of the stairs, or at the foot, if you are likely to be over-heard, and tell him there all you could not say before the patient as to her condition, etc. He likewise may have something to say,—some final instruction to give, some caution he would not wish the patient to know of. This is also the time to speak about yourself if you are sick or tired, or unhappy in your position. Perhaps neither of you have anything to say, and a friendly nod and a "patient is doing nicely, nurse," will send you back to the sick-room feeling that your work is appreciated, which always goes a long way toward making the hard places

easy. Your patients may be very curious as to what you have to say to the doctor, but you can readily and truly tell them that there are many things you have to say to him, that would be hard for you to say before them, and hard for them to hear too, and these are things you arrange outside.

Always be sure to have on a convenient table, if your doctor be of a homoeopathic school, a little covered tray, and on it two glasses, clean, and turned upside down to keep them from dust, teaspoons and covers for the glasses, also a small pitcher of fresh water. Many doctors of the old school also use some medicines in water, so it is best to have glasses always at hand.

Do not sit down when the doctor is making his professional call, unless he or the patient requests it. He will probably sit at the side of the bed, your place is at or near the foot. If the doctor knows the patient well, as a friend, and is inclined to stay a long time, chatting, you can go quietly to another part of the room, and take up your work or reading, but be sure the doctor has finished asking you questions before you go.

Use sparingly technical terms. If your patient's feet are oedematous, tell the doctor they are much swollen; if he *ask* if they are oedematous tell him "yes," but do not volunteer to name the peculiar kind of swelling. If the abdomen is tympanitic, tell him it seems much distended; and if he questions much further, answer the questions fully and intelligently. If your patient has the symptoms of phlebitis, tell him of the rise of temperature, the swelling of the leg, the tenderness along the course of the vein, and he will know that you know and appreciate the gravity of the disease; but be sure you do not attempt to give the symptoms a name, that is not your place.

I would have you be very careful as to what instruments you carry; have them of the best. Let your thermometer be of the very best make.

There is nothing more trying in a small way than to have your thermometer doubted, and if you *know* it is the best the market affords, if you take it to the instrument maker and have it tested once in a while, you need not fear, when you find an unusual temperature, and report it to the doctor, and he quietly proceeds to test your thermometer by his, which of course is always correct. Be sure that