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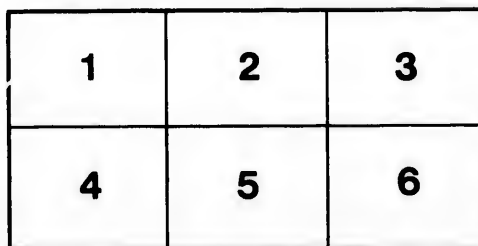
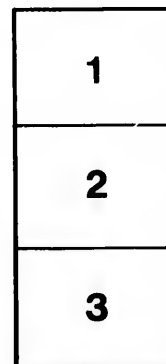
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# AN ADDRESS

DELIVERED AT THE OPENING

OF THE

TRAINING SCHOOL FOR NURSES,

AT THE

General Public Hospital in St. John,

ON OCTOBER 4TH, 1888,

BY

WILLIAM BAYARD, M. D., ETC.

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THE following remarks were written as words of advice to the nurses of the General Public Hospital — not with a view to their publication; but at the request of the nurses I give them, such as they are.

W. BAYARD.

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# AN ADDRESS

DELIVERED AT

The Opening of the Training School for Nurses.

By WILLIAM BAYARD, M. D.

LADIES :

The success of a hospital depends largely upon its management, upon its medical staff, and upon its nursing staff. Each are links in the chain ; if one is weak, the whole fabric must suffer.

The commissioners and medical staff have been educated for their work, and it is the wish of both that the nursing staff shall be placed on an equal footing with themselves. The commissioners have, therefore, deemed it advisable to establish a "training school," with the view of educating you for the calling you have embraced. The medical staff will from time to time instruct you upon various subjects connected with your duties ; and I will now invite your attention to a few general remarks upon Nurses and Nursing.

Since the period when Dickens portrayed "Sairey Gamp," a great change has taken place in the public estimation of "nurses ;" and properly so. This change is largely due to the example and teaching of Florence Nightingale, who still lives to witness the result of her good work ; to the fact that, as a class, they are more refined and better educated ; to the feeling that the calling has assumed the position of an art ; and to that love of humanity which induces many heroic women to abandon home comforts and social pleasures, to embrace a work with few attractions and many hardships.

The good nurse of the present day is truly a "ministering angel" in the sick room. She may be found in every



household, from the castle to the cellar tenement, wherever pain and disease are rife, exercising her glorious calling with kindness and gentleness, regardless of the breath of pestilence. She does not hesitate to make her home in the fever hospital, daring the fate the bravest well might shun. Such women should, and I believe do, command the esteem and respect of every right-thinking individual.

I may be asked, What qualifications are required for making a good nurse? This question is more easily asked than answered, so much depends upon intelligence, disposition, manner, and, I might add, personal appearance. Some adopt the calling from necessity, others from a sentimental desire to do good. But *all*, before commencing the study, should be satisfied that nursing is their vocation, that they have a fondness for attending the sick, and that they possess the physical strength to perform the work.

The nurse who intends to win in the field of competition must have her heart in her work, and should possess intelligence enough to take ideas and directions quickly. She should possess a kind, patient, gentle, and sympathizing disposition. Her manner should be bright and cheerful, not boisterous, but gliding quietly and gracefully about her work, recollecting that noise of any kind is out of place in a sick room. Her hand should be light and dexterous; nothing is more repugnant to the eye of a friend, or to the feeling of a patient, than rough handling. When speak of personal appearance, I do not mean to convey the idea that a pretty face is the consideration. The *tout ensemble* should take the eye; she should be neatly and becomingly dressed, and tidy in her personal appearance. In a hospital her dress should be such as to distinguish her from the other working staff; indeed, the same may be said when she is at private nursing. I recollect when the Princess Louise visited this hospital, among her first remarks to me was: "I see your nurses are not in uniform." Having no valid reason to assign for the omission, I contented myself with the

promise that we hoped to have them so soon. That hope was not fulfilled for years, and to your matron we must give the credit for that which I have long wished to see accomplished. I have visited very many hospitals in England, France, Germany, and America, and I cannot call to mind one in which the nurses were not in what the Princess called uniform. She is the best nurse who can subordinate her ideas to those in authority, and who performs her work cheerfully, quietly, and without excitement. I do not expect that this ideal picture will be filled by every nurse; but the nearer she approaches it, the better for herself and her patient.

Your duties in this hospital are systematized and mapped out for you, and are more or less of a routine character. You have your matron and the house physician to appeal to when in doubt, and let me advise you, whenever the doubt exists in your mind how to proceed, to apply to them. They will think none the less of you for so doing; indeed, they should think more of you, inasmuch as it will prove to them that you are cautious and wish to do your duty correctly. But you must not lean too heavily upon them, for by so doing you will not be fitted to take the responsibility that will necessarily be thrown upon you when you leave this institution.

You will be brought in contact with all classes. Some will appreciate your kind services, others would do so if they knew how to express their feelings; others, again, are brutal in their ideas, feelings, and associations, and might wound your self-respect by coarse and vulgar remarks. Should such conduct ever be exhibited towards you, meet it with dignified silence; never retort, but proceed with your work, and report the matter to the matron or the house surgeon.

Your eye will greatly assist your memory; observe carefully what is being done about you, note the symptoms and appearance of the patients under your care. Learn how to

take the pulse, the temperature and the respiration; indeed, you should learn to be the eye and the ear of the physician during his absence, and be able to report to him any change that may have taken place in your patient.

Let me strongly urge you to attend strictly to the ventilation of your ward. Your own health demands it, as well as that of your patients. After remaining in a sick room for a time, your senses become oblivious to the vitiated state of the atmosphere in it; but it is none the less baneful.

Pure air is composed of oxygen, nitrogen, and carbonic acid gases, in various proportions, with watery vapour and traces of ammonia. It is the oxygen in the air that sustains life. A warm-blooded animal cannot exist in an atmosphere from which the oxygen gas has been extracted. It has been computed that the respiration of an adult person will absorb the oxygen gas from a hogshead of air in an hour. In other words, place a man in an air-tight space containing 10 hogsheads of air, and he should not live longer than 10 hours in it.

At each inspiration of an adult about 30 cubic inches of air enter the lungs, to be brought in contact with between five and six millions of air cells, through which the blood flows with great velocity. You can, therefore, readily understand the rapidity with which gaseous substances will enter the blood.

The changes produced in an occupied air-space by respiration and transpiration are as follows: The amount of oxygen is greatly lessened, the carbonic acid and watery vapor are largely increased, ammonia and organic matter are evolved, and suspended matter, in the shape of low forms of cell-life and epithelium scales, is thrown off. The change in the character and quantity of oxygen exhaled, with an increase of carbonic acid, together with the organic impurities, so vitiate the air as to render it one of the most potent of all the predisposing causes of disease.

To keep a sick room at a healthy standard the air should be renewed at the rate of about 4,000 cubic feet per hour for

each occupant. This must be exclusive of that which passes through the walls and the chinks of the windows. Allowance must also be made for the combustion of light. It has been computed that for every foot of gas consumed in an occupied space 1,800 cubic feet of air should be introduced. A common gas-burner will burn three cubic feet of gas per hour. You will perceive from these facts how necessary it is that the vital air should be renewed.

The air should be taken from the outside at an altitude of from 6 to 40 feet; above that, until you arrive at 100 feet, it is impure. The inlets should be equal in size to the outlets. The fire-place and chimney, when heated, is the best outlet. When there is no fire, a lighted lamp placed on the hearth will create an upward current. A simple mode of ventilating a room is to hinge three-inch strips of wood at the bottom of the sash, shut the windows upon them, and allow the air to enter between the meeting rails. You have this last mode of ventilation in your wards, but I cannot say that I have seen it used as often as I think necessary. I have dwelt upon this subject, because I feel that every nurse should understand it thoroughly, and I may have trenched upon what may be said to you by some members of the medical staff; if so, it will bear repetition.

When you come to enter the field of private practice, you will be thrown upon your own resources and subjected to criticism by those who have no friendly interest in you, and who may be hard to please, exacting and irritable, expecting you to anticipate their every wish. I have seen such exhibitions of temper, when the nurse was doing well, as to make me echo the remark of a leading London surgeon, who said to his patient: "You had better send to heaven, my dear sir, and demand a hospital-trained angel with a cast iron back." Happily such conduct is exceptional; but when it does present itself, you are sure to conquer it by kindness and gentleness.

Where you are employed, the management of the sick room devolves upon you. Do not assume charge as if you knew everything and the friends nothing, for by so doing you wound their feelings, while a little tact would soon create a lasting confidence. The cleanliness and purity of the sick room argues good nursing. All ejections should be removed immediately, and no food of any kind should be kept in the room, particularly milk, which possesses the property of absorbing germs of all kinds with rapidity. The room should be kept bright and cheerful, little talking, and that of a pleasant character; no whispering.

A nurse should never describe in a sick room her hospital experience, or the cases she has attended privately. She is often placed in confidential relations with the patient or the members of the family. Nothing would be more unpardonable than to break that confidence. The listener might be amused while the gossip is being retailed, but upon reflection he will conclude that his turn may come next. Indeed, she cannot be too particular in being silent respecting *all* she sees or hears in a private house where she has been employed. Unguarded remarks, though innocently intended, would give her such a character as to cause her to be shunned, no matter how good her other qualities. When you have obtained the confidence of the family, they will naturally look to you for leadership in case of emergency. It is then that you should be calm and quiet. Should you have any doubt how to proceed, immediately acquaint the medical attendant, who will advise you, or visit his patient.

The responsibility for the management of the case must rest upon the medical attendant. He is employed to direct you to carry out those directions, which you should do to the letter. You could scarcely commit a greater mistake than to question the wisdom of his directions or the correctness of his diagnosis. Nor should you by word or act break down the confidence reposed in him. Nurses sometimes, in their zeal to appear learned, overstep the bounds of pru-

dence. This brings to my mind, when in London about 15 years ago, I attended one of my nieces in her confinement. The nurse—a trained one—was the best dressed lady in the house, displaying two valuable diamond rings, the history of which she gave us—one from the Duchess of somebody, the other from Lady somebody else: in fact, her tongue did not cease wagging for hours. The next morning, when I visited our patient, I had hardly entered the room before the nurse said to me: “Sir, I think I will give Mrs. Capt. Hall a ‘Tamar Indian.’” This was said with such a patronizing air that I felt forced to rebel, and asked her whether she thought herself the medical attendant or the nurse. She said she was the nurse, but she knew that Dr. Priestley always gave it. I made answer that I believed Dr. Priestley understood his profession too well to give a powerful purgative the day after confinement, unless under very peculiar circumstances, and those circumstances did not exist in the present case. Upon reflection, she acknowledged that he gave it on the second or third day. Here you have an illustration of the fact that “a little learning is a dangerous thing.” She knew that the purgative had been given, but she did not know *when* it should be given. It is true she was a London swell nurse, while I was from the backwoods of America. However, in a few days we understood each other better, and got on well. She was a good nurse, but she assumed a position she was not able or intended to fill.

The life led by a nurse is varied indeed; now attending in some mansion, where a servant is told off to wait upon her, then nursing a young wife, where nothing that is required is at hand. To fulfil her duty wherever she may find herself, and give satisfaction to all, she must possess infinite tact and patience, be a good observer, and quick to read the characters of those with whom she comes in contact. The cheerfulness which may please one patient may displease another, and the constant attentions which will

soothe one will irritate another. Therefore, the nurse who pleases *all* may be classed as a ministering angel, who carries wherever she may go an atmosphere of noble labor and unselfish enterprise.

There are three chief branches of nursing—district, hospital, and private. The duties of the three are the same, except that those nursing in the districts are supported and paid from a fund raised by subscription or otherwise. They visit the houses of the indigent—or those who cannot afford to pay for a nurse—wherever sickness exists, and attend to the various wants of the patient. I sincerely hope that from this hospital we may be able to afford a staff of nurses for that purpose. Only those who are daily brought in contact with the misery accruing from the want of such nursing can appreciate the necessity for it. Imagine a small child with hip disease and abscess, where ignorant handling would produce exquisite agony. The skilled nurse alone knows how to move the small sufferer so as not to jar the diseased limb. Another patient, bedridden and suffering from disease requiring constant poulticing; the wife a helpless, nervous woman, with her room in confusion. In a few minutes the trained hand has removed the crumbs from under him, replaced the cold sloppy poultice with a warm, firm one, given him a warm cup of gruel, and made him comfortable. Or the sick young mother, in a dark and impure room, with a crying child at her side, too often drugged with “sleepy stuff” to enable the mother to obtain the rest which nature demands. Here the nurse can teach the mother that infants thrive on light and air, not upon “sleepy stuff.” Each nurse could visit from 10 to 12 such cases a day and return to her home at night.

The road to the heart is oftener through the eye than the ear. I am quite sure if we could induce some of our kind friends who are taking such an interest in this institution to visit such cases as I have described, and *see* the misery that could be relieved by such nursing, there would

be no lack of funds for the support of it. In proof of what I say about the eye, I recollect when I had medical charge of the Poor House, a man asked me to go into a house in York Point to see his wife. I went, and such a scene as I witnessed I shall never forget. The woman was ill, lying upon a straw bed on the floor, and not even a chair or table in the room. Two children, one 6 and the other 10 years of age, both crying for food. The father was a drunken dog, and the mother declared to me that none of them had tasted food for two days. I gave the child some money to purchase bread and butter. As I went out, I met the late John Kerr, Esq., a kind-hearted man, and one of the Poor House commissioners. I told him what I had seen. At first he refused to go in, saying that I was always finding out such cases. However, I succeeded in inducing him to go in. When he *saw* the misery, and the children devouring the bread and butter, tears came in his eyes, and it was not long before he had them all in the Poor House, himself carrying a child on each knee in a coach. Here his eye appealed to his good heart.

Now, ladies, I must conclude these few remarks. They have not by any means filled the picture I wished to have drawn. But such as they are, you must accept them as a proof that the commissioners and the staff are alike interested in your future welfare. We all promise to perform our parts; and let us hope that your conduct may be such that when you leave this institution, you may enable us to point to you with pride as having belonged to our nursing staff.



