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The descriptive terms applied to weather, as cold, warm, dry, damp, wet, calm, windy, rainy, snowy, do not require special definition but are used in a relative sense. For instance what one would call cool weather in Cuba might be very warm weather at Mount Desert in Maine; what would be called dry at Greytown, Nicaragua, would be damp or wet at Santa Fe, New Mexico. Weather is often named by a sort of metaphor referring to its effects. Thus fair weather is that originally suited to ordinary commercial operations. The term has been modified in its uses by the United States Weather Bureau to indicate the absence of rain and complete cloudiness. Foul weather is that which is unsuited for such operations, generally rainy and windy. Dirty weather is that with low-flying clouds and driving rains. Soft weather is that which prevails when the melting snow or rain has softened the soil and impedes travel. Again weather is bright, sharp, tonic, sweltering or sultry, according to its physiological effects, and dull, close, gloomy, according to its psychic effects. By settled weather is meant a condition in which there is little intensity and little change in the meteorological elements from day to day. The converse of the proposition is variable weather. The weather of the southern states and of the Pacific coast is relatively settled. The most variable weather in the United States occurs along the northern boundary from the Rocky Mountains eastward. A spell of weather is the continuation of one type, especially in regions of variable weather. A change of weather is a change from one type to another.

(To be continued)

WHERE THE NURSE SOMETIMES FAILS¹

BY CATHERINE E. MORIARTY, R.N.

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What nobler calling could there be than that of the trained nurse? Who gives more relief to suffering humanity than this "angel of mercy" as she is sometimes called? How fine it would be if every woman who enters the profession would feel that hers is a calling for which she must one day give an account before the judgment seat of God, she would then be actuated by the purest of motives and the world could look to her as one who is really in sympathy with its miseries, but if she does not keep before her the principles that have been inculcated during her training, she fails, and that lamentably.

¹ Read at the annual meeting of the Graduate Nurses' Association of West Virginia, September 3, 1914.

In these days money making often seems to be the great aim in life and it is possible to find among nurses some who could be justly accused of commercialism. They work hard, indeed, but with very poor success; they are not in sympathy with the sick, they are only thinking of the remuneration they are to receive for their services. If a nurse is obliged to earn her living by nursing she should keep that fact in the background and should cultivate compassion and kindness for the sake of her patients.

Nurses who choose the kind of patients they will care for are also not a success; it may be they have a preference for nursing certain classes of patients or certain diseases, but this preference should never be shown, much less expressed. For instance, while talking with her friends one day a nurse said, "I hate to nurse women, they are so cranky." One of these friends has recently needed the services of a nurse but she did not call one of the group of women who listened to and approved these sentiments.

The nurse who works in a hospital is so familiar with its atmosphere that she often forgets that hospitals are dreaded by many persons. Nurses say that a certain patient is very trying because she is always ringing the bell, that she does not drink coffee or tea but prefers something else; they forget that the poor tired body may need milk, cocoa or chocolate to help restore it. Instead of being very careful of a patient's delicate susceptibilities, a nurse may be laughing, joking, telling stories, wounding the patient's feelings and gaining for herself the reputation of being cruel and insensible to the feelings of others, when she has been only careless.

Another nurse may err in speaking of what she calls family failings from one patient to another. It is unwise and unprofessional to speak of what occurs in the family or in the sick room. A nurse should have eyes that see, see not; ears that hear, hear not; and a tongue that speaks, speaks not of incidents that have occurred in the course of her duty. Personal knowledge relative to one's patients should be an inviolable secret.

One writer goes so far as to predict absolute failure for the nurse who gossips "however perfect her technique, her manner, her devotion, her superiority in all lines."

An impatient nurse and one who gives expression to her feelings is always a failure. We never see suffering humanity at its best; illness makes people unreasonable, irritable and not infrequently irresponsible. Let us sympathize with our patients rather than blame them. The nurse who has a desire to serve will show her sympathy by a gentle touch, a quiet voice, foresight and thoughtful attention.

If the patient is helpless she will use great care in giving food and drink and in making the toilet. The care and thought given to little things and the manner in which our duties are performed count for much in our work. Sympathy is the key-note to tact.

An extravagant nurse fails in her duty when she uses expensive supplies lavishly and causes the drug bills to be enormous. She should bear in mind that sickness is a time of unusual expense and that she can do much in enhancing her value as a nurse by exercising care in the avoidance of waste. The careful nurse when preparing delicacies for the sick will gauge the amount so that there will be very little in excess. In using expensive dressings she will be economical with them, though of course following the doctor's directions. If the bedding is likely to be soiled by a dressing she is instructed to use, she should protect it, endeavoring to make the laundry bill as small as possible.

No prudent nurse will discuss physicians or criticise their methods. She will frequently be asked what she thinks of the physician in attendance, of his methods, if his results are as good as those obtained by other physicians and numerous other questions. Instead of answering these, she should endeavor to inspire confidence in the attending physician, in deed and in expression. Her eye, her shoulder, her expression may put a dangerous thought in the patient's mind, in spite of the apparent certainty of her words. Again she fails when she ventures to offer suggestions to the physician as to treatment: she is in the sick room not as his consultant but as his assistant.

If the patient is not cured or improved, comfortable or at least satisfied, the nurse has failed in some way.

What nurse is not made happy by hearing of one of her profession who is doing good and pleasing her patient, and again how humiliated is she on hearing uncomplimentary remarks. Of course doctors and patients, too, fail sometimes but when the nurse is unfortunate enough to meet such, let her have sense enough for two or more.

In closing this paper I would suggest that all nurses try to be more careful of their speech and more circumspect in their conduct as the whole nursing profession and our beloved Alma Mater may suffer by our remissness.