

PRIVATE NURSING.

By Miss C. J. Wood.

IN years that are now past, the idea of engaging a woman to nurse the sick out of hospital was a thing unheard of. Private nursing was confined to monthly patients; or, if some lonely creature fell sick, untended by friend or relative, one of the Gamp sisterhood was put in charge of the patient, with such results as are graphically described by Dickens. We can imagine the rough shaking up of the pillow; the grumbling and scolding of the patient, if the nurse's gin-begotten slumbers were disturbed; the lack of all sympathy or tenderness, watchfulness, or thought for the patient's comfort. If the footsteps of Death seemed to lag, they might be quickened by the judicious use of narcotics or bed-clothes, and no one would be any the wiser. Such was the private nursing of the past, and it can hardly be styled professional.

On the other hand, the relatives took the place of the nurse. Nearness of kin or affection was often the only qualification for the nursing of the sick. Nobly such nurses rose to the occasion, to the best of their ability, and with untiring zeal they did their task, sweetened their offices with love, and put the whole of their soul in the work. If they lacked skill it was no fault of theirs, though many a precious life was lost for want of that knowledge that is raised up in the present day to reward the more rational and scientific treatment of the patient.

There is this to be said, which somewhat explains the increasing demand for skilled nursing that is being created—that the treatment of sickness has quite undergone a change. It aims at greater accuracy, by the use of such instruments as the clinical thermometer, the galvanic battery, the ophthalmoscope, the laryngoscope, and the like; and though, with the exception of the first two, these aids are for the doctor only, still they entail the need of skilled help, and often demand the recording of a series of observations that would be best noted by a practised eye. Then in feeding, posture, therapeutics, ventilation, sanitation—all that is meant by hygiene—there is a great change. These are found to be valuable agents in bringing about the recovery of the patient. They are not made use of in the hap-hazard fashion of the past, left to the likes or dislikes of the sick man or his friends, but are strictly prescribed by the medical attendant, who requires an independent authority or representative to carry out his line of treatment and to see that his instructions are fulfilled.

Moreover, the trained nurse, if she is worthy of her name, has learnt much that is valuable in the hospital wards for the comfort of her patient, in the alleviation of his pain or restlessness. Even in the art of moving him, washing him, feeding him, she can

contribute much towards making life less of a burden. If it has been the sad lot of anyone to see one they love in the grip of some fell disease, and to see him tended by unskilled—or worse, half skilled—hands, to know that his sufferings might be less, his discomfort mitigated, if only some knowledge with experience was brought to the aid of his attendants, they will at once appreciate the great boon that skilled nursing is in private. It must also bring relief to the anxieties of the doctor when he leaves his patient in the hands of a skilful, conscientious nurse, who will note change of symptoms, &c., and carry out his orders. He will then turn to his next patient with a mind disburdened of half its load.

There is a grave danger at present that many women half-trained, or with only a smattering of nursing picked up in their unsatisfactory probationer's progress from hospital to hospital, will deceive the public, and be put in positions of responsibility for which they are quite unfit. It is manifest that, if a doctor has a relative or friend nursing his patient, he will be aware that there is no training, and so his instructions will be more explicit, his watchfulness greater, and he will ask no more from his assistant than he can have; but, if the services of a professional nurse are engaged, it may be some time before he discovers that he has only received a spurious article, and great harm may be done in that time. He will rely upon her statements, trust his treatment in her hands, confide in her judgment, and so be entirely misled. A woman so placed is infinitely more harmful than an entirely untrained attendant.

The public are not yet sufficiently educated to distinguish between the false and the true. They may be much disgusted with the airs and affectations of the professional nurse, but unfortunately they may look upon that as indigenism in the race, a necessary evil to which for the good of their patient they must submit; not, as it is in truth, a test of base metal. In time this will correct itself. As our training schools turn out year by year a better trained and higher stamp of nurse, so, by a process of natural selection, the spurious nurse will die out. But this will be a work of time, and in the meantime it might be well to devise some stamp, like the "hall-mark," with which to distinguish the gold from its imitator. This is a serious matter; it involves the issues of life and death, and may make all the difference to the prospects of a family—the difference between the life and death of the breadwinner or the mother's care for the children. A professional nurse should be made to answer for herself, to give an account of her claim to assume the title. She should not be taken at her own valuation, but be asked to show proofs of her training and skill. Surely this is no hardship on a nurse, if she has the honour of her profession at heart? A doctor must give proof of his claim to

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