

course some patients have no reticence and show no hesitation in openly discussing their most intimate affairs with any woman who happens to be their "Nurse." But I think there are a very large number of married women like myself, past early life, who very much value the discretion, the prudence, and the wisdom of an older Nurse. If the public does *not* appreciate the Nurse over forty the public must be very superficial and narrow. There are very few women who begin to learn anything at all that is of human value till they are about thirty years old, and to discard a woman of forty as past her work would appear to me more than an absurdity. Is her past knowledge and experience to count for nothing? Is fifteen years' work to be put aside, and are we to value our Nurses by the colour of their skins and a line or a wrinkle more or less? My experience of the Nurse of twenty-five to thirty-five is that she is thinking largely of herself, her concerns, and her future. After that age she begins, to a large extent, to sink her own personal aims and interest herself in others. Give *me* the Nurse from thirty-five to fifty, and if well preserved the Nurse of fifty-five—a good motherly soul who will not criticise and laugh at my little weaknesses, as so many of the younger Nurses do.

PRIVATE PATIENT.

A SAD CASE.

To the Editor of "The Nursing Record."

DEAR MADAM,—May I ask you to excuse me troubling you with my affairs, but I shall be so glad if you can advise me and help me if you can in any way.

I have had a very, very sad married life, with no one to help me in any way. My poor husband was a great drunkard and opium taker. He took his own life—in despair, I think—early last year abroad. As a girl I was always fond of medicine and surgery, and when I found we were starving and my husband reckless, his practice gone, in December, 1888, I left him, taking my dear boy with me.

Briefly, since then it has been a very hard existence. Being without relatives who could help me, and taking my peculiar sad circumstances into consideration, the Committee of a Provincial Hospital agreed to make an exception in my case, and if I was able to pass the same examination as the two year trained Nurses did, they would take me in and give me a one-year certificate. If I failed, so much time would be lost. However, I passed well, and with the exception of six months when I was Matron I have been private Nursing. I came to London to nurse a lady who died on December 11th.

I have my dear boy to support in a provincial town, and find the Nurses in London can demand a much higher salary than in the town in which I trained, where from March till September very little Nursing is to be had. So I want to remain here if I can, but I do not know anyone in London, or how to set about getting work.

My one year's actual training debars me from the Nurses' Co-operation, and also the Nurses' Registration. I would much like a post as District Nurse near London, where I might have my own house and have my boy. Friends are trying to get him a clerk's post in town, or secretary to any company—or, in fact, any honest work that will support us. I know the address of no Homes in London where Nurses take their own fees.

Will you forgive me troubling you and help me if you can? I feel so wretched and lonely in a strange city and poverty so near to me.

I enclose testimonials, a rough draft of my career, and all particulars. Awaiting most anxiously your answer,

I am, Madam, yours truly,

DISTRESSED.

[This is one of many letters which come to us written in the same heart-rending strain, and we publish it here with a twofold object; firstly, with the hope that it may meet the eye of some one who will be able to help this poor lady to obtain the work she so much needs, and so make the New Year a happier and brighter one for her; and secondly, hoping also that many Nurses will recognise how blessed it is to be privileged, *through co-operation*, to be kept in full

work. We think that if they realised how much they have to be grateful for, in possessing this greatest of all blessings—work—the Nursing world generally would be credited with a brighter and more contented spirit.—ED.]

COMPARING NOTES.

To the Editor of "The Nursing Record."

DEAR MADAM,—With regard to mental cases, I am of the opinion that all medicines should be given openly. It may excite the patient at first, but after a time she will take it quietly, and will not lose confidence in her Nurse, as would assuredly be the case if aperients were given secretly, for sooner or later the patient would find it out, and refuse all foods. Besides, it is most essential that mental cases must recognise that their Nurses are to be obeyed, and this can be accomplished without any unkindness on the part of the Nurse; simply from the first quietly enforce obedience.

I know in private cases this is constantly upset by the patient's relatives and friends, but the Nurse should patiently go on doing her duty and, by winning day by day the confidence of those around her, a good Nurse will eventually succeed. With regard to the case in question, no mention is made as to what form of insanity the patient is suffering from, so it is difficult to form an opinion. If the patient is fed by tube, the aperient should be mixed with the food before it is administered, but not put in under the observation of the patient. Again, if it is essentially necessary to avoid excitement for various reasons, I would suggest a dessert-spoonful of pure glycerine taken once a day. It cannot be given in tea, lemon juice, &c., but must be continued for some time, and should be mentioned to the doctor.

Yours truly,

TRAINED MENTAL NURSE.

THE NURSES' BEER.

To the Editor of "The Nursing Record."

MADAM,—I have protested before—and I will protest again—against the attempt so constantly made to reduce Nursing to a penitent order. There has always been too much confusion of idea about the position Nursing should hold in the human world; and infinite harm has been done by the introduction of the semi-religious, semi-conventual and semi-philanthropic halos. By all means, if Nurses like to be "religious" let them be. If their views of life are conventual, let them enter convents or practise conventual habits in their daily lives. Again, if they wish to be philanthropic, there will be ample outlet. But we cannot force these views on the *profession* at large without doing an immense amount of harm. To begin with, directly you introduce "religion" or "philanthropy" into any calling, you bring down salaries to the minimum point. People say, "Why should I pay this 'good Nurse' a living wage? She does not look to this world for a recompense—her reward is to be hereafter."

So, as a practical woman, I object. Another point of view is this. If an artificial standard of so-called "goodness" be raised—and please bear in mind that I do not allow that a tithe of what is called "goodness" is in reality goodness—we open up the avenue to no end of deceit. I know now many Nurses who pretend never to take beer or stimulants of any kind, and who wear the "blue ribbon," but I know that they take more than double the amount of alcohol that I take, who make no pretence one way or the other. In conclusion, I must maintain that an adult woman, even though she be a Nurse, has a perfect right to decide for herself whether or no she will take beer. She is responsible for getting her own livelihood, and has to get it, and no one, it seems to me, has a right to intervene between her and a glass of beer. Let people who are so anxious about the Nurses, and what they shall eat, and what they shall drink, and what they shall wear, turn their energies towards the industrial, social, and co-operative side of Nursing. We really, in that case, might see a great deal accomplished.

Truly yours,

A ONE-GLASS-OF-BEER-A-DAY NURSE.

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