

correspondent suggested sympathy as an essential quality, and one which was absolutely non-existent in the case under consideration, the medical man agreed as to its desirability, but inquired with some cynicism how many nurses in a hundred possessed this quality, and seemed to think that if he waited to find this qualification in the nurses he required he would wait a long time indeed.

Surely the greatest technical skill is of no avail if a nurse is fundamentally unsympathetic. If she lets her patients see that the offices she performs for them are repugnant to her, and her manner is coarse, repellent, and unsympathetic; to be at the mercy of such a person when helpless must be torture to a sensitive patient, and it is easy to be understood that her services are calculated to be harmful rather than beneficial.

How are the sick to be protected from women of this description? Manifestly by strictly weeding them out in the training schools, and never allowing a nurse, however brilliant and clever she may be, to pass through a three years' training if she does not possess qualities of heart and mind which will make her congenial to her patients, if her head is filled with her own importance, and the sick who are her charge are but items in the gratification of her own vanity. Such a nurse may be smart, up to date, and popular with the medical staff, but the sick dependent upon her will shrink from her touch, and the sound of her tongue, and will wait for the advent of her less showy but kind colleague before asking for the hundred and one little things which make all the difference to their comfort.

But it may not be possible always, even with the greatest watchfulness, to detect a lack of sympathy in a probationer during her training, for women, as a rule, are imitative creatures, and, if the sister of a ward sets an example of devotion and sympathy, a pupil may follow it superficially and almost automatically, so that her lack of these essential qualities may escape observation. The real test begins after her graduation, when she starts work on her own account, and her natural qualities are more freely exhibited with the removal of the restraining influence of her training school. What is to be done then is a difficult question, but it is certain that such a woman will never make a successful private nurse, and that, if possible, private patients should be protected from her.

Lord Kimberley's condition has been so serious that no less than six nurses have been installed in the house in Lowndes Square.

Nursing at the Sesame Club.

There was a large and interested audience at the Sesame Club in Dover Street on Wednesday, the 6th inst., at which Dr. May Dickinson Berry presided, to listen to Mrs. Bedford Fenwick's Address on Nursing as a Profession for Women—apparently her opening words came somewhat as a shock to those present, who hear so much nowadays about the "profession" of nursing.

"I am specially pleased" said Mrs. Fenwick "to accept the invitation of the Sesame Club to speak on Nursing as a Profession for women, because as yet no such profession exists, and so intricate are nursing politics in this country, that I am convinced that the nursing of the sick will remain in its present chaotic condition, until such time as the public, who are the patients, and are therefore vitally interested in its organisation, take the trouble to study the question for themselves, not alone from a philanthropic, but also from an educational point of view."

This was the key note of the lecture. No profession worthy of the title can be based on charity, and until the public realise that the trained nurse must be educated, trained, and legislated for as the members, of other learned professions are, until it grasps the fact that charity and social patronage must be eliminated from the "making" of nurses, just so long will this most important skilled vocation remain in its present disorganised and unsatisfactory condition, greatly to the disadvantage of the sick of all classes.

Mrs. Fenwick gave a graphic resumé of nursing in the past, and amused her listeners with quiet little "digs" at popular prejudices—speaking of the evolution of nursing in England—she referred to the pioneer work of the great Rahere, the jester of Henry II., who founded St. Bartholomew Hospital about 1123; "who becoming," according to an old chronicle, "mercifully converted from the error of his ways, determined to make a pilgrimage to Rome, coveting in so great labour to do the worthy fruits of penance. And while he tarried there in that meanwhile, he began to be vexed with grievous sickness, and his dolours, little by little taking their increase, he drew to the extreme of life, the while dreading within himself that he had not still for his sins satisfied God. Therefore, he supposed, God took vengeance of him for his sins, amongst outlandish people."

"It will be here observed," said the lecturer, "that even at that early date our insular prejudices were fully developed!"

On his return to London Rahere founded the Priory and Hospital of St. Bartholomew, and widespread was the fame of the miracles performed in the church. We hear for instance of "a man who was paralytic for many years being taken in a basket to the altar and recovering the use of his limbs. Again "a woman's tongue could not be contained in her mouth. Rahere touched it with relics and painted it with holy water, and within the same hour it went back between her teeth." "It is not stated," Mrs. Fenwick observed "how long it remained there!"

The hospital was supplied with nurses by the Augustinian Order until the Reformation, and the patients

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