

in the right direction, for I presume no hospital would give a certificate of efficiency in nursing unless the receiver had proved herself worthy of it in every respect, which would include character as well as technical qualifications. So when the public insist on having only qualified nurses, the women with little or no training will find there is no work for them, and they will cease to exist in the nursing world. But whether we get that or not, is a question for the public to decide for themselves, in the present chaotic state, they are the chief sufferers. In reference to another of Miss Johnston's remarks, I do not think it is only nurses who discuss the subject of their work. To me disease seems to be the favorite topic of conversation in every household. For instance, at the present time is not everyone bored to a degree over the vaccination epidemic? Appendicitis and small-pox also have their supporters in "polite society!" I make a rule of not discussing the subject out of the sick room when nursing, for it is most depressing at meal times and the short time I get for recreation, not to be allowed a little change of thought, and besides that, I have to use my time in collecting something of interest for the benefit of my patient, when I return "on duty." Politics, art, sport, anything in preference to the favorite topics of the three D's (Dress, Domesticity, and Disease), so all-absorbing to the female mind of the present day. One reason why the best class of nurses prefer hospital work is on account of its regularity. When they leave the wards they leave all responsibility behind them, and can give their minds and bodies complete rest and change. That is impossible in private nursing. A nurse is "on duty" from the moment she enters a house until she leaves it. Although she generally meets with great kindness from the people of the house, and afterwards retains them as friends, during the time she is employed she can never for a moment forget that she is the nurse—she can never relax and feel just herself for even an hour. It is this strain that is so trying to the nervous system, and makes so many nurses give up the work and return into hospitals. To my thinking, it is far easier to nurse an acute case, and the work is hard, to having what a patient frequently calls a "light case," when there is but little nursing required, but you have always to be in evidence.

Tact, adaptability, with a strong sense of humour, are most necessary qualifications in a private nurse, without them it is impossible to succeed, so great and varied is the work expected of nurses, while working with "all sorts and conditions of men." They must be well educated, good at games and conversation, also accomplished, and know how to travel both abroad and at home, so it is well for them to have a knowledge of French and German, and, above all, they must be well up in cooking and household work. Then, in every family a nurse enters there are fresh idiosyncracies to be studied, and the servants to be considered, or she is sure to come to grief, the patient usually being the least difficult to please. For a nurse can always find immediately on entering a sick room many little things which add to the comfort of the sufferer, which the most devoted friend or servant has failed, through lack of experience, to do; and, above all, she secures order and quiet, for which a sick person, whether man or woman, is always grateful.

The picture in *Punch*, to which Miss Stewart and Mr. Holland allude, was no new idea to private nurses.

Most of us meet with something of the sort. I have done so twice in my career. I look upon those experiences as food for amusement, and wonder what the next will be. It is easily explained at the time, and the woman (I think men as a rule are more considerate) who has expected just a "wee bittie" too much, has realised that, after all, a nurse is but human.

I have rarely met with a nurse who has complained of over work or too long hours, so long as it has been for the good of her patient. The reward of an improvement is all that she cares for, and if, in addition, she receives a word of approval from the doctor, she cares for little else.

I have known cases where nurses have worked until they are exhausted, and have then been replaced by others, because there has been no one in the house who could relieve them while they had necessary rest. The public do not realize that in these cases a nurse may be made so ill that she cannot resume her work for several days, and in many cases she has to pay for her rest out of her earnings, so that from a financial point, that case is entire loss to her. But these are mere trifles, which trained nurses would consider bad taste to mention. I merely agree with Mr. Holland and those who know, that there are two sides to the question.

Miss Johnston's remark *re* "the callousness to suffering, and indifference in the hour of death" is almost beneath contempt, it is so absolutely incorrect. I might say that each death adds one nail to the nurse's coffin, and not be accused of exaggerating by those who experience it.

I hope all who are interested in nursing will make a point of attending the Conference of the Matrons' Council on May 29th, and that the subject will be fully discussed. Perhaps if nurses and the public cooperate we shall be able to "right the wrong." I for one shall be pleased to meet Miss Johnston, and on the following day we shall all be anxious to hear Miss Louisa Stevenson's views on "The State Registration of Nurses." I hope Miss Johnston's paper will have been the means of arousing general interest, then it will have been of use to us. Yours faithfully,

JULIA HURLSTON.

#### THE HOME LIFE OF PRIVATE NURSES.

*To the Editor of the "Nursing Record."*

DEAR MADAM,—I am sure your correspondent is right in thinking that the lack of any home life between their cases deters many well-trained women from adopting private nursing. The best type of women are those who have a genius for making a home. Do we not see evidence of it on all sides in hospitals and infirmaries, in the wards which are made cheery and homelike by women's hands, in the sisters rooms which are models of cosy comfort, in the Nurses' Home in the rooms of the nurses which bear marks of individual taste and refinement? But the private nurse is continually changing her quarters, and even if she makes a residential home her head quarters between her cases, she is never sure of having the same room, and it is impossible for her to make a real home for herself, added to which she always lives more or less in public, and never gets away from an atmosphere of professional gossip. At least that is my experience.

Yours faithfully,

ANOTHER HOME-LOVING NURSE.

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