

increase the number of total abstainers, so that they might not only have this Bill repealed, but bring the power of temperance opinion to bear on Members of Parliament, so that when the time arrived for a change to be brought about they would lessen this great burden thrust upon the people.

The conversation in the nurses' dining-room, says the *National Hospital Record*, is very often "shoppy" in the extreme. . . . Devotion to the patient's needs does not require that they and their ailments should be discussed incessantly, and the best interests of the nurses require that their minds be directed to other subjects, when off duty. Prohibitions may help, but human nature is so constituted that the instant a thing is prohibited there arises a consuming desire to do that very thing. One superintendent tried the experiment of posting a notice in the nurses' dining-room, prohibiting nurses from talking about "doctors" while in the dining-room. That it was needed every nurse was willing to admit, but that it would be generally observed few were willing to promise. One nurse facetiously remarked that "when nurses only had three topics of conversation—what they got to eat, their patients, and the doctors—it seemed positively cruel to cut them down to two." If, with the prohibition, the head nurses had taken the matter in hand, and given real thought to introducing suitable topics of conversation, there would have been more hope for the success of the plan. The easiest way to drive out the dark is to bring in a light. The easiest way to correct the undesirable in life is never by creating a vacuum, but by filling the place with "things lovely and of good report."

The Duchess of Northumberland recently entertained at Alnwick Castle 150 nurses of the Northumberland County Nursing Association, together with representatives from each committee in the county. Luncheon was served in the guest hall, and the treasures of the castle were opened to the visitors.

At a public meeting recently held at Yoker the question of the withdrawal by the Old Kilpatrick Parish Council of the grants to the District Nursing Associations for providing nurses for the poor was dealt with. Parish Councillor M'Kay, who was in the chair, said the withdrawal of the annual grants for sick nursing had grieved a great many of the public very much, and that meeting was the outcome of that feeling. When he saw the proposal to withdraw the grant carried in the Council, he thought our humanity was degenerating. Mr. Greer gave many instances to show that a trained nurse was an absolute necessity in the community, many sad cases of hardship being known to him personally. On the motion of Parish Councillor

Deery, it was unanimously resolved that the nursing of the sick poor should be assumed by the Parish Council as a primary duty, and that in order effectually to overtake the whole parish the Council should appoint a nurse whose time would be devoted solely to the burgh, and also renew the grant to the three district nurses whose services had been recently dispensed with.

At the last weekly meeting of the Banbridge Guardians the special business before the Board was the consideration of the notice of motion handed in by Mr. Archibald Haire as follows:—"That where any medical officer of Banbridge Union certifies for the removal of a patient to the infirmary or fever hospital, accompanied by a trained nurse, the relieving officer should not engage extern nurses for such purpose, but a nurse from the workhouse should attend in the ambulance, the Master to arrange with the existing staff for the performance of her duties during her temporary absence."

The circumstances attending the removal of a patient to this infirmary when no nurse could be found willing to accompany the ambulance sent to fetch her, until the night nurse volunteered to do so, will be remembered. Mr. Haire said he brought forward this resolution in view of what had occurred. The doctor certified that an old woman suffering from heart disease was fit for removal if accompanied by a trained nurse. The Board passed a resolution requesting the Master to send out one of the nurses in the workhouse, but they all refused to go with one exception. He (Mr. Haire) assisted at the removal of the patient that evening, and she was then in a dying condition. She afterwards died in the workhouse. The doctor could not have employed a trained nurse to attend the patient at her own residence, and that would have cost the Guardians about 30s. per week.

The Clerk then read a letter from the Local Government Board stating that when a nurse is requested to accompany the ambulance she must be obtained by the Master on requisition to the Head Nurse, who, under Article 4 (c) 7 of the Board's Order of July 5th, 1901, has control over the nurses, attendants, &c., in the infirmary. The Board point out that whenever possible the Head Nurse should comply with the Master's request, but when a nurse is not available a competent person should be provided by the Master to accompany the ambulance. The letter was considered satisfactory, and the matter dropped. We fully concur in the remarks of the Local Government Board, and consider that every effort should be made to send a trained nurse with an ambulance in which a patient who is seriously ill is to be removed. Manifestly the duty is a much more important one for a Poor Law nurse than

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