

he asked. Then, as I did not answer quickly, he added sharply, "Don't you know 'Cheyne Stokes' breathing?" I had to confess I did not.

"My conscience!" he exclaimed, "your own common-sense might have told you." What more my common-sense should have taught me I never heard, for Sister and the Staff Nurse came in at that moment, and he went away with the former.

The Staff Nurse was in tears.

"You have got us into trouble," she said, "I never saw Dr. Comming so angry; this is a special patient of Sir John's, and he was to have been telephoned for if any change took place." Then she explained to me the difference between the soft slow breathing that became deep and loud, and normal breathing; then, thinking, I suppose, that my emotion was due to her rebuke she tried to soften it.

"It has often been a comfort to me, she said, to remember that:—

"All big fleas have little fleas,  
Upon their backs to bite 'em;  
And little fleas have lesser still,  
And so ad infinitum."

and with this philosophical remark she moved away.

In another hour the struggle was over, and with all the blackness and horror of death in my soul, I removed the screen to another patient who was weak and nervous. I told this patient jokes, and boisterous laughable stories, and we laughed over them, until the tramp of the men's feet, who were removing his companion's body, sounded in the hall. Then Sister looked over the screen and remarked, that the man in the next bed had been taken to another room.

"I'm glad to hear that, I hope he will soon be better," my nervous patient replied "but nurse has been telling me the best joke I have heard for years," and I went on with my work, leaving him smiling to himself.

Then how I longed for the darkness and silence of my little cubicle, where I could throw aside the mask of cheerfulness, and look as miserable as I felt. I cried myself to sleep that night, and for many nights afterwards, but my tears were as much for the sorrows and sufferings of others as for my own.

After that experience my patients were no longer "cases," but men and women; when they suffered I was grieved, when they won their way back to health, I felt that my life was full of reward. The work was no easier, but when my feet blistered and my head ached I prayed "Lord save me from ever being sorry for myself," and I was saved from self-pity.

In another month the work was fascinating,

and the thought of leaving hospital with its rush and worry and heartbreak was like a nightmare. Only one out of every six nurses who came for training completed their three months' probation. I was musing on this one day as I went "off duty" when I was met by the Matron.

"How long have you been here, nurse?" she asked.

"Eight weeks to-morrow, Matron."

"Well, you may get your outdoor uniform," she replied, "and I hope you will be very happy in your work."

Being told to get outdoor uniform was at that time equivalent to being accepted for three years' hospital training. And thus began three of the most intense and busiest years of my life as a hospital nurse.

## Nursing in India.

Nursing in India! What do we know about it? Who amongst us at home, with an instinctive, though perhaps unexpressed feeling that India is to the Indian, has not longed that more should be done to qualify the women of India to care for their own?

A governing race and insular, the reply is always:—*We* Heaven Born—*We* command. Maybe—and yet—well, we have never been to India. Some day—but that is another story.

It is just a year ago since a few nurses met at Lucknow for the purpose of discussing the advisability of forming an association of trained nurses, having as its object the introduction of a higher standard of training in the hospitals in India. It was decided to form such a society, and as those present were working either in the United Provinces or Punjab it was agreed to call the association for the present "The Association of Nursing Superintendents of the United Provinces and Punjab." A constitution was adopted and officers elected. The membership consists of Active, Associate, and Honorary Members. *Active* members must be Superintendents of nurses, holding certificates of training from recognised training schools. *Associates* must hold a certificate of training from a European training school, not necessarily doing active nursing. *Honorary Members* are those specially interested in nursing, or who have rendered valuable service to the cause of nursing.

Only active members are entitled to hold office. During the past year the membership has increased to twenty-four, and it is hoped

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