

him. I look back upon the months spent with him as the happiest in my nursing career. He was attended by a good doctor, which was a great advantage to me, as I did not feel myself forgotten absolutely. The other, also, was a gentleman, a mild brain case, who did not require a doctor in attendance. He was a troublesome, obstinate man, who had ruled supreme all his life, and still *would* do so. I found his family worn out and one and all suffering with nerves. Each gave me private instructions what to do under every possible and impossible circumstance, till my brain was in a whirl. All I had to do, really, was to "potter" after him and his cat all day and keep him out of harm, without appearing to do so. The whole time I was with him I cannot remember having a single interesting conversation with anyone, or being able to read or do anything for my own good. Had I remained permanently I should have grown like him. On leaving I said I would return after a bit if his family wished.

Older nurses are generally preferred for chronic cases, as they are supposed to be most experienced in tact, &c., but I think nurses fresh from hospital are better suited, as they are young enough to return to hospital work for a few months afterwards if they feel it necessary to bring themselves "up-to-date" again in their work; whereas a nurse of thirty-five to forty is unable to do so, and she finds, when she wants a fresh case, that others have taken her place in the Society to which she belongs, and the doctors have forgotten or ceased to ask for her. Therefore, she experiences a greater difficulty than formerly in obtaining work.

In these days when the struggle for existence is so great, nurses owe a duty to themselves. To live at all, they must keep their health and nerve and do what they can to improve their minds in general subjects as well as nursing progress; but when with chronic cases, as a rule they are cut off from everything, it being impossible to "get off duty" to attend lectures or meetings or to see friends. It frequently happens they are located in some quiet country place, so even if they can leave the patient, there is nothing they can do to get change of thought. Nurses after all are human, and if, as in some associations they are sufficiently philanthropic to permit a considerable part of their earnings to be given to support hospitals and district nursing, there is no reason why associations should also wish them to give their health and brain-power as well; for when their only "stock-in-trade" is gone, who will provide the necessaries of life for them? An "Old-fashioned Woman" is right in theory, but if she had experience in private nursing she would alter her opinion, and no longer wonder "where compassion for suffering comes in." She would know that it was just that that was so trying to the sensitive twentieth century nurse. A Betsy Prig could and would be indifferent to suffering, but the present-day nurse trains herself to notice every change, and is always on the alert and ready for emergencies. It is the being able to be a minute "previous" that makes her services of more value to the patient than those of an untrained person. Only this week I read of a case

where two nurses were in attendance on a patient. They left him for a few minutes, during which time he shot himself. Had they been on the alert this ought not to have occurred. It would be interesting to know if these nurses were tired out and so became indifferent and careless. Then, for the other side of the question, we too frequently hear of nurses committing suicide from over strain. We generally find these women have been overworked and too anxious, and it has proved too much for their mental balance. I fail to see any comparison between a doctor's and nurse's work with chronic cases. A nurse is in attendance always, day and night, whereas the doctor at most, sees his patient for half-an-hour a week, when he leaves, he can forget the case till the next visit. Also, many doctors in poor practice would come off badly if they had not some chronic patients, but I have sometimes heard a doctor who has a large busy practice, say he has not time for these cases, therefore he suggests a nurse, who he knows will report to him should his services be required.

The two or three guinea fee a week is an old grievance. All I can say is, let those who think nurses are over-paid try working for long hours themselves at the price. If they trouble to think it out, at so much per hour, they will find a typist or good cook is better paid; they can begin their work earlier in life and continue longer. A trifle also to remember in regard to payment is the number of weeks during the year nurses have to wait for cases, when they receive nothing, and the expenses of living are higher for them than for other women workers, who are in constant work, receiving a definite salary, and who are able to arrange a permanent home for themselves. I can assure "An Old-fashioned Woman" it requires great economy for a nurse to make both ends meet, especially if she tries to save a little against illness or old age or to take a holiday.

I am looking forward to the day when State Registration will be an accomplished fact, then, although I cannot hope to live long enough to participate in the benefits, I shall feel there is a chance that my successors will work under more favourable circumstances than it is possible for private nurses to do now. I should hope then we shall not hear of permanent nurses, but that all associations, instead of a few will have the bi-monthly change rule and keep to it in chronic cases.

The Associations would not lose by it and it would be quite as beneficial to the patients as to the nurses probably more so, for they would look forward, hoping for a better one next time.

Yours faithfully,

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A SENSE OF HONOUR.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I was very pleased to see your remarks on the above subject in last week's Journal. I am sure they are necessary. I have been horrified when staying in nurses' homes to hear the open way in which former patients and their relations and surroundings are talked over. It is neither honour-

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