

treat and cure the sick before the right to practise is conceded to him; and, though we do not for one moment place ourselves on the platform of the medical profession, yet we do claim to be their assistants; we do claim a dignity and importance for our work second only to theirs; and because of this we say that a professional nurse should show that she has the knowledge and training required before putting her hand to the work.

It has been shown that a demand for nursing in private families is growing steadily. As a people we are slow to accept these changes, but once accepted they take deep and increasing root. When we looked upon a nurse as a Gamp, then we jealously shut our doors against her, and pitied the sick poor who were her victims in the hospital wards; *mais nous avons changé tout cela*, and the change for the sick poor is also altering the nursing of the sick in private, and before long the nurse and the doctor will come together. It is impossible to over-rate the blessing and help that a sympathising trained nurse is to the family in time of sickness or death: the one calm mind in the presence of trouble and emergency; the friend on whom all rely, and whose knowledge gives support and confidence during the varied crises of an acute illness. This may serve as an incentive to some nurses who, not having yet grasped the situation, think that hospital nursing will be the beginning and end of their work, and who prefer its interests and excitements to the more trying and anxious care of the sick in private.

These things are all in a transition state. At present private nursing is entirely subordinate to hospital work, and in a secondary sense only are hospitals training schools for nurses. Long may this last! for the hospital patient will have infinitely more care bestowed upon him by the stationary nurses of the ward. But in the nature of things it cannot last, for as the demand for nurses increases the yearly output of trained nurses must grow to meet it, and our large hospitals will become training schools for nurses. Thus training will come first, and sick nursing second.

In the family also is the transition evident. At present the opinions as to the usefulness and status of the nurse are divided. In some houses she enters as a kind of upper servant, who ranks in the housekeeper's room and is treated by the butler and ladiesmaid with a condescending familiarity; or, on the other hand, she takes her place at the family table somewhat as a lady-help, and there is some hesitation in asking her to do "menial" duties, and a feeling of doubt whether she does not want more waiting on than the mistress of the family. Nurses have themselves much to blame for this. If their position in the household is to be defined they must define it themselves. They are there to attend upon the sick person, to do all that primarily or

secondarily is necessary for his comfort, and to be the friend and help of the family. It can hardly be a benefit in a house of sickness to bring in one more person to be waited on, when the domestic department will be heavily taxed to meet the extra demands upon it. It can hardly help the friends in their time of sorrow to have an official presence in the house, unsympathetic, and exceedingly jealous of her dignity. It can hardly comfort the sick man to see that his nurse, though adding greatly to his ease, is coming between him and his relatives and causing dissension and discord. None of this will make the nurse a welcome inmate in the time of sickness. Undoubtedly it is a position of great difficulty, requiring infinite patience and tact to manage with justice all round; but it can be done, and the secret lies in entire self-forgetfulness; and surely, whether in the family or in the hospital, this should lie at the root of the nurse's work, and then it will of itself sober difficulties of relative position and make the work true.

In the nurse's relation to the friends of the sick person there will arise the most complications. Naturally the wife or the mother will have some hesitation in committing one so dear to her to the hands of a stranger; and where opinions clash she will think, and with reason, that she knows his idiosyncrasies best, and that at least her word should be of some value. If the nurse is inclined to take a high-handed stand, to be the official at the outset, it is very probable that there will be a collision, and perhaps a sore feeling begotten that may endanger the success of the nurse's mission. The rather would I suggest that the nurse felt her way; that by her quiet demeanour she showed that she knew her work and her place, and could bide her time. By little and little she would introduce her methods, making a suggestion here about the food, there about the ventilation, some little arrangement for the greater comfort of the patient, some improvement in the way of using the remedies; so by degrees she will be wanted, and so gain her employer's confidence. Though she has come as the sick nurse, she can hardly be nurse against their will, and certainly will not nurse to advantage; and if she burdens them with the weight of her presence they may try to do without her, to their own manifest loss.

It is always a matter of doubt what are and what are not the duties of the nurse in the sick room—where to draw the line at the so-called "menial" offices, a very false, misleading term. This is surely a relative question, and turns upon the state of the household and the needs of the sick person. In some households, where service is in abundance, the housemaid's duties may be done by one of the servants, if not harassing to the sick and if they are done efficiently; but if the family are in more economical circumstances, and the expenses of

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