

details and much volubility, of the wolf in sheep's clothing, who came to them when they were in sore distress, and worked havoc in their midst.

Few Nurses are able to escape the tedious recital of the misdemeanours of the sham Nurse. In their indignation people forget that such is not the most acceptable conversation with which to entertain one of the fraternity, and I cannot help wondering if clergymen, doctors, and lawyers are, in close *tête-à-tête*, regaled with minute accounts of the doings and misdoings of the black sheep of their profession, or rather of impostors who attach themselves thereto.

Experience has taught me to cut short the unpalatable disquisition by the query: "Was she a trained Nurse?" "How do you know she was a Nurse?"

This invariably turns the subject. They had taken no means to ascertain. Life, indeed, is not long enough to allow us personally to inquire into the antecedents of every professional person of whose services we wish to avail ourselves. If the medical man be unknown to us, we turn to the Directory; if the solicitor's be a new name, we examine the Law List, or we can do so if we care to take the trouble. And now in the Nurses' Register we have an equal safeguard for our sick.

So much, briefly, as regards the benefit to the general public of the Register of Nurses; but that is only half the question. The Nurse's point of view is of equal importance. The patient is one of the public, and the Nurse is one of the public, a citizen and a loyal subject of the realm (let us trust), and has—rights I would like to say, but that the word is somewhat discredited—who has then, claims for consideration, that cannot be clearly defined, and that are certainly not clearly recognized. Until within some five years since, the Nursing profession has been a silent Sisterhood, and no voice has been raised on its behalf; but the application for the Royal Charter has brought the Nursing profession before the world, and made it a public question by basing one of its chief claims for support on the ground that it affects the public welfare, that Nurses should be competent for the duties they undertake. And special stress is laid on this point with regard to private Nurses.

It is an open secret that private Nursing is unpopular among qualified women, and it is a generally accepted idea that only want of health and strength for hospital work, or financial necessity, induces a Nurse, with good credentials, to take up this branch of work.

Yet it would seem that private Nursing is the

ideal of home-nursing to the enthusiast in her profession. The private Nurse has full charge of the patient in the absence of the doctor, is not distracted by the exigencies of ward routine or ward work, but has leisure to watch and care for the patient without the divided responsibility that takes from the interest of Hospital cases.

Why then does the Nurse so dislike private Nursing?

I believe the answer is to be found in the attitude commonly adopted by patients' friends to the Nurse.

At first sight one can hardly understand that the attitude should be anything but welcome. People in general have an enthusiastic admiration for the Hospital Nurse: she represents to the popular imagination the traditional Saint of the Monasteries, or the historical Sister of Mercy of the Middle and later ages, who in times of peace visited and nursed the Sick and the poor, and in time of war bound up wounds, and ministered to the dead and dying.

But the same public does not find it easy to throw round the private Nurse seen in her everyday dress, and with everyday manner, the same glamour. On the contrary, the British householder is not a little disappointed to find that the ministering angel, who, in time of war or pestilence, as a matter of duty, would work without intermission, is, in his home, compelled to demand certain hours, possibly inconvenient hours, in order that she may take rest, and even such recreation as an hour's walk—this last being the sorest of points with the Nurse's employer.

The private Nurses' avocation gives her the minimum allowance of rest and recreation with which it is possible to keep in health, and patients' friends must learn that, on this account, the Nurse is less able to bear the continued strain of day and night Nursing without interval, than might be expected from a member of the same household, to whom such an experience is a rare event.

But this would be a revelation to the public. "I am sorry," said a lady to me the other day, "I am always so sorry that the doctor times his visits so late in the afternoon, that it gives the Nurse so little sleep before she takes her turn after me for the night."

It did not occur to this lady—a most kind and considerate woman—that if, in order to give the report to the doctor the Nurse's hour for retiring was delayed, her hour for coming on duty might also be delayed. Things do not go by clockwork in a house where there is a critical case of illness, and things might surely alter their routine for the sake of the Nurse. But we do not find it done.

Another cause tending to make private Nursing distasteful to the highly skilled Nurse is that a predecessor in the family, or in the same town or village where report travels fast, may have been one of the unskilled and incompetent Nurses who

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