

ingly. During the first week the Nurse should carefully learn the disposition of the patient; get to know her amusements, fancies, sorrows and joys; in fact, make her her own as much as possible. Her will has got to submit to the Nurse, so the Nurse must be one with her, or there will be two wills going instead of one. Hysteria seems so much on the increase that it is becoming a necessity for Nurses to learn its alphabet (as one of your correspondents happily terms it) in order to read its signs and symptoms. Effecting the cure is most weary work, and wears the Nurse pretty well out; but that does not matter if the patient is cured, and learns to keep herself cured.—I am, yours truly,
L. B.
Biarritz.

To the Editor of "The Nursing Record."

MADAM,—I have just returned from listening to Miss Stewart's most excellent paper on "Nurses, their Recreation and their Work," and I most heartily agree with all she said; but I would have been glad to hear something about the recreation of Private Nurses as well as those in Hospitals. Hospital Nurses work *very* hard, I know, and deserve all the change they can get, but private Nurses have *much* more responsibility, and, as a rule, work many more hours with very little chance of any recreation. In the first place, it is almost an impossibility to go to theatres or lectures. I believe private Nurses are generally supposed to have one hour a day in which to take the much needed walk, but frequently she cannot get it; she generally takes the night work, coming on duty about 9.30 p.m.; the doctor, whom she is obliged to wait for, comes, as a rule, between 12 and 1 p.m.; between then and her 9 p.m. breakfast she has to get her walk, dinner, and sleep, which is often disturbed once, if not oftener, until the patient is quite convalescent. No one, I think, will consider eight hours quite enough for dinner, rest and recreation. Of course one frequently has opportunities for reading, but what sort of books are you often provided with? The two last houses I have been in, the books have been almost entirely devoted to religious subjects, and although they may be very well in their way, they are not the kind most Nurses crave for when they do have time to read, at least I do not. Another house I was at, the *only* book they possessed was "Jane Shore"; and in still another the library consisted almost entirely of "Family Herald," novelettes, and such-like high-class publications; at the present time I am having to subscribe to a circulating library; perhaps I have been unfortunate in my experiences. I do not quite see how these things can be altered, but perhaps some one else can suggest something, for a private Nurse particularly needs to be bright and cheerful, as she not only has the patient, but all his immediate friends and relations to cheer up and comfort; naturally this is easier if she has another Nurse to share the responsibility, but the long hours and close confinement are certainly very wearing, and render it *most* difficult to keep healthy and cheerful as is so necessary. In our Home we are allowed 24 hours off duty when we return from a case if we have been there more than four weeks, and three weeks' holiday some time during the summer; but I do not think that is quite sufficient. If we could have a fortnight or three weeks twice a year, I feel sure it would be very much better for the patient as well as the Nurses, because they would not get so thoroughly tired out, and, consequently, could work much better.
"A PRIVATE NURSE."

MELBOURNE NURSES.

To the Editor of "The Nursing Record."

MADAM,—In the "Melbourne News" in the NURSING RECORD for December 23rd, you give an account of the new system of co-operation under which our Nurses are working. The change was made at my request on the 1st of October last, and, I am glad to say, so far it has answered well. Your

correspondent speaks of the well-earned fees finding their way, but in *small* proportion, into the Nurses' pockets. This is by no means a correct statement. I came to Melbourne four years ago to join the Home Staff, and received £40 and twenty-five per cent. of my earnings (total, £64 10s.) for the year, besides uniform. During the bad times the salaries were reduced to £30 (£35 for those who were trained in monthly work, in addition to general training), and twenty-five per cent., and this really meant a very good income, as the Home provided uniform, washing, and chemist's account. The Nurses have at different times received, indirectly, £400 over and above what they earned. The object of the Committee is to provide a really good Home for better-class Nurses, and there is every prospect of success. English Nurses especially owe a deep debt of gratitude to the Home, and those at present on the staff, as well as myself, are very anxious our Nursing friends in England should not misjudge the Committee under whom we work, and from whom we have received so much help. Hoping you will give this account publicity,—I am,
Madam, Yours truly,

E. GLOVER, Lady Superintendent,
Trained Royal Hants County Hospital, Winchester, and
Queen Charlotte's, London.
Melbourne Trained Nurses' Home.

MASSAGE.

To the Editor of "the Nursing Record."

MADAM,—The employment of Massage may be safely said to have passed through that stage (common to all remedial innovations) when it was considered by some enthusiasts a panacea for all diseases, and to be settling down at length into its proper place, and that a most important one in therapeutics. At first it was looked upon by the ultra-orthodox practitioners as charlatanry and humbug, and, undoubtedly, not altogether without reason. In order to keep their art secret, many of the earlier operators were in the habit of conducting their manipulation under the bed-clothes, and of suggesting that they were possessed of special mesmeric or other influences; on the other hand, the sceptics imagined that Massage was only a new-fangled term for an "up-and-down" scrubbing, which could best be administered by a muscular washerwoman. Having continually to make use of Massage and Kinetics in my orthopaedic practice, I have been struck by the great difference in the capacity of operators, and on looking over the advertisements in the medical journals the cause is apparent. In his article on Massage in "Heath's Dictionary of Surgery," Mr. Bernard Roth states that "an intelligent Nurse can be readily taught in one or two sances." My experience is diametrically opposed to this assertion, but as one is continually seeing advertisements of the "Massage-taught-while-you-wait, with-a-certificate-on-leaving" type, in these journals, evidently Mr. Roth's ideas of the amount of instruction necessary are being propounded generally, with the natural unsatisfactory results. In my own practice it is immaterial whether my Masseuses are certificated or not so long as they are proficient in their work; one, at the present time, having been trained by myself, and the other by Dr. Stretch Dowse, but the public rely on the certificate as a proof of proficiency and sound practical training, and to ensure that this certificate has been obtained after a full course of instruction in regional anatomy, and the principles and practice of Massage, and also that the pupil is fitted physically and ethically for his or her duties (a most important matter), it would be well that it should be granted only by an organization distinct from the private schools of instruction, however good that instruction may be. I would suggest that an Association of Masseurs and Masseuses be formed on somewhat similar lines to the Royal British Nurses' Association, with a Council consisting of persons of known integrity; that all candidates for membership not already holding certificates at the formation of the Association, be

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