

avoided, and the knowledge that a good, pure-minded woman is willing to so care for him, has its moral effect upon the man, and certainly the experience will be of value to her when such duties devolve upon her in private work. In some Hospitals this may never be necessary. There are plenty of assistant surgeons or a trained dresser to do this work, but where it is a question of an untrained Nurse or an untrained orderly, I think the Nurse is the proper one to do it.

In regard to the preparation of patients for operation, and the operating room service, there may be much room for discussion, especially where students are admitted. I do not know what the practice is in most Hospitals. My rule has been to have the orderly give all the preliminary treatment, shaving, scrubbing, &c., but final preparation of the field of operation must be performed by the Nurse, unless it be upon the genital organs or perinæum. The same rule holding good in the operating room, the Nurses remaining unless the operation is one directly upon these organs. When we look back and remember how few years ago it is since it was considered possible for a woman of intelligence and refinement to enter the ranks of Nurses, and think how much has been accomplished in refining the influences surrounding the Hospital wards and operating room, it must encourage us to believe that the next few years will bring about results we scarcely dare to hope for at present.

Can any of us think that the women who have been the means of bringing about this great change have lost dignity and modesty through their training? Do we find that our Nurses become coarse, vulgar or loud, unsympathetic or indifferent to suffering; does it not develop all the best qualities if the woman is of the right kind?

Think of what the operating room was before woman entered it to purify its moral atmosphere. Have our Nurses been contaminated by this service? On the contrary, the surgeons of to-day have cause to bless us for what we have done for them and for the young men whom they are training to take their places in the future. They ask that we take charge of all operations. Let us demand that they take care there shall be no unnecessary exposure, whether the patient be man or woman; and it is the duty of every woman in charge of a school to be often present in the operating room, and when there is undue exposure to speak of it, and this can be done in a manner to call forth thanks, and not criticism.

Is it wise to allow our Nurses to give a full massage or rubbing to male patients? In some cases it seems necessary where the patient is just recovering from the effects of a severe illness, but when convalescence is once established

such treatment should be given by a male attendant.

In caring for the very sick we must, as far as possible, forget both sex and self. In their weakness men appeal to us as little children, and the motherliness inherent in every true woman's nature responds to their cry for help, and we give them what they need without any regard to our relation, except as patient and Nurse.

The question seems to resolve itself into one of sacrifice—a sacrifice of the best good of the patient, or of the feelings of the Nurse—and I am sure that every woman of good principle who is taking her training will hesitate at no service necessary for the welfare of her patient. To the young woman who has left her refined home, where she has been protected all her life, and who for the first time comes in contact with the work and requirement of Hospital life, the shock is a severe one. But if she has in her the material out of which good Nurses are made, she soon recovers her equilibrium, accepts the situation, and by the time she is ready to don her cap is always ready to consider the best good of her patient before her own personal feelings, and is willing to acknowledge that some of her preconceived ideas of modesty must yield to the necessities of the invalid.

Forgive me, if I have exceeded the limit of my subject in referring so often to a graduate's work; as training is only preliminary in most cases to such work, it has seemed necessary and could not be avoided. Much more might be said on this subject, but I trust that I have said enough to call forth a discussion that will be a valuable help to each of us in the future.

## Royal British Nurses' Association.

(Incorporated by Royal Charter.)



THE Quarterly meeting of the General Council was held on Friday, April 10th, at 5 p.m., at 17, Old Cavendish Street. There were present, Sir James Crichton Browne (in the chair), Sir Dyce Duckworth, Mr. Langton, Mr. Pick, Dr. Bedford Fenwick, Mr. Pearce Gould, Dr. Percy White, Dr. Wood, Dr. Thorne, Dr. Alderson, Mr. Gant, Dr. Calvert, Mr. Fardon, Miss Wedgwood, Mrs. Okell, and a small number of Nurses. The notice convening the meeting and the minutes of the previous meeting were read and confirmed.

Mr. LANGTON read the

### TREASURER'S REPORT.

"Owing to the meeting of the Executive Committee having been arranged to be held on Monday, March 30th, I have not been able to present my Report to the end of our financial year, nor can I therefore present to you our audited accounts up to March 31st.

I can only give to this Committee our receipts and expenditure up to March the 25th, which we append in detail.

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