

the modern nurse which is anything but flattering ; and also at the same time another suggestion by a medical man, that what is an elementary duty of a well-trained nurse—namely, keeping a chart of the temperature, pulse, and diet of the patient, for the inspection of the doctor in charge of the case—is an “absurd system,” and “a piece of humbug.” Dr. Myrtle says under the heading “Nursing and Nurses” :—

“Another immense improvement has taken place in the qualifications of our nurses and system of nursing. Before Florence Nightingale appeared we had scarcely nurses worthy of the name, except among the Sisters of Mercy in Catholic communities. Now, through the instrumentality of that noble-hearted woman and her fellow workers, nursing has been made perfect ; the sick room has been made bright and home-like, fit for inspection night or day, and the sick are watched and cared for tenderly, faithfully, with a knowledge of their wants, and skilful handling, such as could not be obtained from the most anxious and kind-hearted friends. With this admission I must add that the trained nurses of to-day are becoming a little too pronounced—too marked. I do not believe in their costumes, their shoulder straps, bands, belts, and badges, either in the sick room or out of doors. A simple cotton gown is all we want for the former, and for the latter ordinary attire. These would be more useful, more in harmony with their calling, though much less ‘fetching.’ Many of them talk and believe as if they really were responsible for the entire management of the case. I am afraid this arises from the laxity of the doctor, and the absurd system generally adopted by the young practitioner of requesting the nurse to keep a chart. In the morning he is presented with this, looks very grave, finds recorded : ‘9 p.m. Temperature 100.1°, pulse 98 ; took cup of beef tea at 11 ; slept for three-quarters of an hour ; passed flatus at 12 ;’ and so on. Now this in the general run of cases is simply a piece of humbug, but it gives the nurse a fictitious importance in the patient’s eyes, of which she readily takes advantage. If a doctor has to treat his patient by the reading of his clinical thermometer, I am sorry for the patient. It has its uses, but the principal one is to warn, not the doctor, but the patient or friend, ‘Tis time you had advice, there is mischief at hand.’ This is especially true when, with a rise of temperature, there is a corresponding increase in the heart’s action.”

So, according to Dr. Myrtle, a patient or his friend is quite capable of using the clinical thermometer and taking the pulse, and upon their indication sending for medical advice. We presume, therefore, that if a “trained nurse” happens to have a sick friend, her action in taking the temperature and pulse would cease to be “absurd” and “a piece of humbug.”

It is such “absurd” expressions of opinion by medical men, concerning “trained nurses,” which are apt to shake the confidence of the patient in the doctor’s common sense, and “give the nurse a fictitious importance” in their eyes.

THE death is announced of Father Rigg, the Roman Catholic priest of the parish of Dalibrog, South

Uist. A Hebridean cottar, with his wife and child, who were parishioners of the priest, contracted typhus fever, and as the neighbours were afraid to attend to them, Father Rigg, single-handed, nursed all three patients, besides cooking for them and performing the necessary housework, the monotony of the daily round being broken only by the visit of the doctor. Eventually the good father contracted typhus fever, in a most virulent form, and died. He could scarcely have followed more closely in the footsteps of his Divine Master than in caring for the bodies, as well as the souls, of his flock, and in eventually laying down his life for them. We do not doubt that his memory will long be cherished by his parishioners.

It is amusing to notice the various suggestions made by Guardians with a view to evading the recent humane orders of the Local Government Board with regard to pauper nurses. One Guardian suggests that the pauper shall “cease to be a pauper for the time being, and be paid for the employment.” This is ingenious, but we scarcely think that it will satisfy the Local Government Board. Yet another Board considers the new order “most unfair” on its nurses, who presumably are model paupers, and instructed their clerk to write to the Local Government Board asking for a supplementary order to be issued. Guardians may, and evidently do, wriggle under the new order, but there can be no doubt that they will have to come into line, and probably eventually will warmly support the new system.

It is to be hoped that the order which is to come into force in England and Wales, on September 29th, will shortly be enforced in Scotland and Ireland also. We have often commented upon the condition of the Irish workhouse infirmaries, and we quote below, in support of our statements, the following extract, which a contemporary states to be from an official report of the Local Government Board, dated August, 1896 :—

“The medical inspector visited the workhouse, and accompanied by the medical officer inspected the hospital. The hospital contains sixty beds, twenty-nine of which were occupied, but the general average is higher. For a workhouse hospital an unusually large proportion of the cases were of a serious character, requiring much care and skilled attendance.

“The staff provided for the nursing of these patients consists of one nurse (who had not regular hospital experience and teaching), five female pauper helps, and two male paupers, both infirm. The assistants in the nursing are five pauper women ; one of them is about sixty-five years of age, and the other four are women with illegitimate children, who live with their mothers in the hospital. Besides these five women a wardman is kept on the male side of the house ; his age is about seventy-four, and his hearing is defective. Previous to his coming into the workhouse he was an ordinary day labourer. He is assisted from time to

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