

A Lady of a Religious Community will be eligible for the position, and if appointed will be paid £60 a year, with furnished apartments, fuel and light, but need not be in attendance on the day of election.

Applications, addressed to The Chairman of the Board, enclosing copies of testimonials, and stating the names and addresses of two solvent sureties willing to enter into a joint and several bond for £200, will be received by me up to twelve o'clock, noon, on the above-named day, when the Guardians will make a selection of such Candidates as may appear to them most eligible for the office. Personal attendance of Lay Candidates will be required on the day of election.—By order,

DANIEL FLOWER, Clerk of Union, *pro. tem.*  
Clerk's Office, Loughlinstown,  
29th June, 1899."

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OUR correspondent informs us that although there was a lay candidate for this position, thoroughly trained and certificated in a hospital under a trained superintendent, a nun was appointed who had gained her experience in what was termed a "clinical hospital," an institution, in reality, to which was attached no resident medical officer, no trained Matron, and where, therefore, no real "training" in nursing was possible.

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THIS correspondent asks several pertinent questions: "Are nurses," she writes, "who have been trained in the best Irish Training Schools under well known Superintendents to be debarred of every appointment here, both in Union and County Hospitals? Can nothing be done to prevent such appointments (as that of the nun)? Is the trained nurse in Ireland to revert to the Gamp once more after all the hard work and study for a certificate? Would you kindly say what the terms 'clinical school' and 'trained nurse' mean?"

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WE sympathise with our correspondent. The term "trained nurse" has no meaning; anybody can term herself a "trained nurse." At present a professional nurse has no more legal status than a scullery-maid, and it is only economic competition with the untrained which will convince trained nurses of the necessity for legislation in *self protection*. We could wish that, inspired by some more public spirited motive, they would have combined to obtain legal status long ago. If they wait much longer, they will find "vested interests" too strong for them.

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Two booklets, by Dr. Oswald Browne, M.A., F.R.C.P., Physician to the Metropolitan Hospital, and to the Royal Hospital for Diseases of the Chest, should have a wide circulation amongst nurses. They are named respectively, "Some Thoughts about Nursing," and the "Care of the

Dying," and were originally lectures delivered to the nurses of the Metropolitan Hospital. They are published by Messrs. George Allen, Ruskin House, the price being 6d. each.

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DR. BROWNE emphasises "the real ONENESS of the nurse's and the doctor's work. It has been said that medicine has passed through various 'ages,' and that these days in which we live are a period of transition from the 'Age of Drugs' to that of nursing." Next he speaks of the necessity of cultivating the habit of observation, which he defines as follows: "The use of eye, and ear, and hand, linked with a trained habit of the mind to watch, regard attentively, to find by attention, to note, to keep, to obey, and to follow *facts*. It is to study closely, patiently, repeatedly, with the one simple desire to arrive at and know the truth."

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THE business of the lives of doctors and nurses alike is summed up as follows: "To be to every individual sufferer under our care all that we can be, to do all, even the very least, that can be done, and to do it in the simplest, kindest way."

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ON the "Care of the Dying," Dr. Browne has much that is of interest to say. One remark we would fain hope is unfounded, and we believe it to be so in the majority of cases. It is this: "It was said to me not long ago by a nurse who spoke with the experience of a lifetime spent in the service of the sick, 'In our hospitals the dying are not so carefully watched as they ought to be, especially at night,' and I was asked the question, 'Are nurses encouraged to pay as much attention to the dying as to the living?' One can hardly believe it otherwise, yet my informant tells me that she speaks that which she knows. I can only express my own deep conviction that amongst the many privileges which fall to us who wait upon the sick there is none that touches or approaches this (the care of dying persons), nor is there any part of our work that more amply repays most careful study. The lessons that may be learned from the processes of dying are far too little studied."

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ONE other point deserves attention. "It has been," says Dr. Browne, "my unhappy experience to witness more than one instance in which, during the last closing hours of life, owing to the importunity of friends, though even to a patient's great distress, the faculties have become first obscured, and then obliterated through the pushing of stimulants. It is the saddest thing in the world to see, and yet I do not hesitate to say, that it is by no means uncommon."

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