



## Letters to the Editor.

### NOTES, QUERIES, &c.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### PRIVATE NURSES AND STATE REGISTRATION.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—It is interesting and most encouraging to read in the Editorial of the *Nursing Record*, June 21st, of the progress our Australian sisters are making towards forming a systematic scheme of education for nurses. I hope now nurses in England will awake to their responsibilities, and, if they cannot keep ahead, at any rate keep even with their Colonial sisters. Clever and noble women have always come forward in every age of the world's history to help in good works, especially in those of humanity. In our own time and work, we do not need a better example than our great pioneer, Florence Nightingale. It is now nearing half a century since she took the first steps to improve and organise the nursing in our hospitals after the Crimean War. Much has been done since then, but there is still much to be done. Now that our nation is rejoicing in the "blessing of peace" after another terrible war, is it not a fitting time for all nurses to do honour to their greater leader, and unite in their efforts to bring to perfection the work she so ably began, and in which she still takes so great an interest? This can only be done by unity. The forces against us, comprising so many hundreds of inefficiently-trained women who call themselves nurses, far exceed in number the graduate nurses. But "right is might," and if we graduates all combine and make known to the public that what we want is for their good as well as ours, we must in time convince them that our cause is a just one, and that by helping us to obtain State Registration for Nurses they will be protecting themselves from a great and growing evil. When that day comes, and a systematic education is enforced, private nurses will hold a definite position, and their work will be less trying than at the present time, when they never know from day to day what household they will enter, and what prejudices caused by some inefficient predecessor they will have to overcome before they gain the confidence of the patient and his friends.

It is also encouraging to see the number of hospitals which are steadily following the example of St. Bartholomew's and starting Leagues of their qualified nurses. I should like to suggest that all private nurses holding a three years' certificate of training should form a League, with the object of gaining State registration. Private nurses have it in their power more than any other class of nurses to help in this work. As they travel about they meet many influential people who are interested in the subject, and they are able to discuss it with them. If the co-operative societies in London would begin by forming such a League, and

each member pledge herself to do all in her power to interest the public in demanding a uniform education for nurses, I think people would see that they were more than justified in their desire to protect themselves and the public from the inefficiently-trained women who now pose as nurses and bring discredit on all alike.

Yours faithfully,  
JULIA HURLSTON, R.N.S.

### SURFACE NURSING.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I feel much interested and wholly in accord with your remarks on "Surface Nursing" in a recent number of the *Nursing Record*. I hoped to see some opinions on the subject in your correspondence columns, for, so far, I have only met one private nurse who regards surface nursing as part of her duty. Nearly all declare it is not the nurse's "place" to act as lady's maid, and many announce with an air meant to convey great dignity, "I am *always* the nurse." I think there is no domestic duty which, at one case or another, I have not performed for the welfare of a patient. To me it seems that the question as to what is, or is not, part of the nurse's duty depends entirely on the circumstances of the patient. Personal comfort plays such an important part in recovery that I cannot understand a good nurse neglecting or underestimating so valuable a factor in her work. Once, at a chronic case, I remember noticing a decided improvement in the general condition of the patient, as the result of my designing for her a new and becoming coiffure, and recommending the purchase of a smart teagown. Though I am not one who devotes much thought to chiffons, I can fully understand this. Every woman, not absolutely callous and devoid of taste, must feel disturbed at the conviction that the inevitable ravages of illness have considerably lessened her personal attractions. And she must feel proportionately comforted by the readiness and suggestions of a considerate nurse to counteract these ravages. A nurse should not wait until she is asked to perform little toilet duties for her patient, for a sensitive patient would probably never ask. Yet she is the type of woman above all others on whom the performance or neglect of such details has most effect. If a patient does not keep a maid, I do not consider it kindness to do so much for her during convalescence that she will feel helpless and stranded when her nurse leaves her. Also I think it demoralising to lower middle-class patients to be too assiduous regarding their appearance. I have always found it best to encourage them to perform for themselves all the little niceties of the toilet as soon as they are well enough safely to do so. The exacting patient, who demands services I might feel disinclined to give, has never fallen to my lot, though I have heard that she exists in large numbers.

If nurses would but realise that it is not the duty they perform, but their manner and tone in doing it, on which their standing in a patient's house depends, they might be relieved from considerable strain in the upholding of their professional dignity, and would gain in enjoyment of what is, to my mind, the chief sweetness and charm of private nursing, namely, that one is assisting the return of health, or soothing days of hopeless illness, by the pleasantest of all means—that of making the patient as happy as possible.—Yours faithfully,  
MENA BEILBY.

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