

Miss Wade, the Superintendent, reports as follows on the work in Edinburgh:—

"The work throughout the year has been very heavy, especially during the winter and spring. The number of cases has considerably increased without any increase of the nursing staff, who were working from eight to ten hours daily for many months, in addition to the necessary attendance on lectures and study.

"There was no special epidemic, but generally a good deal of illness. Although there are a great many men patients, the greater proportion are women and children, of whom many are mothers and babies. This branch of our work increases much, as the benefit to future health of mother and child of good nursing and care at such times is more realised. We have also had many operation cases, which sometimes can be better managed at home than in hospital, when dependable nursing can be had.

"The nurses had a very great pleasure at Coronation time. Some friends gave money to take convalescent patients for a drive to see the town decorations. Each nurse had a cab for two hours, and took as many of her old folks and children as were able for it.

"It can hardly be understood," says Miss Wade, "what a great pleasure this little outing was to many who had not been out of the house perhaps for years. It is still talked of and enjoyed in retrospect, making one wish it were possible to give them such a treat occasionally."

We are aware that Boards of Guardians spend considerable sums in defraying the travelling expenses of candidates for appointments, but the experience of the St. Austell Guardians shows the advisability of the expenditure. This Board engaged a nurse, having a recommendation from the Medical Officer of the Infirmary where she was then employed, without seeing her. On her arrival it was found that she had lost one eye and three fingers. The incident shows that even the highest recommendations need to be supplemented by a personal interview, for most people, while sympathising with the nurse, will agree that such injuries must detract from her efficiency.

"How depressing it must be to be always with incurable and dying cases!" So say and think many nurses. Indeed, it would seem that almost a special vocation is needed for this particular work, so many nurses shrink from it. It is probably true that we only do well work which we like, and therefore, for the sake of both patient and nurse, it is undesirable that a nurse who dislikes attending chronic and incurable cases should have this kind of work allotted to her.

And yet, whether in special homes where such cases are received, or in private families, there is no class of nursing which tests capabilities, makes greater demands on the highest qualities, and brings out all that is best and most unselfish in a nurse more than the care of cases of this kind.

It is easy to most of us to put on a spurt for a while, but it is sustained effort which tests character. So, though we have no desire to belittle the services rendered by nurses who skilfully care for severe operation cases, it is undeniable that many are successful in this branch of work, with its absorbing interest, its share of honour and appreciation, and the pleasure of the speedy convalescence, for the most part, of the patients, than in the case of patients where "only this remaineth—more of pain."

There is little honour and glory to be obtained from the care of those who are slowly travelling towards the bourne whence none return. It is only the patients themselves who can tell of the devotion, or the lack of it, exhibited in the midnight hours, the little tendernesses and kindnesses which do so much to ameliorate inevitable suffering, the willingness, or the reverse, to perform small offices, which are not essential perhaps, but which still are a comfort to the patient. These things do not appear in the night report and cannot be indicated on the chart. Only the dying know, and they carry their secret with them to the grave.

But nurses who find their vocation in this kind of work are aware how much can be done for the patients, and assert that those who esteem "chronics" unsuitable cases for skilled nursing are in error, for there are none which put nursing skill to a severer test. Not only in the professional offices which have to be performed for them, but by reason of the atmosphere with which it is possible to surround them, and so to enable them to meet Death, when he comes, courageously serene. The skill of the nurse will also devise means whereby the patients during the days which remain may be kept occupied and happy, and their minds diverted from dwelling upon their troubles and pains.

Nurses who approach their work in this spirit tell us that the thanks they receive for the "most ordinary acts of kindness" are pathetic in the extreme. "Patients seem to expect one to be brutal to them, and are so surprised and touchingly grateful for being treated with just ordinary and decent civility," said one nurse recently; "it quite appals me often." Surely when our own turn comes we shall be glad to reflect that we were not of those who despised the chronics and incurables, and that we laid at their feet—and thought the use a good one—all the skill which the best training could bestow upon us.

[previous page](#)

[next page](#)