

The *Irish Times*, after noting the strong opposition to the Financier's scheme, makes this comment:—

The Registration proposals are those around which the fight is turning.

The Society must be incorporated by the Board of Trade, and the members assume no responsibility as to the provision of funds for carrying on the work. That in itself is calculated to raise hostility to the scheme, for if this Society is to be a philanthropic and educational Society, those constituting it might reasonably be expected to contribute to the work they have undertaken apparently of their own free will and resolution. If they do not provide the money for officials, examination halls, and the other requisites mentioned in the Memorandum, the nurses who seek registration must. We have read the document carefully, and we can find no clause making the members liable, except in the event of the winding up of the Society—a highly improbable event, should it obtain incorporation, and get the right of registering the nurses of England and Ireland, and the very drastic powers sought for. . . . The nurses are, therefore, in our opinion, quite right in saying that they themselves will have to finance this Society by their fees. Having paid these fees and passed their examination they may be removed from the Register at the absolute discretion of the Society. Not only that, but by the Articles of Association two members of the Council are authorised to exercise this autocratic power. We can only say that to such a proposition in sheer self-defence the nurses should give a determined opposition. Let us, however, pursue the financial aspect of the scheme. The members of the Society give nothing, but can fix the fees; the nurses give everything, and have no control whatever over the funds as they accumulate. There are about eighty thousand nurses in England. We do not know the number in Ireland, but if each of the English nurses subscribed a guinea it would mean a capital of over £80,000, and if 2,500 nurses finished their training each year, and paid a guinea examination fee and a guinea registration fee, there would be available an income of £5,000 a year. A rather humorous aspect of the affair is that the nurses themselves want to obtain a legal status through the medium of State Registration. This appears to us to be the rational and the simplest way of solving any questions that exist with regard to the nursing profession. The formation of a limited liability company to train, register, and control them seems to be the longest way round without proving the possible shortest way home.

It is reported that, doubtless in consequence of the strong criticism advanced against the original scheme, some alterations have been made by the promoters in the wording of several clauses of the Articles of Association of the Society for Promoting the Higher Education and Training of Nurses. In brief, these provide that the Council of the Society shall consist of Physicians, Surgeons and trained nurses, to be appointed by the Signatories of the Memorandum, and that the Consultative Board and Examination Board shall be composed of professional people, while the former shall also include "persons interested in the relations between nurses and the public."

Stray Thoughts on Private Nursing.

By Miss JULIA HURLSTON,
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In "talks" with patients I have nursed they have suggested to me that a few of my "stray thoughts" would be of use to nurses who have completed their hospital training and who are entering on private work. From many years of experience, I have learnt to look at things as much from a patient's point of view as from that of a nurse.

The remark often made to me about a previous nurse is, "She was an excellent nurse in every way, but," and that little word meant so much to the invalid.

I always think a good motto for a nurse to apply to herself is, "Put yourself in her place." It is not difficult to do, and it helps one in thinking of many little things that add to or take from, the comfort of the patient.

A refined, highly sensitive lady cannot be treated in the same way as a working woman (the type we have nursed in hospitals). Her nerves could not stand the rush and bustle of a ward. The actual nursing required for the special illness is the same, but the application of it is totally different. My first thought is the necessity for cultivating a quiet, peaceful manner. Do everything quickly, but never appear in a hurry. Study your patient's tastes, and remember that, although a doctor may have sent you to the patient, it is the patient who employs both you and the doctor, and if she does not approve of either or both, she is at liberty to change them at any time. So, although it is the nurse's duty to the doctor to conscientiously carry out his instructions, she cannot do so by any fixed rule. Often great tact is required, and if the nurse is quick in reading character, she does not find it difficult to let the patient think she is having her own way, and yet at the same time accomplish her own ends, which at first might have appeared distasteful to the patient. But if the nurse addresses the patient in a dictatorial manner, naturally she resents it, as probably she has never in her life been ordered to do a definite thing or has been opposed in her wishes. Then it means trouble both for the nurse and doctor. The patient must always be the first consideration, and the nurse who can manage her patient, and give her confidence, is more valued by the doctor than the one who thinks her first and chief duty is to wait on him, and always to be "smart" for his arrival. A singer once told me that she never felt, even after months of study, that she knew a song well until she tested the result of her work by singing it before an audience. Then only did she find out both its capabilities and her own weak places, proving that, even after well-digested theories and diligent work, practical experience must be the supreme and final test. In the same way, a nurse cannot be sure that

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