

My next attempt was when I was nursing a bad case of Bright's disease. My patient's wife, dear motherly old lady, could not understand the reason for such careful dieting. I explained until I was hoarse; the doctor did the same until he was cross, I think. Still she persisted.

"I don't care what either you or the doctor say; I am older than either of you, and have had more experience, and I know that a patient's strength ought to be kept up. I shall have some good strong beef-tea made, and he shall have it. And I can't see any use in two drachms of whiskey in a breakfastcupful of Benger, you might as well put none in."

I was there for more than four months, and each day we argued over the food, and I had to get the doctor to say that his window *must* be open. Poor lady! I found her weeping one day. On inquiring the cause of her grief, she told me—

"Lady C. has just called, and she says that the thing you have to be so careful about in kidney cases is to avoid a chill. She says if he gets a chill he will certainly die, and it is my duty as his wife to see that he does not; and I quite agree with her that you nurses and doctors are never happy unless you have a perfect hurricane blowing round; and we are not used to it. I know it will be the death of poor William; the wind is in the East, and his window is open quite four inches."

"Yes, I know it is, but he is not in a draught, and if you have it closed he will feel as limp as possible, for the thermometer is up to 68 deg., and there really is hardly a breath of air moving."

When I left I felt worn out with talking. The patient has recovered in spite of his treatment, and not because of it.

So there again I think as a health missionary I failed.

I am now on night duty, and this time I am battling for myself.

There is a question of a second nurse being required, and the lady of the house has requested the doctor to get someone who will not be such a trouble to feed. And why? Simply because I cannot eat meat three times a day, and would like vegetables once a day. I go to bed at 1.30 p.m., and ask for some vegetables at one. Unfortunately, I like every vegetable but potatoes, and it is the law here that only potatoes shall be cooked at one. If, as the lady says, the nurse would be content to have some beefsteak or a mutton chop it would be so much less trouble. In vain I explain to her that 1 o'clock midday is the same to me as 1 o'clock midnight to her, and ask if she would like to eat beefsteak on retiring at that hour. She cannot see it, and is anxiously awaiting a more sensible nurse.

I have come to the conclusion that as a health missionary I am a failure. M. H.

[Perhaps the writer builded better than she knew. Results are not always apparent.—Ed.]

The American Nursing World.

Miss M. Adelaide Nutting, Superintendent of the Johns Hopkins Training-School for Nurses, Baltimore, had many wise things to say in her address on "Graduation Day" this year on the work of the Training School.

PRELIMINARY TRAINING.

In relation to the course of preparatory instruction so successfully inaugurated at the Johns Hopkins, she said:—The burden of this hospital in all of its affairs and relationships is a heavy one to carry, and not the least of the responsibilities of those entrusted with its management is the maintenance of a great School of Nursing, whose teachings and influence must be such as can be passed on and followed anywhere. It has been our privilege to inaugurate here some of the most far-reaching changes that have been made in the education of nurses, and we like to think that in so doing we have made the path easier and safer for others. When, four years ago, we opened up here a course of preparatory instruction in an effort to improve our system and methods of teaching, we could hardly have imagined that by this date we should find such instruction being given in some form or in connection with thirty-five of our largest and most representative training-schools. The successful results from every standpoint of establishing this preliminary instruction within training-schools shows plainly, in our opinion, the next step in nursing education. We have pointed out before and we repeat, what seems to us desirable and what certainly is feasible, is a good school of nursing on an independent basis, which will prepare not twenty or thirty students for our hospital, but with very much the same machinery can prepare adequately 100 or more students to receive their practical training later in half a dozen different hospitals. The consolidation of certain medical schools has been for some time strongly urged, but we venture to think that it is hardly of greater importance than the consolidation of numbers of the schools of nursing attached to every type of hospital at present, and struggling with problems of education which they cannot possibly solve. The success of preparatory courses of instruction has brought such central schools of nursing nearer by a number of years.

A TUBERCULOSIS DISPENSARY.

Two interesting pieces of work have been inaugurated in connection with a Tuberculosis Dispensary and an Orthopædic Clinic. A Visiting Nurse was placed on duty in each of these departments as an experiment, there being barely enough means to sustain the work for a few months. The work of the nurse of the Tuberculosis Dispensary proved so successful that a generous donor has now

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