

my credentials. I am one of the two ladies in the "body of the hall" who knows Mr. Holland. I am also the "old friend who is not a trained nurse but wears a nurse's uniform." We are not accustomed to personalities at this Congress, and I do not desire to enter into personalities. Mr. Holland's first statement is correct. I am an old friend and know him. His second statement is not a statement at all, it is a slander. I have the certificate of a trained nurse; I have the certificate of a health visitor, and I have two certificates to qualify me as a sanitary inspector. I merely correct his misstatements in order that you may judge by them the accuracy or otherwise of some others of his statements. I forgive him. He was always inaccurate, but he is here at a very great disadvantage, and I like him very much.

MR. HOLLAND expressed his regret to Miss Brodrick.

MISS STEWART then proposed to give effect to the proposition contained in Mrs. Robb's paper, that the Executive Committee of the International Council of Nurses be asked to form a Standing Educational Committee, which shall report to the triennial meeting of the Council. This was seconded by Miss H. L. PEARSE, and carried unanimously.

TUESDAY, JULY 20th.

2 to 4 p.m.

The afternoon sessions of the Congress were held at Caxton Hall, S.W.

THE NURSE IN PRIVATE PRACTICE.

"The Nurse in Private Practice" was discussed in the Council Chamber, Mrs. Kildare Treacy, Secretary of the Irish Nurses' Association, and Superintendent of the City of Dublin Nursing Institution, presiding.

MRS. TREACY said: Ladies and Gentlemen,—I must avail myself for one moment to say frankly that I am delighted to see you all, not because of my position as President of this Session, but because of the subject upon which we are about to be engaged, and I must say frankly that it is a very great enjoyment to be able to give you "good day" once more. Besides, the great enjoyment of seeing one's friends again, I do not know of any gathering more informing than a Nursing Congress—especially an International one—for those who are interested in the improvement of nursing standards. And I am particularly delighted to find that the private nurse occupies the foreground with us today. She is an old and very intimate friend of mine; I love her dearly. I would like to read to you a telegram which we have just received, before calling upon Mr. D'Arcy Power. This telegram is from Dublin, and it

is addressed to the President of the International Congress of Nurses, Caxton Hall: "The Irish absentees send hereby greetings and best wishes for the success of the International Congress."

THE DOCTOR'S VIEW.

MR. D'ARCY POWER proposed that the discussion as to the position of the nurse in private practice should be considered under the headings: (1) The nurse in relation to the patient. (2) The nurse in relation to the friends of the patient and the surroundings in which she finds herself. (3) The nurse in relation to the medical attendant. (4) The nurse in relation to herself. In relation to the patient Mr. Power urged that it is unnecessary to introduce the routine of hospital life into private homes, and although rules are necessary in the sick room they should be elastic and not tyrannical. He thought that the duties of a nurse to her patient are generally performed satisfactorily, but that nurses still have much to learn in the relationship in which they stand to the friends of the patient and their surroundings. This is due partly to faults of the friends and partly to the insufficient training of the nurse. This insufficient training of nurses for private work is the fault of the present system which assumes that every certificated nurse is at once fitted to undertake private nursing although she may have passed straight from the schoolroom into hospital, and has had no worldly experience at all. He thought that there should be some period of probation before a nurse is allowed to undertake full charge of a private case, and that during this period she should be associated with a nurse of greater experience. The probationary period need not be a long one, but it should be compulsory.

The relationship of the nurse and doctor is extremely intimate, for both are members of the same profession, though they are practising different branches. It should be clearly understood that both are practising a profession, and not doing a business or carrying on a trade. When there is disagreement between doctor and nurse there are generally faults on both sides. The doctor not recognising the value of the special training which the nurse has received, whilst the nurse is devoid of the tact which ought to be one of the chief articles of her stock in trade. The proper position which ought to be taken by the doctor in any given case was that he was the managing director in a firm where the other partners have equal rights, but different spheres of action.

Lastly, as regards the relationship of the nurse to herself. She ought always to remember that as soon as she receives her certificate she is a member of a great profession, and no longer an individual. What she does and the way she does it, therefore, will bring credit or discredit upon the whole body of nurses, and not upon herself alone. Our ideal of nursing in England is very high. Modern nursing, Mr. Power said, was founded by ladies whose influence worked downwards, sweeping away the old nurse and replacing her by your-

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