

I think the principal graces required in a private nurse are *adaptability* and *tact*—*illimitable* tact—the “touch faculty.” These are, of course, embodied in the one potent word, *imagination*.

She requires to be continually re-adapting herself to new characters and new surrounding; she has to be continually re-moulding her own character to suit the diverse characters of her patients. For instance, the attitude that suits Mrs. Jones admirably will not do at all for Mrs. Smith.

The private nurse needs to cultivate the wisdom of the serpent with the harmlessness of the dove, in order to gain the necessary insight into character and knowledge of human nature. Then she will not fall into the error of the nurse who told her patient—a cantankerous old gentleman, who refused to take his medicine when she brought it at the precise moment ordered—that she must remain there till he did take it. Losing his temper, he took it from her and poured it on the floor in front of her! Had she waited for the psychological moment to offer it, she would probably have won him over. That nurse was probably very conscientious, but without tact or wisdom.

“The greatest study of mankind is man,” and the private nurse has need of it quite as much as the poet and the novelist.

I would urge upon all would-be private nurses the necessity of cultivating their minds. In a prolonged illness, followed by weeks of convalescence, companionship is needed quite as much as skilled nursing, and a nurse makes a poor companion if she cannot stretch her mind beyond “the blood and muscle” of her profession. A good all-round education is the private nurse’s most valuable asset; and if Nature has endowed her with a pretty wit, so much the better. A nurse in private practice requires to be a good conversationalist, and one cannot converse unless one reads and thinks. I would recommend the private nurse to avail herself of any and every opportunity of reading standard works of prose and poetry, also the newspapers, especially the leading articles, the best professional journals, and all good current literature. If a nurse has the *taste* for it, she will find or make time somehow. I believe, too, that a good deal of the depression that assails private nurses might be combated by this means, besides which their value to their patients would be largely increased. They must know what is going on in the world.

Those long weeks which two people pass in such close companionship can be productive of much mutual pleasure if the nurse can throw herself easily into the intellectual pleasures of her patient. There is no intellectual gift that a

woman can possess that comes amiss in private nursing.

This long and close companionship often begets confidences, too, between the patient and the nurse. The sacred duty of honourably guarding such confidences I need scarcely suggest; and yet there are some who are careless in this matter.

One often hears that we nurses are not what we were a decade or two ago—in other words, that we have fallen from our ideal. I fear we must admit that there is some truth in this. Bishop Wescott said: “Ideals are the very soul of life.” If, therefore, we lose the vision of our ideal, we rob the profession of its soul. I think this deterioration is largely due to the fierce competition that at present rages—the trained nurse with the untrained woman. We shall get back to it, I am sure, for better times are coming.

## Progress of State Registration.

### THE CENTRAL REGISTRATION COMMITTEE.

The following Medical and Nursing Associations have accepted Lord Ampthill’s invitation to appoint delegates to attend a Conference when it is hoped that a “Central Registration Committee” may be definitely organised to support a Bill for State Registration of Nurses. The British Medical Association has been good enough to place the Council Room at its office, 429, Strand, W.C., at Lord Ampthill’s disposal, and he has summoned a meeting for Tuesday, January 25th, at 3.30 p.m.

#### LIST OF DELEGATES.

*The British Medical Association.*—Sir Victor Horsley, F.R.S., F.R.C.S., Mr. T. Jenner Verall, M.R.C.S., Brighton; Dr. J. A. Macdonald, Taunton; Dr. R. C. Buist, Dundee; Mr. J. Smith Whitaker, M.R.C.S., Medical Secretary, B.M.A.

*The Matrons’ Council of Great Britain and Ireland.*—Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew’s Hospital, E.C.; Miss Heather-Bigg, Matron, Charing Cross Hospital, W.C.; Miss G. A. Rogers, Lady Superintendent, The Infirmary, Leicester; Miss H. Todd, Matron, Wandsworth and Clapham Poor Law Infirmary; Miss M. Mollett, Matron, Royal South Hants Hospital, Southampton.

*The Society for the State Registration of Trained Nurses.*—Dr. Bedford Fenwick, Miss Sidney Browne, R.R.C., late Matron-in-Chief, Queen Alexandra’s Imperial Military Nursing Service; Miss H. L. Pearse, Superintendent, London County Council School Nurses; Miss M. Breay, and Mrs. Bedford Fenwick.

*The Fever Nurses’ Association.*—Dr. E. A. Goodall, Medical Superintendent, Eastern Fever Hospital, Homerton; Dr. F. Foord Caiger, Medical Superintendent, South Western Fever Hospital, Stockwell; Dr. Biernacki, Medical Superintendent,

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