

longer interesting and does not call for all her skill and care to keep Death away.

But the poor patient, coming back to life resents everything having to be done for him, and perhaps the hospital-trained nurse lets him see (as I have so cruelly often heard said) that she wants to be off and away to a more interesting and severely ill case.

In infirmaries, where many patients stay till kindly Death calls them, nurses learn to look upon them as *patients*, not merely cases, to find out their likes and dislikes, and to give them every bit of sunshine and pleasure possible. And grateful as hospital patients are, they have not the memories to fall back on that infirmary ones have; the sorrow with which they lose their nurse who has been her time in the ward, their joy if that nurse is put on night duty with them, and if sent to another ward altogether the delight with which they see her when she sometimes comes to the ward door and says, "Sister, may I come in and see my old dears?" Believe me, there are joys to be found in nursing "old chronics" and convalescents and Poor Law Infirmary patients that are not to be found in any of the exciting wards of our hospitals, and there are qualities to be brought out and developed in a thoroughly well managed Poor Law Infirmary that under the present conditions can be developed *nowhere* else.

My Poor Law days are responsible for all the sympathy I may possess for those who are no longer dangerously ill, but yet have the *worst* of their illness to fight through, hating to be dependent on others when the extreme prostration has left them, sensitively ready to note in the nurse's demeanour that she wants to be off, longing to be up and about, yet unable, the days so long unless the nurse who has been the "strong tower" in the storm, continues to be the "strong tower" in the stress. To my mind a nurse fails utterly unless she is gladly competent in these respects.

We can all go into the forefront of the battle for a few days and work heart and soul with the doctor and win his confidence and approbation, and that of the relations, but the other is by far the harder task, and many are the Poor Law trained nurses who have won God's "V.C."

I hold hospital trained nurses in all honour, but their scorn of an infirmary trained nurse is not only snobbish and unkind, but unwarrantable. Each has the special qualifications of her training, and as Miss Barton says, *when* Registration is an accomplished fact, it will be shown that the good Poor Law Training Schools are quite able to hold their own with the good Hospital schools. If I want nurses when I go back to India, the one woman in all that country that I have my eye on is a Poor Law trained English Sister, one of the most capable, devoted, unselfish Britishers I ever came across. Hospital trained nurses need no championing; let us see to it that we are at least fair if not generous to the great army of women who give themselves to the easing and

comforting of "God's Prisoners," and who thereby find themselves equipped with qualities they little dreamed of, and are probably quite unaware of.

I hope I have not encroached on your space too much.

Yours sincerely,

S. GRACE TINDALL,  
President, Trained Nurses'  
Association of India.

#### REPLIES TO CORRESPONDENTS.

*Third Year Nurse, London.*—We advise you to confide in your Matron, and tell her of the work to which you hope to devote yourself after your training. She may be able to give you some special experience which will be of great use to you, and which, not knowing your purpose, she would be unlikely to offer you.

*Miss Edmunds, York.*—If you think of going to the Colonies it is essential for most appointments that you should hold the certificate of the Central Midwives Board in addition to a three years' certificate of training.

*Nurse James, Leamington.*—The prospects for nurses with general training who subsequently take up mental work and gain the certificate of the Medico-Psychological Association are good, besides which there is an immense opportunity of serving the sick, and the mentally sick are in an immeasurably harder case than those with bodily ailments only.

#### OUR PRIZE COMPETITIONS.

*September 13th.*—What points should be noticed about the dejections of infants, and what do they indicate?

*September 20th.*—Why is dust dangerous in a sick room? Describe your method of removing it.

*September 27th.*—Describe the nursing of a case of enteric fever.

#### NOTICES.

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