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## EDITORIAL.

### "THE PATIENT PASSIVE POOR."

Every trained nurse at the present time has the impulse, whether or not she has the opportunity, to care for our sick and wounded soldiers, and, preferably, for the wounded at the Front, and the impulse is natural and praiseworthy in those who have the knowledge, experience, and qualifications for this work.

But the nursing profession is, before all else, a disciplined and responsible body of workers, and, as such, has to remember its obligations to the sick as a whole, and not only to one section, and that a section honoured of all; the heroic soldiers—our own and those of our Allies—whom every nurse would willingly serve. "This ought ye to have done and not to have left the other undone."

As it is certain that the British Empire can at present provide as many trained nurses as are needed for our sick and wounded troops, let us consider for a moment what is left undone.

We hear, on all sides, of Boards of Guardians unable to secure nurses to fill vacancies in poor law infirmaries, of district nursing associations with depleted staffs.

Granted that the nursing profession must feel the strain of the large amount of extra work thrown upon it just now, can we honestly say that the needs of the poor have due weight with its individual members?—and it is individuals who make up the profession as a whole.

The "patient passive poor" will make no outcry if their needs are uncared for. They are too busily engaged in the battle of life, and they expect so little. But we, who know what can be done for the prevention of disease, and for the alleviation of suffering by trained nurses, know how they will suffer if the nursing service is restricted.

There a mother, on whom the welfare of the husband and children depends, will succumb to an illness which need not prove mortal if only skilled nursing is available.

There a bread winner will die in the prime of life. And the babies—fragile from birth owing to the strain their mothers have undergone, and the strenuous conditions under which they enter upon life—will wilt and die; because the trained nurse who could have tided them over a critical time is not available.

The heroic figure of the British soldier looms large in the foreground just now, but he should not obscure, and he himself would be the last to wish to obscure, the claims of those others in the background of the picture.

We cannot absolve ourselves from responsibility unless, undazzled by the glamour of war service, we have done all in our power to meet the normal demands upon our profession, remembering moreover that in times of hardship and stress those demands are likely to be greater, not less, than in times of peace. Because the poor are inarticulate we who are aware of their need may not put it on one side; it should indeed, for that very reason, have a stronger claim upon us. It needs no effort of imagination to visualize the poverty-stricken homes, and the comfortless condition of the sick.

Our eyes have too often seen it, our hands have evolved order out of chaos, and left the room in nursing order, and the patient on the way to recovery. It makes an appeal insistent and strong to which it is incumbent on each one of us to respond.

To the amateur the dressing of wounds appears to be the important part of nursing. The trained nurse, while doing her work in this direction with scientific accuracy and thoroughness, knows well that her success is measured also by the conscientious care which she gives to medical cases which need all the skill at her command,

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