

is required she is the worst person to administer it. She remembers more about the "insides" of her patients than about their outsides, and can tell you to an ounce the weight of the appendices, &c., she has seen removed, and will describe exactly how they looked. Whether she has ever frightened any of her patients into a fit I do not know. But if she has she will probably give a graphic and detailed account of the seizure to her next patient.

A type of nurse frequently met with to-day is the over-trained. The over-trained nurse has her head crammed so full with scientific terms that she finds it difficult to make room for anything else. Technical expressions trip from her tongue with the brilliancy of sparks from a forge. In the words of Omar, "she knows about it all, she knows, she knows." She is so acutely conscious of the fact that she is a nurse that she seems scarcely to remember that she is a woman. She will brush everybody else aside with a fine gesture that says, "make room for the Expert!" Everybody, that is, except the doctor—and sometimes she brushes him aside (having first swept the floor with him). She is often a good soul spoiled by too much system and a too rigorous training. It is an excellent thing to be well-trained, but it is also an excellent thing to be able to forget occasionally how well you were trained. The only way to manage the over-trained nurse is to introduce her to another over-trained nurse. They will then proceed to rub off the corners. But you had better stand clear while the process is going forward. It generates friction.

These are the four chief types met with to-day. There are other types, but they may be considered as variations on these main themes.

The nurse's career is a hard, difficult and too often thankless one. And, therefore, the above remarks must not be interpreted in an adverse sense. To bring the sympathetic touch of humanity into one's work and yet remain an efficient instrument of help and healing, demands high qualities indeed. The public too often forget this, and are surprised when they make the discovery that not every nurse is an angel without wings.

R. B. I.

THE FIFTH TYPE.

Why not five types? We know another which should take precedence of the four types depicted in the above article. See Prize Competition Question for May 19th.

NOT A MOMENT TO LOSE.

Nurses certificated in Canada, South Africa, and India have just time to register in England as Existing Nurses.

The pronouncement of the Ministry of Health that the Nurses' Registration Act per-

mits the General Nursing Council to place Nurses, as Existing Nurses, on the Register up to July 14th this year, who have been trained and certificated in hospitals approved by the Council in the Dominions Overseas and presumably in India, will just permit of Nurses trained in India getting on to the Register if they act without a moment's delay. This decision should have been cabled to all the Dominions as soon as given, but we have no hope that this has been done by our ineffective Council. We therefore advise Nurses in India to at once send for application forms, fill them in and post without delay to the Registrar, G. N. C., 12, York Gate, Regent's Park, London, England. *There is not a moment to lose.*

REGISTRATION IN INDIA.

Inserted in last month's *Nursing Journal of India* is the following important notice, signed by Miss Edris Griffin:—

"All Members will be interested to hear that Colonel Gidney, M.L.A., late I.M.S., is trying to get an All-India Act passed for the registration of nurses. The time is short as the Delhi Session is about to close, so nothing can be done here, but something may be done in the Simla Session.

"The period of grace for England expires in July next, but I have written to the General Nursing Council asking if it is possible to extend the period for India to July, 1924, in view of possible legislation.

"Colonel Gidney, in his speech, urged the need for registration and said that it would affect all nurses trained in India, no matter what nationality, if they were not able to register in England. This can only be done by reciprocal registration, and to get that we must first have registration in this country. Colonel Gidney pointed out that several ladies who trained in this country and are practising in England have been refused admission to the State Register because there is no registration in India.

"The Director General of Medical Services is in sympathy with the movement and has promised his support."

Alas! the period of grace cannot be extended. The Nurses' Act provides that it terminates on July 14th this year. What a lesson in the sad result of the proverbial apathy of trained nurses! For thirty years this journal has been urging, week by week, the duty of members of our profession, to the public and themselves, to work for and obtain legislation for the State Organisation of Nursing. For three years our Acts have been on the Statute Book—and it is not until it is almost too late for Existing Nurses to register that our colleagues in India have realised its importance, and at the eleventh hour begun to act. Well may American Nurses call THE BRITISH JOURNAL OF NURSING the "voice crying in the wilderness." Americans had the good sense to listen to its professional teaching thirty years ago.

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