

arranged as the convalescent wards are under the M.A.B., each pavilion is almost a miniature hospital, accommodating 30 to 40 patients, and administrative faculties are called into play. Each block has wards on the first floor and dining and playrooms on the ground floor, and a building thus arranged exacts very efficient supervision. Again, the dressing of many children, neatly and quickly, in the morning in the most suitable sizes of clothing provided, requires patience and capability. A nurse who is successful in this is rewarded for the trouble and pains she has taken by the increased happiness of the children under her care.

I hope that by what I have said I have convinced those in doubt that the experience and training obtained in convalescent hospitals of large size is varied and very valuable. Knowing well her value and the extent of her training, I would like to suggest that the convalescent fever hospital nurse should have some recognition, and propose that those nurses who desire to qualify for the fever certificate and who have already passed the M.A.B. examination in a convalescent hospital should benefit by serving for a shorter period at an acute hospital than the present regulations require.

I have only dealt in this address with one phase of the varied and ever-widening field of the life of nursing, but I cannot close without alluding to the great question of nurses' registration. I would remind nurses that their affairs are in the melting-pot and it behoves every nurse who cares for the status of her profession to be alert and active. "Every person who desires to be registered as an existing nurse must apply before July 14th, 1923, after which date no applications can be entertained." When a nurse is on the Register she has a vote for the General Nursing Council, and it is in her power now as never before to see that she elects those who represent her interests as opposed to those who are determined to exploit the nursing profession. There is an ominous movement afoot to enable persons to be placed on the Register who are not qualified, and surely those 20,000 nurses who have already registered on the understanding that one year's general training and two years' experience is the minimum required for registration, will never submit to the widening of the door of access to the First Register for Existing Nurses on the terms suggested by Dr. Chapple, which mean that a nurse can be registered, having had *no* general training.

I would exhort every nurse to be jealous for the standard of her profession and, after she has herself secured the necessary registration, to be watchful and to use her vote wisely and with discretion. Nothing worth while is ever won without a struggle.

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## MY WORK.

What a title! One conjures up visions of possible and impossible things: for never what one *is* or *does* pleases, but always the probability of something better.

My work! To me a wonderful work! lies in that branch of the service which comes under the broad title "Private Nursing"; full of incident and adventure, humour and pathos, and affording greater scope for the study of human nature than is attainable elsewhere. Why do we love to look after sick folks? We women, I suppose, are the potential mothers of the race, either literally or by imputation; and we respond to that elemental instinct in private nursing rather more than we can in hospital work. You enter the shadowed house where a loved one lies sick, unto death it may be; an anxious mother or sister, maybe a distraught husband, tells you about the invalid in strident tones of agony and fear; and presently you are ushered into the sick room. 'Tis a solemn moment for the nurse, as she tries to realise *all* her presence means to the patient and those who love her, or him, as the case may be.

We are bearers of comfort, hope, and calm assurance, just in proportion as our mental attitude is adjusted to their needs; for not every efficient nurse is successful in private practice. Let us see whether its needs and our supply fit? We may have been the idol of our training school, and have our precious parchments, and even gold medals safely locked away in our "boxes"; and possess qualities of unquestioned leadership in our profession, and yet be a complete failure as a private nursing sister.

Individuality and adaptability are its most clamant needs. It is no mawkish sentimentality to say "service not self" must be our motto. The spirit of service is its own reward, and is the axis round which success, and joy in that success, revolves. Years ago a revered and aged relative, long since dead, summed up those ideals in his advice to me, when beginning my nursing career: "Seekest thou great things for thyself? Seek them not."

Private nursing is a constant adjustment to the viewpoint of others; the reflex influence of which is patient understanding and tactful common-sense. We must adjust, first, to the patient and his needs! Second, to the relatives and their needs! Third, to the household and its needs! That poor invalid is not just a machine out of order needing tinkering and repair; he is a bruised and wounded human soul; and his outlook on life needs as great care and study as his physical wound. He is quick to appreciate the attitude of the nurse, and his recovery is dependent upon that mental factor; hence we hail as helpful all the "suggestion" theories of these latter days. Surround the patient by an atmosphere of hope and assurance, and his subconscious mind will apply these to his physical needs.

Then there is the help and comfort one can give to distressed relatives and friends. Can't you

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