

"WHATSOEVER THY HAND FINDETH TO DO DO IT
WITH THY MIGHT."

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A story is told of a Roman Consul who wished to insult a political rival so he assigned to him the supervision of the cleaning of the streets. The rival refused to regard this act as an insult, but determined to make the position one of dignity and honor. After he had thoroughly organized this department he made a tour of inspection, each morning riding through the streets in his chariot. Soon there was a marked change in the cleanliness of the city and the position came to be regarded with honor. Thus the Roman glorified his job.

How often we nurses have jobs that need glorifying! Well do I remember a young probationer choking back the tears as she told me that a patient had just informed her that nurses were merely servant-girls with a little education. This opinion, I find, is shared by many, and so we must play the part of the Roman. To raise the job to our own level, we must fill it with ourselves, not taking as the limit of our efforts the accomplishment of a predecessor, nor the letter of the requirement, but making our limit our very best endeavor, and that in good measure, pressed down and running over.

I am thinking particularly of the private duty nurse, for she is so largely "on her own," to make each job, or case, what she will. The head nurse is on dress parade before the student nurses and is under the eagle eye of the directress of nurses. The directress is being watched by the trustees, and is on dress parade before both the head nurses and the students; and so in other organized branches of our profession, supervision or competition or public opinion puts the nurse on her metal, if, perchance, her own standards sag.

But the private duty nurse, though working under a doctor and in the employ of the patient, may do a great deal less than her best and still "get away with it." How often I have heard patients say of a nurse, "she discharged her nursing duties well but that is all I can say in her favor."

Doing private duty nursing with one's might touches upon several relations. First, of course, comes the relation of the nurse and her patient. If they are mutually attracted many problems are solved automatically. When this is not the case, a liking can usually be cultivated. It is quite possible to cultivate the habit of liking people. Furthermore, if the liking is upset one day, one can learn to forget and start over again the next day. Even if things go from bad to worse, tolerance can be called to the rescue.

In the Litany of the Moravian Church we find this petition, "Make the bed of the sick, and in the midst of suffering let them feel that thou lovest them." If we cannot love (not always being great hearted as the One to whom the petition is made) we can at least let them feel that we are interested in them. For though the nurse may perform her duty with irreproachable

faithfulness, if she is cold and disinterested, the patient will feel it. Some nurses adhere closely to the rule of performing only those duties which come strictly under the professional requirements. There are, undoubtedly, very convincing arguments to uphold this rule. Very often, however, a willingness to transact a bit of business, or to do a trifle of mending or to perform a small household task will contribute so much to the peace of mind or the pleasure of the patient that it is the best medicine the nurse can give.

One time I had under my care a sweet young woman who had lost her first baby. Her heart was aching but her courage was high. The members of the family were all busy, and could give her but little of their time; consequently, I felt a special responsibility for comforting her. It was June and every day new flowers were blooming in the garden around her little cottage. I found she loved flowers and they became my allies. My patient looked forward to seeing what flower would decorate her tray and thus, being interested, her appetite improved and recovery was hastened. It takes thought and effort and tact and persistence to add the personal touch to nursing, but it is thus that we nurse with our might.

There are others to be considered beside the patient—the family and, if any, the domestics. All nurses have felt the difference between families that help and those that hinder. I bless the memory of the mother of one small patient of mine who helped to make my work effective. It was zero weather and cold sponges were ordered for the child. The mother was always ready to leave her work so as to soothe and quiet her little daughter during the ordeal. Thus good results were obtained at a very critical time. Often a hindering family can be won over to become a helping one when they find that the nurse is really interested and that their dear one is not merely “a case” to her.

More often than not, families feel a great burden lifted from their shoulders when the nurse appears, and place the greatest confidence in her. This lays upon us the responsibility of living up to that confidence.

The nurse's relation with the kitchen force is, unfortunately, often strained as many of us know to our discomfort. To the average cook, a white uniform has the same effect as a red flag waved before a bull. But who can blame the cook! Irregular and extra meals, a stranger in the household, intrusions in the kitchen at all hours, are some of the inconveniences that spell the word “nurse” to the cook. Tact, consideration, and a friendly manner will often change hostility into co-operation, or, at least, will lubricate the strained relations.

So the story runs—Give, give, give freely and of our very best with no more thought of ourselves than is necessary. When we give first-class nursing plus the personal touch our part of healing is almost boundless in its scope. “This is my work; my blessing, not my doom.”

But what of our rest and recreation? Particularly applicable to the private nurse is the old adage: “Work while you work, and play while you play, then you'll be happy the live-long day.”

The time between cases should not be spent in a haphazard way, but should be carefully planned to include both rest and recreation. In short we should play with our might.

The private duty nurse should have more vacations than her sister nurse in the hospital because of her longer hours while on a case. She is paid at a higher rate than the institutional nurse because the patient must pay her not only for the time she is on the case but for the time of rest needed to regain the vigor and freshness she had when she came on the case.

Some may find pleasure and profit in other forms of recreation, but to me it seems that travel is the ideal one for the private duty nurse. It is education, investment and recreation all in one. To get away to a new place, without cap and uniform, where no one knows you wear one, where you can be yourself, and sleep without thought of some one's dependence on your care; this is indeed relaxation. New scenes, new faces, new pleasures and new thoughts engender new vigor and new ideas. There may not be sufficient funds in bank for a long trip but what fun we can have planning even a short trip and what beautiful pictures it may bring to hang on memory's walls.

The reason why I consider travel to be of special benefit to nurses are these—First—If a patient has travelled in the same direction much pleasure is derived from talking over places visited. Second—If a patient has not travelled she can be entertained by little tales of other places. Third—In the darkness of night, or the tedium of watching over an unconscious patient, the mind of the nurse will be refreshed by recalling travel experiences and happy memories.

However we may spend our time of recreation, it is our opportunity to attain a happy frame of mind and mental and physical vigor, without which we cannot do our work with our might. So we make our life and our work what we will. As we improve or neglect our opportunities, we grow or retrograde.

"Count that day lost, whose low descending sun,

Finds at thy hand no deed of kindness done."

Not one deed of kindness, but many—and done with thy might.

Messers Allen and Hanbury Ltd. have recently brought out a note book for Maternity nurses, a very neat and useful little publication containing both legal and professional advice and information for Midwives.

Messers Allen and Hanbury's Indian Representative, Mr. A.H.P. Jennings has kindly reserved some copies for members of the T.N.A.I. These may be obtained on application to him at Block E. Second Floor, Clive Building, Calcutta.