

be removed after the patient is under the anæsthetic, then proceed with the anæsthetic. Unless shock was anticipated, the nurse would be satisfied with having materials ready for the quick preparation of stimulant enema and saline infusion, hot water bottles, etc., but in a case like Ectopic-Gestation, where one was almost certain to need such, all should be made ready beforehand.

G. BROWNLOW-NORTH,  
*Nurse-in-charge, Bethseda Hospital, Pithapuram.*

### IS PRIVATE NURSING THE LOWEST BRANCH OF NURSING?

I HAVE been asked to contribute a paper on private nursing to be read at the Annual Conference of "The Nursing Associations."

I am of course distinctly against private nursing being called the lowest branch of nursing. I think so highly of our profession that I allow no "lowest branches" in it; and those who wish to climb in our profession must be prepared to reach the topmost limit.

There are, of course, distinctions between hospital and private nursing; but they are only distinctions, and that is all, not degrees of merit!

Perhaps by those who know nothing about private nursing, it may be considered an easier branch; but even here, I venture to say that there is no "easier branch." Nursing is a profession which calls for all our strength, all our devotion, and for all our courage, both moral and physical, and this, we all know, can have no easier nor lower branch. It is a life for a life, a principle for a principle, and a continual giving out, and no taking in, of moral and physical forces, where then can there be room for either an easier, or lower, branch to this life of noble and high profession, in this deadly strife against disease?

True, there are some advantages in private nursing, just as there are in that of a hospital. For one thing, having to face the position alone is good for us. It nerves us and gives us self-reliance, a form of independence which is very valuable. In hospital, cases are brought in, classed off into the different wards. Nurses, probationers, doctors, bandages, medicines, instruments, all set in motion like so much machinery. If the cases are successful, well, so much more knowledge gained, so much more experience to the good, and if the cases are a failure, well, the fault must be found, the human machines must be oiled up and then things hum on again. But in private nursing you have to face the position, as I say, alone, to face, not only the exigencies of the case, but that terrible realization which we nurses, and the

doctors, have so often—indeed nearly always—to face the fact that so much depends upon ourselves—we are alone with our case—no sister nurses and no house surgeons to rush to for just that fine point of decision—we have only our own commonsense, our own acquired knowledge to depend upon—and this in the full knowledge that not only the patient, but what is worse, the nearest and dearest are hanging on our every word and look and action and expecting almost impossibilities from us. All this I repeat is one of the advantages of private nursing, but not easily gained. Now, here, I would draw your attention to another point, and that is what I call the human side of the case. In hospital, a case is a case but not only so in private nursing. In a private case there is a very great demand on your sympathy, patience, and tact. I do not mean there is not this demand in a hospital, but it is not there in the same way. You do not come fresh and fair on your case, but worn out after a tedious journey, and over tired from another case, with no knowledge of what lies before you, and above all, that most trying of all trials, entering the house of strangers. This, along with all the anxiety and helplessness of those to whom the patient belongs, makes our position a little more difficult than in hospital nursing. We are overcome by that feeling, which has perhaps become a little foreign to us in hospital, and which the profession have got to look upon as "soft" or "sentimental" nonsense, but which nevertheless ought to be there, the feeling of grief for another's grief, it adds one more burden to the mental side of the case, but assuredly it is one of the advantages of private nursing, it keeps us human, making us strain every nerve to save the life which has perhaps almost slipped from our grasp. Another difficulty of private nursing, which does not amount to advantage, is the want of all the little things which are near at hand in a hospital. Being sent out to places where nothing is to be had. There is never anything to be had in a private house, and people seldom even understand when you do try to explain what you want.

Journeys are another trial. We go to no cases without a journey to be undertaken first, and this is by no means an easy matter. Even by train, a journey in India is not pleasant, to say nothing of tongas, dandies, etc. May I just suggest one more of our trials before concluding, that is as I have already said in passing—the great trial of entering the house of strangers—a nurse has to win her way, but nevertheless, she has to begin as a stranger and take what treatment she gets. I have been very fortunate, and have made many friends and received many kindnesses, but this is not the lot of all, nor mine at all times. I do not wish to take up much more time, or I should be able to tell some sad

stories of the way in which we nurses are treated. Some people do not know how to treat a nurse.

But now I must close, and in so doing I would ask every member of our profession, whether a private nurse, or one of a hospital staff, uphold your branch of work loyally, but not at the expense of the other, remembering, as I have already said, that where every fibre of our being and character is being brought into play, and that always in the cause of Mercy, there can be no "lower" nor easier branch.

K. LEWIN.

### FLIES.

ONE of the most remarkable advances in modern medicine and sanitary science has come from the knowledge of the fact, that many of the most murderous diseases of man and animals are caused by the bites of infected blood-sucking insects. The pioneers in this discovery were Theobald Smith and Kilborne, who showed, a quarter of a century ago, that the deadly Texas fever of cattle in the United States was caused by the bite of a fly, the *Boophilus bovis*, which had become infected by sucking the blood of affected cattle. This great discovery was soon followed by that of the relation of the mosquito to malaria and yellow fever, the relation of the tsetse fly to sleeping sickness and other forms of trypanosomiasis, the relation of the tick to tick fever, of the bug to relapsing fever, of numerous ticks to anæmic diseases in cattle causing vast economic losses.

In temperate climates it would appear that man is largely immune from blood-sucking infected insects. Recently, however, the house-fly has been found to be a danger, if in a manner somewhat different, in so far as it is unable to penetrate the skin owing to the construction of its mouth apparatus. Whatever disease germ it carries, it is a passive process, the chief danger being the contamination of foods by bacteria, carried on the surface of its body or in its bowels. Of all animals the house-fly is the most constant companion of man, tasting his food by day and frequenting his abode by night, whether in the far north or the far south, whether on the land or on the steamers, that ply on the great oceans. Its very name, *Musca domestica*, suggests its relation to man.

If the fly were a cleanly animal he might perhaps be tolerated, but from the double life he leads there is no question that he should be exterminated hip and thigh, for he spends half his day in the latrine or manure heap amid the most foul putridity that it is possible to imagine, amid dead, decaying, and diseased matter, from which at intervals he comes to bathe in your milk jug or to poise himself on your pat of butter or your