

SHORTAGE OF NURSES.

BY MRS. JESSIE B. DAVIES.

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THE difficulty of obtaining fully equipped nurses of a superior class is being much felt in England as well as out here. The matter is becoming serious, and it behoves those interested to seek out the reasons for this shortage. It must be borne in mind that the life of a nurse is onerous, her responsibilities great, her work continuous involving often times both day and night calls upon her strength, her anxieties are keenly present at all times, and they are coupled with a sense of strain that is rarely absent.

Each new patient tended means the adaptation to an unknown character probably rendered abnormal by illness; each household entered involves the falling in with the conditions of that particular ménage; each fresh case undertaken demands the grasping of the special idiosyncrasies of the medical man in attendance. It means, in short, a complete abnegation of self, an exhaustion born of nervous depletion, a constant bestowal of sympathy, a never-tiring alertness of mind and body, and a calling into play of the full measure of one's professional skill. There is practically no limit to a nurse's hours on duty. They may cover the long day, and may be followed by a longer night, and throughout she must carry a cheerful face, giving her services ungrudgingly, whole-heartedly, unsparingly, regardless of the overpowering physical fatigue that may be hers. Her whole efforts must be directed towards not only pleasing the patient and the doctor, but also the whole bevy of anxious and dreaded friends, who often times hover round with critical eye, seeking to reveal some omission or want of skill, by frequent questionings of the patient, thereby possibly undermining the latter's confidence in the nurse or the doctor, or both!

It should be remembered, too, that the knowledge of the trained nurse is regularized and disciplined, whilst her half-trained or less than half-trained sister is unconscious in some degree of her deficiencies or her want of knowledge, and suffers not to the same extent from the depletion endured by those of the higher grade, and this is rarely appreciated by the partially initiated or the public.

Let us now turn to the other side of the picture and see what is offered her in return for these services which call out her powers in the fullest sense. She receives a remuneration which can hardly be termed adequate

in consideration of the prolonged and drastic training she has undergone, the salaries of nurses being rarely sufficient to enable them to make the smallest provision for the future.

Her professional career is limited, a short span of, say, some 15 years (exclusive of the period of training) being about the usual length.

Signs of age, alas, in spite of ripe experience, often militate against her services being requisitioned, her younger and more up-to-date sister supplanting her, and this apart from the fact that health conditions frequently necessitate the relinquishment of this arduous calling.

The kicks are many, the thanks are few, the pay is poor, the hours are long, gratitude scarce, lay interference frequent, and the support of the medical man in charge alas ! not always to be counted upon !

Can the public wonder under these circumstances at the difficulty there is in obtaining the trained nurse in these days ? Other careers are opening out to women, better paid, less continuously strenuous, careers which give her some degree of social standing and save her from the haughty disdain of those more fortunately placed, more superior in the world's estimation ! besides providing her with a measure of healthy independence so often wanting in the calling of a nurse. Further, she is spared as a rule the inflictions of non-expert intervention. For, so it seems, there is probably no other profession existing where such extraordinary hiatuses are to be found as the one to which I have the honour to belong.

MEDICAL MAGAZINE PAGE.

CONDUCTED BY MISS L. E. MACKENZIE.

IN the British Medical Journal (January, 1914.) is a short article on the ambulatory treatment of fracture of the limbs, tuberculous and arthritic disease of joints by Hoeffteke's extension appliances. The author C. A. Hoeffteke gives as an example a case of rheumatoid arthritis treated with his splint, after radiant heat, massage, passive movements and extensions failed. The patient had been bedridden for over a year, both legs were acutely flexed at the thighs, left knee joint fixed, right only allowed a little movement. Left shoulder joint was ankylosed and both hands affected. In September a double hinge splint was fitted by Dr. Hoeffteke and in December, the patient could walk and run. The splints are specially made in each case to a plaster cast of the limb. The success of the treatment is due to the continuous extension between the condyles of the joints, which must not be relaxed for a moment during the application of the splint and subsequent straightening of the