

ference in Wellington, will be in Auckland for the T.N.A. Conference in October.

Sister Spilman gave a very interesting lecture to the St. John Ambulance Association and Red Cross Society, on "The History of Nursing," which was enjoyed by all.

Sister Young, president of the Otago Branch of the T.N.A., has been granted six months' leave of absence to take her midwifery training at the Batchelor Hos-

pital. During her absence Miss Holford—who for several years was our very able president and has given so much time and unstinted help to the Otago Branch of the T.N.A.—is acting for her.

The Otago Branch lent their assistance to the Returned Soldiers' Association on "Poppy Day," and met with a good response.

The usual monthly Council meetings have been held and well attended.

The Spirit of Nursing Service

(Paper read by Miss McKenny at the Auckland Conference, October, 1924.)

That Nursing Education problems continue to receive attention is cause for satisfaction—whatever the rate of progress. Among these problems, and perhaps somewhat obscured for the moment, is the one of maintaining and developing the spirit of service—that fundamental willingness to serve—the desire to give more than to receive and to find utmost satisfaction in the rendering of service. Though the labourer in nursing is indeed worthy of her hire, to the true follower of Florence Nightingale hire is but a side issue.

The importance of continually presenting this altruistic aspect of nursing to the student needs stressing, and the Syllabus and Examiners might well be pressed to lend their aid by their recognition of this aspect of the work.

That the need is existent requires little proof. Ask nearly any nurse in private practice, or on joining a hospital staff, what class of work she likes best. Almost invariably she will say surgical nursing. For years I have rarely heard a nurse express preference for medical nursing, and when assigned the latter, often they have requested to be transferred when convenient. Why is this? Is it because the medical case commonly requires more of the finer qualities in a nurse—patience with sick minds, with monotonous repetition, and with chronicity? Is it be-

cause she must be able to wait longer for success (usually), and to find also success in making easy the path to the journey's end? Does it mean that preference for "surgical" means (commonly) preference for quick results—more limelight, least demand (or for a shorter period) on her mental support, and a final happy convalescence needing little nursing power? If this is so, surely there is need for emphasising still more in class and ward the higher ideal, and of finding a way to evaluate the student's standard in this.

A foreign nursing magazine published lately an article for superintendents of nurses, cautioning them against the error of leaving students as long in surgical as in medical wards, "because much of the work in the surgical ward is non-educational"—that is, the period of resting in bed after recovery from operation requiring routine service.

The writer was evidently of the opinion that the chronic invalid and patient classified as "medical" were the best material for developing nursing power. There are nurses with long years of service behind them sometimes heard to say they envy the young nurse of to-day her opportunities. And this is well. May the new nurses when they receive the lamp they too will pass on, cherish that spirit of service which alone maintains its undimmed fire!