

“PRIVATE Nurse” writes:—

“During the exceptionally hot weather of this summer I have often been puzzled as to how to make a variety in beverages for my thirsty patients. Therefore one or two suggestions based on my experiences may be of benefit to other private Nurses. One of the most popular I find is a glass of ice-cream soda. To make this, order a three-penny ice from a local confectioner flavoured with vanilla, pine-apple or any other variety preferred by the patient. Put half the ice cream at the bottom of the glass and about a tablespoonful of pounded ice (just pounded in a mortar), fill up a glass from a syphon of soda water held high up. Add the rest of the ice-cream on the top, this the invalid will often like to take with a spoon. Water-ices added to soda-water also make delightful drinks for the sick-room. Iced egg-nogg is an agreeable way of giving a most nourishing drink and in a palatable way. I find often that a whipped egg taken warm produces a feeling of nausea, given iced I have never known it to do so. A nice way of preparing it is as follows:—Beat up yolk of a very fresh egg, add a tablespoonful of cold water, a dessert-spoonful of sugar, then a tablespoon of brandy or two table-spoons of sherry, half a tumbler of milk, and fill up the glass with pounded ice.”

THE “Salvation Army Shelters” have been blamed in a somewhat broadcast manner in doing their best—or worst—in spreading small-pox. It would appear from the following rather startling communication which recently appeared in an evening paper that there are other agencies at work.

“On Wednesday afternoon,” writes a correspondent to the *Globe*, “I was walking along the Strand with a friend, who is a medical practitioner, when, seeing a man coming towards us, he remarked, “That is a case of small-pox.” We stopped the man, who was rather shabbily dressed, and, after some conversation, ascertained that he had only been released from gaol that morning. The medical man examined him, and found that he was suffering from the disease, the case being a typical one. The man was shocked to learn this, and after some consideration it was decided that my friend should remain in charge of the patient while I went for a constable to see what could be done. On seeing an officer and relating the facts to him, he remarked, “I cannot act, Sir, unless you are willing to give the man in charge.” The sufferer was quite agreeable, and although the doctor had an important engagement at the time he thought it better, in the interests of the public, not to fulfil it rather than to allow the man to remain in the streets. We, therefore, accompanied him to Bow Street. We told an inspector our business, but he refused to have anything to do with the case, saying, “We do not want any small-pox here; you must take the man to Charing Cross Hospital.” I argued a little with him, but it was no use. The man was taken to the hospital by order of the inspector, but was not admitted. He was then sent to the Strand Union, where he was examined by a medical officer, who confirmed the view that he was suffering from small-pox. My friend received a police telegram the same night stating that the patient had been conveyed to an infirmary, and would be removed later to the small-pox hospital.”

THE following extract from a correspondent in Vienna to one of our leading medical journals might have been written in the darkest period of the middle ages, so very small minded are the views expressed as to the employment of medical women:—

“Several women have received appointments as physicians in Bosnia, where the female portion of the population decline to be examined by a medical man. Although, according to the new sanitary law, every municipality is obliged to pay a fixed salary, complaints of the dearth of medical men are nevertheless made in some districts, because not every physician is willing to settle down in a dull country life, where he is surrounded by rustic prejudices and where his annual income hardly exceeds £80. The admission of women to medical practice is, therefore, an urgent necessity. The Hungarian Ministry is inclined to appoint women as pharmacists, and the majority of the pharmaceutical profession is in no way opposed to the innovation, for the new regulations as to study have caused a great want of assistants in this country.”

According to this the only argument for the admission of women to medical degrees is that they “will settle down in a dull country life, surrounded by rustic prejudices and where the annual income is barely £80.” Truly a chivalric conclusion. One can hardly conceal one’s enthusiasm at the unselfishness of the men who quite cheerfully relinquish such delightful conditions, sacrifice such prospects, and allow the “weaker sex” such a desirable field of work. The *naïve* conclusion of the correspondent after picturing the conditions under which the country doctor in Bosnia lives is logical and interesting. He says: “The admission of women to medical practice is therefore an urgent necessity.” The bright, cheerful and lucrative practices in Bosnia are to be monopolised by the men, and the urgent necessity of women practitioners is to be insisted on in order that they may be banished to the “Siberias” of the country!

Again, he says that “the majority of the pharmaceutical profession is in no way opposed to the innovation of women into the ranks, as the new regulations as to study have caused a great want of assistants in this country.” The “new regulations of study” having no doubt increased the hardships of the work, the field is to be abandoned to the women. And it is notable that the assumption comes naturally that the women will occupy the positions of “assistants” while the men will be the “master men” and absorb the pupils.

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