

A PRACTICAL DIFFICULTY.

To the Editor of "The Nursing Record."

DEAR MADAM,—Kindly allow me to reply to your correspondent of last week's NURSING RECORD, signing herself "Hospital Nurse."

The only way I see of solving "A Practical Difficulty," such as you mention, would be to let "the people of your village" know, that however good a nurse may be, she cannot conscientiously manage a hospital night and day without nursing help. I should advise them to collect sufficient means before opening their hospital, to pay for at least one trained nurse with whom she might share the work of nursing, even then it is a great strain and a continual anxiety. I have myself been in a similar position, and have often found it necessary to call in the "District Nurse" to relieve me. Even should there be no bad cases requiring skilled attention one must always be prepared for accidents, as they rarely choose a convenient season.

Again, the matron could not go out in the morning for her walk before the night nurse goes off duty, as at this time hospital and household need a matron's management more than any other.

Neither can the night nurse get up to "relieve" in the afternoon, unless in extreme emergency. Cottage hospitals are generally well used, and getting off duty for the matron is always difficult. Still, it can be managed, but I would not advise it to be managed by girls, whose experience has been gained by attending "so many hours a week," as such would be unfair to patients, and bring scandal to our profession. A cottage hospital, however small, needs at least two, and occasionally three nurses.

I am, Dear Madam,
Yours faithfully,
J. C. C.,
Member of the R. N. S.

120, Elgin Crescent, W.
August 15th.

To the Editor of "The Nursing Record."

DEAR MADAM,—I think it will be owned by those nurses who have tried it that the management of a cottage hospital is very difficult. First of all, because of the expense. All small institutions cost more per head than large ones, and the average subscriber does not stop to inquire into the reason. The nursing is very difficult to manage, unless there is an extra nurse on the staff who can relieve the head nurse and night nurse. Take a hospital of ten beds. It seems very extravagant that a matron and at least three nurses are necessary to nurse the patients efficiently, and permit the matron and each nurse time off duty *with a quiet mind*. The matron of a cottage hospital is a sort of "general," housekeeper, book-keeper, superintendent nurse, secretary, gardener, &c., and must be well up in each branch of her work. The head nurse should be on duty in the matron's absence, and the assistant nurse replace the head nurse when off duty. Again, there must be a night nurse, so that twenty patients can be nursed with the same staff as ten. If an assistant nurse cannot be afforded I think the suggestion of "Hospital Nurse" that girls living at home, with no engrossing duties might, with advantage, be pressed into the service, and help the matron. It would be mutually useful, we are apt to forget that there are grades of usefulness in nursing the sick, and such duties as

taking charge of a ward *under* the matron, or helping the one nurse when the matron is off duty, could easily be undertaken by a well-educated, intelligent girl. The night nursing should always be provided for by a trained nurse, as those on duty in the day cannot do night duty, or even be waked up continually, without in time becoming unfit to do a good day's work. A woman's nervous system is a ticklish thing, and it is not surprising that when over-strained it gives way.

Philanthropists love bricks and mortar, but let them restrain their passion for erecting buildings' (usually bearing their own name) unless they are prepared to endow these institutions in a manner which will provide for the maintenance of a liberal supply of workers.

Yours truly,
A PRACTICAL PERSON.

ABUSE OF NURSES' UNIFORMS.

To the Editor of "The Nursing Record."

MADAM,—I am glad to see the subject of the "Abuse of Nurses' Uniforms" again under discussion in the RECORD. I paid a visit to the Medical and Surgical Exhibition lately held in London, and found many of the stalls presided over by young women in uniform. Some of these I found were *bonâ fide* nurses, others were not. Now, why should these young women appear for advertising purposes in nurses, uniform? Surely it is a wrong purpose to which to put our professional costume. I hope the gentlemen who get up these most interesting exhibitions in the future will forbid the use of nurses' uniform, for such purposes it is quite out of place. I had a talk to one of these pirates, and she was "strongly opposed to Registration, and all such nonsense." In fact, she was a warm sympathiser of the Fardonian policy—"A straw shows which way the wind blows!"

Yours,
AN OBSERVER.

OBSTETRIC NURSES.

To the Editor of "The Nursing Record."

DEAR MADAM,—We midwives are indebted to you for publishing the proposed "Obstetric Nurses' Registration Bill," as though I do not think after reading it that it will ever become law, yet it certainly behoves us to become acquainted with any legislation which it is proposed to make for us. I hope all midwives will notice that in it the meaning of the term "natural labour" is altered. At present natural labour is defined to include any case in which the "long diameter of the child is co-incident with the long diameter of the mother," always provided of course that other complications, such, for instance, as prolapse of the cord, do not arise. Natural labour is now defined to mean a vertex presentation, which occurs at full time, and also the obstetric nurse is instructed to send for medical assistance in cases of twins. Another injunction might be more comprehensible if it were couched in more technical language. The obstetric nurse is to send for assistance if the patient "is not delivered for two hours after the opening of the mouth of the womb, and the escape of the liquor amnii." Are we to understand by this that the obstetric nurse is to send for medical aid two hours after labour has set in, or after the full dilatation of the os? As it at present stands the rule appears to me incomprehensible.

Yours faithfully,
OBSTETRIC NURSE.

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