

## Nursing Echoes.

\* \* *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.*



Trained nurses have risen in value during the past week—with the cold snap has come the usual increase of illness amongst all classes, and nurses have consequently been in keen demand.

When discussing nursing matters recently with an up-to-date fever hospital Matron, she expressed the opinion which we heartily endorse, that before certificated nurses from general hospitals are placed in charge of wards in fever hospitals they should serve for six months as assistant nurses, so that they may obtain a knowledge of the special nursing of these diseases. Our general hospitals are more and more being reserved for general medical and surgical cases only. Many nurses pass through them without seeing a case of enteric fever or diphtheria, without ever having given a nasal feed, or learning the danger of allowing a child suffering from diphtheria to sit up in bed, without ever having seen an operation for tracheotomy, or subsequently nursing a case. Is it conceivable that a nurse with none of this experience can competently take charge of a ward full of patients in all stages of diphtheria? The same thing applies of course to a ward of enteric cases. We quite approve the principle of only placing nurses holding three years' certificates of general training in charge of these wards, but they certainly should pass through a period of fever training before being considered eligible for these posts.

Another point is that it is very desirable that the post of housekeeper in the hospitals under the Metropolitan Asylums Board, should be open only to trained nurses, both because of the valuable experience thus afforded to them, and also because the housekeeper is then a much more useful and valuable person to the institution.

The Bishop of London recently presided at the annual meeting of the Hostel of St. Luke, Nottingham Place, at the Church House, Westminster. The Hostel has now been in existence for ten years as a nursing home for sick clergy, necessitous cases being received free of charge. The

Bishop said there was great and growing poverty among the clergy, 1,600 had incomes of £50 per annum, while 500 had less than £50, and there were 7,000 curates receiving less than £130. He had no desire that the clergy should be rich, but he wished them to be free from carking care, so that they might give their best attention to their work. The plea merits consideration, for it is obvious that the best work cannot be done by a clergy who have constantly to keep before them the ever obtruding problem of how to make both ends meet.

The Bishop of London's speech reveals a terrible disparity between the incomes and palaces of the episcopacy and the condition of the rank and file of the clergy. Could not Christian Socialism do something to bridge over the difference?

We should like to draw attention to the fact long since well known to us that many, we nearly said multitudes, of the daughters of poor clergy find an escape from poverty, and congenial and lucrative employment in the profession of nursing.

We have been asked to state our opinion as to whether the best form of management for a Private Nursing Home is that in which a medical practitioner takes the financial risk, as well as the responsibility for the treatment of the patients. We have no hesitation in saying that we do not. First, because the position of the medical attendant is certainly more dignified when his visits are paid solely for the purpose of giving professional advice and treatment, as is the case in general hospitals, secondly, because he can more freely criticise anything which he sees amiss if he is not financing the Home, thirdly, because efficient nursing and domestic management are such all-important factors in the successful working of a Nursing Home, that its internal administration is best conducted by a fully qualified nurse. The past has proved that the best management of hospitals and infirmaries is secured by the division of the medical and nursing departments, each of which should have its official head, with their respective duties clearly defined, and the same rule holds good as to Nursing Homes. We know that in days gone by, and indeed at present, medical men have been financially interested in these institutions, but it seems to be increasingly felt by the profession that it is not expedient that they should embark on private nursing ventures with a lucrative object in view.

We are not at all surprised to learn that the

[previous page](#)

[next page](#)