

I am aware that the Matrons' Council are considering this matter very carefully, and I would propose that there should be a form of petition, drawn up and sent round for signature not only by Matrons, but also by nurses working either on their own account or in institutions, so as to get a large number of signatures for the registration of qualified nurses; by qualification, of course, I understand a three years' certificate from a recognised training school. I think there would be no difficulty in getting signatures if a limited area were allotted to individuals to work in, and thus, though necessarily we are a good deal isolated in our work, we might form a band which might by degrees ensure respectful consideration for our petition. I will gladly give any help in my power towards getting signatures if the Matrons' Council take the matter in hand, and I feel sure that the general interest felt in this matter is so great that many of your readers will be prepared to do the same. A committee with the one object in view would probably be better able to compass the work of obtaining signatures, than would the Matrons' Council with its hands already full of business; so if such a committee be formed in London, a petition drawn up might be forwarded to centres in the country for distribution to the various hospitals and institutions in the provinces. I feel sure that eventually we shall get what we want. "All things come to him who waits."

I am, Madam,
Yours faithfully,
HENRIETTA C. POOLE,
Matron, Blackburn and East Lancashire Infirmary.

THE MIDWIVES' BILL.

To the Editor of the "Nursing Record."

DEAR MADAM,—May I express my personal gratitude to you for publicly protesting, both by speech and through your most valuable paper, against the Licensing and Penal Clauses in the old Midwives' Bill, and thus helping to have them deleted from this Session's Bill? The present Bill appears to north country midwives a far more just measure than the last, and it is sincerely to be deplored that London midwives—or their representatives, and ladies who don't know what it is to earn a living—ever tolerated the medical suggestions which aroused your strong sense of justice in all that pertains to the personal liberty of women. It's a pity there are not more like you.

I remain,
Yours gratefully,
A MANCHESTER MIDWIFE.

A DANIEL COME TO JUDGMENT.

To the Editor of the "Nursing Record."

MADAM,—How one longs that Dr. Richard Cabot's splendid article on Suggestions for the Improvement of Training Schools for Nurses, had been written by an Englishman. All the same, most of its suggestions have been made in the RECORD—over and over again. I am a sufficiently old stager to know that he is right all along the line—especially in his financial arguments. Some of the very best stuff we have to-day in the nursing world *paid for its training a quarter of a century ago*, and before we can become a "liberal profession" we must pay again. At present there is absolutely no difference between the nursing and domestic staffs of hospitals. We are all paid servants without professional rights and privileges.

and it is the aim of our employers to keep us so. It is only a fatuous vanity that deludes us into imagining otherwise.

Yours truly,
OUT OF THE RUNNING.

DO COMMON COLDS AFFECT THE RELATION OF NURSE AND PATIENT?

To the Editor of the "Nursing Record."

DEAR MADAM,—I have no doubt that many of your readers will have perused the correspondence relating to the "Dangers of Common Colds" in recent pages of the *Lancet*. All thoughtful persons, lay and professional, will agree as to their general infectiveness. Dr. Thorne-Thorne, "Local Government Board, Annual Reports, Medical Officer 1894 and 1895," says that:—"Influenza and common colds, also household or ordinary influenza colds, are highly infectious from person to person." In the same report, page 455, et seq, Dr. Edmund Cautley describes and pictures a specific bacillus which he names the bacillus coryzæ segmentosus, which is closely allied to, but distinct from, the bacillus of true influenza. He then proceeds to enumerate their common characteristics, and also their distinct and definite differences, and affirms that this bacillus is the cause of the ordinary or household cold. Now, accepting the proposition that colds are infectious, and we are all familiarly aware that certain forms of inflammatory mischief affecting the mucous membrane of the nose, throat, bronchial tubes, and, perhaps, also the stomach and ears, are due to colds, an important question arises which affects deeply your readers and their patients. What is the duty of a nurse who suffers from an infectious cold whilst nursing a delicate patient, one perhaps to whom an increase in the catarrhal condition of the throat and chest is likely to aggravate his illness gravely.

This question, as the question of infection generally, also applies to medical men, but to a minor degree, as the association of the medical man and his patient is not necessarily so close, intimate, or prolonged as is that between the nurse and her charge. The subject, apart from the fact of its discussion in the *Lancet* which some may consider only of polemical interest has been brought home to me in a practical manner. Within the last few weeks in two instances in separate families, it has been thought necessary to change the nurses more than once owing to the danger that was supposed to exist to delicate patients, of catching colds from the nurses who were suffering from ordinary colds. Such accidents are more likely to occur when nursing chronic cases, but your readers will at once grasp the anxiety and awkwardness of a timid patient who fears and dreads the dangers of catching a cold and also the distress of a nurse who feels it possible that she may directly infect her charge with what in a healthy individual may be considered a trifling ailment but to an invalid is a matter of serious moment. The question, therefore, seems to me to be very appropriate for consideration and discussion in your columns. The answer in my opinion resolves itself into the further questions. 1st. In what sort of cases are catarrhal colds specially harmful? 2nd. Can any precaution be taken to mitigate or render non-infective a person suffering from a cold?

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