

excitement of nursing the sick and wounded through the war it is not at all probable that they would settle down to private nursing again. Moreover, we hear many of the sisters are engaged to be married, so will be giving up professional work altogether. For the sake of our new colonies it is to be hoped they are going to settle in South Africa—good nurses should make good practical wives and colonists.

It is a good sign that the specialists in sanitation are beginning to realise the danger brought to London by the increasing stream of pauper immigrants. The *Sanitary Record* remarks that "without wishing to curtail the liberty of this country in any way, we do think it is time that some steps were taken to prevent the advent to the metropolis of what has been truly described as the 'scum of Europe.' The East-end is more crowded than ever with those who are the ne'er-do-wells of other Continental nations." District nurses in the East-end can bear testimony to the demoralising influence of these undesirables.

Some two and a half years ago, as the result of papers read before the Medico-Psychological Association by Dr. F. G. Crookshank and Dr. Eric France, a Committee of the Association was appointed to inquire into the question of the isolation of phthisical patients in asylums for the insane. The result of its investigations has just been published in pamphlet form. The Committee states that in its opinion "it is a fact beyond contradiction that phthisis is prevalent in our public asylums to an extent which calls for urgent measures. We are satisfied that large numbers of patients contract phthisis after admission into the asylums." Out of seventy-four consecutive cases treated by Dr. Bran, only three had acquired phthisis before admission to the asylum. The character of the population of the asylums has evidently much to do with this acquired phthisis, for it is shown that the death-rate from the disease is twice as high in those asylums which have an urban population as in those filled from the rural districts. Pointing out that large numbers are discharged each year from the asylums, and that a considerable number of the staff of these asylums migrate from place to place, the Committee states that there is evident risk that the public asylums of this country, with their large number of phthisical inmates, may act as disseminators of the disease among the general community.

The special causes for this increased prevalence of phthisis in our asylums are, in the opinion of the Committee, overcrowding, with consequent insufficient day and especially night cubic space per patient, insufficiency of hours in the open air, defects in ventilation and heating, uncleanly habits, and faults in dietary. The Committee suggests that the following means of prevention should be

adopted:—Early diagnosis of phthisis, isolation of all phthisical cases, limiting the size of future asylums, checking overcrowding, increasing day and night cubic space, restricting number of beds in dormitories, increased and more thorough natural ventilation per patient, the greatest care to prevent the spread of this disease by promiscuous spitting, a careful supervision of dietary, properly constructed and situated hospitals and sanatoria with adequate and suitable surroundings for the isolation of these cases, and their treatment on the most modern lines, failing such special hospitals or sanatoria, then either temporary isolation hospitals or special wards and airing courts set apart for this purpose.

It is rumoured that one reason why more trained nurses do not take up appointments as lecturers on nursing under the County Councils is because the remuneration offered compares very unfavourably with that which they receive when nursing. For instance, the salary offered in one case was, not £100 a year, but "at the rate of £100 a year." This means that the lecturer receives something under £2 a week while the lectures are going on, which is through the winter months, but for perhaps half the year finds herself out of employment.

Many ward sisters and charge nurses are paid at the rate of £40 per annum with board, lodging, washing and uniform, while private nurses on the staff of a good co-operation can make from £85 to £95 per annum in addition to receiving their board, lodging, and washing for the greater part of the year. There is, therefore, no inducement to them to take up the work of a lecturer on nursing at the present usual rate of payment.

The death of an enteric patient in the German Hospital, Dalston, from drinking a quantity of lysol, once more points to the necessity for keeping poisonous disinfectants under lock and key. There have been so many tragedies in hospitals from the neglect of this simple precaution that it does seem most strange that hospital authorities do not insist on, and those responsible for the management of wards do not provide for, the observance of this rule. Besides the fact that persons with suicidal tendencies may often be admitted to hospitals for the treatment of other diseases, patients who are acutely ill are often sufficiently light-headed to be irresponsible for their actions.

A writer in a contemporary draws attention to the attitude adopted towards private nurses by a certain section of the public when he quotes an advertisement for "a domestic servant and trained nurse combined." While many employers of private nurses appreciate the anxious and arduous nature of a nurse's calling and realise that her sphere of work includes only the requisite duties in connection with the care of the patient, others

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