

THEORY VERSUS PRACTICE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I note in Miss Stewart's interesting paper on "Registration as it Affects General Hospitals" the fear expressed that a result of Registration will be to accord an undue importance to theoretical work, and that a decadence in practical work will supervene. Granted that this danger must be faced, if we recognise that it is a danger then steps must be taken to avert it. It must be remembered also that it exists at the present time, for most hospitals now examine their nurses in the theory as well as the practice of nursing, and many Ward Sisters lament that the chief aim of probationers nowadays is to be well posted in theory, and that their practical work takes a secondary place. The remedy, to my mind, is simple and obvious. Strengthen the examination on its practical side, and the evil complained of will disappear. Let the examination be conducted not only by medical men in theoretical knowledge, but by superintendents of nursing in practical work. Then, and not till then, will the most important part of a nurse's knowledge—her practical capacity—be adequately tested; and nurses will appreciate the necessity for acquainting themselves with the details of practical work, and the best methods of their performance. If, on the other hand, all the emphasis is placed on theory in the examinations, what wonder is it if probationers draw the conclusion that this is the branch on which they should expend the most part of their attention. I hope when a central examining board is instituted that this suggestion will be considered and acted upon.

I am, dear Madam,

Yours faithfully,

A PRACTICAL PERSON.

MIDWIVES' QUALIFICATION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I should judge that your correspondent "L. O. S.," from her letter, is newly fledged, and is carried away by her honours. I hope by time and experience her mind and views will be broadened.

I should like to put her right on two points. The pupil midwives and maternity nurses at Queen Charlotte's Hospital in bygone days did not know the sleeping arrangements until they had paid their fees and were on duty—at least, that was my experience, and I believe it was general. Again, the women who were trained with me were as a rule refined and educated ladies. Of course there are exceptions everywhere, even in these advanced days.

There were two patients in each ward and the nurse slept behind a screen, and that screen was a haven of refuge. I admit it must be more pleasant to sleep in a comfortable room away from one's work; it is not a thing to be desired to be kept awake half the night by two babies, after a hard day's work. We were supposed to sleep thus partly to protect the babies, and there was no accommodation. I am glad the nurses of the present day are more fortunate and have a home; but I cannot see that it says much for the refinement of one of them to throw dirt at her predecessors, who had to bear with these discomforts. We all felt it a hardship, but a decade or two earlier in the nursing life nurses were made of harder stuff and

grumbled less; but are they worse or better in consequence?

I wonder what comfort and accommodation Florence Nightingale and her noble band had? Please contrast their reputation with the nurses of the late war.

I should advise "L. O. S." not to speak or write disparagingly of members of her own profession, and in my young days respect to seniors was one mark of good breeding.

TRAINED "Q. C. H." 1887.

THE SMALL-POX SCARE.—INFECTION AND TABLE SALT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The present is a very opportune time to draw attention to the means whereby infection is carried and spread.

It perhaps does not occur to many people the risk there is in our present unclean method of using table salt from an open dish or salt-cellar, as it is always exposed to the dust and germs floating about in the atmosphere. Knowing also the affinity salt has for moisture, it is only reasonable to expect that it will absorb this from a sick-room (which may possibly be humified artificially), and then take up the germs of disease at the same time.

The American custom of using salt is in castors—the same as we use pepper—which seems a more common-sense method. No spoons being required, it does not spill about the table, is evenly spread over the food, and kept free from dust.

I believe these castors can be had at the grocers' for a few pence, and I am sure, with a view to utility and convenience, as well as as a safeguard, the public would be wise to adopt this more modern method of use.

Yours truly,

PREVENTION.

WORKHOUSE NURSING IN IRELAND.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—A couple of weeks ago there appeared a letter on this subject in the BRITISH JOURNAL OF NURSING. It pointed out the difficulties trained nurses have to encounter in working with untrained women in workhouse infirmaries. But why will trained nurses submit to work under conditions which expose them to those difficulties? If the Irish Local Government Order says, "It is most undesirable that even a nominal control over the sick wards should be in the hands of persons without training," is not the true position of the untrained attendant made obvious? The letter of "An Irish Nurse" says local bodies fail to recognise a difference between trained and untrained. True. It is a frequent observation at board meetings whenever nursing questions crop up that a certificate of training is valueless, that nursing was as well done forty years ago as it is now and much cheaper, &c., &c. Well, they speak perhaps according to their light, and in any case according to what they consider their interest. But it is our interest personally and our duty professionally to demand our due recognition. In what other sphere will a skilled worker submit to be put on an equality with an unskilled one? If a trained nurse has no authority

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