

3. Put to bed case of compound fracture.
4. Make, and show how you would apply, poultices and fomentations (various).
5. Change bed linen for helpless cases. (Show in what position and in what manner you would change linen for bad heart case, &c.)
6. Show how you would peptonise foods, and state the diet you would give certain cases while awaiting arrival of the medical attendant—cases such as gastric ulcer, enteric fever, or patient with temperature over 101° Fahr.

A. L. BURLEIGH,  
Member of Board of Examiners.

#### NURSES' RESIDENTIAL CLUBS.

A correspondent writes:—

"To judge from reports and discussions in the English nursing press, the management of nurses' residential clubs is a somewhat burning one, and here in Melbourne we have lately had strong difference of opinion expressed by members of the Victorian Trained Nurses' Association. Those for and against the organisation of such a club are equally anxious for the best interests of the nurses, and the reasons for and against the scheme were ably brought out. The proposal to organise such a club was, I believe, made by Miss Glover, the able hon. secretary of the V.T.N.A., and she stated her case as follows in the official organ *Una*:—

"In these days of club life it is not singular that we should want a Nurses' Club. A great many private nurses are or have been accustomed to refined surroundings, and, though occasionally they have to put up with a great deal of discomfort and privations while nursing amongst the improvident poor, there is no reason why they should be deprived of the comfort of a well-ordered household between-times. In saying this, I do not mean in any way to cast reflections on existing Nurses' Homes. A Nurses' Home should not be a private enterprise, it should be conducted on co-operative principles. There should be a committee of management, consisting of medical men, hospital Matrons, and nurses chosen by the staff to represent them. After all expenses are paid, and a certain amount put aside for depreciation of property, the profits should be divided amongst the nurses, according to the time they have worked on the staff. There must be an entrance fee and yearly subscriptions, so that country members could join and stay at the club when in town, paying for their board the same as those always residing there. There would be a lecture room for the Association's meetings, &c., and a gradually increasing library. Newspapers, nursing papers, and magazines would be available, and doctors would ring up one centre instead of half-a-dozen when they wished for some particular nurse or nurses. We could have proper means of disinfecting clothing after a nurse left an infectious case, and proper arrangements for members being nursed in their own rooms should they fall sick. All this, of course, could not be done for the small amount some nurses pay for a room in a little back street, doing their own cooking, and, in the end, ruining their health by being half-fed. I am not trying to legislate for that sort of existence; I am trying to make it possible for a nurse, at comparatively small cost, to live well and wholesomely, with all the necessities, and some of the luxuries, of life around her. The larger the number,

the smaller in proportion the cost of living. Only fully-qualified nurses would be received, and at least 100 must subscribe their names as candidates before any definite step is taken. The financial difficulty must be solved before the club can be built, and built it must be in order to secure a sufficient number of small rooms. We must all have one object in view if this scheme is to be carried out, namely, the financial, social, and professional success of the first Australian Nurses' Club."

Many private nurses and others in Melbourne warmly opposed this scheme, and Miss Farquharson, the Lady Superintendent of the Bendigo Hospital, voiced their views in an able letter to the Council of the Association. The nurses feared that the officials of the Association would bring pressure to bear to coerce nurses to join such a club, though the vast majority are strongly opposed to living under the rule of a Committee once they have left the hospital, and wish to be free to live where they choose, and strongly object to be financially involved, as they would be if pledged to build and furnish a club, pay a superintendent, secretary, and domestic staff, pay annual subscriptions, and allow for depreciation of property. Miss Farquharson gives as her opinion that the Association of between 600 and 700 nurses is not in a financial position to undertake such an extensive speculation, and that nothing short of a magnificent legacy would enable them to finance it. Miss Farquharson is of opinion that liberty when off duty is the most priceless possession of the private nurse, and refers to the dissensions in the London Co-operation, where the nurses are merely the employees of the Committee; the failure of Sir Henry Burdett's Victorian Commemoration Club; and the sorry position of the members of the Glasgow Co-operation of Nurses, under the new Constitution, where they are merely the "servants" of the Committee, and are subject to dismissal like every other domestic, and which calmly "rules" that, if wound up, the assets (nurses' earnings) shall be given to charitable institutions!

Miss Farquharson writes, "To Victorian nurses their liberty is very sweet, and by all means let them have it," and adds that nurses should be free to live in Homes or lodgings as they prefer. So keenly are many of the members opposed to a Residential Club that the President has, I believe, assured them "that neither directly nor indirectly will the Council of the Association interfere with their liberty of residence." It would be of great value if the BRITISH JOURNAL OF NURSING would discuss this matter, and give Victorian Nurses the benefit of its opinion.

We are heartily in sympathy with the provision of "well-ordered comfort" and "refined surroundings" for trained nurses when off duty, the evident aim of Miss Glover. We are also at one with Miss Farquharson in her opinion that "liberty is very sweet," and that between their cases nurses should be free to live in Homes or lodgings as they choose. It appears to us that the ideal residential club is one where the nurses can live, paying a certain sum for their board and lodging, for which neither through their professional associations, nor personally, are they financially responsible. Such an ideal club is St. Andrew's House, London, which is a proprietary institution, having as proprietor a gentlewoman of

[previous page](#)

[next page](#)