

coercion, and one realises the absurdity of the thing at once.

We believe in women—in their high intelligence, their fine reasoning faculties, their wonderful self-control—which proves strength—and their right to exercise these faculties. The whole tone of our correspondent's allusions to the members of her own sex is one of innate contempt—"weaker sex," "we women being what we are," and to her the members of her own profession are "a peculiarly credulous branch of the public." Therefore, it is only natural that our views concerning the treatment of women and nurses should clash. We are totally out of sympathy with disloyalty to sex, which encourages men to treat the majority of women as congenital idiots in business matters.

Miss Brinton does not think the name of the Fund misleading. We do. We go further, and say it is absolutely inaccurate. It is not a *Pension Fund*, and it is not a *Nurses' Fund* only; membership "is open to all paid officials connected with hospitals and kindred institutions." That includes male medical superintendents, resident medical officers, chaplains, secretaries, clerks, stewards, curators, asylum attendants, &c. Then why has not the Fund a name which would acquaint the charitable to whom it applies for subscriptions and donations with its *true* composition? We presume because paid male officials don't sound in the least interesting and would not appeal to the emotions of the benevolent, and the "ministering angel" does. So once more trained nurses are placed in the "charity squad," and their standing as hard-working, self-supporting women undermined in public estimation.

To sum up, the *tone* of management is not sufficiently business-like. There is too much patronage, too much advertising—to be quite frank, too much twaddle. What is required to make this Society really satisfactory is that the charitable element should be eliminated so that it may be conducted on a business basis. The profit bonus of £27,944 which has accumulated in the last five years proves that the premiums paid by the policy-holders are very high and need no charitable aid to make the Fund thoroughly self-supporting.

We suggest:—

1. The adoption of a title which makes it plain that the Fund is a Life Assurance Society for male and female institution workers, not alone for nurses.
2. A *paid* Board of Directors, responsible to the policy-holders for its management, which they would then be at liberty to criticise.
3. No coercion of nurses on the part of hospital and institution committees to join the Fund.

We have no hope that these business-like suggestions will find favour with those who at present control the Royal National Pension Fund.

In another generation, when women have the vote, they will realise their personal responsibility in such matters and manage their own financial affairs.—[Ed.]

Notice.

OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page VIII.

Comments and Replies.

Miss G. B. Maccitie, Paris.—We have received your postcard, but you omitted to give any address. Will you kindly forward it to us?

Private Nurse, Cheltenham.—Write to Messrs. Thomas Wallis and Co., Holborn Circus, E.C., for their catalogue. You will probably find what you require in it, and it is useful to keep such a catalogue by you for reference.

Mrs. Thompson.—We think you should write to the superintendent of the institution from which you obtained the nurse, and acquaint her with the facts which you have placed before us. She can then deal with the matter. The public have a responsibility in regard to the reports which they furnish to the authorities who are responsible for the nurses they employ. Often such reports are *conteur de rose*, while the accounts which they circulate unofficially are anything but flattering to the nurse. This is fair neither to her nor to the institution. Complaints, when investigated, often shrink to very small proportions, and prove to have arisen from misunderstanding; but if they are well founded, then certainly the only authority which can deal with them should be placed in possession of the facts.

Nurse P. Brown.—We should advise you to procure the new regulations of the London Obstetrical Society. District work under the superintendence of a midwife does not now qualify women to enter for the examination of this Society; they must obtain their experience in connection with a training-school at a special hospital.

M. G. B.—Aperients are given fasting because the emptier the intestinal canal the more does the drug given come in contact with its walls, and so stimulate the vermicular intestinal movement, as well as the flow of fluid from the blood into the alimentary tract.

Certificated Nurse.—We quite appreciate your desire to add obstetric training to your nursing qualifications. It is a branch of knowledge which every nurse should strive to obtain. The principal institutions in London where such training can be obtained are Queen Charlotte's Hospital, Marylebone Road, N.W., the fees for three months being £25; the City of London Lying-in Hospital, City Road, the fees for the same time being £23 2s.; the British Lying-in Hospital, Endell Street, fees £22 10s.; and the General Lying-in Hospital, York Road, Lambeth, where, we believe, the fees are 25 guineas.

Country Correspondent.—The post of hospital almoner or inquiry officer is open to women. It is one of comparatively recent creation, hospitals having found the necessity for such an official in connection with their out-patient departments to discriminate between those who are eligible for hospital treatment and those who can afford to pay medical fees. It is also her duty to visit some of the out-patients to ascertain whether they are following the advice they have received.

Staff Nurse.—The term *sepsis*, according to Dr. Andrewes, in its original Greek signification meant "putrefaction," but nowadays, with the knowledge that putrefaction is exclusively associated with the presence of micro-organisms, sepsis has come to mean any undesirable form of bacterial infection or contamination. The main risks of surgery are now known to be those of sepsis, and modern surgery is essentially concerned with its avoidance.

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