JULY 30; 1904]



Letters to the Editor. NOTES, QUERIES, &c.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

DISLOYAL TO NURSING STANDARDS.

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

DEAR MADAM,—In hearing the interesting evidence last week, when Dr. Norman Moore declared his opinion that no other safeguard was needed against inefficient nursing than simply the physician's advice in the choice of a nurse, I could not but marvel at his tranquil unconsciousness of facts which contradict his easy faith.

If it was, indeed, true that all physicians satisfied themselves as to the training and standing of all nurses whom they employ, and if they could, indeed, appoint each nurse according to her fitness for the case, I might almost say we would have no chaos such as, unfortunately, exists to day. Certainly our problems would be reduced to simpler terms.

But what does experience show? In my own intimate knowledge of nursing affairs during eighteen years both in and out of hospital, I can say confidently that, of the dozens of women who to my knowledge have been dropped from training-schools after trial, whether for unsuitability or for unfaithfulness, or even for grave moral deficiencies, I have never known one who has not been at once taken up and provided with cases by at least one, and often by several, physicians.

This is a matter of every-day knowledge among nurses.

Of the innumerable instances in my memory I will give two.

A classic case was that of Jane Toppan. This woman, after being dismissed from a large hospital after her probationary term for unsuitable temperament and unreliability, was taken up by physicians, and, in the course of her nursing practice, she poisoned and killed seven of her patients. She was finally adjudged insane, and is at this moment in an asylum. The scandal of Jane Toppan was widely circulated in the Press to the great injury of nurses, and, in the popular excitement at the time, a perfectly reputable nurse fell under suspicion, was arrested on the charge of poisoning her patient, and was imprisoned for several days. This innocent woman became seriously ill from the shock and humiliation.

I do not for a moment imagine that any physician intends anything disloyal to nursing standards, or to the public, in doing these things. He acts from a misplaced chivalry—an ill-judged kindness for a woman whom he thinks has been harshly treated. But this very kindness often obscures his judgment and becomes a danger to the public. Then, physicians are not all competent to judge of a nurse's nursing. I know a fully-trained nurse in Paris who was called as second nurse to a wealthy private patient. She found the patient with bed-sores, and so offensively unclean that it was unpleasant to enter the room. The patient had been in charge of a so-called "nurse" of the servant class, who had had six months' training.

Now, in this case the physician was quite unaware that there was any defect in the nursing. His orders were carried out, and he was satisfied. The patient was uncomfortable and miserable. If State examination is finally secured, let us hope that nurses will examine in nursing. The medical men can satisfy themselves as to the scientific knowledge, and the assurance of probity and moral worth will be given by the schools and by the associations to which the individual belongs.

AN AMERICAN NURSE IN LONDON.

[An equally "classic" case recurs to our memory. In the seventies, A. B. was working at the London Hospital. She was unsatisfactory, and left. She next appeared at St. Bartholomew's Hospital, was unsatisfactory, and was reported by Sister M. to the Matron. Later this Sister suspected the woman had put white precipitate powder in her tea with intent to poison, and she was discharged. Subsequently she joined a nursing institution at Sheffield, and was accused of poisoning a private patient. In gathering evidence a detective notified he would call at St. Bartholomew's Hospital, and as Sister M. felt sure her evidence would hang A. B. she went out for the day, and did not place it at the disposal of the authorities. A. B. was acquitted at her trial at Leeds, a lady in the court offering to take her and be responsible for her. For a few years she disappeared. Upon paying a visit to the Lady Superintendent, Miss Browne, at the Manchester Royal Infirmary, she informed us that much trouble had recently occurred, the Nurses' Home having been set on fire—we think she said twice—and a large number of patients having suffered from narcotic poisoning in one ward. One of the nurses was suspected, and during an inquiry confessed she was A. B., although working at Manchester under another name. *Her services were dispensed with* by the Committee, but we were not informed what steps were taken to prevent this homicidal maniae from continuing to practise as a nurse.—ED.]

WHAT IS A NURSE?

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

MADAM,—The decision of the Master of the Rolls in the Oldham Nursing Association case has set several papers a puzzler. The Morning Leader says :—"The judgment is no doubt irreproachable in law, but is it not a little too narrow for the facts? The question turns upon the definition of the term 'nurse.' Exact definition might present difficulties. But one does generally assume, after all, that a 'nurse' means a person who will not, through carelessness or otherwise, do you grievous bodily harm." The truth is there is no definition of a "nurse," nor the slightest protection for the public from bodily harm. At the London the caprice of the Matron and Chairman settles the question. For instance, quite lately, I am informed that at that hospital a probationer has been promoted to be



