

Nursing Echoes.

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The evidence given at an inquest held last week on a child who attended the out-patient department at St. Mary's Hospital for burns shows that reorganisation of the methods employed in that department are needed. A probationer nurse at the hospital said the child was brought to the hospital suffering from scalds on the hands and arms. The doctor being engaged at the time she dressed the injury with boracic cloths, and the mother took him home. On the following day she told the mother to take him to the doctor, but she left without seeing him, a Sister telling her that she might dress him. The next day the child died shortly after being admitted to the hospital.

Dr. J. Forrest, Resident Medical Officer, said that if he had seen the child when first brought to the hospital he would not have admitted him. The wounds did not seem to be serious, and the Sister thought they might be dressed by the nurse. The dressing employed was used in all such cases. In reply to the Coroner, the witness said he thought the child should have seen a doctor.

The father said if he had taken the child to a doctor he would have been told it was a hospital case.

The jury returned a verdict of "Death from scalding," and added that they thought a certified nurse ought to see the patients at the hospital.

The Coroner said a doctor should see the patients, but in this case there was a misunderstanding.

We cordially endorse the Coroner's remark. Diagnosis and treatment are no part of a nurse's duty. We think all the London hospitals would do well to set their out-patient departments in order in this respect, for the records of Metropolitan inquests during the last few years would reveal that scarcely one of them had passed unscathed through the ordeal of the Coroners' Courts.

The Association for the Training and Supply of Midwives is appealing in the press for funds to enable it to train women in midwifery to take the place of those women who are retiring in every county in great numbers who have hitherto practised freely, but who are unwilling to face the light that will in future be thrown upon their methods since the Midwives' Act, will soon be in full working order.

The Association states that midwifery among the poor is of necessity badly paid; those who practise it are, as a rule, women of the same class as their patients, and it is impossible to expect that any large number will be able to afford even the minimum outlay of £20 to fit themselves for an employment so uncertain and so unremunerative.

It would be a mistake, however, to suppose that midwives must always be of the same class as their patients, nor is this desirable. The best field from which to draw for candidates for midwifery training is, without doubt, the training-schools for nurses. Many nurses would, we are convinced, bind themselves to work for the Association, for a definite term, in return for free training, and they would prove a most valuable class of workers. The best method of organising and supervising them we have always maintained, and still hold, is through the Queen Victoria's Jubilee Institute for Nurses, nor need the work be unremunerative if well arranged.

An appeal by a committee of ladies for £5,000 for the establishment of a Home of Recovery for hospital patients, in order to relieve the congestion of the hospitals, draws the comment from Mr. Henry Morris, F.R.C.S., that, excellent as the object is, it would be like attempting to empty the ocean with a pitcher. The remedy, he thinks, lies rather in the establishment of convalescent homes in connection with the London hospitals, maintaining resident medical officers and nurses, so that cases needing treatment and nursing care, and which would benefit by country air, might be transferred at as early a date as convenient. Such a convalescent hospital was established twenty years ago, at Cheadle in connection with the Royal Infirmary, Manchester, with great benefit to the patients, who were thus able to continue treatment under excellent conditions.

A point, however, to which Mr. Morris draws attention needs consideration, and we are in hearty agreement with his view—namely, that there is a danger lest the authorities of hospitals should be too eager to obtain the rapid transit of patients through their wards, and so should bring pressure on their medical staffs to hasten the discharge of patients, in the expectation that the greater number of cases treated the larger will be the amount of the grants received from the various funds which now give them assistance. Mr. Morris points out that such a course would be fraught with great danger in some cases. Of course, the sole consideration in transferring a patient to a convalescent hospital should be the benefit it is anticipated he would receive.

An interesting article appears in the current issue of the *Contemporary Review* by Miss M. Loane, Superintendent of District Nurses at

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