

able nor professional. What should we think if we heard doctors discussing their patients in the same way? We should say at once that they were guilty of a grave breach of trust, and so they would be, and the sooner we recognise that precisely the same holds good in our own case the better. What business have we as nurses to talk over and publish things which we should never have known but for the fact that we have become conversant with them in the course of our professional duties? I do so agree with you that this point of view should be instilled into a probationer from the very first, and it should be considered "bad form" to discuss patients in the nurses' sitting-room. Senior nurses could do a good deal to keep "shop" out of the conversation if they only would. I do not think I am in favour of administering the Hippocratic oath to nurses before giving them their certificates, but I do think that it should be a point of honour with each and all to be as scrupulous as if they had taken that oath.

I am, Dear Madam,
Yours faithfully,
PLAIN SPOKEN.

"THE TEMPORARY ABSENCE OF THE NURSE."

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

DEAR MADAM,—It is an extraordinary thing to me that so many deaths of patients by their own hand occur "during the temporary absence of the nurse," and so little notice is taken of it. If a patient has two nurses what possible excuse can there be for leaving him alone for a moment. It is to my thinking an unpardonable breach of trust when the patient is known to have suicidal tendencies, and this is accentuated when the patient asks to be left alone.

Of course, if a nurse is single-handed she cannot always be with the patient, but then she should not leave him without her place being taken by some member of the family, who has been warned of the danger of leaving him. And if necessary she should always ask for a second nurse, saying that she cannot be responsible for the care of the patient without.

It is discreditable to us as a profession that these things should happen.

Yours faithfully,
VIGILANCE.

FOREGROUNDS AND BACKGROUNDS.

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

DEAR MADAM,—The article you published last week by Dr. Richard Cabot should be read and pondered over by all nurses. I think the fact that we are apt to overlook the immediate, pressing, transient relief for which the patient craves, while we are occupied in plans for his future good, is one reason for the strictures passed on trained nurses by an undiscerning public. But why should we neglect the present need? Our concentration on the future should not make us oblivious to the present.

Yours faithfully,
STAFF NURSE,

Comments and Replies.

Probationer.—It is not sufficient to remove dust with an ordinary duster. In this way it is not gathered up but merely removed from one place to another. In hospital wards the important point to remember about dust is that it is an absolute danger to the sick as it is infested with the microbes of disease. The dusting should therefore always be done with a damp duster, a dry one being afterwards used for polishing. Dust will adhere to the damp cloth and can thus be entirely removed. The sweepings of the floor should always be burnt. If once the power of dust to retain microbes and therefore to disseminate disease, is realised, it is easy to understand why so important a duty as dusting the wards is placed in the hands of the nurses. It is best carried out in gloves, so as to avoid unnecessary contamination. It is always easier to infect one's hands than to make them surgically clean when infested.

Monthly Nurse.—It is usual for infants to lose weight during the first three days after birth. Dr. Longridge, from observations made at Queen Charlotte's Hospital, puts the average loss at $6\frac{1}{2}$ to $7\frac{3}{4}$ ozs. by the third day in children of average weight. The cord in these cases was not tied until it had ceased pulsating. Dr. Dakin, on the other hand, thinks that in cases of late ligature the loss is only 2 to 3 oz., while in those of immediate ligature it may be 8 oz. The loss should be made up by the ninth day.

Notices.

CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited. The Editor will also be pleased to receive paragraphs, such as items of nursing news, results of nurses' examinations, new appointments, reports of hospital functions, also letters on questions of interest to nurses, and newspapers marked with reports of matters of professional interest.

Such communications must be duly authenticated with name and address, not necessarily for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those interested in the efficient organisation of nursing should procure the Annual Report of the Society for the State Registration of Trained Nurses from the Hon. Secretary. Six copies, post free, 7d., or one copy 1½d. It gives a brief review of the history of State Registration.

Those nurses who are working on behalf of the above Society, and are endeavouring to spread knowledge as to its aims, may be glad to know that they can now obtain a Memorandum, giving briefly the reasons why Registration is necessary, from the Hon. Secretary, 431, Oxford Street, London, W. Price 6d. for 20 copies.

OUR PRIZE PUZZLE.

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

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