

did not suggest that he should be maintained to bath the male patients only, but we added "to perform other specified duties for them." In the United States, and on the Continent, plenty is found for male nurses—orderlies as they are called—to do. Because women, in this country, have, in the past, been called upon to do much for men which ought to be done by a man, that is no reason why a change should not be made. Bathing, washing, lifting, stretcher work, catheterisation, the care of male syphilitics, the preparation of the dead, and numerous other duties could be men's work. Men would thus have a chance of being trained in general hospitals, from which they are now almost entirely excluded. A Sister to superintend, of course.—Ed.]

GOATS' MILK FOR BABIES.

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

DEAR MADAM,—Many thanks for your answer to my question *re* goats' milk.

If any of your readers should be in a predicament similar to mine—*viz.*, having to choose between goats' milk and tinned foods made without milk, they may be glad to know that my present baby had goats' milk and barley water, equal parts, for the first fortnight; two parts milk, one part barley water since, sweetened with sugar of milk. I have never had a better baby. He puts on weight every day, always has normal stools, and sleeps well day and night. Cow's milk is not possible here, save for a short time in the year.

Yours truly,

MARY HARVEY.

THE STANDARD FOR SCHOOL NURSES.

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

DEAR MADAM,—Now that County Nursing Associations, which largely employ midwives with a few months' experience of nursing, are claiming the right to co-operation with the County Education Authority in the employment of nurses in elementary schools, is it not time that the Board of Education should define the standard of a school nurse? Surely it would be most disastrous if these quite insufficiently trained women were empowered to exercise discretion as to the physical condition of school children. I note it reported at a meeting of the Salop County Nursing Federation that a medical man "expressed the opinion that if there was a nurse in each district who would be able to look after the schools it would be an ideal state of things." So it would if they were certified Queen's Nurses, who are capable of undertaking the responsibility—not otherwise.

Also Mrs. Benyon, the wife of the President of the Berkshire County Nursing Association, stated last week, at the annual meeting, that "the chief work of the Association was the systematic training of women as midwives." All the other speakers alluded to the staff as "nurses," and the Hon. Treasurer owned that the training of a few months given to each worker cost £50!

Why should these lay-managed County Associations be permitted to trifle with professional matters? Anyway, a standard for school nurses should be defined.

A QUEEN'S NURSE.

"THE SPIRIT OF A PANKHURST."

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

DEAR MADAM,—I think many of your readers will agree with me that "Little Straight Brows" was a very badly brought up and naughty child, and that had her mother done her duty she would have plumped her back again in her chair and made her take the food provided for her—or at least she should have been compelled to apologise to her kind hostess for her ill-bred outbreak of temper. Once at home, I hope a good spanking was administered. Such spirits need breaking young. I, too, am a "maiden aunt," and have had some experience in the management of children. Of course, the "drooping lily" mamma was primarily to blame for permitting familiarity with men servants.

Yours,

ANOTHER MAIDEN AUNT.

[We are all on the side of "Aunt" number one, especially since she has told us more about this remarkable child. In these days, when individuality and force of character in the human race are so rare, it is a veritable relief to hear of a being who is not "all putty and plasticity."—Ed.]

PREMATURE BURIAL.

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

MADAM,—With regard to James R. Williamson's letter, may I quote Dr. Alexander Wilder. He says: "Medical practitioners tell us that the signs of death are quite easy and impossible to mistake. Dr. Richardson, who has had the best of reasons, as already shown, for observation and investigation, holds a different opinion, and enumerates the signs of death as follows:

(1) Respiratory failure, including absence of visible movements of the chest, absence of the respiratory murmur, absence of evidence of transpiration of water vapour from the lungs by the breath.

(2) Cardiac failure, including absence of arterial pulsation, of cardiac motion, and of cardiac sounds.

(3) Absence of turgescence or filling of the veins on making pressure between them and the heart.

(4) Reduction of the temperature of the body below the natural standard.

(5) Rigor mortis and muscular collapse.

(6) Coagulation of the blood.

(7) Putrefactive decomposition.

(8) Absence of red colour in semi-transparent parts under the influence of a powerful stream of light.

(9) Absence of muscular contraction under the stimulus of galvanism, of heat, and of puncture.

(10) Absence of red blush of the skin after subcutaneous injection of ammonia.

(11) Absence of signs of rust or oxidation of a bright steel blade after plunging it deep into the tissues.

Sir Benjamin sums up as follows:—"If all these signs leave any doubt, or even if they leave no doubt, one further point of practice should be carried out. The body should be kept in a room, the temperature of which has been raised to a

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