

shirting, with a distinctive badge or stripe on the arm to denote the rank of the individual.

In the fever hospitals the different grades comprise the following:—

1. Sisters who hold a certificate of general training from a recognised training school.
2. Staff nurses who also hold a certificate of general training, and who are gaining their fever experience.
3. Assistant nurses without previous training.
4. Probationers receiving fever training.

In the asylums the various grades include not only trained and untrained nurses, but also attendants, cook, seamstress, etc.

It will thus be seen that an outsider will have difficulty in distinguishing between the trained sister and the probationer whom she is training.

In the army, I know, one uniform prevails for the nursing sisters and staff nurses; but these all are trained, and each holds a certificate from a recognised training school, which makes all the difference.

I know there may be difficulties at the present time in obtaining different materials for all grades, and on the score of economy much may be said in favour of one uniform with a distinctive stripe or badge for the lower grades, but this arrangement should not include the trained nurse.

If a high standard of work and discipline is to be maintained, and the tone raised in these hospitals, the position of the sister must be strongly defined and safeguarded, if the best women are to be attracted to these institutions.

Having held appointments in two M.A.B. hospitals, and also in two provincial hospitals, and knowing the difficulty of obtaining suitable women as ward sisters, I cannot help expressing the opinion that this very retrograde step on the part of the Metropolitan Asylums Board is one which will surely be resented by the numerous trained nurses in their employ, and prevent others making application for the various posts.

I am,

Yours faithfully,

EXCELSIOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I would esteem it a favour if you would insert the following in your NURSING JOURNAL. I read with disgust, that the suggestion had been made by the M.A.B. that the Sisters should wear the same dress material for their uniform as other members of the nursing staff and the domestic staff. I consider it most degrading to the whole nursing profession.

M.A.B. SISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have heard a good deal of adverse comment on the decision of the Metropolitan Asylums Board to put the members of its nursing staff of all grades into Oxford shirting, and to indicate their rank by distinguishing chevrons and badges, and by their caps. Of course, we are a very conservative profession.

For instance, how slow we were to give up stuff dresses for Ward Sisters. Now it is recognised that all grades in attendance on the sick must wear washing dresses. Why should not all wear the same colour? Once we have recovered from the shock of such an innovation there seems no valid reason why not. We have only to call to mind that all ranks in the Army from the rawest recruit to the most distinguished Field Marshal are wearing khaki, yet everyone can distinguish an officer from a private, and the rank of a staff officer with his scarlet band and gold lace is patent to all. So do not let us hastily condemn the action of the M.A.B. in altering the uniforms of its nursing staff.

Yours very truly,

OPEN MINDED.

[As we go to press we have received a private communication dealing with this subject, the gist of which we hope, by permission, to publish next week.—ED.]

#### THE GUINEA WORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read with much interest the article on Guinea Worm in the current issue of THE BRITISH JOURNAL OF NURSING, as some years ago I saw a good many of these cases as Matron of a tropical hospital. The method of winding the guinea worm out round a match was not approved by the medical officers in charge of that hospital, because there was a great danger of the worm breaking, in which case the part left behind was liable to give trouble. As the guinea worm is enclosed in a capsule the correct treatment, provided the capsule was intact, was held to be to dissect it out. There could then be no question of any portion of the worm being left behind.

It is interesting to know that the guinea worm objects to the dripping of cold water and may be induced to vacate its habitat by its application. I have not seen this method employed.

I am, dear Madam, yours faithfully,

MATRON.

#### OUR PRIZE COMPETITIONS.

January 20th.—A patient becomes unconscious from cerebral hæmorrhage; what would you do in such a case? In the event of the patient becoming helpless from hemiplegia afterwards, indicate how you would nurse the case?

January 27th.—What are the causes of dysentery, and how is it treated?

#### PAPER SUPPLY RESTRICTIONS.

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