

Royal Hospital for Women and Children, in the Waterloo Road, and as a private nurse in London and on the Continent. She concludes by saying, as so many other private nurses do, that she "was glad to get back to the routine and discipline of hospital life."

* * *

I AM glad to see, by a letter from Miss Louisa Twining in this month's *Work and Leisure*, that that well-known and greatly-respected lady strongly approves of Registration. She writes to express her "regret at the encouragement that has been given by one of the recent articles to the idea that anybody, trained or not, is fit and able to manage a hospital and its patients. Efforts are being made now by all who understand the subject in exactly the contrary direction, and it is in order to check the serious evils that arise from incompetency that a scheme of registration for nurses is being set on foot and earnestly advocated. When we find women who have been *six weeks* in some kind of institution being called and sent out as 'nurses,' I think it is time to protest against all such fallacies, and to urge that amateurs should not be allowed to take the place and work of those who have gone through an efficient training, and have obtained certificates."

* * *

I was unable to be present at the meeting held at Devonshire House last Friday for the purpose of considering the erection of a memorial to the late Mother Superior of All Saints' Home, Margaret Street. The Bishop of Chichester took the chair, and I am told that the scheme which was finally decided on was the building, of a Children's Convalescent Home in connection with the All Saints' Hospital at Eastbourne. Many of my readers know that beautiful building, which faces the sea, on the road leading from the town towards Beachy Head, and many nurses have experienced the kindness shown to its convalescent inmates by its managers. Perhaps, however, it may be news to some of my readers that University College Hospital is nursed by this sisterhood, under the gentle control of Sister Cecilia, perhaps one of the most popular lady superintendents in the Metropolis, to the great advantage of the patients and great credit of the nursing staff.

* * *

A PARAGRAPH has been going the round of the lay papers headed "A Brave Hospital Nurse," and telling of a "senior nurse—a young woman named Finns"—who sucked a tracheotomy tube clear which had been inserted a few hours previously in a child suffering from diphtheria.

* * *

I HOPE Nurse Finns took the common-sense precaution I have always seen taken in such a case, of rinsing the mouth out at once and frequently with 1 in 100 solution of carbolic acid. That done, it is rare to hear of any harm resulting. All the

same, I would not advise any nurse to do such a thing. It is quite possible to use too much suction force in such a case, and do irreparable damage; and besides that, when tracheotomy is done for diphtheria, it is said to be a last resource, and if the trachea cannot be cleared by a feather passed through the inner canula, no amount of suction which is safe can, I believe, loosen and remove the tenacious mucus which is choking the poor little sufferer. Still, Nurse Finns undoubtedly thought that by acting as she did she was risking her life, but could help her patient; so she deserves full credit for her plucky attempt to do so.

* * *

Apropos of my remarks last week of the great improvement effected of late years in the nursing departments of Poor Law Infirmaries, I hear that the nurses at the Chelsea Infirmary have been receiving regular instruction in elementary anatomy and physiology for some time past from Dr. Stephen Moore, the medical superintendent, who has been indefatigable in improving their position and training in many other ways. They were examined last week, and the great majority showed that they had learnt much from the systematic and careful teaching they had obtained. The examination was conducted both by written papers and *viva voce* and finally Nurse Stewart came out first, and Nurse Wallace obtained the second place. There is no disguising the fact that it is still an up-hill fight to improve infirmary nursing, so the greatest praise is due to Dr. Moore for his efforts in that direction, and I earnestly hope his example may be very contagious.

* * *

I AM delighted to hear that Lady Roberts' Homes for Nursing Sisters became an accomplished fact on May 1st, when the institution at Nurse was formally opened. Attached to it is a small hospital, where sick or convalescent officers can get quarters at most moderate rates. I have previously described this scheme, and everyone who knows what life is in the plains of India will realise fully the enormous advantage such a Convalescent Home in the bracing air of "the Hills" must be in maintaining the health and efficiency of the ladies who have recently left England to nurse our sick soldiers in the Military Hospitals of our great Eastern dependency.

* * *

I MAY remind those of my readers who are fortunate enough to be members of the General Council of the British Nurses' Association, that it is summoned to meet at the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Friday, the 8th instant, at five p.m. I hear that the President, Her Royal Highness Princess Christian, will take the chair. I know many have been looking forward to it with the most pleasurable interest, and I doubt not it will be as successful as it is sure to be well-arranged.

S. G.

[previous page](#)

[next page](#)