

Copenhagen. Our impressions were mixed. We were sad and very glad at the people and conditions we had encountered. We were filled with admiration for the marvelous and loving work which has been done for the polio victims of Denmark. We were saddened by the thought that polio is endemic in so lovely a country and amongst such a beautiful and sturdy people. The Danish people are meeting this calamity with all their brain and brawn. Their doctors and nurses are a dedicated race, and there is no doubt that if polio can be conquered, they will be amongst its conquerors.

In closing, we would like again to thank most sincerely Dr. Neukirsch, Miss Mollerup, Miss Zangenberg, and all the other nurses, doctors and physiotherapists who spared so much of their truly valuable time and who taught us so much. We wish them well and sincerely hope that they never again have to battle with such a fearful plague in their country.

On the flight home from Denmark, we travelled along the B.E.A.'s "alternative" route. We passed over Heligoland. It was a most entrancing sight, for it appeared as a glorious vase of red and gold lying like a cameo in a deep blue sea! No other land has ever looked so beautiful from the air. Passing over North-West Holland, we quickly came to the Thames Estuary, and then we knew we were home again! Wonderful, wonderful Copenhagen cannot compete with the beauty and the glory that is England. When our plane touched down at London Airport, we had the great thrill of seeing Her Majesty the Queen and the Duke of Edinburgh just about to enter their Viking for their trip to Northern Ireland.

It was indeed a happy and propitious home-coming.

The Problem of Nurses Living Out.

DISCUSSION ON THE very serious cost of providing for nurses' accommodation in the Building programme of Regional Hospital Boards and Boards of Governors, has resulted in the issue of a Memorandum by the Standing Nursing Advisory Committee recommending less costly procedure.

The Report questions whether the practice of Nursing Staff to live in continues to be justified by the conditions of the nurses' work or the needs of the service.

The original cause, of course, of the necessity of "living in," was distance from home, lack of funds, as nurses then practically gave their services to gain their training, under conditions when the average salary was £6, £8 and £12 per annum over the three years' training respectively.

With many young people, the vocational approach to Nursing is swamped by the allurements offered in other walks of life, where it is possible to follow other interests if residing away from their work. We believe this urge to be "as those of other callings," one of the chief causes of the shortage of nurses. From this point of view the provision of residence for nurses to live out recommended by the Standing Nursing Advisory Committee will probably appeal to trained nurses.

In principle, it is good that trained nurses should live away from the Hospital, or their work if, for no other reason than that they no longer lead a cloistered life, and they will have to face the cost of living in the matter of rent, light, heating, the going to and from their work, with the question of keeping their room clean—all most important items of living which under the present scheme, they have no responsibility. As the proposals are on an economic basis, the question is, would it be possible on these conditions to live out on the same money as they pay at present for their maintenance in the hospital? If not, this would surely add to the expense of the scheme.

Who would be responsible for the general cost of supervision and cleanliness of the quarters other than the nurses' own rooms, i.e., corridors, stairs, bathrooms, front, etc.?

In recommending the Minister that certain grades of

nursing staff should "live out" on a rental basis, it is pointed out that hospital authorities should consider, in consultation with their matrons, the advantage of new staff, and also student nurses—to a greater extent than they now do from among those who have homes in the area.

We are of the opinion that many prefer to train in the larger training schools of the big cities. As a means of obtaining accommodation suitable to their needs at a reasonable cost and near enough to their place of work, the Committee envisages the following example of university authorities of maintaining registers of approved lodgings to which nurses and others in need of accommodation could be referred, or to acquire suitable large house or houses to be let to staff in single rooms or flats, leaving it to the staff concerned to make their own arrangements, possibly through staff groups formed for the purpose for catering, cooking and for the provision of such common services as do not normally fall to a landlord to provide; or two storey buildings of "cottage" construction, such buildings are more economical both of money and of steel—though it is stated "their provision on any larger scale does of course depend on the availability of sufficient land." We question strongly any scheme followed at the present time, which diverts the need of private houses from the public and schools.

It is suggested that it is desirable that Matrons, Deputy Matrons, Assistant Matrons, Administrative Sisters, etc., should be resident, also Home Sisters, unless there are two or more Home Sisters, when they could all live out, provided their hours are so arranged that there is always one of them on duty. Teaching staff, departmental staff, should live out, although accommodation should be provided for non-resident theatre nurses on night duty rota. Night Superintendents, Sisters and Ward Sisters in charge of non-acute wards are included in living out, but in view of the strain in acute nursing, accommodation should be provided for those in charge of acute wards.

Those non-resident are, in general, staff nurses.

We feel that while the supposed advantages for the nurse to live out are stressed, it is a very serious question as to whether the scheme will prove an economy in hospital administration if only on the continual rise in the cost of living.

Nevertheless, it would seem that the Scheme for trained nurses to live out, with the practical and necessary reservations given, is a step in the right direction in which the trained nurse will realise her emancipation in citizenship.

Exhibition of Apparatus for Physical Therapy.

An infection, a piece of orange peel, a careless car driver, may at any moment turn the most vigorous and healthy person into a helpless hospital bed case.

Helpless but, in 1953, by no means hopeless. Never have such a wealth of physical treatment aids been available for the physician, surgeon and physiotherapist as exist to-day. At the primary stage of incapacity, the patient may require nothing more than complete rest, possibly with an injured limb or spine in total suspension or splinted in traction, or even an "iron lung" simply to maintain respiration; the surgeon can, however, establish nervous and muscular responses by electro-diagnostic tests and may prescribe infra-red irradiation or short-wave therapy to relieve pain. From the very onset of incapacity, however, the patient is physically and mentally stimulated towards recovery, and whilst confined to bed carries out exercises with special appliances, and receives electrical treatment which restores tone in injured or wasted muscles; much can also be done at this stage with ultra-violet irradiation, generally to increase metabolism, locally to accelerate healing of wounds or ulcers. When the patient can leave his bed, special wheeled chairs, support belts, walking aids and training appliances support

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