

while the boys preferred the delights of Punch and Judy shows and water polo in the river which flows through the grounds of Abbey Park. In the evening the grounds were prettily illuminated.

* * *

ACCORDING to the census returns of England and Wales, recently issued, there were, on the appointed day in 1891, 18,936 male members of the medical profession and 101 female. There were 53,051 female sick Nurses or invalid attendants, and 607 males engaged in similar occupations. There were 2 female veterinary surgeons against 3,191 males.

* * *

A MATRON of long experience writes: "Should a fully-trained Nurse for District work be also certificated Midwife?" is a most prominent question in the nursing world at the present time, and a most important one to decide. I should like in a very humble manner, to write a few of my ideas on the subject. It would certainly be an acquisition, but far from a necessity, for nothing could be more utterly at variance with district work. District Nurses have to visit all kinds of cases, both medical and surgical, such as phthisis, fevers (rheumatic and typhoid), ulcers, wounds, burns, &c. Their clothes must become impregnated with germs of different descriptions, and what is more dangerous to a lying-in woman than to take the least particle of an infectious disease near her? If District Nurses are to be Midwives as well, I think it will be a great mistake. District Nurses are all, or ought to be, conscientious women, but, if one of them, some distance from home, is just coming out of a house where there was scarlet fever, and meets a messenger who says, "Please Nurse, come to Mrs. Smith at once, she is so bad," the Nurse would feel bound to go off there and then—if she were doing midwifery also—without in any way being able to change or disinfect her apparel, and only having time to cleanse her hands in a very hurried manner. Just fancy the result of the proceeding! It seems little short of criminal, and I, for one, trust that it will be most seriously considered before District Nurses hold the responsible position of Midwives as well. Nothing could possibly be more at variance with the laws of health, than to have these two offices united, both most useful and necessary, in their separate work.

* * *

THE following question and answer which appeared in the *British Medical Journal* last week, is one of much practical importance to monthly Nurses:—"Member would be glad to know how to advise his

patient, X., to act under the following circumstances. X. engages a Nurse to attend her in her confinement, which she expected August 21st. She distinctly informed the Nurse she would not engage her if she had any other engagements near. She assured her she had none. In August X. is confined 14th inst., telegraphs to Nurse, who wires back, 'Cannot come until 18th inst.; am engaged with another case.' X. engages another Nurse as a matter of course. First Nurse demands her fee in full. Has she a legal claim?" "From the statement of our correspondent it would appear that the engagement by X. of the Nurse in question was conditional upon the latter having no other engagement for the month of August, or, at any rate, upon her being ready to go to X. at any time during that month that she might be required, and that she made default. If these facts can be proved we do not think that X. can be made to pay. There may, however, in the absence of any written agreement, be some difficulty on the question of proof; in fact, it is most probable that there may be some dispute as to the precise terms of the engagement, and we should recommend X. to compromise the claim, if it could be effected by payment of some small sum. If the default of the Nurse is not proved, X. would probably be held liable for the amount of the agreed payment in full, exclusive of board."

* * *

MR. T. L. PENNELL, F.R.C.S., Medical Missionary (Dera Ismael Khan, North India) gives the following most useful and practical hints in the *British Medical Journal*. In a largely itinerating practice the gelatine eye discs of atropine, cocaine, and many other drugs are invaluable, but one danger has been brought to my notice several times. It is this, that a single brush is supplied with each tube of discs, and I have known users thereby tempted to apply discs, to several eyes in succession with it. The great danger arising from this when some of the cases are such as granular or purulent conjunctivitis is evident, and it is impossible to effectually purify the brush between each case in a morning's work, and I know that is often not done; thus this useful contrivance is in danger of becoming the cause of ill instead of benefit. This may, however, be obviously avoided if the brush be only used to remove the disc from the tube, and placing it on a piece of clean paper or the back of the hand, from which it can readily be transferred to the conjunctival sac by a probe (the tortoiseshell eye spatula is very inconvenient), or even in case of emergency, as may happen when itinerating, by a small folded piece of soft clean paper. My knowing that the risk of transferring

The "NURSING RECORD" has a Larger Sale than any other Journal devoted solely to Nursing Work.

BORWICK'S BAKING POWDER. Best that money can buy.
BORWICK'S BAKING POWDER. Five Gold Medals.
BORWICK'S BAKING POWDER. Contains no alum.

[previous page](#)

[next page](#)