

if the term be allowable in August. Fire-hoses have been set to work, and streets have been scrubbed and "tubbed" with vigour. Many areas and area-steps have had a washing, that were never washed before, in some cases a small hose being daily played on or about these dark and insanitary breeding places of fever. Whole columns might be written of the horrors of the areas and underground kitchens of London. Darkness, want of sunshine—that "nasty sun that always *will* shew up the dusty corners," as the idle housemaid put it,—and the accumulations of vegetable and other refuse in the dustbins, combine to make a most unwholesome combination in the kitchen area, and at this season of the year, if one happens to call on a London friend, one is assailed on the doorstep by odours, which tell of a ferment below, which is calculated to seriously add to the normal number of typhoid fever cases.

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It is very desirable that a Lady Superintendent with one or two assistants, should be, at least temporarily, appointed in connection with the ambulance system. It is found in all outbreaks of fever, and notably in the recent epidemic of small-pox—that a good deal of suffering is entailed on the patients who are removed from their homes to isolation Hospitals, by the unskilful handling of porters. With every desire on the part of such porters to be kind, a want of technical knowledge of the proper moving and carrying of really sick people, must always make a great deal of difference to the patients. And it is certainly most desirable in case of the removal of women and children, that a trained Nurse should be in attendance to direct and arrange everything for the comfort and well-being of the patient. One of the terrors of removal to a strange Hospital, would be gone, if a woman felt that she would have the care of a Nurse of her own sex from start to finish.

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It is rather curious that there is no counterpart in England to the so-called "office nurse" of America. To the English ear it sounds very curious, when a physician or surgeon speaks of his consulting-room as an "office." But this is always the case in America where the doctor and his office and "office hours," are spoken of, much in the same way as we speak of the lawyer's or merchant's office.

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The "office nurse" serves a most useful purpose, especially in the practice of a gynæcologist or a children's specialist. She is a fully trained Nurse, being often a graduate from the Hospital to which the doctor who employs her belongs. She is ready for work in the morning at whatever hour the doctor begins to receive. Clad in a pretty Hospital uniform, she receives and re-assures his

patients, comforts the women and children, and is of invaluable assistance in preparing dressings, and assisting at minor operations. She is sometimes required to open the door, but this custom is deprecated by all who value the professional status of the Nurse. She attends all the outside operations of the surgeons for whom she works; for it is by no means uncommon for her to perform the duty of "office nurse" to two or even three practitioners; attending during the "at home" hours of one doctor in the morning, another in the afternoon, and perhaps a third in the evening. To us it would appear very remarkable for a consultant to receive his patients in the evening, but in New York and other American cities, it is common enough.

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The "office nurse" frequently is a doctor's right hand. She makes appointments, registers them, occasionally receives the fees and undertakes a large share of correspondence. She is frequently a skilled typewriter, and keeps the doctor's books, so that she continues the duties of Nurse, with that of Secretary. No doubt the custom will some day be established in England, and a more pleasant position it would be difficult to find. A hard-worked doctor would come to look on a capable office nurse as a most valued assistant. In New York, the remuneration for such a position ranges from three to six guineas a week, the Nurse providing her own board—with the exception perhaps of a luncheon—and lodging.

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A LIVERPOOL correspondent sends us the following letter which lately appeared in the *Liverpool Courier*, herself remarking that "I hope it may open people's eyes in the town and neighbourhood. I know many Nurses have been sent out before their second year was completed, and, indeed, some so-called Nurses who have never been inside a Hospital in their lives—one person innocently remarked to her patient 'that she would like to see inside a Hospital!!'"—

SIR,—It is now universally acknowledged that no Nurse ought to be sent to a private case until she has completed three years' training within the wards of the Hospital, and obtained her certificate of competency from the authorities. This is not only just to the Nurses, but a most important matter as a safeguard to the public employing them. I am surprised, therefore, to learn that some of our local Hospitals send out Nurses to private cases at the expiration of two years of their training, and yet I know the committee of one of these Institutions would be very indignant if anyone stated their Hospital was second to any other, and, indeed, there is no reason why it should be. To the public, it is a most important matter, and anyone employing Nurses should demand one who has spent not less than three years within the wards of a first-class Hospital. It is the third year that Nurses learn most, and obtain that confidence which fits them to take the responsibility of cases away from sisters and house surgeons. You have done good in the past for Nurses, and by inserting this in your paper you will oblige yours, &c.,
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