

To the Editor of "The Nursing Record."

MADAM,—I am glad to learn from your columns that the Resolution concerning number of beds needed for registration was refused at the late General Council Meeting, as it appears to me a most unjust thing to make sweeping alterations in the Constitution without due notice and discussion; if it is now time to reconsider the qualifications for registration, by all means let it be done, but not in the unceremonious way adopted, but by consulting the great body of members, so that those interested can thresh out the whole question and arrive at a just conclusion. I am of opinion, as a Matron of a Hospital, that a still further limit should be given for supplementary training, say 30 beds, and that no regulation should be permitted to come in force for at least two years, so that no injustice should be done to those Nurses who have already entered the smaller Hospitals for supplementary training, and who are, under existing regulations, eligible for registration. The truth is, that things have lately been carried with a very high hand in our Royal British Nurses' Association, and appear to us practical workers to be inspired by very unpractical brains.

Yours,  
AN OLD MEMBER.

#### CO-OPERATIVE TRAINING.

To the Editor of "The Nursing Record."

MADAM,—I was glad to observe an "Echo" in your issue of November 2nd, suggesting co-operation between the General and Special Hospitals, concerning the training of their Nurses. Is it not true that many Nurses leave our most important Training Schools certificated after three years' work in their wards, with little or no knowledge of the nursing of infectious fevers, gynaecology, obstetrics, nervous diseases, ophthalmic cases, and the special nursing of sick children? These women may be experts in the nursing of other diseases, but does their limited knowledge qualify them to be considered "thoroughly trained"? I think not. The reason of their limited experience is not far to seek. All general Hospitals have not special departments even for non-infectious diseases, and of course it is out of the question in these scientific days to run the risk (formerly quite common, and still done in some of our Irish Hospitals) of nursing infectious fevers in the general wards. How, then, are our Nurses to gain a good all-round experience in every branch of their work (such as the great out-of-date and much-to-be-regretted general practitioners of the past possessed, before the days of rampant specialism in medicine)? It is impossible that it can be done without co-operation upon the parts of the authorities and Matrons of the general and special Hospitals, because the wards devoted to special diseases are so very limited in the general Hospitals. I should like to suggest that this subject should receive some attention from your numerous readers, and to request them to give me the benefit of their opinions in your columns.

"THREE YEARS' CERTIFICATE."

#### NURSES ON CYCLES.

To the Editor of "The Nursing Record."

MADAM,—As a Nurse cyclist I am very glad the matter has been taken up by the RECORD. The utility, the healthfulness and the pleasure to be obtained from cycles are so manifest that I believe any small amount of prejudice there may be against their use by District Nurses will soon be a thing of the past. With regard to the dress that is best, I would like to offer a suggestion. When I first began cycling on my district rounds, I found it very difficult to prevent my cotton gown from getting badly "spattered." Indeed in muddy weather I used on this account to discard my machine and walk. But as the greater part of the winter is characterised by muddy weather, I set my wits to work to invent something better. So I made a *very full apron*, reaching right round to the back, out of some thin dark mackintosh. Under this my cotton gown can be fastened somewhat short.

While I am riding, the mackintosh apron serves practically as a skirt (since I made it very full). Of course I wear it short, but as I have gaiters reaching almost to the knee, no one can object on the score of propriety!

When I arrive at the houses of my cases, I just slip off my mackintosh apron, let down my dress suspender, and begin my nursing duties without a spot of mud on my attire. I wear only a short cape; the uniform cloak is out of the question. I may mention that I calculate I can see seven or eight cases more daily since I started my machine, and do not feel nearly so tired at the end of the day, even with this increase of my duties, as I used to when I walked.

If I may mention the underwear which is most suitable for cycling, I would like to say that it should be on the knickerbocker plan. It is so curious that no one has ever objected to the use by riding women of riding-breeches, but nearly everyone professes to be horrified at women cyclists wearing a divided garment. For my own part I wear riding-breeches, made either of cloth, or knitted, and find them light, warm, and comfortable.

Sincerely yours,  
A WHEELER.

#### A CHRISTMAS SUGGESTION.

To the Editor of "The Nursing Record."

MADAM,—The advent of Christmas brings much extra work and anxiety to Hospital Matrons, Sisters and Nurses, all of whom in most cases display affectionate zeal in their endeavours to make a Christmassy feeling in their wards, and to promote the happiness of the patients.

In this desire—and because so little, often, is forthcoming from the public—to please the patients, and especially the children, Sisters and Nurses alike most generously expend a much larger portion of their substance than they can possibly afford, while all the time they are surrounded by rich people, not unwilling to help if they are shown a ready way. The plan I would suggest is one I have seen worked most efficiently in some American Hospitals. It may not be altogether a novelty here, but I have not heard of it in England.

There is plenty of time between this and Christmas to put it in operation, and I think the result will be very satisfactory. Let Matron, Sisters and staff set to work to run up some strong galatea or calico Christmas bags, and distribute them to friends of the Hospital, to private friends, and to anyone interested enough "to take a bag and see what they can do." By begging round in one's circle, it is wonderful to see how soon the bags can be filled. They become a kind of Santa Claus stocking, and are just as varied in their contents. It is quite amusing to see the collection which comes out when one is opened. At first sight it looks like a contribution to a jumble sale. A bag of raisins is next door neighbour to a warm knitted vest, a flannel bed-jacket covers up a Christmas cake; boxes of candies, toys for the children and Christmas cards form a heterogeneous lining to the bag. But these same articles are of the utmost value, and give much pleasure to the patients of the Hospital. One person may be clever at "cake baking;" let them contribute their quatum, and a very acceptable one it generally proves. Another's talent is in jam or jelly making, or in knitting comforters or stockings. Let each put a sample in the bag.

And again, there are in most households odds and ends—a pincushion or a shawl, or some odd things that have been given to us at Christmas or on our birthdays, whose fashion or colouring has not suited our aesthetic tastes. Let these be put into the Hospital bag, and the patients will not stop to criticise or to raise an ideal standard. The only stipulation is that the things be new, or at least quite fresh. A second-hand or worn look about a present takes off from the delight with which we hail our Christmas offerings. Hoping some further suggestions may be sent on this subject,

Believe me, yours,  
A SYMPATHISER WITH HOSPITAL FESTIVITIES.

[previous page](#)

[next page](#)