

Now just a few words as to the necessity of a Home for the Nurses, where living together they may enjoy and profit by intercourse with each other. If each Nurse is to maintain her health, her energy, her interest in her work, she must have companionship. It is a great mistake, I think, for young women, who often come from cultured homes, to entirely neglect the social side of their daily life. Now a Nurse is often too tired to seek for recreation without the Home, and therefore a happy home life with her fellow-Nurses is essential. To my mind the advantages of so living entirely outweigh any disadvantage that may exist, having myself experienced what it meant to live alone even for so short a time as three months, when I first began my work at Woolwich. I am aware that there are differences of opinion in this matter, and this point might perhaps be a subject of discussion.

In this era of bicycles there may come a day when every Institution will provide, as a matter of course, two or three such machines, the use of which would enormously bridge over the long distances which sometimes lie between the houses of the patient and the Home. I think it would be found that money so spent would not be wasted, as each Nurse could then undertake more patients than she could otherwise manage, especially in the case of outlying districts to which there is no conveyance. My last words are for those who, though not privileged to take up this work of nursing the sick poor, yet wish to help forward the work, and various are the ways by which they can do so. They can learn to understand the nature of the work and the kind of cases which should be sent in to the Superintendent. They can subscribe to the work, and enlist other subscribers by stirring up their interest. They can send nursing appliances, convalescents' letters, and gifts of linen for the lending cupboard; above all, they can show kindness and sympathy to the Nurses, which will most certainly cheer and help them to do their work with continued zeal and courage.

DISCUSSION.

Miss Mollett, who was in the chair, spoke of the valuable after-aid which was rendered to patients who had left Hospital by coming under the care of district Nurses. At the South Hants Royal Infirmary, on the discharge of patients needing further care, such as dressings, &c., she always communicated with the Queen Victoria's Jubilee Institute Nurses at Southampton, and they in turn frequently communicated with them when any patients under their care needed Hospital treatment.

Miss Poole, of Blackburn, said it was an

interesting point as to whether district Nurses should distribute food to their patients.

Miss Grey, Superintendent of the Metropolitan District Nurses' Association, thought that food should always be supplied through the district visitors or through the clergy. She thought the poor valued the Nurse's services more, and her position was easier, when she was not in any sense an almsgiver.

Mrs. Bedford Fenwick asked what was considered a thorough and effectual training for a District Nurse. On this point there was a good deal of divergence of opinion. She thought the Queen Victoria's Jubilee Institute for Nurses did not exact the three years' training. She was of opinion that a "Queen's Nurse" should signify a Nurse most thoroughly trained in every branch of nursing.

Miss Wallich, in reply, said that in 1887, when the Jubilee Institute was started, only a one year standard was exacted. It had now been raised to two years, and she thought it would be still increased. In her opinion, however well trained in Hospital a Nurse might be, she had to learn a very large part of her work *in the district*, where alone the finishing touches could be put.

Isolation Rooms in Hospital.

ANOTHER case came out in the daily press last week showing the desirability of some extra accommodation for unusual cases in the out-patient department of Hospitals, at the inquest of a little girl, who had died in an omnibus from diphtheria.

The house-surgeon, Dr. G. Genge, stated that he saw the child and found that it had diphtheria very badly, and the disease had already spread into the lungs, whilst it was already too late to perform tracheotomy. The child was likely to die at any moment, but as the beds were full he advised the mother to take the child home.

In the action he took, the House-Surgeon was aware too late of the error he committed when he allowed a child dying from diphtheria, to be taken through public thoroughfares, and, as it happened, into a public vehicle. In point of fact, he barely escaped rendering himself liable for breach of the provisions of the Infectious Diseases Act. Such an occurrence is fortunately rare, but it could not have happened at all if, at the Westminster Hospital, it was the practice to shelter out-patients found suffering from infectious diseases in an isolation room provided for cases waiting admission into the wards, or until accommodation could be found for them in special Fever Hospitals.

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