



Letters to the Editor.

Notes, Queries, &c.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSING EDUCATION.

To the Editor of "The Nursing Record."

DEAR MADAM,—I also read with great pleasure in your journal the good news that a thorough collegiate course of education had been adopted at the Johns Hopkins Hospital at Baltimore, but I cannot agree with your correspondent, "M. R. B. N. A.," that we are stationary in the education of our Nurses at home. We have many more long established prejudices to overcome in England than our more happy Nursing Sisters in America. True, our Hospitals are making great advances in the education of Nurses both in London and the provinces, and I am glad to observe that you never miss an opportunity of saying a word in season concerning the importance of the *practical* part of our work. Theory and practice must advance hand in hand in Nursing, or we shall be of little use to the public. The system at the Royal Infirmary, Glasgow—followed by the authorities at the London Hospital—of preliminary educational courses, will not remain isolated instances of the organisation of the education of Nurses; and I have no doubt that before long the whole collegiate system will be adopted by all Hospitals of over 200 beds. The obstructionists may vainly imagine that they are repressing Nursing progress with a firm hand, but history teaches us that natural evolution is not to be controlled by human beings, and we are just going on in spite of personal prejudices.

Yours truly,
ANOTHER MEMBER, R. B. N. A.

"EXTRA FEE" CASES.

To the Editor of "The Nursing Record."

MADAM,—As a private Nurse I am very glad to find that some Institutions and Co-operations of Nurses insist on extra fees being paid to a Nurse for the care of hysteria cases, classing these with mental and infectious disease.

Having had a very long experience of these harassing and trying cases; having also nursed for a long time under Dr. Weir Mitchell, who, of course, has in his practice some of the most obdurate and obstinate patients it could fall to anyone's lot to nurse, I have long been of the opinion that nervous prostration and hysterical cases should be paid for as highly as are true mental cases.

As an outcome of the immense amount of this kind of work that I have done, my conclusion is that hysterical and "exhaustion" cases are quite as difficult to nurse as are the mentally deranged, or even the dangerous and violent lunatic; and I have discovered,

to my cost, that such Nursing takes an immense amount of vitality and health, and entails frequent breaks-down and "times off" through illness, and during convalescence. So that I am glad to see that, by placing these cases in a special category, some Nurses are recompensed for the trying nature of this kind of nursing, by receiving extra fees.

Sincerely yours,
A PRIVATE NURSE.

ICED BEDS!

To the Editor of "The Nursing Record."

MADAM,—A correspondent lately writing to a daily newspaper, says, with reference to the recent very hot spell: "In Florida and other parts of America which I have visited, where the heat at night is almost as unbearable as in the day, it is not unusual to ice the beds before retiring to rest. This is done in a very simple way. A vessel of metal or pot, much in the form of the ancient warming-pan used by our grandfathers, is filled with broken ice, and after standing until the ice has completely cooled the vessel, it is placed between the sheets and moved to and fro over the surface of the sheets and pillows until they are quite cold. This coolness of the bed-clothes is very soothing to the heated and wearied body, and invariably induces immediate sleep. Ice can now be obtained almost anywhere, and the wonder to me is that its use for the purpose here indicated has not been generally adopted in this country. Not only are ice cooled beds found to be grateful and comforting to those in a healthy condition, but in cases of insomnia and a variety of complaints the use of ice for cooling the beds of the patients is found to be of inestimable value and a great relief to the afflicted."

Now it seems to me that this might be very dangerous advice, and that severe chills would be likely to result from an indulgence, when heated, of "iced beds." An instance occurs to me of a young man I know, who, one night during the uncomfortably hot weather we have recently had, was tempted, for purposes of "cooling down," to remove the mattress from his bed, and covering the wire-woven mattress with a sheet, spent the night on this "ventilated bed," with a scant supply of upper clothing. As a result of this he is now suffering from a bad attack of pneumonia, although the night in question was so sultry and tropically hot that it would have been impossible for the most delicate of persons to regard a "chill" as possible.

I have been wondering whether "iced beds" would not have much to answer for in chills and congestions. There are a good many foolish people, who, seeing such a recommendation in a newspaper would take it without medical advice or common sense consideration. To me such a wholesale prescription of so risky a kind appears rather reckless.

Someone else has suggested that a very effective plan of cooling a hot bed is to substitute for the usual under blanket a piece of fine Indian matting.

Sincerely yours,
CHARLOTTE OAKLEY.

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From the sweet-scented Island of Ceylon.

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