where good servants are difficult to procure, a Nurse would have more to do for her patient than she would at a case at home, where there would probably be servants to wait upon the Nurse as well as upon the patient, and I cannot think that any true Nurse would object to the extra work *for her patient*.

It would not be necessary for a Nurse to undertake imidwifery, medical and surgical work if there were more good Nurses out here.

Midwives with good certificates are much needed, and the doctors at the Cape would be only too glad to have many more than there are now.

One who is staying with me, and who holds the L.O.S. certificate, has not had more than a fortnight out of work since she came from England in February. That fortnight was a compulsory rest, as she had been in contact with a blood-poisoning case. She had to refuse more than one on account of it. She is now engaged up to January, and has been unable to take several. It is not correct to say that "a trained English Nurse can command no higher fees than a coloured woman who has not had a week's training in her life." The fees ordinarily asked are two guineas a week for ordinary cases, three guineas for diphtheria, with travelling and washing expenses paid. In all my private Nursing I only once had any difficulty with regard to fees, and I found afterwards that it was a peculiarity of my patient's husband to try and beat down any account handed to him as a matter of simple routine!

Coloured women who go out as monthly Nurses receive 10s., 15s., and very rarely 20s. a week, and there is one well-known coloured midwife who has been taught her work by doctors, and her fee is $\pounds I$ for a confinement, but she will not remain with the patient at night.

patient at night. I cannot think that "the Nurses who are wearing themselves out with anxiety when not at a case" can set about getting work in the right way. In my own case, my fellow Nurse and I called on the leading doctors, showing our certificates and testimonials, and were entered in their books. We were kept pretty well at work until we married. The two leading 'chemists have a Nurses' register. Nurses' names are 'entered without any fee or commission on cases procured, and all that is expected is that they will report 'themselves when disengaged. Both doctors and chemists have frequently told me that there was a great want of *good* certificated Nurses.

themselves when disengaged. Both doctors and chemists have frequently told me that there was a great want of good certificated Nurses. I know that there are a number of women about, wearing the uniform and demanding the fees of regular Nurses, who have not had any, or very little, training; but a doctor would soon distinguish the true one and give her work. The hours are often longer, but I have known

The hours are often longer, but I have known Nurses in England in attendance on bad cases work for sixteen or eighteen hours when it has been a case of life and death. I have always found that a word to the doctor would generally result in a responsible person beng found who might be left in charge while the Nurse rested and took exercise. I do not think it is in the Cape *alone* that Nurses are apt to be looked upon as paid machines, wound up for perpetual duty.

It certainly is misleading to say that "you are better liked if you have no credentials at all, but have just picked up a little Nursing, and are not particular about dirt and smells." That, I should think, might

possibly apply to district work among the very bad slums, where the coloured people *prefer* dirt, but I have had no experience among patients of that class.

A great many English Nurses come out here with great ideas of their own importance, expecting to find everything at hand as they would in a large English Hospital, and rather looking down upon the Colonial people they are going to honour by Nursing. Independence is a Colonial trait, and the result is that cases are few and far between. I have frequently heard it said, "These English Nurses give themselves such airs, and want so much waiting upon, that it makes extra work in the house; we would rather manage ourselves or get somebody who is not so highly trained, and who will not be above doing something occasionally that cannot strictly be called *Nursing*, though it is generally for the comfort of the patient." What is wanted out here, are women who love Nursing for Nursing's sake, who are strong, for the climate is trying, who are self-reliant, with strength of character, and who will be able to keep their heads in emergencies when doctors are a great distance off, and the only people at hand raw Kaffir servants, as frequently happens in up-country cases; women who are determined to look on the bright side of things, and who have made up their minds to take the bad with the good. These are the women we want, and a Nurse taking up work at the Cape in this spirit combined with good certificates—will not, I think, find much time on her hands. Of the Convalescent Home of which your correspondent writes I know nothing, so can make no comment.

I should be glad if you could see your way to inserting this in the NURSING RECORD, for there are Nurses who are thinking of coming out, who may be stopped by an opinion that is calculated to give an entirely wrong impression of Nursing work at the Cape.

Believe me, Madam, Yours faithfully,

B. KATHERINE BARTLETT.

Mowbray, Cape Town, September, 21st, 1896.

[This letter proves that women who possess the true Nursing spirit can always succeed in their profession. —ED.]

Inventions, Preparations, &c.

MAGGI'S CONSOMME.

WE have already, in these columns, alluded more than once to the excellent preparations for invalids prepared by Messrs. Cozenza and Co., of 95, Wigmore Street, Cavendish Square; but as we have since then given Maggi's Consommé and other articles a careful and extensive trial, we feel bound to call the attention of our readers again to the excellence of these preparations. They are most palatable and most nutritious, and are especially suitable for invalids and convalescents during the winter months, when the usual difficulty of tempting the patient's appetite is enhanced. We cannot praise these preparations too highly, and those of our readers who try them will, we feel confident, agree with us in this approval.



