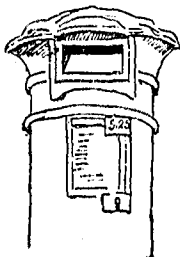


**Letters to the Editor.**

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.*

**THE BOYCOTT OF COLONIAL NURSES.**

*To the Editor of the "Nursing Record."*

DEAR MADAM,—As a colonial born woman, trained at the best hospital in New Zealand, I should like to be permitted to express my sympathy with the sentiments expressed last week by "An Indignant Colonial." I think it most unfair that Americans and contingents of colonial nurses from Australia, New Zealand, and Canada, have been permitted to take precedence of the colonial nurses at Cape Colony in nursing the sick and wounded in South Africa. I have many friends in South Africa amongst nurses, and I am told that the discredit brought on the nurses of the colonies there is greatly due to fast and half-trained British nurses who have come out from England, thrown off all restraint, and behaved in a manner which is much to be deplored. This is especially the case in Johannesburg, where women of light character largely make up "society," and where a nurse receives a salary of £60, a successful barmaid could before the *débacle* earn a salary of £300! Again, if the War Office at home, or the Army Nursing Reserve Committee, had any standard of professional education, or guaranteed certification, to which we colonials had not attained, there might be some valid excuse for the present boycott, but here at home no standard of nursing, or experience in military nursing is demanded, and, as in the nursing staff of the Yeomanry Hospital, a mere mob of mixed standards and experience have been accepted, and as you point out the highest qualifications, placed under the superintendence of the women holding the obsolete qualification of a one year's certificate. Surely some good will come out of this most unsatisfactory condition of affairs, and the nurses themselves demand that law and order shall be evolved out of our present chaotic condition of their professional affairs. Permit me to offer to you thanks and appreciation for the consistency in the policy of your paper. The NURSING RECORD is doing a great educational work, and deserves the support of all thoughtful nurses,

Yours sincerely,

"TRAINED AT WELLINGTON HOSPITAL."

P.S.—I send copies of the RECORD weekly to two friends in New Zealand.

[For which many thanks.—ED.]

**ABLUTIONS IN HOSPITAL.**

*To the Editor of the "Nursing Record."*

DEAR MADAM,—I should like to say that I think your remarks upon ablutions in hospitals should be read by every probationer and not a few staff nurses. As a night superintendent I frequently make my last round when the morning washings are going on, and it is astonishing how often

I have to speak about the point you mention—patients sitting up in bed, bolt upright, stripped to the waist, being washed in a clumsy and unseemly fashion instead of the performance being accomplished in a decent and professional manner under a blanket. One of the evils resulting from this practice is that the night shirt is not entirely removed, but slipped down round the waist. When the "new pro" pulls it up again it is generally more or less damp—rather more than less—round the neck, but of course it is not removed, and the patient lies all day in a damp nightdress. Of course, also, the whole person is exposed to the waist, instead of every part of the body, except that which is actually being washed, being covered up; and so, again, a chill is apt to occur. Lastly, as you point out, it is difficult, in fact, almost impossible, to keep a proper look-out for possible bed sores.

Yours faithfully,

A MUCH-TRIED NIGHT SUPERINTENDENT.

MADAM,—I read with great interest your remarks on ablutions in hospitals, and am certain that they are very necessary. As a mere matter of cleanliness the system of washing which you advocate is, I am quite sure, the right one. But there is another point of view, which I am sure all those who have had long illnesses, as I have, will appreciate. I mean the beneficial effect upon the nervous system of the thorough morning ablutions. After passing night after night restless and wakeful, one is apt to be distinctly "on edge" in the morning, but it is astonishing how refreshed one feels after the morning toilet is performed and an early cup of tea has been taken. One almost invariably falls asleep for an hour or two afterwards, and, indeed, it is some of the most refreshing sleep one gets in the twenty-four hours. Fortunately when I was ill I was in a hospital where thorough daily washing was the rule, so that I can only measure the discomfort of its omission by the eagerness with which I looked forward to the refreshment of being washed night and morning.

Yours truly,

A NURSE PATIENT.

*To the Editor of the "Nursing Record."*

DEAR MADAM,—Theoretically, I quite agree with your ideal as to the washing of patients in hospital, but practically, it can't be done in the time, so I think we must be content with a lower standard. To wash a patient as you advocate in the morning would take about half an hour per patient, whereas ten minutes per head is the outside we can allow in this hospital if the wards are to be ready for the doctor's visit at ten a.m. I am surprised that you say the patient's bed should be made *after* he is washed. Surely the night nurses make all the beds before the day nurses come on duty. If this were not done I don't know when we should get finished. In my opinion, if patients are washed all over once a week and have their hands and faces washed every morning, it is all that can be attempted in a busy hospital, and the weekly wash is more than they get at home. Of course, the backs of those patients who cannot get up should be done with spirit and starch every night.

Yours faithfully,

STAFF NURSE.

[We regret that a nurse should advocate the dirty and indefensible habit of using spirit and starch without first washing the back with soap and water.—ED.]

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