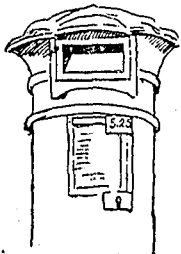


## Letters to the Editor.

NOTES, QUERIES. &amp;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.*

## NURSES AND THE PUBLIC.

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

DEAR MADAM,—Do continue to impress upon trained nurses the value of "homeliness," which is a quality so deeply valued by the sick of all classes. I have been a hospital visitor many years, and know how "homeliness," which springs from an innate kindness of heart, is appreciated by the poor in hospital wards. The smart, steel-eyed modern martinet Sister is not "understood of the people." One very popular Sister I have in my mind's eye—her poor patients loved "her beaming countenance." "She's a very comfortable body," they would explain. Surely this quality of "homeliness" need not necessarily mean that a woman must inevitably be of a slip-slop and disorderly temperament! Surely a woman cannot be a really efficient nurse who is temperamentally cold and unresponsive? In the homes of the rich, "smartness" in a nurse is equally detested as by the poor. Has the excision in polite society of the "maternal instinct" anything to do with the prevalence of lack of sympathy in women? This may well be so—"mother nature" is a very fussy cunning old woman, maybe she will not permit the violation of her primitive Laws—without taking a sly revenge!

Yours, PHYSIOLOGIST.

## THE OPEN QUESTION?

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

DEAR MADAM,—I was glad to see you put a note of interrogation at the head of the above correspondence, denoting no doubt that in your editorial opinion, the right of women to practise medicine was no longer "an open question." Surely the letter in your last issue from Miss Mary Gardner is all convincing, and the financial success of many of our leading women doctors is proof that their usefulness is undisputed. I rejoice like yourself to see our West End women practitioners, becomingly and handsomely appraised, dashing about in their well appointed carriages, there are so few reputable professions open to women, which permit them to earn a margin of profit—after paying for a somewhat meagre "board and lodging." One gets depressed and hopeless by being for ever compelled to restrict expenditure and to trudge through the mud.

"A TIRED WOMAN."

[If women would work for their enfranchisement they would then handle the lever to raise the price and value of their work. As Mr. Rhodes says: "The vote covers all." All women "Uitlanders" are metaphorically "trudging through the mud."—ED.]

## AN ONEROUS TASK.

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

DEAR MADAM,—I read with great interest in my RECORD last week the notice of the new American Journal of Nursing, which promises to be such an addition to our professional literature. I wonder if it occurred to others, as it did to me, when I saw the long list of members of the editorial staff, what an onerous task must devolve upon you and your able assistant in bringing out the NURSING RECORD each week. I felt duly grateful to you and I hope others did.

Yours obediently,

AN APPRECIATIVE READER.

## LIVE SEPULTURE.

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

MADAM,—The fact has been demonstrated, both in this and other countries, that people have been and may be, buried during a state of trance, catalepsy, or other conditions of suspended animation. The horror of so terrible a fate has resulted, according to a recent issue of the *Lancet*, in the formation of an American society for its prevention in New York. It is a matter for surprise, therefore, that the medical profession does not show itself alive to the danger, and endeavour, without further delay, to find some practical method capable of universal application to prevent premature burial, and thus dissipate the fear that pervades the minds of so many people.

At present no one is secure from the risk of being buried alive. No sign other than that of putrefaction can be relied on (as now admitted by the highest authorities) to determine that life has departed, and the tests which, taken collectively, are considered necessary to establish the fact of death are, in the great majority of cases, never applied. The ordinary medical practitioner in this country denies the possibility of live sepulture because he declares, he has never met with a case; but the very fact that numerous precautions are taken abroad—notably in Württemberg—for preventing such unspeakably painful occurrences, furnishes a strong suspicion of the reality of the danger. The extreme difficulty attending the discrimination between real and apparent death is evidenced by the fact that, although most Continental countries have State-appointed medical officers to certify to the cause, as well as the fact of death, and in some of them he is obliged to examine "the corpse" several times before making out his certificate, yet cases of burying alive and narrow escapes are not of infrequent occurrence.

A reform in the custom of treating the dead is most urgently needed. In the meanwhile, I shall be happy to send readers of the NURSING RECORD printed suggestions "for the prevention of the burial of living persons," by an eminent surgeon, and other literature on this painfully serious subject on receipt of a large stamped and addressed envelope. Thanking you in anticipation,

Yours respectfully,

JAS. R. WILLIAMSON.

8, Belmont Street,  
Prince of Wales Road,  
London, N.W.

October 11th, 1900.

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