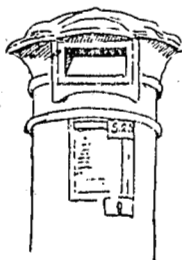


Letters to the Editor.

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

LEGAL STATUS IN NEW ZEALAND.

To the Editor of the "Nursing Record."

DEAR MADAM,—Will you allow me, through the columns of your valuable journal, to offer my hearty congratulations to New Zealand nurses in general, and to Mrs. Neill in particular, on the Registration Bill which has just been passed in that country. There is ground for congratulation, as there is food for reflection, in the news. In Dr. MacGregor's outspoken report, which you published a short time since, he showed how New Zealand nurses applied to the Royal British Nurses' Association for help in organizing their profession in that colony. The conditions offered them were such that they felt compelled to dissociate themselves entirely from the Association, and work out their own salvation in their own way; the result we have before us in their Registration Bill. Does the moral need pointing? The Royal British Nurses' Association exists for nurses, not nurses for the Association. If it is useless to them they will go their own way without it. It is the Association which ultimately suffers, not the nurses. Colonial nurses have shown us that State Registration is obtainable by those who are in earnest. How long shall we British nurses wait before we obtain it?

I am, dear Madam,
Yours faithfully,

A FORMER MEMBER OF THE COUNCIL
OF THE R.B.N.A.

THE MIDDLE CLASS SICK.

To the Editor of the "Nursing Record."

DEAR MADAM,—It appears to me from your summary on the Session of "Administration in Hospitals" at the International Congress of Nurses that the difficulty of providing for the middle class sick has been admirably solved in America. In this country the burden of sickness presses heavily indeed upon them. They are practically denied the benefits of skilled nursing—for what middle class household, with an income of £500 or even £700 a year, can stand for long a drain of £2 2s. or £3 3s. a week (the fees of a trained nurse) besides boarding her, paying her travelling expenses, and washing? There are the doctor's fees and all the incidental expenses of illness to be considered, so the hard-working self-supporting middle class is the one of all others which, when laid aside, must forego the relief and assistance afforded by skilled nursing. I wonder how many people realize how the terror of a long illness overshadows the lives of many workers in this great city, more especially those of women workers; for few of these earn more, if as much, as £150 per annum, and this income, it must be remembered, ceases at once when they are laid aside, and a whole year's

income would be quickly swallowed up in the expenses of a serious illness. If such women knew that, on payment of a sum which they could afford, they could be received into a well-managed hospital, the future would be robbed of half its terrors. Perhaps no one appreciates the value and comfort of a balance at the bank so much as those hard workers who are concerned all their lives with the problem—which often appears to them impossible of solution—of making both ends meet.

I am, dear Madam,
Yours faithfully,
A WOMAN WORKER.

NO SEX IN MEDICINE.

To the Editor of the "Nursing Record."

DEAR MADAM,—I am so glad you have pointed out that in the treatment and nursing of the sick, it is a great mistake to drag in the sexes. The reason some of the older doctors in Macclesfield object to a woman house-surgeon is that they do not care to treat certain cases in the presence of a woman, but surely there is no case admitted into our general hospitals which women nurses have not to attend, with the medical staff. Indeed, in my early nursing days, the exposure of patients was quite a common occurrence in the wards, and it was the advent of educated women as nurses which put an end to this unnecessary and indecent custom—others will corroborate this statement—so that this excuse cannot be accepted. It is a very great pity that women cannot get fair play—equal chances in medical education and experience—and they never will have a chance of showing what they can accomplish, until this sex question is altogether set aside—the fight is hard enough, any way.

LOCAL OPINION.

To the Editor of the "Nursing Record."

DEAR MADAM,—I was glad to read your remarks upon the question of the Macclesfield House Surgeonship last week. There is a great deal of talk about the unsuitability of women doctors attending male patients. It appears to me to be nonsense. Who ever urges the unsuitability of men attending women patients? No one, and why? Because it is recognized that the physician or surgeon—not the man—attends primarily the sick person, not the woman; the one important point is the treatment of disease, the sex question remains in abeyance. The inverse holds good when a woman is treating a male patient. Writing as a nurse it seems to me impossible that any other attitude should be adopted for a moment. How could we perform many offices for male patients if the sex question were obtruded? Whereas we know well that there is no service needed by a sick man which we cannot render with perfect propriety.

Yours faithfully,
COMMON SENSE.

OUR GUINEA PRIZE.

5, Mount Hope, Bridge of Allan.

To the Manager.

DEAR MADAM,—Many thanks for the Guinea prize for the October puzzles. I have tried guessing the puzzles many times, and find them very interesting.

Yours sincerely,
EMILY MACLOSKIE.

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