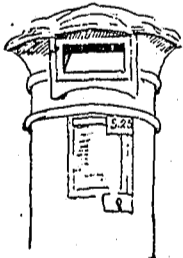


Letters to the Editor.**NOTES, QUERIES. &c.**

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

FREE AND PAY BEDS.

To the Editor of the "Nursing Record."

DEAR MADAM,—I have been greatly interested in the question of Pay Patients, who you tell us can gain admittance to nearly all the leading hospitals in America, and do so agree with you as to the hardship the poorer middle classes suffer here—as they seem ineligible for admittance to the majority of hospitals supported by contributions, and to which the best medical and nursing skill are attached. These deserving ratepayers cannot possibly pay the high fees charged for medical and nursing treatment in Home Hospitals. Our local paper, the *South Wales Daily News*, reported an enlightening interview on Free and Pay Beds recently, in which Mr. J. S. Wood said:—

"Daily commodities we expect to pay for at their market price, but matters of life and death are surely not to be governed by any such rigid money value," continued Mr. Wood. "In urging a policy of 'self-help' in contradistinction to a 'help yourself' policy, it is essential to success that the contributing system should be adopted at all hospitals. It is contrary to human nature to pay at one place for that which can be obtained elsewhere for nothing, though perhaps that argument applies with greater strength in London than in the case of a town like Cardiff."

"You think, then, all hospitals should adopt the principle you advocate?"

"I do. Apart from the correctness of the principle of the contributing system, its adoption under existing circumstances is a matter of sheer expediency. One general objection to the system of contributing is that there is the possible danger of running to an opposite extreme, and that in the anxiety to become rich on the payments of the patients the fees would be made increasingly high and too rigidly enforced, and the really poor, treated as free patients, would become of secondary importance. This would be a vital error. I emphasise the point that hospitals must be primarily sick charities and secondly provident institutions."

Cannot a Society be started to try and bring about this combination of provident aid for the middle classes in conjunction with charity for the artisan? The destitute poor are already provided for in our Poor Law Infirmarys?

Yours,
"A WELSHWOMAN."

A DEBATEABLE POINT.

To the Editor of the "Nursing Record."

DEAR MADAM,—I should much like your valuable opinion of the following point, which was brought under my immediate notice when nursing in the tropics.

The mother of an infant (native) of a few days old died, and it was proposed that the child should be brought up by a native woman who had no children, and who I do not think had ever been married, but who could, by means of a drug well known to the natives, but of which I was unable to ascertain the name, produce milk at will. One child I know was certainly reared, and grew up, who was nourished in this way. Setting the moral question aside—and presumably fond mothers in this country would not allow their children to be nursed by the mothers of illegitimate children if it were generally believed that human milk has any influence on the moral nature of a child—but I mention the point because the baby was the offspring of Christian parents, and the proposed foster-mother was a heathen—setting this aside, is the custom one which physically would be injurious to the infant? The milk of a woman whose child is of a different age from the one which she nurses is well known to be injurious to it, what would be the effect of that produced by means of a drug? Hoping for some information on the point,

I am, dear Madam,
Yours faithfully,
MATERNITY NURSE.

THE COUNTING OF SPONGES.

To the Editor of the "Nursing Record."

DEAR MADAM,—We still use marine sponges for abdominal operations in the hospital I work in, and once had a terrible accident from a student cutting a sponge in half, so that when they were counted the number was right. No one noticed the mutilation of the sponge, and it was not until the other half was found at the post mortem examination of the patient that the cause of death was known. The system at the Harper Hospital, Detroit, explained last week, seems excellent, but surely such an elaborate system would need a "sponge" nurse detailed for the duty of making and counting sponges alone. Here in the hurry-scurry we could not find time for it.

A THEATRE NURSE.

SPECIAL NURSING.

To the Editor of the "Nursing Record."

DEAR MADAM,—I do not know whether Superintendents of Private Nurses are meeting with the same difficulty as myself. Ten years ago a nurse holding a three years' certificate of training had practical knowledge of the nursing of many more diseases than she appears to have now, when diphtheria, enteric, and various other infectious diseases are not nursed in the general wards. This is a serious matter for private nurses, as, to qualify themselves, they have now to go to several special hospitals to gain the practical experience they used to get in the general hospitals. Before engaging a nurse on this staff I find it is almost always necessary to advise her to take out a term at a woman's hospital, so that she can gain experience in gynaecology, and the nursing of abdominal sections, and a course under the Metropolitan Asylums Board seems the only means by which she can see measles, scarlet and diphtheria. This means so much time spent in training that it is no wonder nurses should require higher salaries.

Yours truly,
SUPERINTENDENT.

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