

life in the performance of his duty, and leaves a wife and little children in need of help.

A terrible tragedy occurred at the Children's Hospital at 111th Street, New York, on Christmas Day. Nurse Madeline Sammons was acting Santa Claus. She was dressed in cotton wool and wore a false beard. Her costume caught fire, and she was burned to death in the presence of the horror-stricken children. When will hospital authorities forbid this most dangerous practice of using cotton wool as an outer covering at Christmas functions. Terrible accidents have been reported over and over again from its use, resulting in serious loss of life and injury.

There are many well qualified nurses who are anxious to do their part in caring for sufferers from small-pox, which unfortunately is reaching to very serious proportions in and about London. Some of them may not know that the Metropolitan Asylums Board is in need of Charge and also Assistant Nurses. When this is generally understood we have no doubt there will be an abundance of applicants for the vacant posts.

We learn from good authority that the nursing staff at Gore Farm Hospital, from the devoted Matron downwards, are working nobly. There are upwards of 600 cases of small-pox, many of them acute, in the hospital now, and the number is increasing daily. The present staff is working at very high pressure, and to relieve them more nurses—sensible, practical, well-trained women—are urgently needed. Miss Margaret Jones, the Matron, will give the necessary information to those anxious to help, and please, for the honour of our cloth, let the offer of help be hearty and immediate.

The question of legislation for midwives is one in which the interests of trained nurses are so deeply involved that we have from time to time dealt fully with it in these columns, and have pointed out that the legislation so far suggested is calculated to undermine the intention of the Medical Act of 1886, to depreciate the value of the medical diploma, and to legalise an inferior order of practitioners. The question is one which medical men are somewhat chary of touching, as they believe that they are not always credited with disinterested motives when they discuss it. We are, therefore, the more glad to find this aspect of the question succinctly presented in a letter to the "Times" by Mr. M. Greenwood, M.D., LL.B., barrister-at-law, who writes:

Your correspondent Mr. J. H. Johnston evidently does not know what is meant by "legalizing an inferior order of practitioners," but that is no reason why he should assume that medical men are similarly ignorant.

When it is stated that the passing of the Midwives Bill would have the effect of legalizing an inferior order of medical practitioner, it is for the following reason. Before 1886 independent diplomas were given in medicine, surgery, and midwifery, and the holder of any one of these was entitled to be put on the register. By the Medical Act of 1886 it was specially enacted that no one should be registered unless he possessed qualifying diplomas in medicine, surgery, and midwifery. It was not an unwarrantable assumption after the passing of this Act that the holders of single diplomas were an inferior order of practitioner, and that for this reason the Legislature had taken away their right to practise. When the Midwives Bill came before Parliament it did not require much consideration to see that it practically sought to reintroduce under another name a class of practitioner in midwifery only, and to that extent was a repeal of the Act of 1886. In other words, it tended to "legalize an inferior order of practitioners."

A Nurses' Home seems an absolute necessity in connection with the Rangoon General Hospital. In a recent report to the Committee, the Matron, Miss Leitch, pointed out that an increase of nurses was most desirable, as to care thoroughly for 360 patients, eighteen nurses were manifestly inadequate, but that at present they could not be housed.

The report says:

"The question of accommodation for nurses has always been a drawback. From 1898 to 1900 only three of our nurses had rooms in the hospital. The others slept out, much to their inconvenience and ours also, especially during the rains, when it was often impossible for them to come punctually in the mornings. In December 1900 the Nurses' Home was opened, but there are only ten bed rooms. The probationers sleep in rooms adjoining the women's wards. These are not at all suitable. There are three rooms and seven nurses. The rooms are hot and badly ventilated. When there is a noisy patient or a crying child in the wards the nurses suffer, and many a night of their sleep is disturbed. I rarely used to be told of it. I can usually see by their faces in the morning. Plans were drawn up nearly a year ago for an addition to the Nurses' Home, but for some reason or other nothing has been done, so I have not seen any advantage to be gained by asking for more nurses when we cannot provide for those we have. The fact is, I have been ashamed to take a new probationer over to her room, knowing how little chance she had of a good night's rest in it. I should strongly object to have the staff increased and nurses boarded out, as the girls we take to train are very young, and want care and supervision, and trouble would be sure to arise through such an arrangement. Therefore I hope the Committee will consider the necessity of accommodation before increasing the staff."

It is stated that "Government considered one aged nurse was sufficient for the whole hospital. The municipality now employs one Matron and two Nursing Sisters, with home qualifications, ten nurses, and eight probationer nurses."

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