



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.

IS IT THE CUSTOM?

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Will some up-to-date Matron kindly tell one who was trained in the eighties whether it is customary in the present day for Ward Sisters to administer aperients and enemata and even to pass the catheter on female patients without orders from the house surgeon, and entirely on their own responsibility? I am not referring to chronic cases only, but also to patients more or less acutely ill. Also, is it the custom for Sisters to order extras in the way of diet on their own responsibility? These things were not allowed when I was a Sister of Wards; but "other times, other manners," and perhaps I am getting hopelessly behind, as I am told by recently-trained nurses that it is the custom nowadays to leave such things to the discretion of Sisters.

I am,
Yours faithfully,
BEHIND THE TIMES.

[We do not consider that a Sister is justified in performing the offices described without definite directions. In a hospital where members of the resident staff are always on the spot there can be no question of urgency such as sometimes occurs in the practice of a private nurse. Moreover, each department in a hospital must be punctilious in keeping within its own limitations; only so can harmony be maintained, and prescription of treatment is absolutely outside the province of a nurse. With regard to the ordering of extras by Sisters, presumably the diet boards are inspected from time to time. We imagine that the Committee would have a just cause of complaint against the responsible housekeeper if she supplied to the wards diets which were not ordered in writing on these boards by the medical officers, and she would be quite justified in refusing to comply with an irregular demand on this ground.—Ed.]

NURSES' STATUS IN TRAINING-SCHOOLS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—In answer to "First Year's Probationer," I do not think any valid reason can be advanced for making rules which it is impossible to enforce, and in these days it is impossible to prevent Sisters and Junior Nurses, Staffs and Probationers, forming friendships in their daily intercourse. My experience teaches me that, *on duty*, it is very unwise for a Sister to single out one of her nurses for special intercourse, though this is often done; but should she find a kindred soul amongst her staff, surely there can be no valid reason why these two should not enjoy social intercourse whilst off duty. For instance,

women who have friends in common are invited to a friend's house at the same time. Are the Sister and Nurse to go by separate routes and meet as strangers? Shall an armchair be provided for the Sister and a humble stool for the Nurse? Shall the latter be placed "below the salt" at the table and stand at attention whilst her superior officer becomes seated on high? This all sounds so absurd that it is, of course, impossible. In reality Sisters usually form friendships with the women of their own year of entrance on hospital life, and become Staffs or Sisters about the same time, so that they have no time to form close friendships with newcomers. But decidedly no committee should try to enforce a rule that Sisters and nurses shall not associate *when off duty*—it touches the liberty of the subject—and as long as a nurse behaves like a gentlewoman the committee has no right to dictate how her off-duty hours shall be spent.

Yours truly,
A HOSPITAL MATRON.

[We have dealt with this question in our editorial.—Ed.]

THE NURSING OF CHRONIC CASES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I read with pleasure in your influential journal your remarks on the nursing of chronic and incurable cases. They are the saddest cases of all, and need all the care, patience, and resource that are at the command of a skilful and sympathetic woman. The care of acute cases has its own special fascination and joy. There are few purer delights than those experienced by the nurse during the convalescence of a patient to whose recovery her skill has contributed. She feels she has found a soul-satisfying vocation. But a vocation which is still higher to my mind, because it involves even more self-abnegation, is that in which a nurse finds her work in the care of the chronically and incurably ill. She can do so much, though day by day perhaps it seems so little, to brighten these sad lives, to dispel the querulousness bred of disease, to inspire the despondent with courage to endure to the end. There are few branches of our work which are really more "worth while" unless it be the care of the dying—a little sought-after but most fruitful opportunity of practising the true work of a nurse, the alleviation of suffering. Does not all this craving for "acute work" exist because we consider ourselves first and our patients second? I in no way wish to depreciate the work of nurses in hospitals, but I should like to insist that their training in hospital wards falls short of its purpose if it does not inspire them with a sense of their responsibility to the sick of all kinds. It is worth while, perhaps, to point out in this connection that the care of chronic cases finds no place in the curriculum of nursing education, which may be one reason why this important branch of work is so lightly esteemed by fully-trained nurses.

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

[We quite agree with our correspondent that the alleviation of suffering, whether in its acute or chronic form, is nursing work. Nurses who "lightly esteem" the care of chronic cases miss the real end of their training.—Ed.]

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