



## 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.*

### CORRESPONDENCE RECEIVED WITH THANKS.

Would that this Journal were twice its size that we could publish the very kind and appreciative letters received from the readers of the first issue of the BRITISH JOURNAL OF NURSING. They have been read by the Editor with very keen pleasure, and she begs to offer her heartfelt thanks for them. No one is more keenly alive to the many shortcomings in the Journal than the Editor herself. But—well there are a dozen “buts” which she might advance in excuse for its lack of perfection—but she will shoulder all blame, consoling herself at the same time with the kind expressions of praise and pleasure which are so encouraging, and relying upon those who value a professional organ in the press to help her all they can to make it useful and influential.

### THE VISITING NURSE.

*To the Editor of the “British Journal of Nursing.”*

DEAR MADAM,—My attention has been drawn to an article in your valuable paper entitled “History of Visiting Nursing Work in America,” by someone who evidently believed the “Marylebone Daily Visiting Nursing Association” to be something of a similar nature. As there are probably many others who share this idea, the Association (of which I am Hon. Treasurer) would be very grateful if you could see your way to inserting in an early issue a short notice of what our work really is intended to be. There is nothing of charity or philanthropy about it; it is a strictly business concern which intends, and expects to be, self-supporting. The only thing in common between it and the “district nurse” is that, to keep it within controllable limits, our nurse is also restricted to ministering within one district.

Experience has taught me, and several eminent medical men and women agree, that there are a thousand and one cases where either the slightness of the illness, or the slightness of the means, or the slightness of the possibility of accommodation preclude the use of the services of the two-guinea weekly nurse. At the same time, a nurse who would look in morning and evening, take temperatures, make beds (as only the trained nurse can), or change dressings, would halve the length of time needed for recovery. I know that many of the nursing institutions announce that they are ready to provide such visiting nurses; but a very natural prejudice exists in the lay mind that it is only the inferior or unsuccessful nurse who is not always engaged by the week.

To meet these cases and this prejudice we have started our nurse. Under no circumstances may she remain more than one hour at a time with any one patient, so that when A sends for Nurse Martin, he

or she will know that Nurse Martin will answer that call, and not Nurse X (of whom he or she knows nothing). There are no class or time restrictions besides; so Nurse Martin will attend anyone who sends for her and can pay for her services; and she will work under the doctor's orders, so there can be no question of her “underselling” by her more moderate charges the two-guinea nurse, since the hour limit will necessitate the calling-in of the more expensive nurse the moment a case becomes really serious.

Please excuse this long explanation, but we are very anxious for our work to get known—and, we hope, appreciated.

Yours faithfully,

ELLEN DESART.

2, Upper Berkeley Street, W., July 4th.

[We have alluded to this good work in Echoes.—Ed.]

### THE NURSING OF TUBERCULOSIS.

*To the Editor of the “British Journal of Nursing.”*

DEAR MADAM,—Miss Todd's most interesting article on the above subject published by you in a recent issue proved conclusively how much there is to be said from a nursing point of view which is of value to the whole community, and, further, how unavailing is the most carefully-considered medical treatment of consumption unless skilful nurses, who have grasped intelligently the principles which underlie the medical directions given, are available day and night to see that these directions are conscientiously carried out.

Now that it has been conclusively demonstrated that the chief vehicle for the dissemination of the tubercle bacillus, and, consequently, of the infection of tuberculosis, is the dust of pulverised sputa, surely it is time that our legislators prohibited promiscuous spitting in the interests of the public health. Seeing that 70,000 deaths from tuberculosis occur annually in the United Kingdom, and that these are preventable, no one can say that legislation is unnecessary. Therefore, if their instinctive good manners do not prevent the male sex (for it is rare for a woman to be the offender) from indulging in the uncleanly habit of promiscuous spitting, it is time this should be put down authoritatively. I notice with pleasure that, on the Liverpool Corporation Tramways, expectoration is an offence punishable by a fine not exceeding 40s., and it would be well if this rule were enforced by all railway, tramway, and omnibus companies. What can be more repulsive on getting into a train or omnibus than to find the floor soiled with expectoration; when in addition we realise the danger to life caused by this filthy habit, the urgent need for legislation becomes evident. I hope it may not be long delayed.

I am, dear Madam,

Yours faithfully,

A BELIEVER IN HYGIENE.

### A GREAT PUBLIC QUESTION.

*To the Editor of the “British Journal of Nursing.”*

DEAR MADAM,—As a trained nurse holding the diploma of the London Obstetrical Society, I noted with pleasure Sir Walter Foster's remark in the House of Commons that midwifery legislation was only part of a much larger measure that was required. This is, of course, self-evident to those nurses who realise that their knowledge of midwifery is only one of their qualifications. I do not say an extra qualification, because I believe that the curriculum of nursing, like

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