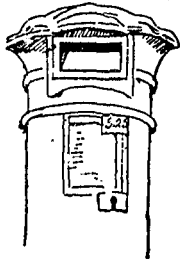


## Letters to the Editor.

NOTES, QUERIES, &amp;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.

## LIBERTY OF ACTION FOR "LONDON" NURSES.

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

DEAR MADAM,—I have already contradicted in the *Morning Post* the report that I said that "the Queen's Jubilee Nurses will not register." Every Queen's nurse and every London Hospital nurse, though you seem to doubt it, is, of course, free to act as she thinks best. What I did say was that "as the minimum qualification for a Queen's nurse is two years' hospital training and six months' district training, they would not be entitled to be registered if those who advocated three years' training as the *sine qua non* for registration had their way." This is very different to what I am reported to have said, and I am sure you will give this letter the same publicity which you gave to that inaccurate report.

Yours faithfully,

SYDNEY HOLLAND.

[We have great pleasure in publishing Mr. Holland's letter. We would remind him that every care has been taken in drafting the Registration Bill of the Society for State Registration to provide for a two years' term of grace. Under Clause 15.—Provision for Existing Nurses:—"Any person, who within two years from the commencement of this Act claims to be certified thereunder shall be so certified, provided such person is at least twenty-one years of age, and (2) produces evidence of training satisfactory to the Council, and has been in addition for at least three years in *bona-fide* practice as a nurse and is of good character." No injustice will therefore arise to Queen's Nurses or London Hospital nurses who have by the regulations of those institutions only worked for two years in hospital wards. By the expiration of the two years' term of grace we may hope that, in justice to the nurses they train, both the Council of the Q.V.J.I.N. and the Committee of the London Hospital will have adopted the three years' term of training as their standard and thus brought themselves into line with all the first-class training schools in the United Kingdom. We are informed that a very large majority of Queen's Nurses now accepted hold a three years' certificate of training, and we know London Hospital probationers would prefer to have the practical experience of a third year in the wards before being drafted on to the private nursing staff. Mr. Holland has done such splendid work for the London, we hope to see him crown it by instituting the three years' term of training at that great institution. We in no way disagree with Mr. Holland in his claim that the clinical material at the London available for

nurse training is of the very best—from personal experience we know it to be so—but training is, after all, not merely clinical experience—much is gained by *applying experience*, which cannot be done in a two years' term of training.—Ed.]

## A POINT OF NURSING ETIQUETTE.

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

DEAR MADAM,—I would like to consult you on a point of etiquette through your journal, which, written by nurses for nurses, should be able to settle with authority.

I have been for some years doing private nursing in the Colonies—South Africa to wit—where the English system is being established and our standard striven for.

The hospitals out there are unendowed, and for funds depend on a Government grant, and on fees from paying patients. And these patients are treated as private patients—with, perhaps, a little salutary discipline added. I have nursed many such, as well as others in their own homes.

Now the etiquette in Colonial nursing—lax and variable in most respects—insists that the nurse in attendance shall be present during the doctor's visit if the patient be a woman, with a man she uses her own discretion, and generally leaves them together.

I do not mean that the nurse would not leave her woman patient if she needed to fetch things wanted unexpectedly, or to get hot water, or a pen and ink, which is not always easy to find in a South African home. But apart from such errands etiquette rules that the nurse shall be present with the medical man in her professional capacity, and, so to speak, to act as chaperon.

This custom seems to me to be very fitting, and I am surprised to learn from nurses who have for five and ten years done private work in London and other civilised centres, that when nursing patients of either sex, the doctor and the lady *expect* the nurse to leave them together for a private interview.

Now, I am not prudish nor prim, and I can assure you that life in South Africa does not encourage such a tendency, but I confess it would offend my taste for the lady I was nursing to *expect* me to leave her alone with the doctor, unless there were circumstances that called for a confidential chat between them.

"She might want to grumble about the nurse," one of my informants said. No doubt patients like to grumble—so do nurses, for that matter, but rather than break a rule in etiquette, the grumbling might surely be done by proxy. I cannot help thinking one of the patient's relatives or friends would be found willing to grumble to the doctor, if called upon to do it, and so save the patient undue wear and tear.

However that may be, I think many hospital nurses entering on private work would wish to know if there is any professional rule on the question, or whether nurses and doctors act in the matter as it pleases them.

Yours sincerely,

AN EX-COLONIAL.

[We know no definite rule in connection with the above question. No code of ethics has been formulated for the guidance of nurses on this and other

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