

feeling against Australians. I regret that the passage in my letter should appear to bear that construction, and I can only apologise for what I am supposed to have said.

Sincerely yours,
HENRIETTA KENEALY.

WHO WAS WRONG?

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

DEAR MADAM,—I have read with interest the letters and extracts in answer to the above question, and, if I may say so, I consider the nurse was wrong; but, no doubt, like many others, the victim of circumstances. By that I mean that her impatience was no doubt the result of the hurry and scurry which seem almost inevitable in many hospitals, where economy is practised at the expense of the nursing staff, and not a large enough staff employed to prevent women working for more than eight or nine hours daily, work which if conscientiously performed is excessively exhausting, mentally and physically. For, argue as we may about routine, good nurses put their heart into their work, and thus give out more vital force than any other class of worker. It will be a very sad day for the sick when drudgery dulls or deadens the first quality needed in a nurse, a warm and sympathetic temperament. I shall never forget an episode in my early days.

We were going round with the Chief, and at one bed he decided that a young fellow must lose the leg, which I was holding for his inspection. "Oh! Sir, can't yer save it," the poor fellow cried out most piteously, "its the little uns bread and butter."

Then two great burning drops slid down my nose and splashed upon the poor leg. Sister instantly dried the stream at its source—by a dig in the ribs—and a swift whisper about infecting the wound. But the old surgeon turning to his class gave us a beautiful homily on the nature of tears, their purity and qualities, and ended up by promising the patient to wait the result of "nurse's saline treatment" for a day or two.

That leg was saved largely owing to the devotion and skill of Sister whose heart is in the right place, and therefore, not on her sleeve. I do wish our nurses had more time to give to individual patients. How is one to help getting a bit brusque when one nurses by the dozen.

Yours very truly,
AN INFIRMARY MATRON.

[We are inclined to agree with the "Certificated Nurse" who wrote: "I blame the present hospital system." We want preliminary training and not less than three months' probation in the wards so that character and temperament can be carefully observed before women are accepted for three years' training. We want systematic training once they are accepted. We want milestones along the road to certification, preferably tests of practical proficiency, and character tests, so that Matron might call "Halt," and the services of "smudgers" be dispensed with, so that beyond a six months' or twelve months' "stone" it should be impossible for the inefficient to pass. This would prevent many inferior nurses eeling through three years' work and becoming

ing in the future futile superintendents of nursing schools, and much bitter disappointment to those who must be got rid of before the final examination.

In this typical case we think everyone was wrong, in so far as they were evidently supporting, perhaps through ignorance, an inefficient system of training in the truest sense of the term. We feel convinced there was no encouragement of *self-government* in the school referred to—the only training from which we can obtain the highest results.—Ed.]

Comments and Replies.

Nurse A. A., Oxford.—In Canada as in the United States obstetric (maternity) nursing is now considered almost indispensable as the qualification of a "trained nurse." At the Toronto General Hospital, there is a maternity block attached, through which department all the pupils pass. The great Sloane Memorial Hospital (Lying-in) in New York serves as an affiliated training school for numbers of general hospitals. We should advise you to get maternity and midwifery training in a good Lying-in Hospital, and pass the Central Midwives' Board Examination before going to Canada. A statement was made by a Canadian Matron in this journal last year, that the class of women emigrating from England to the North-West as maternity nurses and midwives were inferior in education and professional knowledge to the Canadian trained nurses. If you go give the Dominion of our best.

M. A. B. Langholm.—So many English nurses crowd out to Cairo for the winter season, and find it difficult to keep in good work unless they have friends practising there in the medical profession, that you will be wise to join a nursing institution. We should advise you to write to Miss J. G. Watkins, Matron, English Hospital, Cairo (enclosing stamps for reply), and ask her to be good enough to give you the information you require.

A District Nurse.—The phenomenon to which you refer has usually taken place before the birth of the child, or occurs very shortly afterwards. The expression you use, though a very usual one, is not scientifically accurate having regard to the usual position of the infant in the uterus. The parents of the child should be advised to consult a medical practitioner.

Miss C. C. S., Southwell.—We should advise you to apply to the Secretary, Queen Victoria's Jubilee Institute, 120, Victoria Street, London, S.W., who would probably be able to give you the information you desire. The Annual Report of the Institute for 1905, has an interesting note on this question of school nursing.

Notices.

OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page viii.

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