

should also take every precaution that the bed may not get wet, or even damp, and the patient should be kept warm and not exposed more than is absolutely necessary.

(4) If a catheter has to be passed, a glass one should be used and a second one should always be kept sterilised and in readiness in case of any accident to the first. The catheter should never be passed by touch under the bed-clothes, as it is not always a simple matter, and, to be thoroughly aseptic, the nurse should see what she is doing, as otherwise the cleansing of the orifice of the urethra and the adjacent parts, before and after passing the instrument, will not be satisfactorily accomplished. A slight exposure is necessary, but no patient will object once she has been tactfully made to understand how important to her own well-being the observance of such details may prove.

(5) Lastly, after a severe case of abortion where there have been septic complications, and perhaps tetanus, convalescence is very slow, and the nurse will find her resources severely taxed. She should first of all remember how all uterine trouble has a more or less marked effect on the nervous system, and should do everything in her power to make her patient happy and comfortable. All food should be well cooked, daintily served, and as varied as a prescribed diet will allow; the sick-room should be kept bright with the help of flowers, &c., and the patient cheered and amused as much as possible without being fatigued. In addition to all this, infinite tact will have to be exercised in the treatment of the patient's relatives and visitors. It is a great mistake for a nurse to obtrude her presence on their society when it is likely to prove a constraint, and yet she must take care that her patient is neither bored nor excited by a too prolonged or too stimulating gossip. In short, no case makes a greater call on a nurse's powers than a gynaecological one, especially if it is unduly prolonged, and if she proves equal to the occasion she will be of infinite service in promoting rapid recovery on the part of her patient. The thoroughly successful gynaecological nurse is neither a surgical, nor a medical, nor yet a mental nurse, but a judicious amalgam, compounded of all three, and such a woman cannot fail in her work, but will do her patients "good and not evil all the days of her life."

M. ALEXANDER.

You wish to reform the world; reform yourself, else your labour will be lost.

Progress of State Registration

THE DIRECTORY OF THE CENTRAL HOSPITAL COUNCIL FOR LONDON.

The proposal of the Central Hospital Council for London to establish a Directory which shall be a substitute for the State Register of Nurses is, we learn, to be brought before Parliament in the form of a Bill. We propose, therefore, to briefly discuss the proposition.

A RECORD OF TECHNICAL KNOWLEDGE.

In the first place it emanates from the Central Hospital Council for London, which has done nothing else, so far as we know, but oppose the efforts of nurses for organisation, and has expressed its conviction that *any* system of Registration would be detrimental to the public, and harmful to nurses. One of the chief objections raised by this Council to a State Register is that it can only record technical qualifications and cannot indicate a nurse's personal character, in relation to which her technical knowledge is of secondary importance.

If there is any substance in this argument it applies with equal force to the Directory which the Council now proposes to establish.

In the second place it must be noted that the Central Hospital Council for London are moved to take this step not by considerations for the well-being of the public or of nurses, but having opposed, with all the force at their command, the State Registration of Nurses before the Select Committee of the House of Commons, and having failed to convince that Committee, which reported unanimously in favour of State Registration, they have now shifted their ground. They say they "recognise as legitimate the desire that there should be a record of the experience of nurses available," and recommend the publication of an Official Directory. What confidence can either nurses or the public have in a proposal which has been wrung from a strenuous opposition at the eleventh hour?

NURSES "MERE CHATELS."

It must not escape notice that the proposal comes from a Body upon which no trained nurses have seats. That neither the nursing nor the medical professions have collectively been consulted on the subject. That it is an endeavour on the part of those who neither pay nurses nor guarantee work to them, to assume the entire control of their affairs, the nurses, in the words of Dr. Langley Browne being "merely chattels." That it is undoubtedly an attempt to give effect to the advice of Sir Henry Burdett to the Select Committee to "tie up your nurse to her training school;" a most unwarrantable as well as

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