

one, which she has no inclination to take up. Talk to many Matrons and you will find them quite oblivious to the desirability of obtaining obstetric training for their probationers. Had we nurses as a body been alive to its importance there would have been no Midwives' Act, for every nurse would have been a midwife and every midwife would have been a trained Nurse, the terms would have been synonymous and they would have been registered under the same Act, as some day in the Golden Age I believe they still will be. Well we have also let the opportunity slip for the present and we can only now try to persuade every trained Nurse to become a registered midwife, and every midwife to obtain a thorough training as a Nurse, and so help to hasten a consummation devoutly to be wished.

I am, Dear Madam,
Yours faithfully,
CERTIFICATED NURSE.

THE LABOUR BED.

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

DEAR MADAM,—I must thank "Midwife" for her criticism on my article, for criticism is preferable to indifference. But I should like to explain that being a competition paper I was limited to space. Besides which, my object was rather to describe the position of the patient, and therefore touched lightly on the nursing question. A firm bed is *de rigueur* in any case, Continental and American Obstetricians agreeing on the subject with British ones. As my experience has only been in the houses of the poor, a sterilised accouchment set is what I have never had the pleasure of using. My experience as a midwife extends over ten years, and I am thankful to say that I have never yet had a puerperal case. The very essence (in the spirit and in the letter) of true asepsis is to my mind soap and water.

Yours faithfully,
E. R. WORTABET.

POST GRADUATE STUDY.

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

DEAR MADAM,—The admirable series of lectures to Ward Sisters which, to my regret, have just been concluded in the Journal, seems to me to point the lesson very conclusively of keeping up with the times by reading, and by availing oneself of every possible opportunity to return to hospital for a short time. Thirteen years ago, for instance, I could have nursed a case of tracheotomy for diphtheria "with anybody," but then, feathering was constantly practised, antitoxin was just beginning to be used, and certainly feeding was pushed, and the idea that a child should have very little food for the first forty-eight hours after operation would have been regarded as heresy. Treatment and nursing were alike directed to "keeping up the patient's strength," and if the food administered was vomited the only question which exercised the mind of the nurse was how soon the feed could be repeated with a reasonable hope of its being kept down. A steam tent was *always* got ready for a

tracheotomy case, though we had got as far as using a-half tent, as a rule, instead of a whole one.

I quite realise what Dr. Gordon means about the halo of interest surrounding a diphtheria case leading to fussiness on the part of the nurse. Those who nursed these cases in days gone by scarcely considered that they were fulfilling their duty if they were *not* fussy. Dr. Gordon's advice might well be applied to the nursing of other cases besides diphtheria. "Watch as closely as you can, but do not be in a hurry to act, especially when you do not know what you are going to do, or why you are going to do it."

Yours faithfully,
ON THE SHELF.

Comments and Replies.

Probationer.—It is important to remember two principles in connection with ventilation: (1) That air expands when heated, and (2) that as a result of this expansion it is lighter than cold air, consequently hot air rises and cold air falls. It follows that the hottest and also the foulest air in a room ascends, and in ventilating a room or ward the object to be attained is to ensure that the clean cold air entering from outside shall not fall directly on the patients, and to provide for the free exit of impure air. For further information on this important subject consult "Practical Nursing," by Miss Isla Stewart and Dr. Herbert Cuff, published by William Blackwood and Sons.

Miss E. Phillips.—Shingles is the name frequently used to indicate *herpes zona* or *zoster* (a girdle), and is often a very painful complaint. An eruption of vesicles, which are irritable as well as painful, appears in the form of a half-zone round the trunk, sometimes associated with neuralgic pains. The word shingles is probably a corruption of the Latin word *cingulum*, signifying a girdle.

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Notices.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those nurses who are working on behalf of the above Society, and are endeavouring to spread knowledge as to its aims, may be glad to know that they can now obtain a Memorandum, giving briefly the reasons why Registration is necessary, from the Hon. Secretary, 431, Oxford Street, London, W. Price 6d. for 20 copies.

OUR PRIZE PUZZLE.

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

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