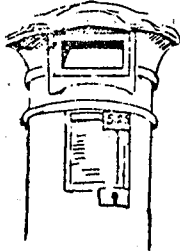


Letters to the Editor

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.

PARTIALLY TRAINED NURSES FOR THE POOR.

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

MADAM,—I have read with great interest the correspondence in your columns questioning the advisability of supplying partially-trained nurses for the poor.

The expense of supplying a fully-trained nurse to have continuous charge of cases in cottages in rural districts is prohibitive, and often the circumstances are such as to render the presence of such a nurse impracticable.

Most of the "partially-trained" nurses, being recruited from the cottager class, are exceptionally fitted to undertake the work required of them, this being often to take the place of the mother, or daughter, as the case may be, in the home, although we find that they can very efficiently carry out the nursing of serious cases. The superintendent of a nursing association such as the East Lothian Benefit Nursing Association, is herself a fully-trained nurse, and sees that her nurses, when gaining experience, are sent to suitable cases. They are under her immediate supervision, and that of the doctor, and from my experience I can say that they are of real use, becoming most reliable as nurses and supplying a long-felt want to medical practitioners and patients alike. I should consider it nothing short of a calamity if the East Lothian Benefit Nursing Association ceased to exist.

I am, Madam,

Yours faithfully,

L. C. M. WEDDERBURN, M.D.

JUSTICE AND TRUTH.

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

DEAR MADAM,—I am glad to notice that Miss Alice Balfour writes in her letter of last week that "I am the last person to wish that no distinction should be made between the different types of nurses," that is, I presume, between the cottage nurse with six or nine months' training in cottages and cottage hospitals, and the professional nurse with three and four years' systematic training under skilled supervision in the wards of general hospitals. The only means by which thoroughly trained and partially trained women can be classified is by a system of Registration by the State, yet Miss Balfour, together with several lady Presidents and members of Cottage Nurses' Associations, signed Mr. Holland's manifesto against State Registration of Trained Nurses

which was presented to the Select Committee of the House of Commons, when it was inquiring into the Registration question. May we hope that since then Miss Balfour realises how terribly unjust it is to class women who have conscientiously devoted years of their lives to qualify themselves as skilled attendants of the sick, with those who have only given a few months' work before undertaking the responsibility of nursing the sick poor in their own homes, and that for the future we may look for her support in our rightful demand for classification.

Miss Balfour further contends that "it would be most unfair and untrue to refuse the name of Nurse to women (cottage nurses) who spend so much of the best years of their lives in real and valuable nursing work." But is it not a thousand-fold more unfair, not to mention truth, that the women who *qualify* themselves by years of training and experience for their responsible work, should not have a distinctive title, such as "Registered" Nurse?

Yours truly,

A PRIMROSE DAME.

THE TRAINING OF COTTAGE NURSES.

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

MADAM,—I have followed the correspondence on the question of cottage nurses with very great interest, as I have been a district nurse for many years, and from practical experience know the ins and outs. Firstly, may I contest the assumption which several of the committee ladies imply—that trained district nurses do work "which belongs to the doctor's province." What we are trained to do is to *know how to carry out his orders*, which is just what a cottager with superficial training *cannot know*. It is quite useless for a doctor to give directions for treatment which the cottage nurse has not been taught to do skilfully. For instance, I know of a case where a doctor ordered one of these well meaning, yet ignorant, women to give an enema—for days she gave a vaginal douche instead!

Again, for constipation, a doctor ordered a little mild massage. The nurse vigorously rubbed the transverse colon from left to right—result discomfort and vomiting, which she "couldn't see had anything to do with it." But there, innumerable instances of suffering from ignorance might be given, and it isn't the cottage nurse's fault, but, in my opinion, the fault of committees of lay people, to assume responsibility for work of which they know nothing. It is most unfair on nurses and patients both.

Yours truly,

CERTIFICATED DISTRICT NURSE.

THE NURSING OF MENTAL CASES.

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

DEAR MADAM,—I was very interested to read your remarks on the nursing of mental and nerve cases in last week's issue of the JOURNAL. I have always believed that an exceptionally high type of nurse is needed for these cases, not so much for the reasons advanced by you, though all of

[previous page](#)

[next page](#)