

period of the year as at another. They did not desire to dismiss their nurses, and the leave without pay was an alternative much appreciated by the staff.

The Board decided, subject to the approval of the Local Government Board, to grant a gratuity of £50 to Nurse Murray, of the South-Eastern Hospital, who had been in the service of the Board for twelve years, and suffered from a malady which had necessitated five operations. The nurse had been told that it would be prejudicial to her to lift heavy weights, but an urgent case of diphtheria was admitted necessitating immediate tracheotomy, and, believing that the time lost in sending for a porter might prove fatal, she ran with the child in her arms to the operating theatre some distance away. The child's life was saved; but the exertion entailed by the nurse brought on a renewal of her trouble, and under medical advice she has had to terminate her engagement under the Board. Unfortunately Nurse Murray had "contracted out" in regard to a pension. We think the circumstances of her disablement might with justice be brought to the notice of the trustees of the Carnegie Hero Trust Fund.

Mrs. L. A. Levy, Vice-President of the Jewish Hospital Association, gives in the *Jewish Chronicle* her reasons for desiring the establishment of a Jewish Hospital at the East End, a proposition which does not appear to be acceptable to the management of the London Hospital, where a Conference on the subject is taking place as we go to press. Mrs. Levy was, as a girl, an in-patient at the London Hospital forty years ago, when the nurses were mostly uneducated, and even the Ward Sister could not sign her own name. A strong argument which she advances is that the Jewish patients who speak only Yiddish should be treated by doctors and nursed by women who speak this language. She is confident that plenty of Yiddish-speaking doctors, with the highest diplomas are available, and believes that there are a number of trained midwives who would be willing to train as nurses. She would be quite content for the Jewish Hospital, if established, to be under the "suzerainty and control" of the London Hospital.

In these days some knowledge of French is often required of the private nurse, and she is wise if she takes lessons in this subject, if she is not already acquainted with the language. One of our readers tells us that, knowing how difficult it is to nurses to attend classes re-

gularly, and that they do not feel able to pay for a course when they may miss most of the lessons, she suggested to a French lady, Mlle. de la Bruyere, 43, Roland Gardens, South Kensington, to hold classes at which the members could pay each time. Mlle. de la Bruyere holds such classes twice weekly for nurses wishing to learn conversational French, terms 1s., payable each time. She will also attend any address in London for a class of five by arrangement.

We are glad to hear that Nurse Wharton, who was injured in the Aberavon Hotel fire two months ago, is well on the road to recovery after her very severe injuries, received through jumping from a top storey window.

What of "general nursing" can a woman learn in six months? Nothing but a smattering which constitutes her a danger to the sick, if after this most inadequate term of training she is encouraged to adopt nurse's uniform, and pose as a "trained" nurse. Yet this, unfortunately, is part of the scheme adopted by the Monmouthshire Education Authority, and formulated by unprofessional persons for the sick poor.

Three classes of workers have been adopted as follows:—

Class A.—Highly trained, fully certified district nurses for towns with populations of 5,000 and over, or in country districts, three miles and over from a medical man (costing £70 to £100 a year).

Why "highly trained"? They are *adequately* trained nurses and nothing more.

Class B.—Midwives fully trained and certified according to the requirements of the Central Midwives' Board (costing £50 to £55).

Why "fully trained"? They are "certified midwives" and nothing more.

Class C (for rural districts).—District nurses with not less than six months' general, in addition to maternity training, and registered in compliance with the rules of the Central Midwives' Board. (These nurses will be synonymous with cottage resident nurses when lodged at the home while in attendance on a case. The cost will be from £25 to £35 a year if a nurse is lodged, and £50 to £60 per annum if not lodged).

It is to the latter class we object. They are certified midwives and not "trained" nurses, and no association has a right to send them into the homes of the rural poor under the pretence that they are qualified to nurse cases of general sickness.

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