

ditions and so surely winning the power of crushing down her social and economic status, they meet with her determined resistance and her fixed refusal to acknowledge their right to manage and control her own affairs.

NURSING ECONOMICS.

There are countries where the status of nursing now is just what it would be here if Dr. Potter's suggestions could be carried out, for one year training, cheaper nurses, more obsequious nurses, and two grades of nurses—one highly trained (evidently for the rich), the other just given the simple elements, openly for the patient of moderate means. The thing exists, and the results are most unsatisfactory, so much so that foreign governments are taking a hand in bringing up standards of nursing education to approach ours. When such standards of nursing as Dr. Potter advocates are in general practice, what actually happens is that patients are nursed by their own families rather than call in a nurse; patients will not go to public hospitals unless they are in the most dire extremity; doctors' private hospitals are regarded with dread; physicians themselves are not able to get the results nor (let me put it frankly) the fees they get here. Finally, but not least important, there is in these other countries a wretched proletariat of ignorant, half taught, incompetent nurses who are unable to maintain themselves above the poverty line, and whose only prospect in old age or sickness is the almshouse. Now, leaving them quite out of the question as objects of pity, I ask Dr. Potter if he sees any advantage to society in general in this economic degradation of nurses as a class of workers. The great middle class must be nursed by systems that do not underpay the nurse. Such systems are possible. Besides, we must not forget that the superior quality of our nurses has built up our innumerable comfortable and pleasant little general hospitals where middle class patients go willingly on charges that are within their means.

ETHICS.

Nurses over the whole country are beginning to think that it is time for the medical profession to frame some ethical principles which shall guide medical men in their relations to nurses as workers, and which shall pronounce medical traffic for profit in nurse training or nurse sweating a scandal and disgrace to the science of medicine.

Mrs. Shuter, Hon. Secretary of the Defence of Nursing Standards Committee, asks us to acknowledge an anonymous donation of 2s., sent to her by M. L. M., for the fund raised by the Committee.

Practical Points.

A Salt Bath. For a general tonic when tired and run down, says the *National Hospital Record*, a

salt bath, either tepid or cool, each day, followed by brisk rubbing, is especially valuable. For weak or poorly developed children, when faithfully used it has given excellent results. Many of the less intelligent mothers would scorn the idea of an ordinary daily bath in plain water as a curative agent in a child while they would diligently continue to give a bath containing salt or some drug. This is a point which nurses among the poorer classes will do well to remember.

Creolin in Erysipelas.

Dr. W. B. Taylor, in the *Medical Council* (U.S.A.), reports the rapid and successful treatment of erysipelas by painting the surface with pure creolin, waiting three minutes, and washing off with pure water. One application suffices. His explanation is that creolin, being a saponified coal-tar creosote, dissolves the sebaceous matter of the skin, thus penetrating to the deeper layers and to the superficial lymph vessels, and destroying the streptococci in their remotest habitat. This action of creolin is worthy of attention, as it may be applied to other conditions of the scalp.

Warming an Operation Bed.

After a long and serious operation, is a very important matter that the patient should be put into a really warm bed. To ensure this, says the *Nursing Journal of India*, is an easy matter where a large dressing steriliser is at hand. Dressings are usually sterilised the day before the operations, so that, as a rule, the steriliser is not in use on the day of operation. Two pairs of blankets can be put into the steriliser, which should be heated to just below the point where steam comes into the container. These can be left there until the patient is ready to be taken off from the table, when one pair ought to be spread under and the other over the patient. It is surprising how hot blankets can be made in this way, and how long they retain the heat, especially if a cotton quilt is put on the top. It is much more satisfactory than hot bottles, as every part of the body gets the warmth, and there is no danger of burning the patient.

THE PASSING BELL.

We greatly regret to record the death on Thursday in last week of Miss Jessie Margaret Duff, Matron of the Royal Infirmary, Dundee, and daughter of the late Colonel James Duff, Knockleith, Aberdeenshire. Miss Duff was trained at Charing Cross Hospital and was appointed Matron of the Royal Infirmary, Dundee, 14 years ago. During her term of office the Maternity Hospital and the Caird Cancer Pavilion have been opened, and the nursing staff largely increased. Her death, which took place at the Infirmary, will be deeply felt by the large number of nurses trained under her supervision, who regarded her with the warmest affection and esteem.

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