

my unhappy task to make clear, are mere trivialities. As you seem to be hypnotised by the argument of a "continuing guarantee," I doubt if I can bring home its limitations to you. Does it not occur to you that to make the extreme case do the work of the average one is poor logic? Your point is that a registered nurse may become "unfit to nurse a guinea-pig, let alone a human being." It is a pity that your well-known dislike of hyperbole did not save you from this phrase, but its meaning is plain enough. Well, there are guarantees and guarantees. There may be people simple enough to believe that the inscribing of a name in a book inevitably assures life-long efficiency, but I have never met them. The restrictions of a register are sufficiently well understood by those whom it serves. Its absolute guarantee does not extend beyond the fact that a certain training has been received in the past, and has been tested by examination. For the rest, it implies a *reasonable likelihood* that the registered individuals will retain a degree of efficiency thereafter, and be more reliable than those who are not registered because the conditions as regards training and examination have not been fulfilled by them. One admits, of course, the possibility of such degeneration as you describe. Still, the value of your objection depends, not on the possibility, but the probability. What is the probability? Remember that those trained are picked women; that they are subject to a process of weeding-out after selection; and that they are disciplined as well as taught. After registration these women would not, any more than now, remain out of touch with their work for a period long enough to wipe out the impress of their training. It is a question, indeed, whether, normally, the essence of what is valuable in the training of a nurse ever evaporates entirely. Doubtless in the course of their career, after they left their training school, some knowledge would be lost, some grow stale, but the vast majority of them—and we are dealing with a mathematical probability—would maintain an average efficiency in their daily work, whatever its field may be. What then becomes of the probability? Is it not so small, as compared with the average chance, as to merit the term trivial?

You assert that registration would not touch the sham nurse. My answer is that it would place her with the same readiness that the registration of medical men places the sham doctor. The sham nurse would pretend at her peril. She would be declassified to the position of a quack, and could no more hide the fact than a quack can do so. And if nursing homes harboured her, without admitting it, there would be a speedy reckoning in their case also.

You speak of the carelessness shown by medical men in the temporary engagement of nurses. But the engagement of a nurse usually implies an emergency. There is no time for detailed inquiry, and even if there were time, there is a limit to bargaining of this sort. Medical men usually ask for a reliable nurse for a given case, and there the matter has to rest. They may add that they want a certificated nurse, but a certificate under present conditions is an unknown quantity.

The Directory of Nurses, which has your approval, would soon be a scrap-heap of undesirables; for I have heard enough to know that few well-trained women would aspire to a place on a list which opened its pages so wide. Once they are outside large training schools, genuine nurses soon acquire an extensive and peculiar knowledge of the kind of people I have in mind. Moreover, the Directory would allow the riff-raff to assume an official "status." You may be sure they would make the most of it. It is because of the value that attaches to a real register that such a counterfeit would be dangerous.

Finally, may I ask you if you appreciate *common sense*. You have the experience of the general practitioners against you—the men who work with nurses in the field where registration is specially required. You are one, and they are legion. Still, one respects your courage—and hopes that you may yet have the higher courage to change your opinions.

I am, dear Sir,

Yours, etc.,

X.

Practical Points.

Fatal Factors in Pneumonia. Dr. G. Werley, as reported by the *British Medical Journal*, finds the causes of death in pneumonia to be a

failure to recognise the importance of a few underlying principles. The patient will recover if placed under the most favourable conditions for nature to cure him. The great needs of the body in pneumonia are plenty of air, water, food, and proper rest. The first factor in unfavourable surroundings is a close room, not supplied with plenty of cool, fresh air. The second is a failure to aid the kidneys in carrying off the toxins of the disease by giving plenty of fresh water. Overfeeding and wrong feeding are responsible for a loss of energy used up in an attempt to digest, assimilate, and excrete unsuitable foods. Meat broths are not useful, because they make no energy and tax the kidneys. Sugar is a valuable energy producing food, and leaves nothing but water and carbon dioxide to be eliminated. Eggs and milk are appropriate. Fright and worry are responsible for loss of nervous energy. Failure to keep the patient in a horizontal position so as to aid the heart in carrying on the circulation is responsible for many cases of death. Drugs are only necessary to aid the heart and obtain perfect rest. There is no serious infectious disease against which the body has better natural means of defence than pneumonia. If given a good fighting chance, a complete cure in five to ten days is the rule.

Compresses in Pneumonia.

A correspondent in St. Petersburg writes:—In his paper upon "Pneumonia," in the *Journal* of April 9th, Dr. Knyvett Gordon says that there are two kinds of local applications used for this condition—an ice-bag and a hot poultice. My experience, nursing

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