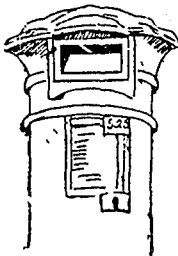


## Letters to the Editor.



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.

### OUR WEEKLY PRIZE COMPETITION.

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

DEAR MADAM,—Very many thanks for the cheque for 5s. I received this morning. Possibly some of your readers may like to know that the dustless brush referred to in my article may be obtained from the Dustless Brush Company, 42, Bloomsbury Street, London, W.C.

Yours faithfully,  
SYLVIA PARKER.

### THE BLACK PLAGUE.

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

DEAR MADAM,—In reply to the letter of "A Missionary Nurse," which appeared in your columns last week, may I say first of all that with regard to the methods of infection by which venereal diseases may be contracted, we can, from the very nature of the malady, lay down no hard and fast rule. There are doubtless many perfectly innocent victims who have contracted the disease accidentally, but it is often hard to say in any individual case whether the patient has been infected by others or whether he (or she) is *not* innocent as to the cause of the illness. Fortunately, it does not matter to us who is guilty and who is innocent, we are called in to care for our patients under medical supervision, not to condemn them.

A bubo is a particular kind of tumour occurring when a patient suffering from soft chancre has neglected to obtain proper treatment in the earlier stage of the disease. It is characteristic of this particular illness, and a bacteriological examination will reveal a specific "germ" or micro-organism.

Gonorrhoea is quite a separate disease, and differs from soft chancre, or syphilis, almost as much as it does from small-pox. It is caused by a specific organism, called the gonococcus, which was first isolated by Professor Neisser. Local treatment, such as frequent douching, swabbing of the urethra and cervix uteri with powerful antiseptics is usually ordered, in conjunction with a course of urinary-genito antiseptics, to be taken internally, such as preparations of copaiba, helmitol, etc.

"A Missionary Nurse" asks, rather despondently, "What is there to check the progress" of these diseases? Several things suggest themselves—(a) Compulsory notification, coupled with free medical treatment; (b) Education in sex hygiene, with insistence on the fact that continence is not only harmless, but beneficial; (c) The resolute upholding of a single moral standard for both sexes; (d) and acts of a legislative character which will make it a punishable offence for a man to infect his wife, or *vice versa*.

Where children and adults are treated together, as your correspondent infers is the case in Kashmir, it must certainly make the work more exacting from the greater supervision entailed; but we must not lose sight of the fact that the "woman with the syphilitic ulceration of the nose" may be as innocent as the "babies with ulceration of the mucous membrane." Anyway, they both claim our sisterly help and sympathy, and only He who knoweth all secrets can judge between them!

Yours faithfully,  
GLADYS TATHAM.

### MIDWIVES SUMMONED IN EMERGENCY.

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

DEAR SIR,—In the account of the Annual Meeting of the Association for Promoting the Training and Supply of Midwives, given in your issue of the 18th, you say, "It is strange, however, that an Association dealing with midwives, when pressing the claim of medical practitioners to adequate remuneration for services rendered, should have apparently entirely overlooked the fact that certified midwives summoned in an emergency to a lying-in case have equally a right to a guaranteed fee."

The adequate remuneration of those we train and place in districts amongst the poor is a matter which always claims our serious attention, but is not the point at issue. Our work is to train and supply midwives in order that the poor women of the nation and their infants may have skilled care and every opportunity for full recovery and of bringing into the world healthy offspring. It is to this end also that we are most anxious that no time should be lost in legislating for the payment of the fees of the doctors called in to attend cases beyond the skill of the midwife, and in compliance with the requirements of the Central Midwives' Board. For the benefit and relief of the suffering mother do we therefore "press the claim of the medical practitioner."

Yours faithfully,  
A. MABEL BRUCE.

[The point at issue is that medical practitioners are sufficiently strong to advance their own just claims, which are not likely to be ignored, and that a Midwives' Association might usefully direct its energies to voicing the equal right of midwives to a guaranteed fee when summoned to emergency cases.—Ed.]

### NOTICES.

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