

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.

THE CHALICE AND INFECTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Surely the practice of the Church of Rome gives us the only solution to the difficulty described by your correspondent, "Churchwoman." If the laity are communicated with the Consecrated Bread only there can be no risk of infection, and no need for the multitude of devices to avoid it.

Yours truly,
GLADYS TATHAM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with great interest and approval the letter signed "Churchwoman" in your issue of the 9th inst. on "The Chalice and Infection," and heartily agree with everything she states except the last sentence: "The use of capsules, tubes and other appliances is unthinkable." Why? In these days, when the chief object of all who have the well-being of the nation at heart is to *prevent* rather than cure disease, surely sentiment should not be permitted to afford still one more loophole for the spread of infection. "Churchwoman" states the case against the Single Chalice so admirably that there is no necessity to pursue it further. She also admits that there is no parallel between the administration of the Communion to-day and the Last Supper at Jerusalem. Therefore, may I, with all reverence, suggest that there could be nothing irreverent in the use of capsules any more than in the wafer which is used constantly in very many of our churches throughout the land.

No one supposes that there is any special care taken in the preparation of wafers, bread or wine that are to be used in the churches, they only become hallowed *after* the Prayer of Consecration, so that capsules would be just as sacred as the wine to-day, and everyone would approach the altar knowing that in partaking of spiritual sustenance there would be no fear of physical infection.

To my mind the capsule is almost the ideal method, being much superior to the individual cup, which seems only possible in churches where the number of communicants is small; where the congregation is large there is the possibility of too few cups, and there would be a long pause for cleansing them either in public or private, which cleansing would certainly be of a perfunctory kind; this proceeding appears much more irreverent than the clean, complete and easily handled capsule which being manipulated with clips,

would reduce handling and also the possibility of infection to a minimum. The opinion of some of the clergy would be most interesting upon this subject.

I am, Dear Madam,
Yours faithfully,
ANOTHER CHURCHWOMAN.

INNOCENTS ABROAD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is still the custom in some hospitals to put the new probationers into the sick wards without any previous teaching.

I know of one girl who was brought up in a home where diseases were not mentioned, simply because no one was interested in such things; she knew of measles, scarlet fever and broken bones, but that was about all; she went to a hospital to be trained as a nurse, arriving late in the evening, and early next morning was turned into a men's medical.

It was August, and no lectures were given at that time of year; six months later she had been in the children's ward, a women's surgical, and was back in the men's medical, when a patient said to her: "Nurse, I hope you 'carbonise' your hands after touching No. 3." "Why?" said she. "Well, cos you ought to."

She smiled and went on her way. A few days later she was helping the staff nurse and remembering the man's remark, repeated it to the staff as an amusing incident.

"Of course you do disinfect?" said the staff.

"No," said the nurse; "why should I, has he anything 'catching'?"

"He is syphilitic."

"Is he? and what's that?"

"Don't you know what syphilis is?"

"No, never heard of it before."

"Wherever were you brought up?"

"Well, you see, we are a remarkably healthy crowd at home; we never had any diseases, we only had football accidents!"

That girl must have met with several cases during that six months, yet it was no one's duty to tell her of the risk she ran, or the danger she was to other clean patients.

A nurse is supposed to put on knowledge with her apron; it is supposition only.

Another evil that exists, and is a great danger to innocent, ignorant nurses, is that very often there is no lavatory accommodation for them during the hours they are on duty, and they must use the patients' lavatories or none; in the case of a night nurse, who is on duty for 11 or 12 hours without leaving her ward, this is a scandal.

Will some one ask at the next meeting of the Matrons' Council:

In how many hospitals is it the rule to teach probationers the A B C facts of venereal disease before turning them into the wards?

Yours truly,
M. HARVEY.

431, Oxford Street.

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