

it not been for your most valuable paper, we Irish nurses in the country would know nothing as to how it affects us. I, for one, strongly approve of nurses having their own approved Society. I sincerely hope it may be possible for Irish Nurses to co-operate with English Nurses in their scheme. Could not the Commissioners give us permission to join—they seem to be all-powerful. Here, in Ireland, we strongly object to join any society composed of men—so long as the Act permits a portion of our surplus to be used for their benefits which we do not want. We are told here that two branches of one society can be kept distinct, but the Act reads differently.

Yours truly,

AN IRISH SISTER.

[Our advice all along has been: Nurses manage your own financial affairs. If this advice had been followed twenty years ago, the nursing profession would now be strong and wealthy. Thousands and thousands of pounds have, in that time, gone into the pockets of financiers—to hospital upkeep, through the sweating of private nurses—through paying men high salaries, and in providing palatial offices in which to carry on their business—and by huge profits through advertisements in lay nursing papers. In fact, the profession has been exploited at every turn. It is high time that women realised that those who manage their money—manage their lives. A little courage, loyalty and common sense, and the terrible poverty-stricken anxiety which hundreds of nurses suffer might be alleviated. But they have got to save themselves.—ED.]

#### THE NURSING OF NATIVE PATIENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice that the question of the nursing of native patients by white women is arousing some interest just now, and I should like to endorse the testimony of the late Sister at Kimberley. As the Matron of an African Hospital with native wards, to which both Christian and heathen natives were admitted, I desire to say emphatically that the least suspicion of difficulty never arose, and was never suggested as a possibility. The only possible trouble suggested to me when I took up office was that men and women native patients were admitted to the hospital, and that native nurses were on duty in them. It was an innovation which some Europeans viewed with reserve as likely to lead to complications, but it never did, and so far as I am aware, though it is many years ago since I returned to England, it never has done to this day. As to the native mind being evilly affected by the care of white nurses I believe the exact contrary to be the truth, and that the nurse's influence is a potent factor for good. I have further found many native patients most refined, and careful of the nurse's feelings.

Yours faithfully,

MARGARET BREAY.

#### REPLIES TO CORRESPONDENTS.

*Village Nurse.*—Now that you have completed your contract, don't waste time, but enter for three years' training at a good hospital or infirmary. The fact that you realise the danger of your ignorance proves your appreciation of responsibility towards sick people. The depreciation of nursing of late years, owing to sweated, half-trained labour, in rural districts, is, in our opinion, nothing short of scandalous. If half the misery, which results from the ignorance of these inefficient nurses was ever made public, it would surprise the society people who run these associations. We maintain it is an outrage for social superiors to provide a standard of nursing for the poor they would not for a moment employ for themselves; especially when it is done to the brazen sound of the philanthropic trumpet.

*Miss C. F., Liverpool.*—Nurses in training are often overworked, because so much theoretical study is called for. Mental work is more exhausting to women, who are not very well educated, than manual work, to which many are used. The need for preliminary courses of instruction for women before they enter the wards is very necessary. There should be such schools in every big centre. When practical training begins, off duty time should not be spent in book study—this is now inevitable in many training schools. It is a wrong system, but little will be done to co-ordinate training and education until State Registration provides the lever.

*Policy Holder, Dublin.*—We are not a member of the Fund. Ask your secretary for the information you require.

#### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 17th.*—Enumerate the principal reasons for the decrease in infant mortality in recent years. How can trained nurses and midwives assist in securing a continual decrease?

*February 24th.*—Mention any methods with which you are acquainted for making doses of disagreeable drugs as palatable as possible.

#### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

#### PRIZES—REAL INCIDENT COMPETITION.

A prize of one guinea and a second prize of 15s. will be awarded for a brief description (preferably under 300 words) of any incident of hospital life or of private nursing, serious or comic, which might form the basis of a story. Consolation prizes of half-a-guinea will be given to other competitors whose matter is accepted. Merit will be estimated by the amount of interest attaching to the bare facts related, and not by the style of composition.

Papers to reach the Editor at 20, Upper Wimpole Street, London, W., by February 19th next.

[previous page](#)

[next page](#)