

NURSING ECHOES.

The Australasian Trained Nurses' Association have sent the sum of £74 toward the Nightingale Memorial Fund.

As we go to press a Conference of Representatives of Associations affiliated to Queen Victoria's Jubilee Institute for Nurses is being held at Denison House, Vauxhall Bridge Road, Westminster, when the National Insurance Act will be discussed (1) in connection with the obtaining of grants from the Approved Societies and Insurance Committees under Section 21 of the Act; (2) the obtaining of representation on the Insurance Committees under Section 59; (3) How the relations between doctors and district nurses and (4) hospitals and district nurses may be affected; (5) How the position of district nurses as midwives may be affected; (6) The position of nurses as insured persons; (7) The formation of an Approved Society for nurses.

A scheme for obtaining wider representation of the Affiliated Associations on the Council of the Institute will also be discussed. It is suggested that those Associations which already have the power of electing representatives should not be interfered with; that about 10 additional representatives should be appointed by Associations which are not already represented; that Associations should have a vote in respect of every Queen's Nurse employed, and possibly a County Association for all the Associations affiliated to it, the election to be by post. Further, that two representatives should be appointed by the North and South Wales Nursing Associations, and that the Associations outside Dublin should be entitled to a representative.

We have from time to time pointed out the propriety and necessity of placing the mortuaries in hospitals and infirmaries in charge of a Sister or certificated nurse. The need of close supervision of mortuary arrangements has been illustrated at the Leicester Poor Law Infirmary recently, when of two bodies lying in the mortuary for interment one was placed in the wrong coffin, and buried as that of the other woman. The friends are now applying for authority to exhume the body for proper interment.

Nothing can be more painful to relatives than the occurrence of such blunders, and the best method of avoiding them is for a nurse in charge of the mortuary to accompany the shell, or bier, to the ward, take over the charge of

the body from the Ward Sister, with the name and other particulars attached, and herself see it placed in the coffin and deliver it to the relatives. Unless a routine of this kind is rigidly observed, errors are sure to occur from time to time.

Commenting on the letter in the *Lancet* from "A Hospital Matron" on "The Admission of Venereal Cases to General Hospitals," Mrs. Kanthack Voss (who was one of the most brilliant women ever trained at St. Bartholomew's Hospital) writes:—

"The writer of the letter bases her objection ('that in every hospital there should be accommodation for the treatment of venereal cases, both as in-patients and as out-patients'), on the disturbing effect it might have on the susceptibilities of 'the ordinary well-brought-up girl of from 20 to 25, the usual age at which probationers enter hospitals,' and who 'is ignorant of the existence of venereal disease and of the horrible consequences of contracting it,' and who, therefore, 'certainly should not be exposed under compulsion and in ignorance to such a vile contagion.' But this seems to be hardly a valid plea to urge against admitting venereal cases into general hospitals. To begin with, they are admitted into many general hospitals every month in the year, though not into 'special wards,' and, though not always labelled as such; and, therefore, apparently no exception is taken to their presence in the wards. I need only quote from an annual volume of Hospital Reports I have at hand that contains a list of all the medical and surgical cases admitted during the year into a large London hospital. It so happens that nearly twenty years ago that same hospital decided to close its male and female 'lock ward' with 22 beds, and this was converted into a general surgical ward. I was 'sister of that ward afterwards for three years, and many 'specific' cases came in for operation. In the reports, I note gonorrhoea, 3 cases; gumma, 1 case; tabes dorsalis, 24 cases; syphilis, 17 cases; and there are probably others.

As regards infection, every woman who takes up nursing or midwifery knows—or ought to know—what risks she runs, while her exposure to infection only differs in degree but not in kind from that of the medical men and students who attend infective cases. The contact with certain forms of venereal disease constitutes a very serious risk to all who enter the medical or nursing professions. But women may become midwifery pupils at an age before they are admitted by some of the large general hospitals, and in district work they are exposed to far greater danger of infection from gonorrhoeal discharges and from handling infants exhibiting the external manifestations of congenital syphilis than they are likely to be exposed to in the wards of a general hospital.

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