

Dr. Willey, in regard to the special dangers of these diseases, and the means by which infection may be conveyed, mentions the necessity for "the routine disinfection of thermometers used for various patients." I think this is a warning nurses should take to heart, for the disinfection of thermometers is frequently most perfunctory. It is not so many years ago since the same thermometer was used indifferently round many wards, whether the temperature was taken under the tongue, in the axilla, or in the rectum. Then someone less conventional, more thoughtful than the rest, realised the exceeding nastiness of the practice, and thenceforward the more particular nurses kept separate thermometers for the three things. But how about the thermometers which go from mouth to mouth? Is a thought given to the danger of conveying the infection of secondary syphilis by this medium? The "disinfection" of thermometers used round a ward morning and evening is most perfunctory. We all know that if they remained in a disinfectant three minutes between each case the temperatures would not be taken in the required time.

Yet how do we know what cases of secondary syphilis may be amongst the patients, with infectious ulcers of the mouth? It is the usual practice now to take temperatures under the tongue, but I think we should revert to the temperature in the axilla, unless there is any decided reason against it.

Yours faithfully,

A PRACTICAL PERSON.

### THE POWER OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is strange that grown women (as probationers are) can allow their own individuality to become fallow. I, too, was trained in a hospital where we were taught to believe that *The Nursing Record* (now THE BRITISH JOURNAL OF NURSING) was not worth reading. Another journal was provided for the nursing staff. I can't quite say what our ideas as to the owners of the name of "Fenwick" were, but we were sedulously taught that they were not friends of nurses, and, of course, I firmly believed as I was taught. I had left hospital some years when you kindly sent me two copies of *The Nursing Record*. I liked it and subscribed. I went to the Paris Congress with mingled feelings; my late Matron was very much surprised, and more so when I went also to the London one; she'll think me hopeless after this year, for I'm going to Cologne. I got a good deal of nonsense shaken out of my mind, and I most certainly think that nurses, when they leave hospital, should open out and shake off professional prejudices, by finding out for themselves about things and people, and joining any society they wish to. There is one question I should like to ask, which, perhaps, you would be good enough to answer in your columns: Is it necessary to

be a nurse in order to be a member of the State Registration Society?

Yours truly,

Co. Down.

A DISTRICT NURSE.

[All reformers have to run the gauntlet of misrepresentation—and the majority of people are not sufficiently pachydermatous to tolerate it. We are pleased to have sent you those two journals—they evidently fell on fruitful ground.

Only nurses with three years' hospital training are eligible for membership of the Society for State Registration of Nurses—but should the Nurses' Registration Bill become law, no injustice will be done to nurses in practice. It provides for a term of three years' grace, to enable all who can prove by experience and good character that they are entitled to register. After the passing of the Bill, some years must elapse before standards of training will begin to raise the whole profession to a sound minimum standard. The sooner we begin to organise—the sooner the sick will have a guarantee of efficiency in nursing.—ED.]

### REPLIES TO CORRESPONDENTS.

*Sister, Dublin.*—You are quite right to wish for an Approved Society of Women Nurses only. Do not believe anyone who states that it will be better for nurses to join a society which admits men. First: the majority of insured men are of the working class, whose requirements are quite different to the benefits best fitted for trained nurses. Then men get 10s. 6d. a week, whilst women only get 7s. 6d. Nurses, as single women, are compelled to insure for *maternity benefit*, which they will not require—so that surplus can be used for other benefits; but if insured with men, a portion of their surplus may be requisitioned for this and other purposes. Nurses should keep the management of their own money in their own hands—the determination with which men are demanding the right to manage their money for them proves the necessity for personal interest in the matter.

### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 10th.*—What do you mean by obstructed labour, how would you recognise it, what may cause it, and how would you deal with such cases?

*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

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