

## 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.*

## A CATHOLIC NURSES' GUILD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you so much for kindly inserting my notice regarding the Catholic Nurses' Guild. You will be pleased to hear that I have already received several cards.

I am, yours truly,

A. PETITT.

City Hospital,  
Seacroft, Leeds.

## PRELIMINARY TRAINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is very interesting to know that the authorities of Queen Charlotte's Hospital have found it necessary to establish a preliminary training school for their nurses. One realises that pupils must be hopelessly confused if launched at once into a labour ward, or a maternity ward, where they really do not understand what is going on around them, or what theory underlies the practical teaching they are receiving. But the point which forcibly presents itself to me is: If preliminary training is necessary at Queen Charlotte's Hospital, it is necessary at every other maternity hospital throughout the kingdom, and it is obtainable in none of them. Can nothing be done to place this preliminary training on a sure foundation, so that it shall be available not only for one hospital, but for all?

The question is not only one affecting nursing and midwifery education. It cannot be for the welfare of the patients that continual relays of raw probationers should be drafted into the wards every few months, and the strain on Sisters responsible for the nursing of the patients, only those know who have experienced it. In London, at any rate, and in large provincial centres, preliminary training schools, once established on good lines, could supply many hospitals with pupils to the benefit of both.

I am, dear Madam,

Yours faithfully,

A HARASSED SISTER.

## THE ADMINISTRATION OF MEDICINES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The sad case of the death of a patient after the administration of a disinfectant in error for an aperient, colloquially known as "house medicine," raises many points of interest, such as the custody of poisons, the precautions as to the shape of bottles, the necessity for reading labels before administering doses, and so forth.

But one point was not raised at the inquest, as the inquiry did not bear upon that.

The house surgeon testified that the deceased patient had been in an extremely weak condition for a day or so—almost *in extremis*—and that it was doubtful how long he could have lasted, apart from this misadventure. On the morning of the day of his death the Sister was thinking of having the last rites of the Church administered to him.

Surely it is unusual to give house physic to a patient "almost *in extremis*." Is it permissible to wonder whether, under the circumstances, the dose of house medicine which he was supposed to have, would not have been almost as pernicious as the creoline (or allied substance) which he actually did drink? The necessity for the administration of the last rites of the church certainly sounds incongruous with the necessity for a dose of house mixture.

Yours faithfully,

INTERESTED.

## REPLIES TO CORRESPONDENTS.

*Questioner, Bradford.*—Membership of the International Council of Nurses is gained through the National Councils of Nurses in each country. Associations composed of graduates of Schools of Nursing connected with General Hospitals and Poor Law Infirmarys, giving three years' training in the wards, and professional associations of nurses, formed for the benefit of nurses, the members of which hold qualifications of training acceptable to the Council, are eligible for affiliation with the International Council of Nurses.

## OUR PRIZE COMPETITIONS.

*September 7th.*—Describe your practice in the care and administration of medicines; your method of identifying dangerous drugs, and of distinguishing medicines to be administered to patients from lotions and poisonous solutions used for outward application, or as disinfectants.

*September 14th.*—How would you deal with a case of croup occurring in a private house until the arrival of the doctor?

*September 21st.*—How would you care for a premature infant at the time of birth, and subsequently?

*September 28th.*—What records would you keep, and what points would you observe and report upon, as a routine practice, when nursing a case, either in a hospital ward or in a private house?

## NOTICE.

## BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the editorial office at 20, Upper Wimpole Street, W.

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