

## 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 CONSPIRACY OF SILENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is indeed good news that at last the conspiracy of silence in regard to venereal disease has been broken by the request of some prominent medical men for a Royal Commission to investigate it.

But to my mind the issuing of the leaflet in regard to syphilis is better. Let us have the Royal Commission by all means if we can get it, the evidence collected will be useful and most enlightening if allowed to be published. But unfortunately these Commissions after collecting information and making their report can do no more; it is then tucked away carefully in some government office and often forgotten. So it will probably be should a Royal Commission be appointed to enquire into this hitherto forbidden subject.

Let us hope that the medical men at Guy's will extend the distribution of their leaflets into their private practice and induce other members of the profession to do the same, in that way some real practical good will be done whilst the machinery of a Royal Commission is being started.

All honour be to Guy's for their initiative.

Yours faithfully,

MARY BURR.

Le Prévoux, Socle, Switzerland.

[It will be remembered that the Prime Minister replying in the House of Commons to questions by Dr. Esmonde and Dr. Chapple, stated that the Government had agreed to institute an enquiry into the causes and treatment of venereal disease, but that the precise terms and scope of the inquiry, and the character and composition of the investigating body were still under consideration.—Ed.]

## OUT-LIVING NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was very interested to read in last week's JOURNAL that Dutch nurses are going to try the experiment of living outside the hospital. Is not the present method of requiring a nurse practically to give up all outside interests, and to devote herself absolutely to her nursing work, a survival of that monasticism which is not in accordance with the spirit of the age? A nurse is surely the better if she gets right away from her work for a time, and comes back to it fresher and brighter for the thorough change. Of course there is difficulty in regard to the higher officials. One cannot imagine a hospital, for instance, where the matron is not get-at-able all the twenty-four hours round; and yet the Secretary comes at

10 o'clock in the morning, and goes at 6 o'clock at night and his department does not suffer, so why the Matron's? There was a time, not so very long ago, when Ward Sisters lived and slept in little rooms off their wards, and were always called at night if an accident case came in; or if a patient were dying, which in a large and acute medical ward was most nights. The appointment of night superintendents was resented, and their "interference" with "my" patients keenly disapproved by a certain type of Sister. Now, even if they sleep off the wards, Sisters sleep the sleep of the just, but it is becoming increasingly usual for them to sleep in the Nurses' Home, right away from the wards, and much better for every one concerned.

A difficulty which seems to me likely to occur if nurses sleep at home is that their hours off duty will not necessarily be hours of rest. When a man returns after his day's work—office or manual—there is a general alertness in the atmosphere, his slippers are warmed, and perhaps put on for him (!) the cook puts her best foot forward, the dinner must be to the master's liking, and afterwards the most comfortable arm-chair is his by right, as the worker and supporter of the family. But if the nurse went home, tired with her day's work, I am not at all sure that such attentions would be hers. I rather think that it might be her province to warm the slippers, perhaps cook the dinner, and be general handy man. That is usually supposed to be woman's sphere. Her work proverbially is never done, and then, if she were dragged at both ways, the inevitable breakdown would come. So, after all, life in a Nurses' Home, apart from the hospital, may be best for the nurse.

Yours faithfully,

OBSERVER.

## REPLIES TO CORRESPONDENTS.

*Private Nurse, Birmingham.*—Many people have an idiosyncrasy against some special food or drugs. Some cannot take opium, others cannot take castor oil. Some have a life-long aversion to eggs. Acid fruit may produce acute eczema, strawberries urticaria, apples an acneiform efflorescence about the mouth, and so forth.

*S.R.S., London.*—As you have joined the Society for the State Registration of Trained Nurses, you are a member of the National Council of Trained Nurses of Great Britain and Ireland to which it is affiliated.

## OUR PRIZE COMPETITIONS.

*September 6th.*—Describe your method of caring for rubber gloves, including their sterilization, the discovery of holes, and their repair.

*September 13th.*—What points should be noticed about the dejections of infants, and what do they indicate?

*September 20th.*—Why is dust dangerous in a sick room? Describe your method of removing it.

*September 27th.*—Describe the nursing of a case of enteric fever.

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