

The German Society had taken much pains to introduce better sexual education at home and school, but in practice it had appeared that there were many difficulties and prejudices to be surmounted.

INSURANCE ACT VISITORS.

The following article from Tuesday's *Times* opens up a question of very far reaching interest, both to members of the nursing profession engaged in district nursing, and to the compulsorily insured sick.

INSURANCE ACT VISITORS.

"A good deal of criticism has been recently directed against the methods of many of the 'sick visitors' employed by the approved societies in connection with the administration of National Insurance benefits. The functions of sick visitors are to see that patients have medical attendance and are following the instructions of the doctor, and their work is of great value to the societies as a check on malingering and imposition. A large number of cases have been reported lately, however, in which they have exceeded their functions and put undue pressure on the patients—often regardless of the doctor's advice—to "sign off the panel" and to go back to work. The sick visitor is usually a person with no nursing or medical training.

"A serious instance of such interference is vouched for by Dr. Harry Roberts. This was a case of bursitis of the knee, for which rest was ordered. The sick visitor, however, according to the patient's report so threatened her that she returned to work. The knee naturally got worse, an operation was necessary, and the wound was being regularly dressed when the sick visitor called again and ordered the patient to undo the bandages so that she might see the wound. Dr. Roberts adds that the mere handling of a wound of this character without aseptic precautions is serious enough, but in this case the gauze plugs adhering to the surface dressings were pulled out of the wound.

"As a rule, where the sick visitor exercises tact and judgment her assistance is welcomed by the physician. The difficulty is that women with the necessary experience and qualifications cannot be obtained for this work. Some of the approved societies have attempted to bridge the difficulty by offering to employ nurses to act as sick visitors, in which capacity they would have to fill up forms containing reports on the cases. This proposal is strongly opposed by the nursing organisations, as it would, they hold, place the nurse in the position of diagnosing the cases which they are attending. Equally strong opposition comes from medical men. Dr. Cox, secretary of the British Medical Association, said this innovation would be a disastrous thing for the nursing profession."

OUR FOREIGN LETTER.

NURSING SMALLPOX IN INDIA.

During the middle of March my friend and I were sent to nurse an epidemic of smallpox in Central India. It is very rarely that this disease breaks out in a nice open, well-kept cantonment station, but, unfortunately for the European in India, the ignorant native worships smallpox, and so does not think it unwise to work as a domestic, even if some member of his family is laid up with it, and this is what happened. The servants having mixed with the folk in the bazaar in whose houses cases of pox were occurring, conveyed the disease.

The station we went to was a fairly large one, and the people we nursed belonged to the army.

In Central India, even in the month of March, the days are very warm. Every green thing begins to look dried up; the grass on the immense plains is an eye-sore (peculiar brown yellow), and dust flies with every slight puff of breeze. Owing to want of accommodation, we were housed in a large tent. Out of the seven patients, five were in tents, having a slight attack; and the other two bad cases were in the dread isolation hut, with its windows with red curtains, warning passers-by of danger. Being military, great precautions were taken, and we were strictly isolated.

We had under us two European hospital orderlies, two native assistants, a cook, a sweeper and an ayah. The last for our especial use only. The place we were placed in, or shall I call it our "little camp," as everyone else except the folk in the hut were under canvas, was practically surrounded with plains. Only on one side and a distance away were some dwelling houses. On these plains and with our guide, the ayah, we used to take our daily outing. If we went far enough, we came across the bones of an ox and other smaller animals, which gave the plain a weird appearance—and plus the hills in the distance made one think of panther, &c., but this could not be as it was too near to town.

Far away, but close enough to be seen, were the golf links and polo ground; and this was the only time we saw anybody—when they played these games. Of course, the medical man in attendance was most kind, and sent us books; and the army nursing sisters attached to the hospital made enquiries for our comfort.

Both the nurses shared the large tent. We had a fair amount of furniture, but all eatables for the following day were kept on the dining table. The nurse who was working day and therefore the possessor of the tent by night, had a queer awakening the first night, and a repetition of the same every night following. About 9 p.m. would commence the unearthly noises made by the jackals, sounding as if they were all shouting to a shriek the word, "dead Hindoo." Sometimes they would come to within a few feet of the tent and commence their "war cry." This would occur four or five times during the night, but they are timid

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