

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.

DOCTORS TO BLAME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—The two following incidents I hope will add fuel to your wrath about unqualified nurses. A friend of mine told me that a large house she knows had been turned into a hospital for wounded, and the two daughters of the house were doing wonders, one aged fifteen, the other seventeen (!!). They were now able to get all the dressings, &c., ready for the surgeons, and to prepare the theatre, operating table, &c.!! Another friend said she had just been to see a hospital in charge of her niece, a Red Cross Commandant, who works the thing with her Red Cross subordinates. When I ventured to ask if the hospital, which is full, had any trained nurses at all she said "Yes, there is *one* Sister."

Will the doctors and the public never wake up?

Yours sincerely,

SORRY FOR THE WOUNDED.

COVERING THE UNQUALIFIED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As THE BRITISH JOURNAL OF NURSING appears to be the only paper in which the truth about the danger of unqualified nursing of our poor soldiers is published, may I ask a question several nurses are anxious about? Is it right, to say nothing of professional, for a trained nurse, single-handed to take the responsibility of the nursing of sick soldiers, with only women of Voluntary Aid Detachments to help her! I have been sent from a nursing institution to nurse in a private Red Cross Hospital. I am the only trained nurse, and at night no one is on duty but a very inexperienced Red Cross Worker. I feel strongly I am in a false and dangerous position, as all sorts of neglect goes on, which these untrained people do not realise. I am simply covering untrained practice and I object to it.

Yours truly,

A PRIVATE NURSE.

[We have written several articles on this question, and feel strongly in sympathy with the views of our correspondent. The only position Voluntary Aid Workers can safely assume is that of probationer under trained supervision—and where there is sufficient supervision. To be on night duty alone is quite inexcusable, and we do not wonder the patients are quite unintentionally neglected. At one of these hospitals just before thirty wounded men were expected, a pupil filled the warming pan with boiling water, and in attempting to air, damped all the beds; another placed six thermometers on a radiator. The handling of injured limbs is most dangerous unless done by a skilled surgeon or

nurse. A nurse writes us: "To see these girls remove the patients' clothing makes my blood run cold." But this system is bolstered up by patronage, the curse of our profession in this country, and the "truth about the wounded" is not to be told. Quite recently Miss Albinia Brodrick was in London a few days with information on this question she considered right to ventilate, she could not get the leading papers to print her statement—instead we had the "amazing" bathos of Lord Knutsford.—Ed.]

THE SPIRIT OF WISDOM AND UNDERSTANDING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was glad to see that your reviewer last week drew attention to the need there is for nurses to cultivate the "spirit of wisdom and understanding." We have to deal with patients of such diversity of views, race, and religion that our sympathies should be broad as the sea.

It was terrible to the nurse described in your review that the sick man should be carried out of his bed in a warm English hospital to die on the snow-covered ground. Yet so he found freedom. He was in the act of dying, and nothing mattered except that he should die as easily as possible and that he was enabled to do because some one saw him who understood that according to his Eastern creed he should die on Mother Earth.

A prejudice, no doubt, but we have prejudices in plenty also. No doubt the case is an extreme one, but it emphasises the lesson many nurses are slow to learn. I have met many who, when they go abroad, consider that all English customs are right and all others wrong, and try to run their wards in exactly the same way as in an English hospital. It is a great mistake even where their own countrymen are concerned. Take a malarial patient. He will be miserable, and it is very bad nursing, moreover, at certain stages of his illness if his bed is made in the orthodox English fashion. He must have a blanket both under and over him. And with natives we may permanently estrange their trust if we are so "set" in our own ways that we do not even try to understand the reason for theirs, many of which are good, and others quite harmless.

I am, dear Madam,

Yours faithfully,

TRAVELLER.

REPLIES TO CORRESPONDENTS.

Nucleus.—Write to Miss E. Foley, Visiting Nurse Association, 830, Monroe Building, 104 South Michigan Avenue, Chicago. The cost is 1s. plus postage.

OUR PRIZE COMPETITION.

QUESTIONS.

November 28th.—How would you nurse a patient suffering from mental shock?

December 5th.—How would you prepare a normal salt solution for infusion in a private house?

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