

patient, wool sorter; *Husband's Health*, history of gonorrhœa.

Now supposing my patient were a member of the aristocracy, and I forwarded the following particulars with the specimen as "demanded":—

*Name*, The Lady Evelyn Browne; *Age*, 26; *Address*, 1,000, Park Lane, W.; *Date of Marriage*, May 5th, 1915; *Number of Pregnancies*, 3; *Abortions or Miscarriages*, 2; *Patient's Health*, good up to the time of her marriage, has since been under treatment for pyo-salpinx; *Husband's Occupation*, nil; *Husband's Health*, history of syphilis.

What would the Honourable Adolphus Browne say to me? And what should I be mulcted in damages when he brought an action against me in the law courts?

Why then should I divulge the private affairs of my poor patients?

Yours faithfully,  
CERTIFIED MIDWIFE.

### KERNELS FROM CORRESPONDENCE.

*Out of Date No Doubt*: "I have recently been a patient in a general hospital ward. The standard of nursing was deplorable, and how could it be otherwise? The nursing staff, including the Sister, were off duty so constantly for whole days, half days, and "hours off" that it was impossible for them to keep in touch with the conditions of the patients. How can nurses be trained under such a system? It was a scramble from morning to night, and from night to morning. The surgeons received very little attention, often wandering round unattended, and, as for their directions, treatment got overlooked for half a week so far as medicines were concerned. No wonder the 'pros' got confused and disheartened and ran away. Is the General Nursing Council going to improve things any?"

*Formerly Bart.'s Sister*: "Both at Islington and Hornsey we hear of bed-sores. It seems almost incredible. In my hospital days, which covered a quarter of a century's experience, a bed-sore was considered a disgrace to nursing and was recognised as such." [Indeed, yes.—Ed.]

### IMPERIAL LEGISLATION.

*Australian Nurse (Melbourne)*.—"I couldn't do without the *B.J.N.* now; it is so full of life, in contrast to our ladylike journal. I do wish I could just walk into 431, Oxford Street, and get details about your Act. I do envy you the legal status. . . . There is no hope for a Bill for us till next July—our public hospital matrons do not want the reform—and none of the nurses seem to have the inclination to come out in the open in support of registration. This must be remedied and soon, too, if we do not wish to see all the well-educated women passing to other careers rather than entering the nursing profession. Some of us are seriously contemplating following London's lead and forming a professional union of nurses. Some of the medical men will support us, but not those who employ V.A.D.'s

in their general practice. If loyalty is demanded from our members, it should also be given by members of the allied profession of medicine to us. The formation of a union might make our M.P.'s think nurses' votes of value at election time, and rouse them to help us to get our rightful status. However, if we move in this direction, we must be prepared for fearful opposition. No fate will be considered bad enough for us by those who desire to have trainees kept under as of old."

[We are of opinion that voluntary registration must, at an early date, be superseded by legal registration in Australia—or Australian nurses will not be able to avail themselves of their right to register, as provided in our Imperial Nurses' Registration Acts of 1919. Our correspondent writes of "your" Act. It is *her* Act as well.—Ed.]

### A NARROW-MINDED VIEW.

*A Norwich Nurse*.—"I think it is a pity the name of the institution was withheld by Miss MacCallum where the Matron returned the Application Forms of the Professional Union of Trained Nurses, and wrote as if she alone had a right to decide whether members of the nursing staff should consider them. It reflects upon the Matrons of other Norwich hospitals and institutions, who may be more liberal minded."

### COMFORT THE ESSENCE OF GOOD NURSING.

*Private Nurse*.—"I agree that comfort is the essence of good nursing, and when on night duty in a large ward—as soon as I was in sole charge—I went from bed to bed and 'untrussed' the patients' feet, which according to orders were tightly bound with tidily tucked in bed clothes. This was found by many patients an immense relief, and induced them to slumber. Night Sister was in the conspiracy, so all was well till bed-making in the morning, when appearances again counted for more than comfort."

### REPLIES TO CORRESPONDENTS.

We have received a number of letters from trained nurses expressing dissatisfaction that their Registration Act has been passed for nearly fourteen months and the Register is not yet open. We sympathise with them, but advise a little longer patience, as the General Nursing Council feels strongly that the Rules must be just before being put into operation. A false step now may lead to disaster in the future.

### PRIZE COMPETITION QUESTIONS.

*March 19th*.—Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of intermittent or continuous irrigation.

*March 26th*.—What precautions do you take when nursing a helpless patient, for the prevention of bedsores? At what stage would you report a threatening bed sore to the medical practitioner in charge of the case?

[previous page](#)

[next page](#)