

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 STRONG BOND OF UNITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Having received the Certificate of the General Part of the Register, General Nursing Council for England and Wales, I do thank you just ever so much and appreciate what you have done for us all. I wish you and the General Nursing Council every success.

Believe me, yours truly,

HILDUR W. RAIKES.

Midland, Ontario, Canada.

[We foresee in the future great possibilities for co-operation amongst "Registered Nurses" throughout the King's Dominions for the raising and unifying of nursing education and of health standards. Canada is well to the front in these matters already. In many Provinces State Registration is in operation. Thus Canadian nurses who attain to their standards, if equal to those set out in our Statutory Rules are eligible for registration in Britain. Such registration, with right to wear the Badge when approved, must make for a strong bond of unity throughout the British Empire. We hope to see this sistership strengthened every year.—ED.]

KERNELS FROM CORRESPONDENCE.

"MINOR" DETAILS.

A Trained Nurse.—"It is interesting to note that our Editor does not think it necessary to start the patients' day in the small hours of the morning. I have suffered much from the early morning fetish. Of course in some cases it is impossible to do the necessary work unless one starts early, but in those circumstances a larger staff is needed. I myself worked in a large training school once during an epidemic among the staff. I had 40 surgical cases (men) at first single-handed, later with a male nurse, and I shudder to think of the hour we had to begin 'washing!' More recently I have had experience from the patient's point of view. In one hospital I spent my first night tossing about in the gloomy, unusual and unpleasant light, and when at last I managed to fall asleep, I was awakened by having all the bedclothes dragged off with the exception of one blanket! Certainly an effective method of rousing patients and their temper! After operation I suffered much from insomnia, owing chiefly, I think, to the unaccustomed light and noise. A draught was ordered for 9 p.m. It could not be given until night sister arrived, as the day sister had forgotten to check it! Eventually I had it, and ultimately slept. After a few minutes' oblivion, the night nurse woke me, might she borrow my watch as it had a seconds hand! The housemen were about until 1 a.m. or so,

then there would be a welcome silence until 'treatments' were given at 3 a.m. I slept near the steriliser, and so had little rest when it was once in full swing. Even when I had left hospital and revelled in a quiet room in the country, I still woke at 3 a.m. Surely it should be possible to rearrange the time-table nowadays. The want of adequate sleep must be detrimental to most patients, and with reorganisation the early hours might be gained for that recuperative sleep that is as valuable as any therapeutic agent."

IS IT ETHICAL?

Late Member R.N.S.—"I note in the Press that a nurse and her three sisters have been left the value of £29,000 by a patient. I am fully aware that this is legal—but is it ethical? Such huge legacies left by patients to their Medical attendants are not approved of in that profession, and I fear this announcement will make the work of private nurses suspect by the general public. You will remember warning me to give no cause of offence in this connection to the families of patients when I became a member of the R.N.S., and later, recalling me from a case, when a member of the family—in opposition to others—would have placed me in an invidious position as to his old mother's (the patient) will. Subsequent events proved your wisdom, and how all important it is that private nurses should be very punctilious in connection with the finances of their patients. That a rich patient, without injustice to his family should provide a modest competence—or leave a reasonable legacy to a nurse who had devoted herself to his care and comfort for some years—is natural; but it is our duty to our patients and our profession to be very careful in such cases."

[We agree with our correspondent that private nurses cannot be too careful in avoiding any cause of complaint in this connection.—ED.]

A Member of College.—"I believe the Matron you mentioned who after 20 years' service as Matron in a London hospital was to be given no pension on resigning for ill health is a member of the College. It would be interesting to know what steps our Council has taken to prevent such injustice. Has it approached the Committee of the said hospital?"

[We advise our correspondent to address this question to the College Council.—ED.]

OUR PRIZE COMPETITION QUESTIONS.

February 25th.—What are the appearances of a varicose ulcer which has been (a) neglected, (b) treated properly for a week? What is the usual treatment for a varicose ulcer?

March 4th.—Describe the structures and functions of the nose, and what you know of epistaxis.

March 11th.—Describe the Spinal column, and the treatment of Fractured Spine.

March 18th.—How would you prepare a patient for a Rectal or Anal operation? Say what you know of the nursing of Rectal Cases.

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