

investigation, has been found to be inimical to physical efficiency, particularly harmful to potential parents, and tending to affect injuriously the throat, vision, heart and nervous system?

From the aesthetic standpoint: Should not a nurse, by her care of her physical body, suggest a lavender-scented linen-cupboard rather than a smoke-room? There are still thousands of nice women who prefer to keep the smoke-room atmosphere away from their bedrooms, and who may feel an acute distaste for a nurse whose breath, hair, fingers and garments reek of the odour of tobacco. The trained nurse should stand for personal purity and daintiness.

From the ethical standpoint: Is it well that any body of professional women should act an example of a habit which is wholly wasteful of time and money when so many of us are expending energy in the effort to persuade our less-educated sisters and brothers to employ such time and money more usefully?

It is clear that the tobacco habit is artificially, and often painfully, induced. In the vast majority of cases it is solely due to a silly, sheep-like following by unthinking persons of vain and idle women who consider the habit smart, or of the youths who wrongly regard it as manly.

Yours faithfully,

Cranford,
Middlesex.

M. M. G. BIELBY.

[In the opinion of the Medical Correspondent of *The Times*—and his opinions are usually uncommonly sound—the Cigarette Habit is becoming a vice. He writes: "The enormous increase of cigarette smoking among women calls for some protest by the medical profession, for the habit is, in many instances, passing beyond a pleasure and becoming a vice. The absorption of nicotine—which is the danger element in the matter—produces a condition of nervous distress which is frequently painful to observe. From this proceed palpitations and exhaustion and outbursts of emotion—as in a case which came before the Courts the other day. The damage may be so severe that mental instability results. . . .

Woman's delicate nervous organism was certainly not intended to endure large doses of this poison. Her functions as a mother cannot but be interfered with when she indulges in it to excess." We should like to see an anti-Smoking Society amongst nurses.—Ed.]

KERNELS FROM CORRESPONDENCE.

A Newspaper Woman.—"I seldom take up a paper without spying a paragraph about the hardships of hospital nurses, but when visiting these institutions everything appears *couleur de rose*. One wonders after all if the modern spirit of idleness and lack of grit, where work and difficulties are concerned, have not got hold of the Nursing Schools. The off duty time-tables for all concerned can hardly be extended. As a nation we are great lie-abeds, and the 6.30 bell for rising is, I know, considered one of the greatest hardships. We know how difficult it is these

days to get domestics to turn out before 7.30 even in summer. In France, Belgium, Holland and Germany people think nothing of rising at 5 a.m., and we all know it is the early bird which gets the worm."

A Professional Nurse.—"I am constantly hearing that the professional nurses are so out of touch with the movements of the day, and in consequence our narrow outlook is the reason of admitting shop girls and others to membership of the Cowdray Club so that we may exchange ideas with them, 'and so bring to our patients that freshness and essential stimulus which should count for so much in the treatment of sickness.' I tested this argument the other day, and was not surprised to find that the last thing these women wished for was to 'exchange' ideas with nurses. 'Oh! don't tell me about hospitals—so depressing!' said one. 'Disease gives me the creeps,' said another. 'You are sure you are not infectious? I don't think you ought to enter the Club in uniform,' said a third. I found these workers interested in food and the fashion papers; also in jewels, the doings of society women, and the theatres. None of them knew who was the Member of the district in which they lived, or had ever visited the Houses of Parliament; neither did they belong to any women's organisation, or know anything about literature. How is association with such women going to elevate the trained nurse?"

NOTICE.

In supplying notices of appointments the Editor will be obliged if correspondents will state if they are "Registered Nurses," as this legal professional title should now be notified.

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRELAND—33, St. Stephen's Green, Dublin.

No nurse who has not been registered by September 22nd next will be eligible to vote for the Direct Nurse Representatives at the forthcoming election, so that there is no time to lose if a nurse wishes to exercise her professional franchise.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

September 16th.—Describe in detail the preparation of a patient to be operated on for cancer of the tongue. What special points require attention in the nursing after-treatment?

September 23rd.—What do you understand by *arterial tension*? Explain "high and low" blood pressure—with brief description of symptoms, cause and treatment of both.

September 30th.—What is the difference between "rheumatoid arthritis," "neuritis," and "rheumatism?"

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