

we could give all our time to nursing, leaving the cleaning of the wards to someone who had made cleaning their work.

In the interests of the patient, then, rather than in those of the nurse, I hope that "menial" work may soon cease to be considered among the duties (or "relaxations"!) of the hospital nurse.

I remain,

Yours faithfully,

RUTH COLLES, F.B.C.N.

99, Ennerdale Road,
Richmond.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In answer to a letter from a Fellow of our College on the subject of "menial work" in hospital, in which she objects to the statement made recently at Geneva that "the menial work required to be done by a nurse was a great relief from the mental strain entailed by nursing duties," I consider it is a relaxation.

Has not every Ward Sister found relief in being able to detach her mind from serious cases which have been causing her much anxiety, and turn out a cupboard, or check her laundry, for example. She returns to the more serious work with her mind refreshed by that brief respite.

A man, after a heavy morning's work, probably does not "clean his boots or brush his clothes," but he may quite conceivably dig his garden or do a little carpentry.

Then, we might ask, who is to define "menial work"?

I am told that, in some training schools abroad, bed-making, washing and feeding of patients are all considered "menial work."

In England these are important nursing duties.

I look upon a certain amount of "menial work" as a necessary part of the training of probationers. Unless they are taught to see dust and to get rid of it, how are they in days to come, when some of them are Sisters, to train their ward-maids? If their powers of observation are exercised upon things that they know and can recognise, are they not rendered more capable of using those powers upon things they cannot so easily recognise?

I repudiate the statement that "menial work" "lessens the respect of the average patient for the probationer."

We older nurses did far more "menial work" than the present-day probationer. Did our patients not respect us? I am quite certain they did.

It is the character and personality of the nurse which gains or loses for her the respect of her patients, not the work she does. If any girl is so super-sensitive that sweeping a floor or polishing locker-tops "disgusts" her, I fear there are many strictly nursing duties which she will feel quite unable to perform.

I do not think that the right type of girl is going to be deterred from taking up the nursing profession by the comparatively small amount of "menial work" which she is asked to do in most hospitals to-day.

I remain,

Yours faithfully,

HILDA K. LAMB, S.R.N., F.B.C.N.,

Sister Tutor, Charing Cross Hospital.

Charing Cross Hospital, London, W.C. 2.

MATERNITY HOMES AND THE SMALLER LOCAL AUTHORITIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We feel that the public are not sufficiently aware of the dangerous provisions that have been inserted in the Nursing Homes (Registration) Bill. These

place the duty of inspecting nursing and maternity homes in the hands of the smaller local authorities (in many cases the rural or district councils), and propose the repeal of Part 2 of the Midwives and Maternity Homes Act, 1926. This Act, which has been working satisfactorily since passed, placed the inspection of maternity homes under the same authority as the midwives—the county councils and the county borough councils. If the new bill, as amended, is passed, the result will be dual inspection, the home being under one authority and the midwives working in it under another, with conflicting rules and regulations; the possibility, so undesirable in administrative work, of the influence of personal friends and vested interests; and the certainty that the smaller authorities would not be able to provide well-trained, whole-time inspectors with expert knowledge.—Yours, etc.,

L. RAMSDEN,

President, Midwives' Institute.

12, Buckingham Street, W.C.2.

October 25.

KERNELS FROM CORRESPONDENCE.

"Not Fair" writes:—"Surely it is not fair for a Matron to refuse to permit us to hear a speaker from the British College of Nurses, and to arrange a meeting which we are urged to attend to listen to speakers, including a layman from the College of Nursing, Ltd. We ought to be given facilities to hear about the constitution and work of each, as they say in Ireland 'the reciprocity ought not to be all on one side,' and then we should be left free to join either the one or the other, or both, or neither, as we choose. It is high time this sort of coercion was at an end—of course the majority of us will do as we are urged—but such a lack of fairness leaves a nasty rebellious feeling *inside*."

IMPORTANT NOTICE.

Fellows and Members of the British College of Nurses are asked to take special notice that this issue of THE BRITISH JOURNAL OF NURSING which contains the Constitution of the College should be carefully preserved and filed for reference.

NOTICE.

In reply to enquiries, Fellows and Members of the British College of Nurses are entitled to use the letters F.B.C.N., and M.B.C.N., after their names—If S.R.N. is also used it should come first.

THE BRITISH JOURNAL OF NURSING AND THE "MIDWIFE" SUPPLEMENT

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PRIZE COMPETITION FOR NOVEMBER.

Owing to extreme pressure on our space we regret we are unable to publish the Prize Competition paper for November. It will therefore appear in December, and there will be no fresh question for December.

[previous page](#)

[next page](#)