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of her vagary. Notwithstanding, the girl managed to escape a second time, and was found by another constable in a public-house in the neighbourhood, from which she was again removed by ambulance to the Hospital, and, after a night's rest, was sent home to her parents. The affair has excited much ridicule in Bradford, but it is unfair to call it a scandal, as the evening paper does, since cases of mistaken diagnosis may occur anywhere, though seldom with such ludicrous consequences.

* * *

THE principal lesson for Nurses in the above case is, that, had the Nurse displayed the proper care and vigilance when placed on *special duty*, the patient could not have made her escape a second time, because the Nurse had no right to leave her patient for a moment, unless relieved by another.

* * *

I WANT to know what constitutes the difference between a prescription by telegram and a prescription given in the ordinary way? A week or two ago, I was staying in a large provincial town, and fearing from some approaching symptoms that I was falling a ready prey to influenza, wrote up post-haste to a certain London Doctor, in whose pills and potions I have an almost fanatical belief. "More haste, less speed," was certainly exemplified in this instance, because he sent my prescription by "wire." It was quite in form and very orthodox; but because the mixture contained belladonna and opium, I had the utmost difficulty in getting it made up. I had a weary tramp from chemist to chemist, till I almost despaired of succeeding. At last, by a lucky chance, I spied a humble little medicine shop, whose owner, like ROMEO's apothecary, consented through poverty rather than inclination to dispense the draught. It was quite hopeless to

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argue with the chemists. Their brain-cells did not respond to the fact that a prescription is a prescription, whether written on note or on the orthodox pink paper of HER MAJESTY's telegraph service.

* * *

I HEARD a capital story the other day, which came to me from one of the actors in a little Nursing drama, and is consequently doubly interesting because true. One of our leading Surgeons, who is a great friend of Nurses in general, was about to perform an operation on a well-known society lady, who begged him to recommend her a competent Surgical Nurse. He promised to do so, and accordingly sent a Nurse who was accustomed to work for him in his private practice. On her arrival at the prospective patient's house she was duly inspected by the lady in question, who promptly decided that she was much too pretty for the post, the society queen expressing herself with great candour on her objection to having a Nurse so much prettier than herself! Tears on the part of the Nurse followed by a hurried visit to the Surgeon with a full detail of her wrongs. After hearing the story he ordered his carriage, and promptly drove to see his obstreperous patient, and without much ceremony informed her that if she persisted in her objection to his *protégée*, he should decline to perform the operation. In this dilemma she wisely capitulated, accepted the Nurse, and finally forgave her good looks, because of her skill and kindness.

* * *

TALKING of pretty Nurses reminds me that the Matron of a very large London Hospital once told me that she made a rule of accepting the pretty candidates for admission as Pro's., because she thought that beauty and capacity generally went together. This is the very reverse of the accepted belief that personal attraction is a bar to

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[previous page](#)

[next page](#)