

should have at least £40 a year we think that he is allowing the mists of sentimentality not of "sentiment" to obscure his point of view. He deprecates the idea of a vocation; our view is that the real remedy for professional reform lies in keeping before the nurses the old idea of a vocation but linked up with wide scientific knowledge, adequate remuneration and *self-government* when high qualifications are attained. Let our nurses in training win their spurs and then let the hospitals and other authorities see to it that the remuneration offered at the end of their training is just. It is a short-sighted policy to pay nurses highly during the years of studentship and thereby ultimately to overcrowd the ranks of the fully qualified, so that for the rest of their professional life they are paid at a standard which compares unfavourably with what they receive while they are merely probationers. In short, Mr. Brockway says that no trained nurse should be paid less than £60 and no probationer less than £40, therefore *the value he sets on three or four years of study and training and the State's recognition that the nurse is really fitted to care for the sick is £20!*

F. B. C. N.

A HOSPITAL IN THE TROPICS.

(A Visitor's Impression.)

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have had the privilege of visiting the Hospital at Georgetown, British Guiana, one of the best hospitals in the tropics; well equipped, though not, of course, to be judged by London standards. Good work is done in medical and surgical wards, with an efficient X-ray department and a maternity ward.

The Lady Superintendent and her two assistants (all English trained nurses) are very capable and are responsible for the training of the native nurses.

The would-be probationer is taken first of all and given six months of practical training, after which she sits for an examination. If she passes this, she is taken into the hospital for three years' training. During this time she has lectures on Anatomy, Physiology, Drugs, etc., from Doctors and Sisters; and at the end of the time of training she has her final examination, and, if successful, receives a certificate. Any bright and capable probationer is then passed on to the Maternity block for her midwifery training; here she must work a year and is given lectures. An examination must be passed at the end of the time, which is quite up to C.M.B. standard.

On visiting the Hospital I found it to be composed of a number of wooden buildings, built up on pillars (as all buildings are in this colony). The wards are very large and airy, and well filled with patients, there being about 60 beds in each ward. The male block is separated from the female block by the main road; this at times must be very inconvenient, as the Operating Theatre is on the male side of the road, so that all the major operation cases from the female block must be conveyed across the road. There has been a room set aside in which the minor operations are done, and in the near future a theatre is to be built in the female block.

The children's ward is attached to the female block and is always well filled. The usual childish ailments are very much in evidence here, and Ophthalmia Neonatorum is very common. I saw that the Maternity block was well established and very capably run on modern lines; at the time of my visit there was a Caesarean Section patient with her babe of a few days old; and a very ill Eclamptic who had been induced at eight months; it was a nice babe, and the mother was slowly recovering. I was fortunate enough to be in the labour ward when a wee "black" baby girl was born, and was very pleased to

see that all through the work was carried out in the most antiseptic manner.

The most common diseases met with out here are: Hook Worm, Dysentery, Bright's Disease, Enlarged Spleen, Malarial Fever and occasional cases of Typhoid Fever; Venereal Disease is quite common.

All the usual major surgical operations are performed, and very satisfactory results are obtained.

The native women make very good nurses; they are very patient and sympathetic, and on the whole quite trustworthy; but they need a lot of supervising and cannot, as a rule, take great responsibility.

My visit left me with a pleasant impression; as an English nurse, I am glad to have seen a glimpse of nursing work away here over the seas.

M. HUTTON, S.R.N., F.B.C.N.

KERNELS FROM CORRESPONDENCE.

The Responsibility of Hospital Committees.

Matron of Fever Hospital.—"I read your comments on 'The Responsibility of Hospital Committees' with much interest. I have been a matron in two special hospitals and have never been given the privilege of submitting a report direct to the Committee or of being interviewed by them officially—an intervening Official between the matron and the Committee is most unfair to one's status in the hospital—and one's work may be entirely misrepresented both through ignorance or animus."

The Cull Case.

An injured woman.—"The Nursing world has presumably not forgotten the Beatty v. Cullingworth case—where a nurse sued a celebrated gynaecologist for removing ovaries contrary to instructions. The Cull case touches the same principle—and no doubt the hospital official who failed to deliver the letter to the surgeon, objecting to a major operation has been duly censured. But the point is that to prevent mistakes and legal claims, each hospital should insist on the surgeon *himself* obtaining from the patient a written consent to any operation he considers right to perform—a copy of which should be filed by the Secretary for the protection of the Committee and the surgeon."

NOTICES.

AS THE BRITISH JOURNAL OF NURSING is a monthly paper the Editor will be greatly obliged if items of news which the readers desire included are sent to her as early as possible, as they often arrive just after the Journal has gone to press.

We shall be pleased to insert information and notices and reports of meetings from the Associations affiliated with the National Council of Nurses of Great Britain, under the heading of Nurses' Organisations.

"THE BRITISH JOURNAL OF NURSING" AND THE "MIDWIFE" SUPPLEMENT

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PRIZE COMPETITION FOR AUGUST.

Describe the causes and symptoms of intestinal obstruction. How would you prepare a patient for operation suffering from acute intestinal obstruction?

[previous page](#)

[next page](#)