

COMING EVENTS.

March 14th.—Matrons' Council of Great Britain. Meeting at the House of the Royal British Nurses' Association, 194, Queen's Gate, S.W. 3.30 p.m.

March 21st.—The British College of Nurses' Council Meeting. 39, Portland Place, London, W. 2.30 p.m.

March 27th.—General Nursing Council for England and Wales. Monthly Meeting. 20, Portland Place, London, W. 2.30 p.m.

March 28th.—League of Sister Tutors. Meeting at the House of the Royal British Nurses' Association, 194, Queen's Gate, S.W. Tea 3.30 p.m., followed by Meeting and Address by Miss E. Wilkins, B.A. Principal, Public Health Department, Battersea Polytechnic.

BRITISH COLLEGE OF NURSES ADMINISTRATION CLASS.

March 12th, April 2nd and May 7th.—The British College of Nurses' Class will attend a Course of Three Lectures on "The Marlboroughs," "The Stuarts in Exile," and "Some Famous Women," respectively, through the kindness and courtesy of the Authorities of the National Portrait Gallery, St. Martin's Place, W.C., 2.30 p.m.

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.

THE DEPRECIATION OF THE SISTER TUTOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—The circular issued by the General Nursing Council this week shows what appears to be the latest effort of that body to dispense with the Sister Tutor. She has been so keen and interested in her work that usually a Post Graduate Course has been undertaken after her extensive nursing experience. Anatomy and Physiology have been the most important subjects in that Course, and now she is allowed only to give revision classes and not even to remain an Examiner of Nurses in these subjects.

Nurses need to be taught these subjects as they can apply them to their work, and only a Medical Practitioner or Nurse surely is capable of doing this.

Sister Tutors have been holding positions as such now for sixteen years or so in most large hospitals: have they proved their worth?

Many of us feel how we should have valued such teaching.

What is going to be the result of this alteration?

Will any Nurses pass their Preliminary Examination? Most of us realise how few doctor Lecturers can come down to a Nurse's level during their lectures, and if Professors of the subjects are to give Nurses their lectures, how much will the average student understand?

Registered Nurses, why allow this sort of thing to go on? Your Retention fees do much to keep the General Nursing Council existing. More Nurse representation is essential or we shall soon be ruled by School Teachers.

We want the practical Nurse, and yet at the Preliminary Examination two examiners now will be Professors or Medical men, only two Nurses; the Final remains the same.

An elementary knowledge of the subjects is asked for: why have the most learned lecturers, whose terminology will confuse any student?

Sister Tutors will hold a discussion on the matter (notice inserted in JOURNAL); all teaching Sisters are welcome to attend.

H. G. BALLARD,
President, League of Sister Tutors.

PREVENTION IS BETTER THAN CURE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am very interested in Miss Borne's appeal for the care of our colleagues suffering from tuberculosis, and I feel such a wonderful work should have a world-wide response.

The number of Nurses now contracting this dread disease is somewhat alarming, and as a Nurse I feel there are reasons for this sacrifice of young life.

1. Inadequate feeding and housing of young Nurses.

An improvement has been made in some ways, but there is still a lack of milk, cream and fresh fruit on most Nurses' tables.

Supper is a most insignificant meal, usually consisting of soup, bread or biscuits and butter, a very light repast for growing girls on duty from 7 a.m. until 9 p.m., or after, with only a break of two hours or so during the day.

The old training schools insisted on Nurses having meat for supper, plain milk puddings and milk drinks.

Sick staff were rare, and one feels feeding and good bedroom accommodation accounted much for this.

Since increase of staff has been necessary, bedrooms have had to be shared by two Nurses. This is dangerous, first from the likelihood of infection, and, secondly, off duty often a day and night Nurse share the same room, or one is off duty and the other trying to obtain her rest.

2. The environment in which the chronic cases of tuberculosis are nursed exposes the Nurses to a much bigger risk of infection than does the nursing of the same disease in Sanatoria, where fresh air is abundant and much lighter work falls to the Nurses' lot.

In the Municipal hospitals where there appears to be an increase in the number of cases amongst the nursing staff, the most infectious and chronic cases are nursed in wards with very little fresh air, and entailing much more strenuous work and often those Nurses working therein are ignorant of the risk they are running.

Sputum mugs are inadequately sterilised, sputum treated with little or no disinfectant, handkerchiefs used and even sent to the laundry.

Sputum-stained linen ignored and no means employed to disinfect the floor or to keep down dust when sweeping.

"Prevention is better than cure," and this disease is preventable, then why should Nurses be allowed to run risks without proper means being employed for their protection?

To those who have contracted the infection, one can only say "the best we have to offer is not good enough," but surely something could be done by the Authorities concerned to prevent more cases occurring.

A CERTIFIED TUBERCULOSIS NURSE.

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PRIZE COMPETITION QUESTION FOR APRIL.

What is Caesarian Section? What are the indications for this operation? How would you prepare for it, and to what points would you pay special attention during the operation and subsequently?

NOTICE.

Competitors for our Prize Competitions are asked to note that the number of words in articles submitted should be henceforth from 750 (not 700) to 800.

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