

of current literature of the day. They must depend on the best reviews at their disposal. If anywhere, we can look to our nursing journal to give us an unbiased, though limited, summary of such events together with many interesting incidents which reach it from sources not open to other magazines. There are few nurses who are not more or less intimately connected with this world war, to them it is a matter of vital interest. Again why should we make our JOURNAL, strictly speaking, purely professional? Why not have it big enough and broad enough to help to a broader view? I should like through the JOURNAL to express a word of thanks to each of these able women and sincerely trust we may have the pleasure of reading more from their pens." E. D. V.

From Kansas:

"I should much rather the space were used for professional matter, as we read about these other things in the daily papers and other magazines, and this JOURNAL is about the only place where we can read about the work of the nursing world. It may not matter so much to those who practice in the cities or hospitals, but it means a lot to us who do private nursing far from any big nursing centre." T. A.

THE ADJUSTMENT OF CHARGES

DEAR EDITOR: Recently I was engaged for an obstetrical case, and at the time my services were required I was out of town and a graduate nurse from a neighboring town was called. After forty-eight hours I was able to go to the patient, having been notified to come, and two nurses were employed for a week. At the end of this time the other nurse left and charged \$25 for her week's work. Now I have always charged \$30 for this kind of work. The first nurse claimed that her school did not permit an extra charge of this kind. I would like to hear from private duty nurses in other sections in regard to this, as the occurrence really put me in a bad light with my patient, though I did not feel like reducing my terms. I feel that no hospital or association should have a compulsory schedule of charges, as it seems to me that no one is in a better position than the nurse herself to judge what her services are worth. I have always charged according to the amount of work and the financial condition of the patient. I believe I have distributed as many charity dollars as the average nurse. I also feel that nurses would be justified in raising their terms on all kinds of cases, as they, as well as others, feel the high cost of living.

Illinois.

"R. N."

[We have always maintained that a nurse should regulate her fees, as does the physician, according to her ability and the patient's means. In the instance quoted, the writer was justified in charging what she thought her services were worth, but she should not object to the other nurse doing the same. The first nurse should not raise her accustomed rate of charge because the second one wished her to do so, each should decide for herself. We agree with the writer that rates should not be established for nurses by any school or by any association.—ED.]

THE GRADUATE'S UNIFORM

DEAR EDITOR: Why not have a universal uniform for graduates? The question ever comes—what kind of goods shall I use for my white uniforms? So many objections to the goods now used. Some too expensive, others wrinkle

too easily, while others hold so much starch as to be annoying to the nervous shut-in. The good laundress is rare. On one occasion I had to pay \$3 for six dresses, six kerchiefs and one skirt, because so few ironed well.

Why not use white crepe? The Red Cross now permits its nurses to go on duty in the white dress, why would not the crepe be suited for home and field duty? Easy to launder, easy to pack, no rustle, no stiff uncomfortable cuffs to be crushed by the clinging hand of the suffering patient.

My experience has often necessitated changing a dress because of one soiled spot which could not be removed from starched goods without its still appearing soiled. Think, too, of the nurse who travels, how crushed her uniform looks when packed with the many other necessities she must crowd into a suitcase! Not so with the soft crepe. The clean appearance of the graduate's uniform is universally admired, the stiffness of all uniforms is generally disliked.

Anyone could launder the crepe dress, even the nurse, in an emergency. I, for one, could not handle them with starch, and when on duty we need to conserve energy, for the patient may need more than we have to give.

Virginia.

E. M. B.

A COMPARISON

DEAR EDITOR: May I tell you of a friend who desired to become a trained nurse, much against the wishes of her family? While considering the different schools, she had her attention called to training by mail, through the medium of correspondence schools, and decided to look into the matter. It seemed to her that if the essentials of nursing could be grasped in a six-months' correspondence school course, it was not advisable for her to give up three years of her time to training in a hospital, with its rigid discipline, hard work and self-sacrifice. Just at this time, unfortunately, or shall we say, fortunately, a member of her family was taken ill with typhoid fever, which delayed her immediate decision. The doctor advised two nurses for the case and the thought struck Miss C. that here was the opportunity she was looking for, she would have a graduate from a hospital training school and one from a correspondence school to compare. She would study the methods of each, and decide which she would choose. Miss A. of the correspondence school was well educated, refined and possessed many qualities looked for in the ideal nurse. She believed she had done the wisest thing in taking a course of theory alone, but was open to conviction that hospital training is the real training. From the very beginning she was out-distanced. While she had that sincere love for nursing which makes any woman at home in the sickroom, she lacked confidence and a knowledge of the thousand-and-one little things which help to make a patient comfortable. As the temperature rose and temperature baths were ordered, while she knew the theory of giving them, she exposed the patient, the bath extended over too long a period of time, she moved him about constantly; she did not clean his mouth properly and the nasal passages not at all, and when she left him, after innumerable trips from the room, he was exhausted. She knew nothing of hemorrhage and intestinal lesion, of heart complications and other bad effects from her unskillful handling of the patient; she knew, of course, there was danger of these complications in the disease, but when they arose she did not recognize them. Her charts, too, were inadequate, though neatly kept. They lacked symptoms, she could not properly describe a stool or urine, the condition of the tongue, the skin and the eyes; of the character of the pulse she was absolutely ignorant. In her personal appear-