

## CORRESPONDENCE.

[Correspondence on all subjects is invited, but we cannot be responsible for the opinions expressed by our correspondents, who must give name and address as a guarantee of good faith, but not necessarily for publication. Correspondents are reminded that conciseness greatly facilitates early insertion.]

### The Middle Classes in Hospital.

To the Editor of THE HOSPITAL AND HEALTH REVIEW.

SIR,—In reference to the article in your last issue on "The Middle Classes in Hospital," I have pleasure in enclosing a copy of the last annual report of this hospital, from which you will see that special arrangements have been made on the lines laid down in your article. The position of King's College Hospital is exceptional among the London Hospitals, by standing in the midst of a large resident population, which includes those who are commonly known as "poor," and also a large number of "middle class."

In these circumstances, it has been found that the wards of which use has been made for private patients have been particularly acceptable. The patients frequently express appreciation of the facilities thus afforded for the equipment of a modern hospital to be at their disposal, and the sense of security due to the presence of a resident medical officer, which can be obtained for a moderate payment of a fixed amount. If any of your readers desire to have further information, I need hardly say that I should be most happy to supply particulars.

C. E. A. BEDWELL, House Governor.

King's College Hospital,

Denmark Hill, S.E.5.

[We have referred to this letter in our "Notes and Comments."—ED. THE HOSPITAL AND HEALTH REVIEW.]

### Prescribing for the Eye.

SIR,—If chemists are not allowed to prescribe medicines, why should opticians be allowed to prescribe glasses? The optician is not a trained specialist, yet a person who feels that his sight needs help has only to walk into an optician's shop to be fitted out with glasses which he is assured will do all that is necessary. But suppose, for instance, that the applicant is suffering from glaucoma. He does not know it—neither does the optician—and it is obvious that in such a case the gravest harm may be done. The optician may be a useful tradesman; he is assuredly not an oculist. The best opticians refuse to act except upon a medical prescription, and it is strange indeed that, while we safeguard teeth, we leave eyes, which are infinitely more important, to the mercies of anybody who likes to call himself an optician.

A LAYMAN.

### The Post-War Probationer.

SIR,—In your note on "The Post-War Probationer" in THE HOSPITAL AND HEALTH REVIEW for May, you ask for your readers' views on the problem of the dearth of probationers.

We are two nurses now in training, and would like to state our views. We know that nursing must necessarily be a very strenuous life, but surely the work could be reduced from a 10-hour day (totalling 60 hours a week excluding off duty time) to the 8-hour

day system. Even that time, with the lectures to attend and the necessary study, makes a busy and tiring day, leaving very little time for that recreation which is essential if we are to maintain a cheerful attitude to our patients.

Another point we would like to mention is the food. It is common knowledge that in most hospitals there is room for improvement, and also for a little variation of the menu. We would add that we like the work, and are desirous of obtaining our certificates; therefore we are willing to put up (or rather have to) with things as they are. All the same, we should like an alteration, but meanwhile prospective applicants knowing the conditions under which we live, are not encouraged to enter the profession.

Perhaps Mr. George Priestman will be interested to learn these facts. We cannot think that anyone taking up the profession because it is fashionable would be very successful. We hope that this letter will give you some idea why our girl-friends will not join us.

W. L. and A. J.

### Red Tape in Nursing Homes.

SIR,—Your correspondent "R. T. H." inquires why hospital routine, often galling in the extreme, must be "slavishly imitated" by the authorities of nursing homes. I should be glad to know why another great fault of our hospitals is repeated in nursing homes. I refer to the underfeeding of the nursing staff. It is, I believe, a generally accepted fact that few, if any, nurses have sufficient to eat during their period of training; but until recently I imagined that the state of affairs in the average nursing home was better, if not entirely satisfactory.

Experience has undeceived me, and I know of two or three large and expensive institutions where the nurses have barely sufficient food to sustain them, and that food both ill-chosen and unappetising. Surely the fees demanded by high-class nursing homes are sufficient to permit of the nurses being adequately and wholesomely fed, especially if it be remembered that not only are the nursing staff responsible for the welfare and general health of the patients, but also that a large amount of really hard manual labour falls to their lot, in addition to the long hours on duty, which appear to be a matter of absolute necessity.

K. A. H.

### Cocaine Substitutes Committee.

The Home Office and the Ministry of Health have had under consideration the possibility of the use in medical and surgical practice of substances which might serve the same therapeutic purpose as cocaine, but be free from its deleterious properties. The Minister of Health has decided, after consultation with the Medical Research Council, to appoint a committee to investigate the comparative value, for the therapeutic purposes for which cocaine is at present used, of various possible substitutes, and the evidence as to risk, if any, of such substitutes becoming drugs of addiction. The chairman is Dr. J. Smith Whitaker, a senior medical officer of the Ministry, and Sir William Henry Wilcoxon is the Home Office representative. The secretary is Dr. E. W. Adams, O.B.E., a medical officer of the Ministry.