



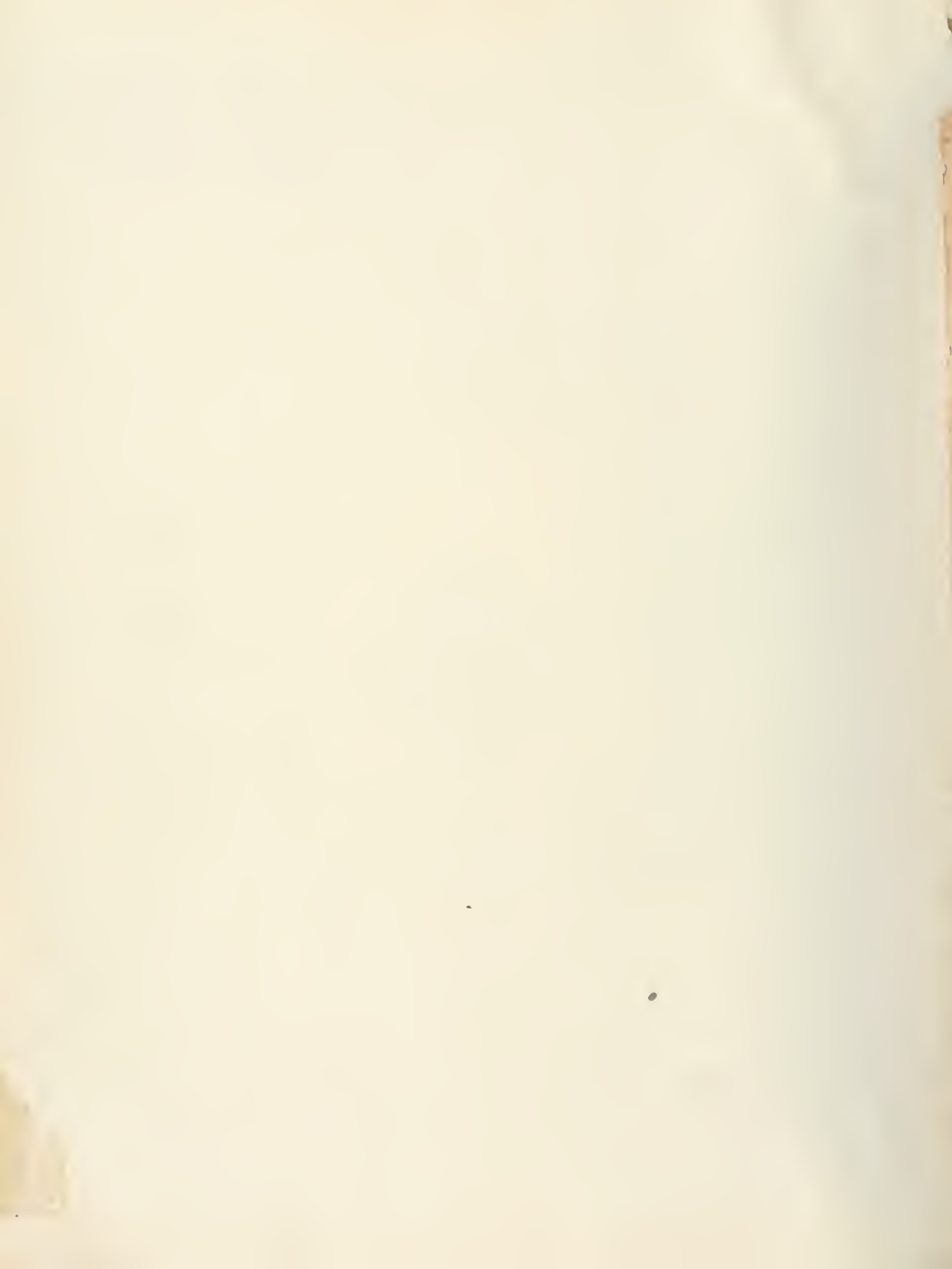
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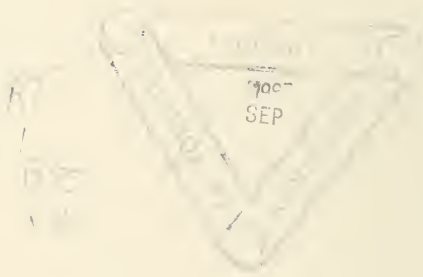


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Editorial.

THE RIGHT OF LIFE TO HEALTH.

The most priceless gift in the world is health, possessing it we are ready to face life, and wrest the best we may from it, without it self support is difficult or impossible, and many of the pleasures which make life enjoyable and happy are denied us. It thus becomes the duty of all parents to endeavour, by every means in their power, that their children shall be born healthy, and that through their early years, when they cannot conserve this gift for themselves it shall be guarded for them as their rightful birthright.

Nature is extraordinarily careful to protect this birthright, and even under most unpropitious circumstances, unless parents are themselves diseased, children are usually born strong and healthy. But, as soon as they begin their independent existence on all sides inimical forces too often work havoc, laying the seeds of delicacy and disease by which they will be hampered throughout life.

Nor is this only the case where poverty limits the powers of parents. In wealthy homes, where affection and solicitude are poured out over the tiny cradle, ignorance may result in disaster, for ignorance—often culpable—is the cause of much ill health, and unwise over-indulgence is as harmful as privation. One of the most potent forces for evil against which the trained nurse wages daily and unceasing warfare is ignorance, in the wake of which follows disease and death.

And, in the homes of the poor, more especially in our great cities, to the evil wrought by ignorance is added that of poverty. Poverty which deprives the growing child of civilisation, of those precious

gifts which are his elemental right, and which are still the dowry of the child of nature. Space to grow in, pure air to invigorate, warmth of fire or sun, pure water in which to bathe the body inside and out, in all of these he revels unconsciously, not realising their pricelessness. In the most primitive surroundings, he grows up hardy, vigorous, strong, and capable of great endurance. Compare the uncivilised Red Indian, or African, and, indeed, the aborigines of any country, with the stunted and diseased population of our city slums, and we shall realise that while nature is beneficent, and under the most elementary conditions of life bestows upon her children everything necessary to health, man, in countries where life is more complicated, gives to his fellows worthless gifts, and deprives them of those of supreme value. The child of Nature lives and flourishes in the sunlight. The child of so-called civilisation too often withers and dies in the glare of the foot-lights, witness our percentage of infant mortality which is a national disgrace.

Two great and allied professions—medicine and nursing—are concerned in the treatment, and care of the sick, but, even more are they concerned, and they are realising it more every day, in the prevention of sickness. It is a good work to restore the sick to health, but it is still better to preserve health unimpaired. To demonstrate the right of every living being to health is the aim of the National Council of Trained Nurses in the Nursing Pageant to be held in the Connaught Rooms, Great Queen Street, W.C., on February 18th, when the public will have an opportunity of realising how greatly the educated trained nurse can help forward this desirable end.

Medical Matters.

PREPARATION OF THE SKIN FOR OPERATION.

In its review of the *Annus Medicus*, 1910, the *Lancet* says:—

The preparation of the skin for operation has ever since the introduction of antiseptic surgery been looked upon as of vital importance, and inasmuch as sterilisation by heat is here impossible we have to trust to mechanical cleansing and to the use of antiseptics. The practice has certainly varied greatly in different parts of the world, and even in the hospitals of the same city, but it has for the most part consisted in the application for 12 hours or more of a compress moistened with some antiseptic after thorough washing of the operation area. This method, though of very definite value, is not free from objections; in the first place, it is not at all rare to find the skin inflamed by the compress, and in some cases the irritation may be great; a further objection is that the method is inapplicable to emergency operations, for sufficient time is not available. Nearly 50 years ago Dr. Boinet wrote in favour of iodine as a local application in surgery. In 1906 Dr. Chasseval recommended the use of a solution of iodine in chloroform of the strength of 1 part in 15 for the disinfection of the skin. Dr. Grossich has also employed the tincture of iodine for the same purpose. In the *Lancet* Mr. H. F. Waterhouse and Mr. W. Stephen Fenwick described the method employed at Charing Cross Hospital. At first the iodine was applied only after thoroughly washing with soap and water and the employment of an antiseptic solution, but the results were unsatisfactory, till it was found that the preliminary washing was not only unnecessary but a positive hindrance to the penetration of the iodine. When the washing of the part was omitted the action of the iodine was very satisfactory, and most of the incisions healed by first intention. The best strength of the iodine solution had then to be determined; an 8 per cent. solution was at first employed, but it was found to cause much irritation, and later a 2 per cent. solution was used, and with the results of this strength they were quite satisfied. They lay stress on the importance of using rectified spirit as the solvent, for if the iodine is dissolved in methylated spirit the eyes of the surgeon and his assistants are liable to suffer. Mr. Waterhouse paints the operation surface first two hours before the operation, and again on the operating table. Many surgeons are now employing iodine in much the same way, but various modifications are used. A slightly weaker solution is equally efficacious, and one painting immediately be-

fore the operation appears to be successful. The value of iodine as a disinfectant has long been recognised, and Mr. Paul Reclus has called attention to the great value of iodine in the treatment of wounds of the hand. In the hands of workmen the skin is often thick and covered with a crust of grease and dust, and it is very difficult to sterilise the skin, but if tincture of iodine is applied direct to the wound and its margins rapid healing is the rule. It is worthy of note that in the Russo-Japanese war tincture of iodine was largely used, and this was one of the causes of the success of the treatment of wounds in that war.

A TRIUMPH OF SCIENCE.

By the discovery of the *Stegomyia calopus*, the mosquito which carries the yellow fever parasite, and is its sole transmitter from man to man, the immediate and future effect upon the commerce and civilisation of Central and Southern America, is inestimable. An effect which can only be realised by those who have known the awful devastation caused by these winged messengers of death, devastation which took its first toll of the followers of Columbus. "It is," says the *Times South American Supplement*, "as it, by the hands of the Conquistadores of science, a weight of terror had been lifted from these beautiful and fertile lands where heretofore men travelled and traded at peril of their lives. In all the wonderful records of scientific discovery, few stories appeal so strongly to the imagination as this, the story of the second conquest of the New World by the microscope. What fairy tale could be more incredible than the fact that the patient labours of scientists, dissecting the stomachs of mosquitoes, have done more for commerce and civilisation in the tropics than railways, canals, and all the manifold activities of human energy?"

"Foremost among the great triumphs of science, this discovery of the cause and of the means of prevention of yellow fever deserves the admiration and gratitude of humanity."

Recently at Ancon in the Canal zone, a memorial was unveiled to the memory of those who, like Dr. Lazear, lost their lives in order 'that the curse of hideous pestilence might be lifted for ever from this land.' Several of these brave volunteers were young soldiers of the United States Army, one was a Baltimore nurse; of these, the dedication service rightly testified that 'but for their heroic services, the gaps in our ranks would be far wider and deeper than they are, and life here would be denied that sense of safety, that assurance of health protection, without which there can be no peace of mind or contentment.'

Clinical Notes on Some Common Ailments.

By A. KNIGHT GORDON, M.B., Cantab.

(ENTERIC FEVER.)

(Continued.)

Before we come to the treatment of enteric fever, it is well to notice that there are several rather different types of attacks of the disease, or rather that different people react in different ways to the same infection.

For instance, in children the disease is more often than not of a mild type, and the little patients do not feel much, if any, pain, though a moderate amount of abdominal distension is fairly common. In robust athletic adults, the signs of toxæmia are usually very well marked: there is violent delirium, and a high temperature, and the danger lies in the failing of either the heart or lungs from poisoning of the heart muscle, which, if the right side of the heart is attacked, means failure of the pulmonary side of the circulation and death from accumulation of fluid in the bases of the lungs.

In elderly spare men, or prematurely aged women, the toxins seem to prefer the nervous system, and we get constant low muttering delirium and intense prostration, though the temperature is usually not high; the pulse, too, is weak and thready, in contrast to the full bounding artery of the previous type. It is not uncommon in patients of the nervous type for the temperature to persist for several weeks with an entire absence of appetite, though the tongue may be clean and moist.

In patients of any age we may get a predominance of the abdominal symptoms, though, as will be seen later, these are often produced by a faulty dietary. There is then diarrhoea, with abdominal distension, and a danger of the occurrence of hæmorrhage or perforation.

Turning now to the treatment of the disease, the first point to recognise is that we cannot get at the organism itself, and that there is, therefore, no direct treatment possible; obviously we cannot put into the blood any antiseptic in sufficient strength or quantity to kill the organisms or restrain their growth without performing the same kind of offices for the patient's white blood cells, which are the very things that we want to encourage. Neither would it be of much use to disinfect the intestine with the idea of killing the typhoid germs in the ulcers, for, as we have seen, these are of secondary importance. We sometimes, it is true, use antiseptics to stop fermentation in the intestine, but we cannot arrest the disease itself in this way.

We are then left with two essentials, to strengthen the resisting powers of the patient (or, in other words, his white blood cells) and to see that we allow nothing to interfere with the natural tendency to recovery. Also, we may have to treat certain symptoms as they arise.

Now in any battle it is imperative that the soldiers in the fighting line shall be well nourished, and the white blood cells are no exception to the rule, so we get to the first axiom in the treatment of enteric fever, which is to give such food as can be easily digested, and in sufficient quantity to maintain the resistance of the patient at as high a level as possible.

But it will be obvious that we cannot feed the patient in the same way as one who has no ulcers in his intestine, and it consequently became the custom to allow a very wide margin of safety in this respect, and to confine the patient to milk alone for the whole period of his illness, so that we should not run the risk of irritating the ulcers with the indigestible residue which an ordinary diet is apt to contain. Unfortunately, however, very few patients can digest milk, and milk only, for anything like the whole time of their illness, and when we feed patients in this way we get signs of this inability in diarrhoea from irritation of the intestine by undigested, and possibly fermented, milk curds, and in the passage of these same curds in the stools. For a reason which I have never been able to understand the excreta under these conditions came to be described as the typical typhoid stools; that they are not so is shown by the fact that they do not occur in enteric patients who are not taking milk at all, and they may be present in cases of other diseases (scarlet fever for instance) when milk has inadvertently been given to excess.

In practice, therefore, we give such food as the patient can digest, avoiding errors in quantity by keeping him very slightly hungry. Now this is where the nurse comes in: signs of indigestion must be carefully watched for, and it will be convenient if I describe firstly the diet of a typical case, and then the signs which indicate that the food is beginning to disagree.

We must feed the patient, and not his temperature chart, and we do not take the height of his temperature into account in prescribing the dietary, inasmuch as the pyrexia acts (when it does interfere with digestion) by causing other signs which can quite easily be observed.

During the first few days of the attack we limit the diet to milk unless the patient dislikes it, but after the first five or seven days,

providing that the patient is slightly hungry, and that there is no diarrhoea or abdominal distension, and that the tongue is moist (though coated), we may give him something else from the following list:—Bread and milk, boiled custard, beaten-up eggs, jelly, blanc mange, sponge cake, and tea, coffee, or cocoa thickened with concentrated proteid, such as Plasmon or Sanatogen. Later on, if these agree—and, again, irrespective of the temperature chart—we can in many cases add pounded fish or pounded chicken. Meat extracts and beef tea are best avoided at any stage on account of their tendency to cause diarrhoea. I do not mean to imply that any one of the above foods is necessarily suitable to every patient, and the dieting of each individual is a matter for the careful consideration of the physician, but the nurse can help very materially, not only by noticing signs of dyspepsia as soon as they appear but by presenting each meal to the patient in as palatable a form as possible, for the digestion of any food depends very largely on what the patient thinks of it before he attempts to swallow it.

Many patients have a clean tongue and are hungry throughout the attack, and one very great help is the careful toilette of the mouth, a dry and dirty tongue being more often a consequence of oral sepsis than of enteric fever, and it is essential that the entire mouth and all the teeth shall be carefully swabbed out with the prescribed mouth wash many times a day. Then the nurse must examine every stool for particles of undigested food; if diarrhoea supervenes it is often best to stop all food for twenty-four hours, giving plenty of water or very thin barley water meantime, and at the conclusion of this period to begin with something that he has not had before. Albumen and barley water is often useful in this respect, and may be given until the diarrhoea ceases and the tongue begins to clean and the patient, like Oliver Twist, "asks for more."

Whatever diet be chosen, there can be no doubt that it is an advantage for the patient to drink very freely of water, as much as five or six pints being given in the twenty-four hours; this washes out the toxins from the body through the kidneys.

With this object also in view it used to be the custom to give daily cold baths to almost every patient, but I personally use them only in patients of the robust type, where the pulse is full and bounding, and there is much delirium, as I consider them to be dangerous in cases of the nervous or abdominal types. The frequency with which they can be safely employed varies also very much with the outside

temperature. In summer and in hot climates they are much more useful than in winter.

The duty of the nurse may be summed up in noticing—and reporting at once—the occurrence of loss of appetite, dryness of the tongue, diarrhoea, flatulence, distension of the abdomen, any of which is a note of warning that the dietary is beginning to disagree.

She should also remember that the typhoid toxins have a special effect on the heart, and therefore see that the patient does absolutely nothing for himself—everything must be done for him, so that the heart may have no extra work to do.

Coming now to the treatment of special symptoms, we often find that sleeplessness is troublesome, and, provided that the pulse is good, a cool bath in the evening is usually the most useful measure we can prescribe, but if this is inadmissible, and the pulse is weak, a little alcohol in hot water is often beneficial. Failing this we have recourse to such drugs as sulphonal, trional, paraldehyde, and so on.

Diarrhoea is best treated by dieting in the way I have described, but if it persists we may have to use drugs, and I have often found Izal, given internally in the form of an emulsion, useful. For a reason which I will presently describe, we avoid opium if possible; but we sometimes have to give it, though the occasions on which this necessity arises decrease with the experience of the physician. Salol is sometimes useful.

For abdominal distension there is nothing equal to the old-fashioned enema containing turpentine, but I have known the application of an ice bag, or even very hot fomentations to the abdomen, succeed when everything else had failed. If opium has been given previously it should be stopped.

In the next paper we will consider the complications of enteric fever.

Progress of State Registration.

The New Year opens propitiously for the Nurses' Registration Bill, which now has behind it the support of eight influential associations, of medical practitioners and nurses, affiliated together in the Central Committee for the State Registration of Nurses under the leadership of Lord Amptill. The registration movement during the past year has not been quiescent as anti-registration organs have misinformed their readers, and the union of all the forces in its favour in support of one Bill is one of the most important events in its history.

An Author and an Infant.

Francis Blair is writing his weekly article for the *Sphinx*. He is a young writer with a brilliant reputation; and every Friday the British Public—or that part of the British Public which reads the *Sphinx*—looks eagerly for his observations on men and manners and passing events. He feels the seriousness of his position. The world, as he knows it, needs light and wisdom, and he is the man to give them.

This week his article is on babies; the mystery, the pathos, the appeal to all the finer instincts, of helpless babyhood. He has been a father for ten days—they seem like years—and from the depths of his heart-stirring experience he will instruct the British Public on the duties and privileges of parenthood.

Enter upon his labours his younger sister, whom he has named a whirlwind in petticoats, exclaiming:—

“Francis, take baby for a few minutes.”

A white bundle is thrust into his unready arms, and without a word of explanation the whirlwind is gone, and he is left alone with his son. With such scant ceremony are authors of distinction treated at their own firesides!

Baby has evidently just returned from an airing. Almost hidden amid white wrappings, a little round face is upturned to his own. A little smile flickers across the wee mouth; and there being no one present to explain the prosaic origin thereof our friend's heart is strangely stirred by it. Then, alas! the eyelids open, the mouth puckers, and presently the study walls are echoing an unaccustomed clamour.

Now, deep in the mind of almost every male person, is forever fixed the idea that to still a baby's cries it is only necessary to make a bigger noise than the baby is making, either with voice, musical instrument, or beating of spoons and other table gear on resounding surfaces. Sometimes the device succeeds; probably the baby is disheartened by such unfair competition. On this occasion it is a failure, for though Francis Blair lifts up his voice in song, the lamentations of his infant son are but increased thereby.

He rises carefully, and, taking a firm grip of the “clouds of glory,” proceeds to treat his son to a series of oscillations something like those of a merry-go-round at a country fair. And the baby ungratefully yells louder than before.

Despair seizes him—but stay! Is there not an article called a scother, the scorn of doctors, and those who write for the press on baby-culture, but a very present help to many a poor

wearied mother? Our friend has seen babies in their coaches contentedly smoking these things—why is not his child provided with such a solace for the woes of early life?

Stated again, wildly hunting on the study table for a substitute, the gift of a writer's ideas of helpless babyhood are largely revised; for it is his spirit that quails before this loud, insistent plaint. Having rejected an india-rubber as being too hard, he is considering the claims of a tountain pea filler—one could whip it down with the corner of a handkerchief—when, wonder of wonders, the noise ceases, the little round face is calm once more, and gazing upwards are two blue eyes, clear, inscrutable, holding in their depths (or so the writer fancies) the story of all the ages past, and the promise of all the future.

For some time after the nurse has taken her charge away Francis Blair sits motionless, his mind filled with that marvellous vision. Then he tears up his half-written article, and proceeds to enlighten the British Public on fiscal problems.

JESSIE HARVEY.

The Royal Infirmary, Edinburgh.

At the Annual Meeting of the Managers of the Royal Infirmary, Edinburgh, the report for the year ending October 1st, 1910, was read. It was reported concerning the Nursing Department that the average number of nurses and probationers during the year was 260, as compared with 259 in the previous year. There were 745 applications for admission, as compared with 784 in 1909. Seventy-seven trained nurses, including four Sisters, left during the year; one to be Lady Superintendent of a nursing institution; one to be Matron of a hospital; nine to be Sisters in other hospitals; seven to be Queen's Nurses; four to be nurses in nursing homes or hospitals; one to join the Colonial Nursing Association; one to the mission field (Jerusalem); one to become a School Nurse under the Edinburgh School Board; seven to be trained as maternity nurses; twenty-six to be private nurses; six to be married. Eleven have returned to their homes. One Sister was promoted to be Night Superintendent in the Royal Infirmary. Of 155 probationers fourteen proved unsuitable; seven left of their own wish; and one left to be married.

The question of the remuneration of the Sisters was the subject of inquiry during the past year. It has been decided to give a pension, on retirement, of £40 instead of £25.

Motif of the Nursing Masque.

The *motif* of the Nursing Masque that Life has a Right to Health appeals to all those wise people who deplore the physical degeneration from which our town dwellers are suffering. Poor quality adulterated food, dark unventilated dwellings, little sunlight and warmth, and an inadequate supply of water! How are people so unhappily situated to obey the laws of Health? The very elements are denied to them by a misapplied civilisation.

A Dinner is to be given at the Lyceum Club, Piccadilly, W., on Monday, February 6th, in support of the Evolution of Trained Nursing, when Mrs. Bedford Fenwick will take the chair and enlist sympathy for the claims of nurses for an adequate curriculum of professional education and registration to enable them to fulfil their duty to the public in the most efficient manner. The lack of professional status discriminates against trained nurses socially, for, whereas journalism, art, crafts, photography and other occupations qualify women for membership of the Lyceum, nursing does not, and we learn that in the qualifications accepted for membership of a new club for professional women, nursing is not included amongst them, indeed, the proposal is to exclude it. This proves the attitude of public opinion towards our profession. At first one feels indignant, but when one looks around and notes the low standard of both education and manners permissible in nursing ranks, we must realise that there is no standard for the public to judge by, and as many members of it have been sufficiently unfortunate to come in contact with semi-trained undisciplined women presuming to act as "trained nurses," one must admit that "self preservation is the first law of nature."

It all comes to this, we have got to have just recognition from the State, a miserly mother where women are concerned. We have got to have the public on the side of those nurses whose intelligence and conscience demand just consideration for their work, and protection for sick people from fraudulent persons, and those who by fighting against State Registration are giving them a free hand.

Hence we want the public to come to see our Pageant, and to listen to our Petitions for Organised Education, for gratitude for centuries of devotion to the care of the sick by the saintly women past and gone, and for Legislation, so that our honourable work shall receive the recognition which is its due.

Stray Thoughts for Nurses.

To all thoughtful people who work among the poor in any of our large towns the questions must often present themselves: What is the cause of all the disease we meet with among the children? Why, in the 20th century, in this so-called civilised country, is it allowed to exist? What are we all doing to improve this deplorable state of affairs?

Ignorance on the part of the parents, overcrowding, bad feeding, immorality, youthful marriages, and various other things are, in a great measure, the cause. Doctors give their skill, gained by scientific knowledge, in endeavouring to cure, or alleviate, the diseases from which the little ones are suffering, and a noble work they are doing. The Government appoint health inspectors, nurses and doctors are employed by the County Council to visit the schools, and there are many philanthropic people, and voluntary health visitors, some of the latter undertaking to look after the babies and advise the mothers how to feed them until they are one year old. Then there is the National Society for the Prevention of Cruelty to Children; all these are doing good work. But of all people the nurse has the best opportunity of improving the condition of the little ones. A large field of useful work, not only to the individual but to the nation, is open to her. The School Nurse finds a child dirty and neglected, she visits its home, and with tact and sympathy she can often influence and teach the mother to take better care of her child. In a hospital ward nurses again can do much to teach the little ones, by explaining to them the necessity of cleanliness, decency, and modesty.

Anyone who has had much to do with little children knows that they are creatures of imitation—to them example is everything. If they see those in authority over them doing wrong, they naturally copy them and *vice versa*. It has often been a surprise to me to see how intelligent children become directly they are removed to better surroundings, and are placed under the care of people who understand them and enter into their lives. One realises then how quickly they respond to kindness, how anxious they are to please. It is on these points I wish to say a word to nurses who are training in children's hospitals, or have charge of children. Try to put yourselves in their places, remember the hard lives they have lead, scarcely ever having had a sufficiency of food or clothing, or having been taught cleanliness and decent habits; probably the whole family live in one room, with no

opportunity for privacy, the street or yard their playground, wee things of six or seven years of age having to look after babies and do the work of the house, while the mothers are trying to earn money for tea!

"What can a nurse do?" First she must be just, never make a promise she is unable to fulfil. If she cannot do what the child asks then she must explain the reason she cannot; never threaten to punish a child or do anything to frighten him (he has probably had too much of that treatment). He must be taught right from wrong. If you give them a word of encouragement the majority of children will try to do right to please you. Always bear in mind what a little they have been taught, and make the most of their efforts to improve, and ignore as many of their faults as you can. By this means you will sow the seeds of self-respect and give them confidence in themselves. You will be surprised at how much they will help you, by then telling newcomers the little things "Nurse" likes to have done, or left undone. Of all things teach them modesty and decency. In your hurry to wash them, or to do a dressing, never leave them exposed. They can be washed under blankets as easily as adults, and screens are provided for other purposes.

To many nurses the excitement of a ward, the scientific side of hospital life are so engrossing that they are apt occasionally to let the *human* side of their work take a second place. A woman who does this, will never make a *true nurse*; she must be on her guard always to see that her sympathy and intelligence are equally balanced; she must be prepared for self-sacrifice, and must be possessed of tact, patience, and perseverance. Work with children is endless; they require you to be keenly on the alert night and day; therefore good health is most essential in a nurse. When seriously ill, the condition of children varies very quickly, and they have not the knowledge to explain what is amiss with them as an older patient would do. It is useless to tell them to do, or not to do, certain things; you have to see to that yourself. If nurses could only teach the patients how to keep their health, what a noble work they would accomplish.

Suggestions on the most nourishing, and at the same time most economical foods, the value of neat and serviceable clothing, in the place of tawdry finery, that would not cost more than they already spend, the value of fresh air, and other of Nature's many remedies, are all useful. Music, flowers, and an interest in nature and animals are things that are much

appreciated by children, also things that develop their muscles, and require self-control. When convalescing after illness, a great help in restoring health in children is to find intelligent occupation for their minds as well as their bodies, for a healthy mind makes a healthy body.

Nursing is a noble work, but it carries with it very great responsibilities, and women must not take it up thoughtlessly, or think it is an easy life, for without doubt it is a hard and lonely one, and requires the highest type of womanhood, *not* life's failures. Before long, I hope we shall find the nursing profession will be better organised in every way. Better teachers, and a more comprehensive training. General hospitals now only give nurses experience in medical and surgical work, during their three years' training, as all special diseases have hospitals set aside for their treatment. It is an age of specialisation. A nurse has now much to learn after she has finished her general training, before she is qualified to take up any of the new branches of work or to undertake private nursing. When the Bill before Parliament for the Registration of Nurses is passed, training schools will improve and facilities will be arranged for the study of things it is necessary for a nurse to know.

I should like, lastly, to suggest to girls who think of taking up nursing work to study carefully "A History of Nursing," by Miss Nutting and Miss Dock. They will realise then how much progress has been made in the last 30 years, and how much we owe to our pioneers, Elizabeth Fry, Florence Nightingale, Isla Stewart, and many other women of firm purpose and undaunted courage. Their work and names will live for ever. Do not be discouraged by present difficulties. "What has been done *can* be done." We have many equally noble women still with us, who are devoting their lives to this good work. We can all help a little. Never think a thing is useless, because it is only a small thing you are able to accomplish. Keep on sowing seeds, one will take root when you least expect it. I have some bulbs which the gardener pronounces useless, but I shall be disappointed if I do not find at least one pure flower in the spring.

JULIA HURLSTON.

A portrait of Miss S. A. Swift, late Matron of Guy's Hospital, by Mr. Draper, has been presented to the Hospital and hangs in the Nurses' Home.

Our Last Puzzle Prize.

We have pleasure in announcing that Miss Emily Marshall, 123, New Bond Street, London, W., has won the last Guinea Prize for December.

KEY TO PUZZLES FOR DECEMBER.

- No. 1.—Bragg's Charcoal Biscuits.
B ray GS char—coal B—eyes—kites.
No. 2.—Oxo.
Ox—hoe.
No. 3.—Universal Hair Co.
CN—eye—verse—awl Hare Comb—penny.
No. 4.—Ingram's "Agrippa" Band Teat.
Inn—grammes A—grip—A band tea—T.

The following competitors have also solved the puzzles correctly:—M. Northwood, Nottingham; F. Dowd, Dublin; E. S. Sills, Oakham; M. Foster, Sutton; B. Mathews, London; K. Trew, Pendlebury; A. Jary, Fakenham; R. Conway, Southport; C. May, Woolwich; K. Tomkins, Aberdeen; M. C. Munro, East Ham; M. Long, Belfast; M. Dempster, Ealing; A. Parry, Kilburn; E. M. Wilson, Knutsford; S. A. G. Lett, Exming; A. L. Moore, Leeds; M. McWilliam, Omagh; C. Terry, Bristol; K. Merry, Norwich; P. Dunne, Dublin; F. M. Sharp, Birmingham; M. Sarll, London; E. Dinnie, Harrow; K. Mayfield, Chester; M. Dent, Lancaster; F. Sheppard, Tunbridge Wells; N. Hunter, London; M. C. Saunder, London; V. Mackenzie, Edinburgh; T. Parry, E. A. Leeds, London; E. Bidmead, Coventry; M. Kay, Newton Abbot; A. G. Layton, E. Macfarlane, London; M. Grant, Glasgow; T. Farlow, Glasgow; E. Tomkins, Brighton; R. Newlands, Croydon; F. Macintosh, Edinburgh; F. B. Devitt, Dublin; M. G. Crow, London; M. Deverill, Birkdale; E. Douglas, Belfast; M. Troupe, Dundee; C. Levy, Manchester; F. Bostock, Greenock; M. L. Ford, Holloway; A. M. Shoesmith, Durham; B. Atkinson, Eastbourne; M. Woodward, Redhill; F. Mostyn, Rhyd; L. C. Cooper, Brighton; F. Roberts, Surbiton; V. Newham, Virginia Water; C. Macdougall, Edinburgh; T. Grant, Warrington; C. Fowler, Halifax; E. J. B. Wright, Preston; T. Harrington, Cork; E. Burnett, Pontypridd; M. Martin, London; C. Montgomery, Glasgow; H. Ellis, Milford.

One hundred pounds have now been awarded as prizes in the Puzzle Competition, and this series will now cease. We are pleased to learn from a large number of letters received this month from those who have competed that they have enjoyed the relaxation of "puzzling." We hope that our readers will enter from week to week for the Five Shilling Prize, and that they will make suggestions to the Editor for popular competitions.

There is no doubt that nurses are great readers of fiction, for it is a real relaxation to them to escape for a while from the grim realities and tragedies with which they are encompassed into the land of make-believe. We hope to hear from many what they consider the best novel of last year.

The Rules for the new Prize Competition will be found on page xii.

Practical Points.

A Simple Remedy for Constipation.

Many nurses take aperients as regularly as they take their breakfast. This is a pity, for in most cases a change in, or an addition to, the ordinary diet would be quite sufficient. A little fruit on rising often acts like a charm—it is possible a baked or raw apple, an orange, or some dried figs—not once or twice only, but every morning for months.

It is, I know, almost impossible for a nurse to alter the diet provided for her, but all could take the water cure. This consists of a glass of cold water first thing in the morning and a glass of 'hot' water when going to bed. I knew of a very obstinate case which was cured by taking olive oil. Begin by taking a teaspoonful three times a day after meals, and increase if necessary until two ounces a day are taken.

But there are people who do not care for fruit or water, and the very thought of oil makes some people feel ill. There still remain exercises. It is well known that constipation is sometimes due to weakness of the abdominal walls, and these may be strengthened by the following exercise. Stand erect on both feet (not first on one and then on the other), and draw in the abdomen; hold it so for ten seconds, then extend it. Do this twenty times morning and evening every day. It would be better still to do it three or four times a day, but as it should be done with the corsets off most nurses will not be able to manage it more than twice a day.

There are many other exercises that are very good for strengthening the abdominal muscles, but they are more difficult to explain. This one is very easy, and in many cases very effective; and moreover it improves the figure.

M. H.

Disinfection in Scarlet Fever.

Messrs. Newton, Chambers, and Co., Ltd., of Thorncliffe, near Sheffield, write:—We have made so many friends through your Journal that in view of the prevalence of scarlet fever in many parts of England and Scotland we feel justified in asking the hospitality of your columns for a matter of immediate importance to the public health. In the first place we wish to remind the public that the old idea that a scarlet fever patient is only infectious during the so-called "peeling" stage is an exploded fallacy. Proper use of disinfectants should be made from the first moment that the fever is diagnosed, and it is well to isolate the sick-room by hanging over the doorway a sheet moistened with I in 200 Izal.

When the "peeling" stage commences the patient should be sprayed over with a similar solution, and when becoming convalescent he can take a bath with Izal in the same dilution.

An important point with a patient recovering from scarlet fever is to disinfect the mouth by gargling, and the throat should be painted and sprayed with I in 180 Izal. We have been assured by many medical men that if these precautions are

always taken less would be heard about "return" cases.

If any disease justifies the need for school disinfection it is scarlet fever. The disease of late years has been of a very mild type, and many cases escape detection until the child is perhaps noticed to be "peeling" by his teacher. The scales of skin shed after scarlet fever are known to be highly infectious, and the risk must manifestly be greater in a dusty school-room than one which is properly cleansed and periodically sprayed with a disinfectant.

A Useful Preparation.

It is of the utmost importance to nurses to keep their hands soft and supple, as nothing is more objectionable to a sick person than to be touched with hands that are hard and rough. At the same time, nurses have so constantly to put their hands in preparations which have the effect of roughening them that many will be glad to know of a preparation which is easily prepared for keeping them in good condition. An experienced private nurse sends us the following recipe:—

An excellent preparation for keeping the hands soft and white is made by mixing 2 oz. glycerine, 2 oz. toilet vinegar, $\frac{1}{2}$ oz. rectified spirits of wine. Rose-water or Eau-de-cologne may be used instead of the toilet vinegar if preferred.

Appointments.

MATRONS.

Inverness District Asylum.—Miss Isabel Henderson has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and the Glasgow District Asylum, Woodilee, and has held the positions of Sister-in-Charge at the Convalescent Home of the Western Infirmary, Glasgow, and of Assistant Matron at the Glasgow District Asylum, Woodilee.

Ealing Hospital.—Miss Clara Henrietta Bannister has been appointed Matron. She was trained at the London Hospital, E., where she held the position of Sister for eight years. For the last three years she has been Matron of the Essex County Hospital.

ASSISTANT MATRON.

City and County Royal Infirmary, Perth.—Miss J. S. Anderson has been appointed Assistant Matron. She was trained at the Royal Infirmary, Glasgow, and as a Queen's Nurse has had some years' experience of district nursing. She has also been Matron of the Galashiels Cottage Hospital, and the Aladore Sanatorium, and is at present Nurse Matron at the Gerard Hospital, Monifieth.

SISTERS.

North Staffordshire Infirmary, Hartshill, Stoke-on-Trent.—Miss M. Katrine Andersen has been appointed Sister. She was trained at the General Infirmary, Worcester, where she has held the position of Sister in a women's surgical ward, and also of Theatre Sister.

West Kent General Hospital, Maidstone.—Miss Jessica Andrew has been appointed Sister. She was trained at the Bradford Children's Hospital and the

Southport Infirmary, and has been Staff Nurse at the Royal Infirmary, Manchester, and Sister at the Walker Hospital, Simla, India.

Bradford Union Infirmary. Miss Ethel Timpson has been appointed Ward Sister. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and has held the positions of Sister in a male surgical ward at the Ayr County Hospital; Theatre Sister at the Cumberland Infirmary, Carlisle; and Sister in a male surgical ward at the East Lancashire Infirmary, Blackburn.

The Hospital and Dispensary, Rotherham.—Miss H. M. Goulter has been appointed Sister. She was trained at the Rotherham Hospital, and has held the position of Staff Nurse at the Cancer Hospital, London, and of Sister at the Infectious Hospital, Keighley.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.—Miss Sarah Evans to Wakefield, Miss Nancy Johnstone to Knutsford, Miss Annie Cook to Truro, Miss Frances Walter to Dullingham, Miss Agnes Caine to Skelmoralek, Miss Ellen Cunningham to Grantham, Miss Sarah Birkin to Huddersfield, Miss Eliza McMurtrie to East London (Southern), Miss Alice M. Allen to Scarborough, Miss Evelyn M. Smith to Marlborough, Miss Katherine Hyde to Birmingham (Moseley Road), Miss Emma Hodgson to Beaconsert.

HOUSEHOLD APPOINTMENTS.

We are glad to observe amongst the appointments to the Royal Household, notified from the Lord Chamberlain's Office in a supplement to the *London Gazette*, that the Queen has been pleased to make the following appointments in Her Majesty's Household:—"To be Ladies of the Bedchamber: The Countess of Minto, C.I., and the Lady Anpthill, C.I." both of whom have done much to promote the better nursing of the sick in the Indian Empire and elsewhere.

KAISAR-I-HIND GOLD MEDAL.

The King has been graciously pleased to award the "Kaisar-i-Hind Medal for Public Service in India" of the First Class to Mrs. Edwin Davies, Chief Lady Superintendent, Lady Minto Indian Nursing Association. Mrs. Davies had a wide experience of nursing, and had held appointments in Canada and Japan, before taking up her work in India, and as head of the L.M.I.N.A. she has won golden opinions by her powers of organisation, her care for those working under her, and the admirable reports which she presents to the committees, of the work of the various branches.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges, with many thanks, the following donations:—Miss Clara Lee (sale of garden produce), £1 5s.; Miss E. L. Eden, 5s.

Nursing Echoes.



To one and all of our readers this Journal carries our best wishes for a Happy New Year, and our cordial thanks for all the kind wishes and remembrances which have reached us at this season. At the present moment the senders will understand that, with the organisation of the Nursing Pageant, added to the weekly recurring work of bringing out this journal, we have not time to write individual acknowledgments, as we should like to do, but our thanks are none the less sincere because they are conveyed collectively through the journal.

Sir Everard Hambro, Chairman of the Royal National Pension Fund for Nurses, has informed Queen Alexandra, President of the Fund, that 2,900 nurses have subscribed £1,700 towards the King Edward VII. Memorial Homes for Nurses, and that other sums have been received amounting to £5,800. Queen Alexandra, who has intimated that she is much touched by the way in which the nurses have come forward has sent a donation of £100 to the Fund.

In Scotland it is hoped to raise sufficient funds to have one of the Homes located north of the Tweed, and five centres for collecting have been arranged and donations can be sent to any of the following Matrons:—*Edinburgh*, Miss Gill, Royal Infirmary; *Glasgow*, Miss Melrose, Royal Infirmary; and Miss Gregory Smith, Western Infirmary; *Aberdeen*, Miss Tattam, Royal Hospital for Sick Children; *Inverness*, Miss Philp, Northern Infirmary. Cheques should be made out to the credit of "King Edward VII. Nurses' Memorial (Scottish Branch)."

Miss Bullock and the Nursing Staff of the South London Nursing Institution were recently "At Home" at St. Matthew's Hall, Battersea, to some 200 friends and subscribers of the institution. After tea there were speeches and music, when Canon Erskine Clarke occupied the chair. Mr. Faber, M.P., warned the Association that it was better to curtail work, than to draw upon capital which he noticed had been done, as this must end in disaster. He announced a donation of £5 from the late Miss Florence Nightingale.

Father Freeling, on behalf of the Roman Catholic Community, the Rev. A. Bingham representing the Wesleyans, and the Rev. W. J. Carey, Vicar of the Church of the Ascension, all testified to the value of the nurses' work.

From all quarters we hear what delightful entertainments the medical and nursing staffs of hospitals, infirmaries, and nursing institutions have this year arranged for the happiness of the patients, and how greatly the latter have enjoyed them. "We grown-up folks were the biggest babies of the lot over that there Christmas tree," one old lady told us, and "as for plum pudding and cake, it's real wholesome when made of the right stuff. We eat our fill, and wern't a bit the worse; indeed, as I says to my neighbour, if we 'ad been brought up on it, may be we should not have been here." "And I tells her," the aforesaid neighbour chimes in, "then us wouldn't have enjoyed it now—so it's broad as it's long."

The inevitable law of compensation, even where Christmas cheer is concerned!

The Metropolitan Hospital in the Kingsland Road is one which serves a very poor and densely packed neighbourhood, its *clients* being estimated at half a million. Naturally therefore the 117 beds it contains are always in demand, while the large provident department which is a special feature of the hospital, has on the books over 4,000 persons who by small payments, made regularly in sickness and health, provide medical relief in time of need.

On Monday, the Annual Entertainment and Christmas tree for the children took place, and very fresh and bright the hospital looked, for not only have many structural improvements been made recently, but it has been renovated throughout.

Tea was served in the nurses' dining room, hospitably dispensed by the Matron, Miss Bennett, the Chairman of the Committee of Management, Mr. C. J. Thomas, being also present. The great attraction was the Children's Ward—now lined throughout with pretty blue tiles—with its great Christmas Tree laden with gifts, which gave huge delight to all the little people and many others besides. Some of the cots in this ward were charming, one, most dainty, had been prepared by loving hands for a baby, which, alas, was still-born. It was subsequently given to the Metropolitan Hospital, and on Monday was occupied by a wee mite, who had certainly never before been lapped in such luxury.

Later in the afternoon a capital entertainment was held in one of the large wards. It was attended by the Mayors of Shoreditch and Hackney, in their robes of office, who entered the ward in state, preceded by a mace bearer. The Musical Director was Mr. Charles Capper, so, needless to say, things were very well done.

It seems as if at last the hospital has entered upon an era of financial stability, for although the site is still heavily mortgaged, the balance of income and expenditure is on the right side, a result upon which the energetic secretary, Mr. J. C. Buchanan, is greatly to be congratulated. It means real hard work when the total expenditure is over £11,000, and the income from invested property £671 17s. 1d.

artistic and dainty. Hookford Ward, for instance, was in pale pink, and on each child's locker board covered with a fine white tray-cloth, was a vase containing a pink flower, which carried out the colour scheme most effectively. Other wards were equally tasteful in pink and yellow.

The entertainment was held in the outpatient hall, where two great Christmas trees, given by the Chairman, Colonel Charles Needham, reached from floor to ceiling, and were covered with gifts, but before these were distributed the Band of the 1st Life Guards gave great pleasure by their fine music, while tea was served to the guests in adjoining rooms, and afterwards Mr. Douglas Beaufort brought



A MEDICAL WARD AT THE POLICLINICO HOSPITAL, ROME.

The above picture of a medical ward in the Policlinico Hospital, Rome, in charge of Miss Snell and her "Scuola Convitto Regina Elena," shows what progress has been made under her able supervision. The ward will compare favourably with those of any up-to-date hospital. We hope in a future issue to give further details of this interesting training school for Italian nurses.

At the East London Hospital for Children last week, the hospital looked most charming, the decorations in the wards being most

down the house with his humorous sketches, ventriloquism, and conjuring feats, shouts of applause greeting each trick as it was successfully carried out.

The fruit on the Christmas tree included gifts from their Majesties the King and Queen, and the Royal children, and many other kind friends and supporters, and *Truth* also sent some of its beautiful dolls and toys. Miss Row, the Lady Superintendent, and the Secretary, Mr. W. Wilcox, were most indefatigable in attending to the welfare of the guests, and the small

patients, to whom the afternoon must have seemed a fairy dream.

At the London Homœopathic Hospital, where Christmas is always kept in right royal style, there were Christmas trees both in the men's ward and in Barton (the children's ward) where the majority of the guests assembled. The ward was decorated with ivy interlaced so as to give the effect of trellis work, while fairy lamps and effective shades for the electric lights completed a charming picture. In one of the smaller wards was a delightful snow scene representing the North Pole, at the top of which a Teddy Bear reigned triumphant while another followed not far behind. "At night," one patient remarked confidentially, "they cover it all up with a sheet, and then it looks like a ghost," but evidently the ghost did not upset the equanimity of any one. A beautiful archway forming the doorway to one ward was specially noteworthy, and was formed of trellis work intertwined with peach blossom. Both Miss Hoadley, the Matron, and Mr. Attwood, the Secretary, are greatly to be congratulated on the success of the afternoon.

The recent extensive additions to the London Homœopathic Hospital include the "Sir Henry Tyler Wing," bringing the number of beds up to 166, and a Nurses' Home containing 75 bedrooms is about to be built. The Board are giving a separate bedroom to each nurse, and completing the new Nurses' Home with the most modern equipment in every practical detail to secure comfort, health, and hygiene for the nurses after their heavy days and nights on duty in the wards; and to rid the hospital of any reproach of having accommodation for their nursing staff inferior to that of the leading hospitals of the country, for this is an ideal compatible with the best economic results.

A most enjoyable evening was recently spent at the Nurses' Institute, Worcester, when Miss Michie, the Superintendent, kindly invited all the nurses on the staff to tea, about 50 being able to be present. After tea Miss White, on behalf of the nursing staff, presented Miss Michie with a gold watch in hunting case, with her monogram engraved outside in an exquisite design, and a suitable inscription inside. The maids of the Institute also presented Miss Michie with a gold-mounted Swan fountain pen. The watch was supplied by D. Forbes Howis, jeweller, Worcester. Songs, dances, games, and whist brought a very happy evening to a close.

The Higher Education Sub-Committee of the Notts County Education Authority recently reported that they had received an application from the Notts Branch of the Red Cross Society for their recognition of classes in sick nursing taught by a trained nurse, and not by a registered medical practitioner. The St. John Ambulance Association will not recognise or grant their certificate to any classes not taught by a doctor, and the only other certificates recognised by the War office for the purpose of forming Voluntary Aid Detachments are those granted by a County Council. The Sub-Committee recommended that the Committee should extend their ambulance grant to classes taught by a nurse approved by the Committee, and this was agreed. The theory and lying the principles of nursing is best taught by medical men, but only nurses with practical knowledge can teach practical nursing details, and the Notts Education Authority are to be congratulated on their decision.

The nurse working in connection with the Beach Mission Committee, Broughty Ferry, Dundee, is now available for maternity cases, and at the twentieth annual gathering of the Committee as a nursing association, under the presidency of the Rev. Canon Mackness, D.D., it was stated that this extension of the work had proved quite satisfactory.

Lord Ardwall sounded a warning note at a recent meeting of the Scottish Branch of the Queen Victoria Jubilee Institute for Nurses, and applied some strong adjectives to the ignorance of many working class people on matters of diet, cleanliness, and ventilation. Apparently the good old custom of living on porridge, mutton broth, eggs, oatcake, haggis, and brose is past and gone, and tea and white bread, white bread and tea have been substituted. It is asserted that the lower classes in Scotland and Ireland are at the present time more ignorant and backward in the art of cooking, more thriftless of domestic economy than those of any other country in the West of Europe. That the art of cooking is still practically unknown in spite of the extensive opportunities which School Boards now give those who are desirous of improving their knowledge is true not only in Scotland but in England, and we see the results in a feckless and anæmic population.

Several interesting subjects were under consideration at the Annual Meeting of the Visiting Nurse Association, Chicago, on Wednesday, including "The Personal Note in Social Service."

The Hospital World.

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.

Little is known by the world at large of St. Bartholomew's Hospital, Rochester, yet its foundation is probably the oldest in this country, though it is considerably later than that of Santo Spirito in Rome, founded by King Brian 717 A.D., the Hospital of Santa Maria della Scala, at Siena, which dates from the ninth century, and other notable hospitals still carrying on their good work. It was founded by Bishop Gundulf in 1078, nearly half a century before Rahere dedicated to the same saint the historic hospital in the marshes of Smithfield, so that when, as a nurse trained in the later institution, I recently visited St. Bartholomew's, Rochester, on the occasion of a concert of unusual

excellence followed by a Christmas tree, the Chaplain, Mr. Bailey, remarked with a twinkle that the "elder brother was very pleased to welcome the younger, who had outgrown him in size."

The younger brother has, by the way, furnished the elder with the present Matron of the

institution, Miss Pote Hunt, the Home Sister, Miss M. K. Steele, and one of the Ward Sisters, so that there is a strong bond of union between the two.

When Bishop Gundulf founded the hospital in 1078 he put it under the protection of the Prior of the Cathedral, whose modern successor, the Dean, is still its Patron and Governor.

Like so many old religious foundations, the Hospital, which was originally intended for lepers, is excellently placed, on the high road between Rochester and Chatham, and on a height overlooking the estuary of the Thames, with a view right away to South and opposite, and including the dockyard in the foreground on the right, and the Cathedral and Castle on the left.

I heard that originally the staff consisted of a Prior and four Brethren, but as early as the reign of Edward III., Sisters had been added to the original staff. When the Cathedral only was founded in 1541 the Prior received the title of Dean, and Henry VIII. confirmed the patronage of St. Bartholomew's Hospital to him "and his successors for ever." The present building dates from the year 1863, and was erected on the site originally given by Bishop Gundulf. The ceilings of some of its wards are supported by great oak beams which seem as if they must have been part of a still older building, but the glory of the hospital is its chapel, which dates from within twelve years of the Conquest, and the great architectural feature is the Apse or round half-domed Sanctuary, which has its own Arch, and is not a mere circular ending of the Chancel. In the

reign of Henry VIII. the Charity seems to have been deprived of many of its emoluments, but in Queen Elizabeth's reign a lease was granted to "George Hope Smith for fourscore and nyneteene years in consideration that he should make the said Chappell (being old and ruynous and like to come



ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.
From Fort Pitt Hill.

to utter decay) to serve for an honest and seemly dwelling house." This desecration was the means of preserving the fabric until about 1730, when the tenants were bought out, and it was again equipped for its rightful purpose, but its restoration was not completed until 1874, when it was carried out by the late Sir G. Gilbert Scott.

At the present time the hospital, which is a general one, has 104 beds, and, as it serves a large area, including Rochester, Chatham, and the surrounding district, and there are many accidents in the dockyard, the surgical work is very excellent. There is an up-to-date operating theatre, and seldom a day passes that it is not in use. There is also a large chil-

dren's ward, and an out-patient department of considerable size.

On Saturday last the hospital was *en fête*, and the large out-patient hall was crammed to the utmost with patients and visitors, who enjoyed to the full the most excellent concert, followed by the Christmas tree, from which the fruit was distributed by a splendid Santa Claus, and the rows of happy children were a picture in which any artist would have delighted, while the women and girls in pale blue dressing-gowns with pink ribbons in their hair looked charming. Miss Pote Hunt, who had previously dispensed tea most hospitably in the Board Room, assisted by a willing staff, looked well after both patients and visitors, and a delightful thought was to give to each of the latter a delicious bag of lavender, always a most acceptable gift.

Lastly, mention must be made of the fine Nurses' Home, erected and furnished about ten years ago by Mr. Thomas Hellyar Ford, of Botley Grange, Hauts.

M. B.

The Class Method of Treating Pulmonary Tuberculosis.

The Public Health Sectional Committee of the Women's National Health Association of Ireland has passed the following resolution:—

"That the Public Health Sectional Committee recommends that the branches should bring the subject of Tuberculosis Classes before their members, in order that steps may be taken to start such classes in their own districts."

The Committee are also circulating a pamphlet on the Class Method of Treating Pulmonary Tuberculosis," by Dr. Marion B. Andrews, the physician in charge of the first Tuberculosis Class started on this side of the Atlantic. Dr. Andrews says that the treatment of pulmonary tuberculosis among the lower classes presents one of the most important problems of the day, whether viewed from the personal, social, or economic, standpoints. A time is coming, she believes, when every illness will be considered in its social and economic aspects. At present we have only got as far as considering one group of illnesses in this way, *i.e.*, the acute specific infections. We have no compunction about isolating infectious patients for a period of some six weeks, but we shrink, except in cases of mental alienation and leprosy, from curtailing the perfect liberty of persons suffering from chronic and incurable diseases, though that liberty involves the begetting and bearing of children. In regard to leprosy, Dr. Andrews points out that

there were in the thirteenth century 19,000 leper houses in Christendom, and the public conscience was alive to the dangers of leprosy, and the necessity of dealing with them to a degree which would be highly creditable to us in this 20th century. The stern duty of looking to the public welfare was tempered with exquisite compassion for the victims of this loathsome disease. But there was no faltering. Once the "crueller mark than Cain's" had been set on the "poor rib-grated dungeon of the holy human ghost" it became dead to the world. A service similar to the burial service was read, the leper was forbidden to enter the church or the company of others during life, and after death he was buried in his hut. One old ritual added, "You are not to be indignant at being thus separated from others, and as to your little wants, good people will provide for you, and God will not desert you." The result of this stern action was that by the end of the 16th century leprosy had been practically stamped out of Europe.

But with tuberculosis, the case is, says Dr. Andrews, very different. Why the host of the *lepra bacillus* should be considered as a matter of course an outcast from society, for the mitigation of whose sentence no man will plead, while the host of the kindred, and at least as infectious, *tubercle bacillus* should be almost the petted darling of that same society it is impossible to say. But the fact is such. Any attempt to curtail the liberty of action of the latter for the good of the community is met by a wild storm of remonstrance and agitation, not the least frequently used reproach being that the tuberculosis patient will thus be made "a leper."

What the Middle Ages did instinctively as it were, guided by the strong and unflinching policy of the Church, that our age will have to be taught to do by education of its reasoning faculty, guided by the unwavering knowledge of scientists.

After showing the utterly inadequate number of beds in hospitals and sanatoria available for the treatment of pulmonary tuberculosis, and the inadequacy of out-patient treatment, as attendance is apt to be irregular and desultory, Dr. Andrews says that fresh air, nourishing food, and rest, have proved of more importance than any drugs. And constant encouragement to persevere in these measures through times of despondency and times of buoyant hope alike, is the outstanding need of the victim of pulmonary tuberculosis.

She then describes the Class Method of treating and instructing consumptives, of which an account was published in a recent

Issue, organised by Dr. Pratt, in Boston, in 1905, and which has met with so much success.

The aim of the Class was to secure to poor patients all the advantages of Sanatorium treatment, while allowing them to remain at home, and in some cases to continue work. All patients had to attend the Class held once a week, to bring a carefully written out account of their daily doings for the doctor's inspection and criticism, and to make arrangements to sleep alone, remaining in the fresh air day and night. The co-operation of a friendly visitor to help to get these requirements carried out in the homes was secured, and the weekly talks with the doctor and the fellow members of the Class, and the visits of the Friendly Visitor were found to stimulate and cheer the patients to an unexpected extent.

Dr. Andrews' experience with a Tuberculosis Class organised on Dr. Pratt's lines, confirms the opinion expressed by Professor Osler and others that this method is of real value in dealing with cases of phthisis among our poorer population.

The Women's National Health Association of Ireland has also reprinted a paper, read by Dr. Myer Solis Cohen before a meeting of the Philadelphia County Medical Society, on "Some New Features in the Class Method of Treating Tuberculosis." Dr. Cohen describes the method he employs in connection with the tuberculosis class of the Medical Dispensary of the Hospital of the University of Pennsylvania.

It is, he says, in the management of the first hour, that the University of Pennsylvania Hospital Tuberculosis Class differs from all other classes. The talks of the instructor teach not only the management of the disease but its prevention as well. The instruction given in these classes must be very thorough, and Dr. Cohen records that a patient who was operated on for hæmorrhoids in one of the general hospitals had to teach the nurses there how to keep her dishes separate, and how to prevent her from becoming a source of danger to the other patients.

The Caird Nursing Home, the Home of the Sick Poor Nursing Society, Dundee, is to be removed from Park Place to 41, Magdalene Yard Road. Mr. J. H. Martin, who presided at the meeting when this decision was arrived at, said that when fully completed and equipped the Home would be one of the best in the United Kingdom. It would be really an ideal home and resting place for the Queen's Jubilee Nurses, who were an asset in their city life.

Reflections.

FROM A BOARD ROOM MIRROR.

The King has become Patron of the British Orphan Asylum, Slough.

The National Social Purity Crusade will in the future be known as the National Council of Public Morals, a title which is more in keeping with the comprehensive educational character of the work. The King has accepted a copy of "The Nation's Morals," the report of the Conference held in London last July. His Majesty's message to the Convocation of York—"The foundations of national glory are set in the homes of the people. They will only remain unshaken while the family life of our nation is strong, simple, and pure"—will for the future be the motto of the National Council of Public Morals.

Last week Mr. R. J. Gilbert, who for 30 years has been Secretary-Superintendent of the West London Hospital, was, in the Board Room, presented by the Duke of Abercorn, the President, with an illuminated address and testimonial, consisting of a cheque for £58 17s., on behalf of the members of the Board and visiting medical staff, in appreciation of his long and faithful services to the institution. The Duke of Abercorn said it was with sorrow that they had to part with a gentleman whose name would remain for many years in the grateful memory of those with whom he had worked for the welfare of the patients and the hospital. In returning thanks Mr. R. J. Gilbert said it was with the greatest gratification that he had received this beautiful and valuable testimonial at the hands of his Grace. It was one that he should look with pride upon for the rest of his days.

The Italian Ambassador, accompanied by the Marchesa Imperiali, will open on Saturday, January 7th, an addition which has just been made to the Italian Hospital in Queen Square, Bloomsbury. The cost of the work has been defrayed by Mme. Angiola Ortelli, "prompted"—as a commemorative tablet will record—"by her devotion to complete the ideal of her deceased husband, John Ortelli, for his poor and suffering compatriots."

The General Hospital, Nottingham, is one of the best equipped institutions in the kingdom, but there is just one more department which requires extension and improvement, and that is the Out-patient Department. The Nottingham Saturday Committee are considering the question, and we hope the suggestion lately made by Mr. Acton, that the Committee would undertake the movement towards providing an efficient outpatient department will receive hearty support, and that Nottingham in this particular may soon rival its neighbour, Leicester.

Mrs. G. F. Moss, of Boscombe, has bequeathed the residue of her estate, which will apparently amount to about £15,000, to the Bolingbroke Hospital, Wandsworth Common.

The Directors of Arbroath Infirmary are contemplating carrying out important structural alterations upon the institution, upon the recommendation of Dr. Macintosh, of the Western Infirmary, Glasgow. These will involve a considerable expenditure, but the gratifying announcement has been made that the Directors have already the sum of over £5,000 in hand for this purpose.

At the annual meeting of the subscribers to the Aberdeen Eye Institution the report of the Directors drew attention to the large increase in the cases of conjunctivitis, or "pink eye," among school children. Dr. Galloway reported 3,945 new cases, and 15,770 attendances during the year, the comparatively large proportion of total attendances to new cases was, he said, due to the continuance of period outbreaks of contagious ophthalmia, or "pink eye," among school children, 585 having been treated for this affection during the year, as well as 375 adults. Dr. Galloway also drew attention to the "wholesale invasion" of school children, frequently over 100 a day, which, he said, raised the question as to how far this was compatible with the primary objects of a charitable eye institution. He drew attention to the arrangements made by the London County Council with various hospitals in London by which 2s. per head was paid for treatment, and £50 per annum to special medical officers for treating the cases on two half days a week.

In addition to its large out-patient department the Aberdeen Eye Hospital has six beds, three for male and three for female cases.

The Matron for the last five years has been Miss Annie M. Boyd, who is very desirous of making the institution and its needs better known. The active interest of some of the local residents in the patients would be greatly appreciated.

On January 18th, 1911, a public meeting is to be held under the presidency of the Lord Mayor of Dublin, at the Mansion House, to enlist the services of voluntary workers in connection with the Early Notification of Births Act, to assist the official workers, under the Public Health Committee.

It is worth remarking, as a proof of the universal esteem in which the late King Edward VII. was held, that the suggestion of the British residents in Uruguay to initiate a memorial fund is being promptly supported by handsome donations from foreign persons and firms. The plan is to build a new British hospital. A very advantageous suburban site has already been secured, and plans have been prepared for a thoroughly modern hospital and sanatorium, of between 50 and 60 beds, accommodating both ordinary patients and first-class private or paying patients. The total cost will be from £11,000 to £16,000, the greater part of which is already provided for. It is hoped to have the new building ready for occupation in some 12 to 15 months.

Outside the Gates.

WOMEN



"I have often pitied men," says the Queen of Rommania, in her preface to Lady Hoare's book on "The Art of Tatting"; "in the first place because they can't know motherhood, in the second because they are bereft of our greatest comfort—needlework."

Girl messengers have been introduced into the General Post Office. The girls will take the place of the indoor boy messengers, particularly in those departments where female staffs are engaged, and their duties will consist largely of taking messages and papers from one part of the building to another, and other light work. Needless to say, they are to receive less salary than boys for the same hours of work.

The moral courage of women is a well authenticated fact. Now they are constantly giving evidence of splendid physical courage at the call of duty. At the inquest as to the death of Emma Rosser, aged nineteen, a Neath nursemaid, killed by a horse which knocked her down, it was stated that Miss Rosser lost her life in saving some children who were in the way of a runaway horse attached to a cart. In a plucky endeavour to succeed in this she fell under the horse and cart, and died from terrible injuries a few minutes later. We deeply deplore the loss of this noble woman.

According to the *Temps*, the Minister of Public Instruction proposes to confer the decoration of the Legion of Honour upon Mme. Judith Gautier, daughter of Théophile Gautier, in recognition of her services to French Literature. Mme. Gautier, who was born in 1850, and who at an early age married the late Catulle Mendès, is well known as the author of a number of works like "Le Dragon Impérial," and of a series of plays and poems.

Mrs. L. B. Walford, who has recently published "Recollections of a Scottish Novelist," writing of one of her best-known books, "Troublesome Daughters," says:—"Troublesome Daughters" elicited a letter from a daughter of Robert Chambers (and sister of Lady Priestley, in whose reminiscences she figures as "Annie") which is so brimful of sprightly charm—rare in a middle-aged woman—that for its own sake I append a portion of it.

"My husband happened to be kept at home yesterday—*no vera weel*—(awful business a man in the house, and not ill enough to be in bed—only able and willing, alas! to go poking and prying about, discovering mares'-nests in every sort of unexpected and unthought-of quarter)—when I set him down to 'Troublesome Daughters,' and peace ensued. I had no further trouble, except to get him to put out the candle, which one night, in the middle of the second

volume, he would not do. We fought and struggled till he jumped out of bed, flung on his dressing-gown, and bounded and banged into the spare room. No sheets there, of course—but that was a trifle. He had *your books*, and *peace* to devour it."

Book of the Week.

JOHN WINTERBOURNE'S FAMILY.*

Winterbourne was speaking in his musing bass, looking with extreme content into the fire, as it carried his eyes farther yet to what is beyond the fire and beyond the world.

"This life suits me, Jim. If I could have my two meals as Lyddy gives 'em to me, and my pipe, and my plunge off the wharf, and a book and a fire, I could live for ever and not sicken."

Winterbourne was a man who had married a wife, lived with her for a number of years, and then, for some unexplained reason, determined to live apart from her.

Immediately after expressing himself as above he receives a letter from her, in which she announces her immediate return to the shelter of his roof.

"The Winterbourne mansion had been vacant for ten years and over, though every last thing that had happened to it seemed only to augment its charm. To the eye in search of beauty it was a lovely house shaded by trees, overgrown by vines, and with never a line in all its leaf-embowered amplitude that was not obedient to art. Three years ago John Winterbourne, the owner, and last wearer of his name, had come home and settled down here, with only Lyddy to make his household." And now his delightful solitude was to be invaded. Yet we are told of the unwelcome wife that "her hair was dusky, fine, and thick; her eyes of dark blue had plentiful lashes—strange lids, too, that were a beauty in themselves, with a droop in the outer corner, a mystical curve that meant—what? Perhaps nothing but sheer loveliness. After that lovely face had ceased to mark Winterbourne's own calendar of good or ill fortune he had set himself obstinately to homely living, and what he considered the gods meant for man when they created a fruitful earth. . . . It had all been beautifully settled, he thought, four years ago, when, by the sacrifice of mere money, he had relegated his wife to the activities of her chosen existence and crept back here to luxuriate in simplicities. But the bond that had drawn them together tightened once more, and here they were back again, pulling all awry in the double harness he at least deplored."

Catherine, a childless woman, had adopted two girls, sisters, though of totally different character, and Bess, the younger, wins her way into Winterbourne's heart, and when her lover, Dwight, asks her in marriage he finds it hard to part with her. "You must do as you will," said Winterbourne. "She's not my child, though you say I've adopted her."

"She adores you." This came bitterly.

Winterbourne lifted his head an inch and smiled.

* By Alice Brown. (Constable and Co., London. Houghton Mifflin, New York.)

"Thank God," he said, "I haven't missed everything."

At the close of the book the relationship between him and his wife seems to be on its way to re-establishment, if we may judge by the following passage:—

"Spring won't come again. Don't you see we have one day of life. Dawn won't come again. But mid-day's here. It's the edge of the afternoon. The sun isn't in our eyes as it was in the morning. We've got to see things as they are. And we'll see 'em together if you agree. Will you, old friend?"

"PHILOSOPHIES."

It is not given to many men of science to possess also the spirit of the poet, but having read "Philosophies," by Ronald Ross, surely he is a being so endowed. Writing the day after the discovery of the parasites of malaria in mosquitoes, Dr. Ross thus thanks God:

This day relenting God

Hath placed within my hand

A wondrous thing; and God

Be praised. At His command.

Seeking His secret deeds

With tears and toiling breath,

I find thy cunning seeds,

O million-murdering Death.

I know this little thing

A myriad men will eare,

O Death, where is thy sting?

Thy victory, O Grave?

COMING EVENTS

January 7th.—The Italian Ambassador opens the extension of the Italian Hospital, Queen Square.

January 11th.—Royal Infirmary, Edinburgh. Lecture on "Food and Feeding," by Dr. Chalmers Watson. All trained nurses cordially invited. Extra Mural Medical Theatre. 4.30 p.m.

REGISTRATION REUNION.

February 15th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets:—Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Nurses, 3s. 6d.; Performers, 2s. 6d.

Tickets, after January 2nd, on sale at 431 Oxford Street, London, W.: at the office BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

WORD FOR THE WEEK

"What is really momentous and all important with us is the present, by which the future is shaped and coloured. A mere change of locality cannot alter the actual and intrinsic qualities of the soul."

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.

RECIPROCAL TRAINING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I was interested to note from your report on State Registration in New Zealand, in your last issue, that reciprocal training is a question which is engaging the attention of the authorities there as well as elsewhere, and that small and special hospitals are to be nursed from the large general hospital of the district under the supervision of the Matron.

I have for long believed in the principle of the affiliation of small hospitals with large general hospitals, and that it is to the benefit of pupils to enlarge their experience in connection with these minor and special hospitals, having seen the plan work admirably. The only disadvantage, so far as my observation goes, has been that it is rather upsetting, from the point of view of discipline, for a probationer to pass for a time under the direction of a Matron with views which differ from those of the Matron of her training school. If the Matrons of the affiliated institutions were filled by graduates of the general training school this disadvantage would disappear, and the continuity of the plan of training would be unbroken.

I am, dear Madam,

Yours faithfully,

A CONSTANT READER.

NURSING IN 1910.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I always look forward at the end of each year to your summary of the principal events of the past year, with its broad outlook on nursing events all the world over. I have had sufficient insight into journalism to know that it must involve a large amount of work, and I should like to thank you for recalling to our memories events of so much interest and importance. For me, in spite of discouragement in some directions, the year ends on a note of hopefulness, for it is evident that we must be carried forward with the onward wave of progress, and that we, too, in the not far distant future, may hope for organisation and legal status, if not on grounds of justice on those of expediency and, indeed, necessity, if we are not to fall behind other nations in nursing efficiency.

With all good wishes for the New Year, for yourself, and the Journal which you so ably conduct,

I am, dear Madam,

Yours faithfully,

MARIAN EDMUNDS

A RASH REMARK.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—May I direct attention in your valuable journal to a nursing point which, among the multitude which have received consideration in its columns, I do not ever remember to have seen mentioned? I mean the care which should be exercised in the presence of patients of speaking of their condition before them.

Recently, when I was allowed to visit a dear little friend for a few moments, who had been very seriously ill, the nurse in charge of him said casually over his bed: "He is better to-day, but he is not out of danger yet." The wan cheeks flushed, the wistful eyes dilated, and in spite of every effort to quiet him a raised temperature was the result of the nurse's rash remark that evening.

It seems to me so strange that nurses so often speak before their patients, as people speak before servants who are waiting at meals; as if, because they say nothing they are deaf and blind. They are very far from either as a rule. The senses of a patient seriously ill are often unnaturally acute, and it is impossible to be too careful in speaking of their condition before them. Perhaps some young nurses may read and remember.

Yours faithfully,

AN ANCIENT.

Comments and Replies.

Midwife, Birmingham.—Much importance is now attached to the length, as well as to the weight, of an infant, and shortly after birth, and at intervals afterwards, both length and weight should be ascertained and charted. They form together an excellent guide as to the progress made by the child.

Private Nurse, London.—It is not advisable for a nurse in attendance on a private case to witness the patient's will if other witnesses can be obtained. If the will should be contested later she may be subpoenaed as a witness when nursing another patient in a different part of the country, and be put to inconvenience and expense.

Notice.

CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

Advertisements and business communications should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

OUR PRIZE COMPETITION.

Rules for competing for our Prize Competition will be found on page xii.

The Midwife.

Christmas at the British Lying-in Hospital, Endell Street, W.C.

The receipt of a cheque for £10, graciously sent by her Majesty the Queen to the Secretary of the British Lying-in Hospital, to be expended in any manner that might be thought suitable on behalf of the inmates at Christmas, called forth from all expressions of most respectful and dutiful gratitude, creating a most happy feeling throughout the institution.

The gift was expended in turkey for the patients, a baby Christmas tree for each ward, other decorations, and a pound canister of tea, bearing the portraits of the King and Queen, for each mother (28 in number). The mother was also presented with clothes for her baby. On Dec. 26th there was a Christmas dinner for the nurses, and suitable decorations for the dining-room. Each patient was allowed to invite her husband to a substantial tea, and the nurses their friends to an "At Home" later on.

The servants had their Christmas dinner specially provided, and each was given a small souvenir from the Queen's donation. Ladies and members of the Board of Management visited the Hospital and had tea.

In every case but one, the parents of the five children born in the hospital on Christmas Day desired to have their child christened George or Mary, the exception being that of a mother who wished hers called Alexandra.

The East End Mothers' Home.

From the West End of London to Commercial Road, E., seems a far cry, and a different world, yet tubes and motor-buses have lessened the distance, that is the time distance, which is what really matters, by half, and if any "up west" are tempted to think that life is not worth living let them spend the inside of an hour going down to the Bank and thence by motor-bus down the Commercial Road till they come to 396, Commercial Road, E., and pay a visit to the East End Mothers' Home, where they will hear stories of poverty, patience, and courage which will make their own troubles seem light in comparison, and a visit to the wards will prove to them that even with lives so hard as they know those of the majority of the patients to be there may still be peace and contentment and even happiness.

The fortnight when the mother is laid up in hospital—a time which by her more gently nurtured sister is regarded as an ordeal, demanding, and receiving considerable sympathy—is looked upon as a holiday as welcome relief from the stress and strain of life, albeit a time to be got through as quickly as possible, for in the East End of London the mother is too often the bread-winner, and the rent runs on, and children and even husbands go hungry until she can take up the burden of bread-winning once more.

It is to such a neighbourhood that Miss Anderson, the Matron of the East End Mothers' Home, brings not only experience and skill, but warm sympathy and helpfulness, and it is little wonder that she is beloved by her patients.

This Christmas-time all the children of the patients then on the books both in the Home and on the district, those, that is to say, upon whom the midwives and nurses were in actual attendance, came to a party at the Home—they came from the child in neat frock and clean pinafore to the little bare-footed urchin minus coat and waistcoat, but children are naturally Socialists, it is the personality that matters, not the clothes, and so all were as happy as possible, playing kiss-in-the-ring, for choice, and other games dear to childish hearts. Then came the fathers' turn, and they were entertained to a meat supper, so for once there was "peace and plenty" for both bairns and grown-ups, and the mothers could enjoy their rest in bed conscious that the care and kindness so freely extended to them included also those dear to them. Of course Christmas treats cost money, but Miss Anderson gets it somehow, and if anyone feels disposed to help her gifts large and small will be gratefully received.

The Central Midwives Board.

DECEMBER EXAMINATION.

LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives' Board, held in London on December 16th, 1910, the number of candidates examined was 308, of whom 253 passed the examiners. The percentage of failures was 18.

LONDON.

British Lying-in Hospital.—N. F. Dale, M. E. Hamilton.

City of London Lying-in Hospital.—E. E. Baker, F. E. Blake, O. L. Brading, L. A. E. Hanman, M.

Holbrow, B. Jones, O. Thomson, M. Wilson.
Clapham Maternity Hospital.—O. F. Brauer, H. Crowe, A. L. Kirby, M. B. Mason, E. E. Robinson, A. Robus, E. M. Venables, V. E. Wilkes, M. G. Woods.
East End Mothers' Home.—M. E. Carre, M. Cochrane, L. R. Golds, E. M. Hunt, G. M. Kenyon, L. F. Leigh, E. Smith, M. Toon, A. Walking, E. M. Worth.
General Lying-in Hospital.—E. Andrews, C. M. Charlton, S. M. Dunkerton, M. Hewitt, F. G. Hobart, S. Jewell, E. Jones, K. O. Miers, G. M. Penny, E. J. Reynolds, L. Richards, S. R. Skeens, R. Thomas, L. A. Toft.
Guy's Institution.—M. E. De Laveleye, M. A. Hilliard, E. Horton, F. M. Kingzett, A. Tilbury, K. D. M. Tillard.
Greenwich Union Infirmary.—M. E. Packman, L. S. Thomas.
London Hospital.—K. M. Colwell, E. H. Dodd, G. D. B. Pearson, D. K. Radford, E. J. Saul, H. F. Walter.
Middlesex Hospital.—E. R. Bryant, E. H. Morley, S. E. Stephenson.
Queen Charlotte's Hospital.—B. A. A. Adams, M. E. P. Barr, G. Davids, E. Dearle, E. E. Green, E. C. Hurler, M. H. Jenkins, K. M. King, E. J. McCarthy, H. B. Petremant, D. Pratt, C. E. F. Shill, L. K. Sturt.
Salvation Army Maternity Hospital.—S. Andrews, G. M. Campbell, I. Darcy, M. Jarman, K. R. Symons.
St. Marylebone Workhouse Infirmary.—C. Eady.
West Ham Workhouse.—L. J. Head.

PROVINCES.

Aldershot, Louise Margaret Hospital.—W. J. Eeks, E. Farman, L. E. Mackenzie.
Bradford Union Hospital.—P. Hutchinson.
Breadford Union Infirmary.—M. L. Dubbin.
Brighton and Hove Hospital.—A. N. Due-Petersen, J. Houston, D. M. C. Howard, H. B. H. Lund, E. M. Northover, F. M. Phillips, J. M. Sambrook, F. E. Thompson, P. Weingärtner, B. J. Whitmarsh, H. M. Wise.
Bristol Royal Infirmary.—L. G. Merry, G. Wheeler.
Chatham Military Families' Hospital.—M. A. Brown, A. H. Grigg.
Cheltenham District Nursing Association.—M. Foster.
Croydon Union Infirmary.—J. Gillespie.
Devon and Cornwall Training School.—E. E. Ewing.
Edmonton Union Infirmary.—S. E. Smithies.
Essex County Cottage Nursing Society.—F. R. Ball, S. M. Clear, L. C. Cole, D. L. Diaper, J. Ellis, N. R. E. Emblem, W. G. Goodram, C. M. Gray, M. E. Kennard, E. A. Plester, E. G. Warren.
Gloucester District Nursing Society.—F. R. Walter.
Greenwich Union Infirmary.—J. E. Littleford.
Hull Lying-in Charity.—G. E. Joslyn.
Ipswich Nurses' Home.—S. P. Goodwin, F. Murton.
Kingston Union Infirmary.—M. F. West.
Leeds Maternity Hospital.—F. Walker.

Leicester Maternity Hospital.—A. Edwards, J. Gourlay, H. E. Hancock, A. F. Holmes, A. Townsend.

Monmouthshire Training Centre.—K. Bristol.
Plaisior Maternity Charity.—R. H. Alcock, P. Attack, M. E. Barnes, E. A. Boddou, G. S. Bubb, S. Buckman, E. Couse, A. Dawson, A. E. A. Doring, B. Evans, L. Green, C. W. Gregory, S. M. Harding, A. Houlden, G. Jones, L. E. Kidd, G. Kingcott, M. E. May, M. Norman, D. K. Palin, R. M. Pelham, F. C. Phillips, S. A. Smith, E. Spriddle, E. Taylor, A. Thomas, E. A. Tucker, F. M. West, K. Woodland.

Portsmouth Workhouse Infirmary.—R. Gibbs.
Royal Derby Nursing Association.—G. Walker.
Sheffield, Jessop Hospital.—M. Goode, B. A. Hill, M. Hill, S. J. Mathers.
Shoncliffe, Helena Hospital.—A. Minshall.
Walsall Union Workhouse.—F. M. Pinfield, M. L. Riley.
Woolwich Military Families' Hospital.—J. A. Mann.
Woolwich Home for Mothers and Babies.—H. F. Wigglesworth.

SCOTLAND.

Aberdeen Maternity Hospital.—A. Lyon.
Dunfermline Maternity Hospital.—D. Keahan.
Edinburgh Royal Maternity Hospital.—C. H. McCuaig, S. P. Morris, M. A. C. Murray.

IRELAND.

Coombe Hospital.—M. L. Elliott.
Carragh Camp Hospital.—A. A. Baker.
National Maternity Hospital, Dublin.—E. Howley.
Rotunda Hospital.—O. J. Belton, L. S. Dabarn, E. A. B. Gibson, M. E. Jenkins, J. Morrissey, F. J. Smith, J. Whitford.

MISCELLANEOUS.

Civil and Victoria Hospitals, Hong Kong, and London Hospital.—E. E. Maker.

PRIVATE TUITION.

M. A. Adamson, J. G. Alexander, K. H. Austen, M. G. Bowen, W. C. Bower, A. F. P. Brion, C. M. Chadbourne, E. S. Clark, M. W. Clark, M. E. M. Clark, E. Clarke, E. M. Down, M. J. Drummond, E. G. Evans, G. E. Fleming, R. E. Ford, L. Fountain, S. Fox, L. Francis, M. Fraser, A. Galgut, A. Gillard, C. Gosden, G. J. Grant, F. Grimes, D. H. Gyngell, R. Higgs, A. Jaques, M. E. Jessop, I. Kemp, C. G. Lane, H. H. Langbridge, E. J. Lazell, A. A. Lear, M. G. Lewis, F. S. Liddle, C. Lundy, V. McCleary, A. McLeod, C. P. F. McNaught, M. Manson, F. A. Matthews, H. W. Mielck, J. C. Moresby, C. Morgan, G. L. C. Oak, J. M. H. O'Brady, A. L. Osmond, A. R. Perkins, C. R. Pirie, E. A. Pollard, M. E. Richards, E. Rowlands, F. L. Sadler, L. Sayer, A. E. Sedgmore, M. J. Sharp, R. S. Stone, G. A. Tapper, E. S. Tulloch, M. J. Turney, D. A. W. White, D. Whitton, F. Wilcox, M. A. Wright, G. N. Yetton.

Congratulations to the Bristol General Hospital. Mrs. Mary E. Baker, of Castle Wiveliscombe, Somerset, has bequeathed £10,000 for the Lying-in Ward in connection with the Proctor-Baker Hospital.

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XLVI.

Editorial.

THE STANDARD FOR SCHOOL NURSES.

The school nurse has come to stay. Her value has been proved not only in the County of London, where, under the London County Council, the staff is being considerably increased, an increase which no doubt will continue, but also in country districts. In London there is no question as to the type of nurse to be employed. She must possess a recognised certificate of training, and when appointed, specialise in school nursing to which all her time is devoted, so that she is expert and efficient in this branch.

In rural districts the position is not so simple, the whole time of a nurse is not always required, and the question of how best school nursing may be combined with other similar duties arises. Some medical practitioners advocate the combination of school and district nursing, the local District Nursing Association being subsidised for the purpose. Others like Dr. Sidney Barwise, County Medical Officer for Derbyshire as quoted in *School Hygiene*, reports "The nature of a district nurse's work frequently interfered with her school duties, and in the recognition of ringworm they utterly failed. With few exceptions they did not show the same ability and method as the whole time nurses, all of whom are fully trained. By the present arrangement of seven whole time nurses and twenty three instead of seventy eight district nurses, a considerable financial saving has been effected, as district nurses cost about one third more."

Dr. Barwise suggests the combination of the office of school attendance officer with that of school nurse, and adds "The nurse could further act as health visitor or sanitary inspector. The necessary diminution in the size of the area thus served by any nurse, would lead to a greater concentration

of energy, and correspondingly better results would be obtained."

The point of most importance raised by Dr. Barwise, is that of training, as it must be inferred from his remarks, that the district nurses employed as school nurses in Derbyshire are not always fully trained.

No public authority would employ a medical practitioner who was not fully qualified, it would recognise that public funds should not be utilised to pay for unskilled work, and though unfortunately we have as yet no standard of education for nurses required by the State, yet the three years' standard of training is the one accepted throughout the country, and nothing less should be recognised in the case of nurses subsidised out of public funds.

School nursing is a new development now on its trial. If it is to be the force for good in the development of a higher standard of hygiene in the schools, and in the lives of the children, which it is confidently hoped it will be, then the nurses engaged in this important national work must be picked women, skilled, and experienced as nurses, tactful, and broad minded as women as all pioneers in a new branch of work must be if they are to break down prejudices, and overcome the obstacles, always met with in the path of progress. For this reason though thoroughly trained Queen's nurses may usefully combine school nursing with their other work, if time and circumstances allow, it should be understood, that women with a short experience of nursing and midwifery, have not the knowledge necessary for the important office of school nurse, and should not be employed, much less subsidised, by local authorities.

There are exceptional opportunities of usefulness before the school nurse, and the standard of national health may be raised through her agency. But she must be of the right type.

Medical Matters.

INSOMNIA AND INSOMNIACS.

In an article from a foreign contemporary, published in part in the *International Hospital Record*, Dr. Woods Hutchinson, the well-known writer, discusses insomnia and insomniacs as follows:—

"Insomnia is always a symptom of some physical disturbance or mental strain, and ought by no means to be ignored or lightly regarded. It is, in fact, one of our most invaluable danger-signals, the prompt heeding of which will save us many a break down. Yet the thing to be borne clearly in mind is its curious power of self-exaggeration, its tendency to make us over-estimate both the amount of our wakefulness and the seriousness of the results which are likely to follow from it.

"There are forms of insomnia which are the first sign of physical breakdown, or mental unbalance; and though these do not form more than 1 per cent.—scarcely more than one in five hundred—of all cases, the impression, unfortunately, seems to have got abroad that all forms of insomnia tend to carry their victims in this direction, and will inevitably end in some catastrophe, unless checked. As a matter of fact, even the 10 per cent. of cases which are not due to some temporary or readily removable cause, and which tend to persist in milder or severer form, in spite of all that can be done for them—even these might, in the vast majority of instances, run unchanged for months, and even years, without seriously or permanently undermining the health.

"The first thing to get clearly in mind is that sleeplessness is usually as easily curable as it is common; and that even those cases which prove obstinate, and resist our best endeavours, can almost invariably be brought within such limits as will not seriously interfere with either comfort or efficiency. The whole interest and practical importance of the problem centre not in the fact that you don't sleep, but in the question why you don't."

"Paradoxical as it may sound, many persons are unable to sleep well because they are too tired. They have driven themselves so incessantly, day in and day out, fifty-two weeks out of the year, in one rut and one mill-horse round, and their brains are so loaded with fatigue toxins, that they fall into a sort of waking delirium. All night they keep on thinking round and round and round in the same circles they have been following during the day, until they are ready to drop dead, like stampeded cattle or Marathon racers.

"To imagine that the peaceful stillness of the country will make you sleep, when the

whole cyclone of the city is roaring and raging in your brain, is simply ludicrous. If you can't sleep, it is a sign for you to make a change of hours—or jobs! To do anything, or take anything, at night to make yourself sleep is like locking the stable-door after the horse is stolen. To your tired, nervous system it adds insult to injury. Warmth to the feet, or cold to the head, or reciting the Declaration of Independence, or like trying to break a log-jam with a tooth-pick.

"One of the commonest, if not the commonest, single cause of restlessness at night is an insufficient amount of exercise in the open air during the day. Sleep is far more a matter of the muscles than of the brain; and if you work during the day entirely with the latter the chances are decidedly in favour of some angle or corner of it laying awake, either to dream, or to bother you with hard-luck stories in the morning. Get yourself thoroughly and comfortably tired at some form of pleasant exercise in the open air—walking, riding, ball-playing, tennis, rowing, fishing, gardening, dancing, automobiling—no matter what, so long as it keeps you interested, under the open sky; and you have pretty nearly insured a fair night's rest.

"When you actually find yourself sleepless the best thing to do, at that particular time, is nothing whatever; and the more thoroughly and completely you do it the better. Just make up your mind what you are going to do next day to prevent a repetition to-morrow night, and resign yourself to the situation. Remember, it won't do the slightest harm in the world to lay awake in a comfortable bed, in a well-ventilated room, for one, two, or even three hours at a stretch, provided you keep your muscles quiet and your mind at rest."

Concluding, Dr. Hutchinson states that, "As for drugs to produce sleep, they can only be mentioned to be utterly condemned. First, because, even at their best, they merely smother a symptom without doing anything to relieve its cause; and second, because, without exception, all that have any real effect are narcotic poisons, and dangerous ones at that. The habitual chloral-taker usually ends by taking a dose from which he never wakes up. It is hardly too much to say that those who suffer from insomnia suffer more from the way in which they worry over their sleeplessness, and from the drugs they take to relieve it, than from the actual loss of sleep."

Many nurses who are nursing anxious cases, and whose hours of sleep are often broken, get into the habit of sleeping lightly, and sometimes when the strain is relaxed are unable to sleep soundly. To them the above advice will be useful.

The Importance of Relaxation in the Nursing of Nerve Cases.

A more general understanding of nervous difficulties, and a greater patience and greater wisdom in treating them, would indeed add to the happiness of many poor sufferers—known as "nerve cases." If the general training a nurse receives there is little time and opportunity for the study of this particular branch of nursing, and it is therefore not surprising that a private nurse, meeting for the first time in her career a "nerve case," is totally at a loss how to manage it. Either she has "no patience" with the sufferer or she expends sympathy indiscriminately. One often sees the most charming, cultured, and sensitive natures lose their nervous equilibrium through some great shock, trouble, over-work, or other nerve strain, with the result that nervous symptoms, such as insomnia, nervous pains, exaggeration, depression, loss of self-control, etc., naturally follow. These cases need to be taken seriously, though every manifestation of nervous instability need not be. It is quite useless to tell them there is "nothing the matter with them but nerves," a word which they generally resent.

The importance of relaxation in the treatment of these disorders is delightfully dealt with by Miss Annie Payson Call in the various books she has written on the subject: "Power Through Repose," "The Freedom of Life," etc. "Relaxation," she says, "is fundamental in nervous control." This "control" is not what is commonly known as "self-control"—i.e., inhibition and self-suppression—but the natural workings of the will which depends on a normal state of nervous equilibrium. This habit of relaxation leads to the habit of concentrating attention on what is wanted, and is the foundation of control. Both relaxation and concentration are a necessity in the proper expenditure of physical and mental effort, and this is just where "nerve cases" find their chief difficulty. With them the habit of resisting impulses becomes generally so strong that all impulses are likely to be resisted—real as well as transient, normal as well as abnormal. The will becomes strained by trying to work in unnatural conditions, and the normal reactivity is lost for want of real rest.

This condition shows clearly that there has been less than the normal degree of relaxation, and the simplest way, Miss Call says, of restoring the balance is to induce a more complete relaxation until the depths of the nervous strain are reached. She has thought out a series of exercises which are meant to teach

the patient suffering from a nervous tension to concentrate and relax. She shows us clearly the importance of deep and even breathing; how bad breathing causes bad circulation and strains the nervous system, whereas rhythmical breathing calms and steadies it. In teaching a nervous patient to breathe properly the best positions to practice are relaxed positions, and it is thus that breathing is best taught in connection with relaxation—the one is aided by the other. The life of the nervous patient being not the normal alternation of work and rest, but rather effort and collapse, it is necessary to show him how to control the expenditure of his nervous energy, and also the difference between activity and passivity. For this Miss Call gives us a series of passive movements which test the patient's powers of relaxing and increasing them. I have known a case of bad headache, due to a chronic muscular contraction and nervous rigidity at the top of the spine cured by these passive movements, which restored the physical elasticity and freed the nerves from their abnormal tension. This kind of nervous headache is a good illustration of the many unnatural habits of nervous persons. Has not the trouble, patience, and sympathy expended in the nursing of these cases its reward if nurses can learn to help them to recover their lost "nervous control"? N. G. STRANGMAN.

The Sleeping Sickness.

Mr. E. M. Holmes, F.L.S., who read a paper on sleeping sickness before the Pharmaceutical Society recently, said that at a certain period of the year, during the cold months, the fly which conveys the disease was in the chrysalis stage, so that just before and after this period seemed the right time to attack it. The larva only entered the soil a short distance, or were deposited in the forks or at the roots of plants where dead foliage or *débris* collects, and a fire applied at the surface along the few yards to which the fly usually extends from the shore should destroy an immense number. Just outside this zone plants like tobacco and the Dalmatian insect powder plant might be grown, and utilised as soon as the flies appeared in numbers after the cold season. The flies had a dislike of any powerful odour, and the carrying of sulphur or camphor, or the use internally of small doses of copper and quassia, might be suggested, since copper was an excellent insecticide, and especially destructive of lower algal life. At the time of the last cholera epidemic in this country, it was noted that those who worked in copper escaped the disease.

The Nurse's Sphere in the Mission Field.*

By MISS EMMELINE M. STEART, M.B.

Medical Missionary at Isfahan, Persia.

Medical Missions have been called the handmaid of missionary work. I venture to go further, and say that Medical Missions are the *essence* of missionary work. For the work of the missionary is to preach the gospel, and the gospel means the glad tidings of God's love to man, and preaching it means, not only proclaiming the Divine Message by our lips, but commending it by a practical manifestation of its spirit; and wherever the practical demonstration of that love is not given, there the gospel is not "fully preached." In heathen and Mahomedan lands (as well as at home) the most convincing proof of the reality and power of love is the endeavour to do something for the relief of suffering humanity, and medical missionary work is a living illustration to the world of the love of Christ towards it.

The strange thing about it is that for so many years this fact was quite over-looked, and the fathers of modern missionary enterprise never thought of incorporating medical missions with their earliest efforts. And even when the idea was first suggested it was regarded with suspicion by earnest supporters of our missions, and considered as quite too secular to form part of a purely spiritual work. It was extraordinary how this should have been so, when we look back at the Divine Founder of Missions, and remember that His method was ever the combination of relief for the bodily sufferings, and comfort for the sin-sick souls of men. It is evident, too, that He intended His disciples to follow His example from His charges to those whom He sent forth. Always it is the same, "Heal the sick, preach the gospel." Yet in spite of His example and precept the Church was engaged for a great many years in trying to do missionary work on a method of her own, preaching and teaching only, and she looked on medical work in connection with that as secular and unnecessary. But at last she discovered her mistake, and realised that the more closely she trod in her Master's footsteps the more likely would she be to succeed in bringing the world to His Feet. And within the last 25 years or so, all missionary societies have begun to develop medical missionary work.

If we look at the mission field itself we shall see the scope and value of this work. Through-

out the Moslem world, for example, those fields which for years yielded little or no harvest while occupied merely by teachers or preachers, rapidly began to be fruitful when medical workers took possession of them. Nor is this surprising. Moslems are strongly prejudiced against Christians and Christianity. They are not ready to welcome teachers of a religion which they hate, and unless we can do something to prove the superiority of our creed there is no hope of getting them to listen to us. Mere argument will scarcely ever convince a Mohammedan.

In Medical Missions we have something above and beyond argument, something which the most bigoted Moslems admit to be superior to anything they have got themselves, something which appeals to the majority of them sooner or later, and which is a striking object-lesson to them of the power of our gospel and the love of our Saviour.

Our Medical Missions, then, are winning their way even in the harvest fields. Everywhere they are removing prejudices, making powerful friends, and opening a way into hitherto inaccessible places. Houses long closed are open to us; doors previously barred have responded to the "open sesame" of the medical missionary, and so no wonder we are hopeful (if only the supply were adequate to the opportunity) of winning over one by one the strongholds of heathenism and Islam.

"If only the supply were adequate!" This leads me to talk of the special need for nurses! If Medical Mission work is so valuable and effective, then what we want is to establish stations all over the world. And wherever a Medical Mission is established, there nurses are needed. At present, however, those stations are miserably inadequate to the needs of the world, and yet few as they are, missionary nurses are fewer still! Think what the proportion of nurses is to one hospital at home, and then think of the proportion abroad.

There is not even anything like one nurse for each hospital! There is many a hospital abroad without a single trained nurse in it. Is this as it should be? Are nurses so few in this country that they cannot be spared to go abroad? You know that is not so. Whenever a vacant post at home occurs, how many applicants there are for it. No, there is no dearth of nurses at home.

The lack of nurses in the mission field in the past may have been due to the slowness of missionary societies, to take up the idea of medical missionary work, and to realise, when they did so, that mission hospitals must be supplied with qualified nurses. But that is not the case

* Read at the International Congress of Nurses, London, 1909.

now. Nearly every society is calling for nurses, and all find them most difficult to get. In my own society, the C.M.S., at present we have 86 doctors, and only 57 nurses, and several of these latter are doctors' wives, who can only give a portion of their time to the work. This means that in many places doctors have still to undertake the most arduous work without the invaluable help of a trained nurse. I know what this means from my own experience. I had 1½ years of pioneer hospital work in Persia without a nurse. Patients, left to their own resources, took full advantage, and I would often meet my patients out walking, or may be washing clothes in a stream, when they should have been lying in their beds. Bandages were removed whenever the fancy took them. They were no more to be trusted than the veriest children. For the patients the absence of a nurse often meant a fatal termination of their cases; for the doctor it meant an almost unendurable strain. It meant, sometimes (after performing a laparotomy for example) sitting up all night to nurse the patient. What surgeon in this country would have that additional burden in a serious operation case? Is it right that such things should be abroad? *Could* they be if nurses realised the need for their services in the mission field? Surely it must be that they do not realise it. But in these days such ignorance is almost culpable. There are opportunities for knowing on every side. Missionary literature (and readable literature, too) abounds. Within the last few years that most valuable asset to medical mission work, the Nurses' Missionary League, has been organised, the object of which is to spread missionary interest throughout the hospitals all over England. Are you a member of that League? Are you doing all you can to facilitate its work in the Hospital you represent? If not, you cannot plead ignorance of the need as an excuse for not taking part in missionary work. You are *responsible* to know, as we all are responsible for the use we make of the opportunities given to us.

What, it will be asked, is the special sphere of the missionary nurse?

I think I may say it is three-fold.

1. Her chief work will be to train others. In most medical mission stations the work is far too great for an English nurse to do much actual nursing herself. But she will nearly always find raw material to hand out of which to manufacture nurses. For this she must be thoroughly well-trained herself, and have the happy knack of getting on with others and of adapting herself to all sorts of surroundings and circumstances. Native nurses are often very

trying and aggravating, but an English nurse will find in a keen sense of humour, a safety-valve for herself, when sorely tried by their provoking ways. Their limited knowledge of the English language is often a source of amusement, as in the following case, which occurred recently in a mission hospital. A patient had died in the night, and the native nurse in charge had written in the night report book—12 p.m., patient in the sink; 1 a.m., patient on the flit; 1.30 a.m., patient flut!

In most hospitals for men abroad the nurses will be men, but these, just as much as the girls in the women's hospitals, need an English nurse to train and superintend them. Not every nurse at home can expect to become a Matron. All are practically such abroad.

2. But secondly, her work will generally include taking a large and responsible share in the midwifery cases that are brought to the Mission Hospitals, or which she will be asked to attend.

No nurse should go out to the mission field without having taken a full course of midwifery training. If she is working with a male doctor in a place where there is no lady doctor she will often have to take sole charge of such cases, and even where, under desperate circumstances, she may obtain their consent to send for the doctor, she will have had much anxious responsibility before gaining this permission. Her skill and common sense will often save a life.

In places where there are lady doctors the co-operation of a nurse trained in midwifery is an unspeakable boon. Before this boon was granted to me I was once called upon to perform version with my patient lying on a mul-floor in a wretched hovel. The room and courtyard were crowded with excited spectators. My only helper was a lady missionary who had never even seen a midwifery case before. Yet I had to entrust the giving of chloroform to her, and it did not make my task the easier to be informed in the middle of it by her that she did not think the patient had breathed for the last few minutes. Another case where I would have given much to have assistance was when a patient expired during the removal of a long-retained placenta. A timely hypodermic injection might have saved her life.

3. But thirdly, the sphere of a missionary nurse is something more than this. No society would be justified in sending out nurses as such alone. They must go, not as nurses merely, but as *missionary* nurses. They must have a great longing to help to extend the kingdom of Christ throughout the world.

(To be concluded.)

Nursing Masque and Pageant.

Some weeks ago we announced that the Masque would be written by Miss Mollett, and we ventured to say the work would be finely done; but frankly we did not anticipate that it would be quite as good as it is. In our opinion the heroic prose in which Miss Mollett has presented the *motif* of the Masque and Petitions is as vigorous a bit of English literature as we have read for many a day. It is so fine that it is intended to produce a "Book of the Words" as well as a Programme for February 18th, so that those present may fully enjoy its sonorous periods.

Great progress has been made during the past week with all the arrangements for the Reunion, and we know it will be a pleasant bit of news that we are to have the support of several young medical men, who have most kindly consented to impersonate a few of the most important male nursing pioneers. In the Procession of Nursing Orders will be found a Chevalier de l'Ordre de St. Lazarus, the Grand Maître de l'Ordre de St. Jean de Jerusalem, a Teutonic Knight, Brothers of Pity, St. Vincent de Paul, and a Physician in a Plague Costume. These are all very effective dresses and will add greatly to the interest of Procession 2.

Procession 2 is now practically complete. Many lovely people have been left out whom it would have been most interesting to represent, but the truth is that so much interest has been aroused in this novel Pageant that had all been included we should have had no room for spectators. Amongst the saintly people included in this procession are Agamédé the fair-haired, "who knew all drugs so many as the wide earth nourisheth," as a hint that *Materia Medica* should find a place in every nursing curriculum, Phœbe of Cenchrea, the Empress Helena, Marcella and Fabiola, St. Hilda of Whitby, Queen Matilda, an Abbess in her patrician robes, a Sister of St. John of Jerusalem, Philippa of Hainault, St. Elizabeth of Hungary, St. Catherine of Sienna, a Béguine of Flanders, Sisters of St. Martha, of St. Esprit, of St. Vincent de Paul, Jeanne Mance of Canada, St. Bridget of Kildare, Frederika Flindner and her two Swabian Probationers, and Elizabeth Fry. This procession ends with a beautiful purple banner on which is simply inscribed the name, "Florence Nightingale," the bearers of which will be nurses trained at St. Thomas' Hospital, preceded by a nurse in the simplest of white linen gowns (also trained at St. Thomas'), carrying the Lamp in one hand and

holding the scroll of Nursing Law in the other.

The Matrons' Council Procession (Education) will be headed by bannerettes inscribed "Isa Stewart" and "Isabel Hampton Robb," and in Procession 4 (Nursing and the Community) each of the sixteen affiliated Nurses' Leagues and Societies will head the procession with distinctive bannerettes, and it will end with a section demonstrating the number of State Departments of which trained nursing forms an important part, and here the splendid services to the State of Agnes Jones at Brownlow Hill Infirmary, Liverpool, and of Catherine Loch, R.R.C., the organiser of the Indian Army Nursing Service, will be suitably recorded. Everything points to the Registration Reunion being a wonderful success, and indeed, with the loyal support of so many friends success was assured from the first. Our devoted workers cannot afford to be absent from this great demonstration in support of the cause for which they have toiled so loyally for so many years. It will be a great and happy gathering, and should do much to prove to the intolerant persons who persistently oppose freedom of action upon the part of nurses that their tactics of intimidation cannot damp our ardour.

It goes without saying that the same intolerable interference with the liberty of trained nurses, which has proved so futile in the past, is actively at work. Pressure is being brought by advertisers on venal publications; the lay nursing press, with coarse and unworthy invective or feeble bleating, is, of course, "crying in the wilderness." Its opposition to a Nursing Pageant is a mere sham. It is the Reunion of Registrationists which must be depreciated at all costs.

"The massacre of St. Bartholomew's" was designed to suppress the Registration movement on the one hand and for all! The "Nursing Popes" are therefore mightily flustered and correspondingly abusive, that having held an *auto da fe* in historic Smithfield, the scene of so many martyrdoms, the heterodox have still the courage of their opinions.

A LIVING HISTORY OF NURSING.

To turn from the contemptible attitude of intolerance towards nurses of many of their employers at home to the more generous feeling abroad is a relief.

Sister Agnes Karll, the President of the International Council of Nurses, writes from Berlin:—

"But how about your Masque? I am im-

mensely interested in it. What a charming idea! A Living History of Nursing? Cannot we have something like it at our International Meeting at Cologne?

"If you have not settled the personification of our Journal, *Unter'm Lazarus-kreuz* (we have, time is pressing), I think it might be a very simple thing. I should like it to be a very young girl with golden hair hanging down her back and shoulders, in a white gown or silver grey, quite plain, and on the breast and back the large red Lazarus cross (this will be worn). You know our colours are black, white, and red, so she could have a black belt, and perhaps black, white, and red ribbons. You see our Journal is not yet full grown, but very young and meek and simple. How I envy you for the splendid idea and interesting task of organising the Masque. We in Germany love so much the symbolising of beautiful things. If only I could see it! But do keep all the costumes for Cologne, and if all your players cannot come we must find a way to manage that every country does part of it. I am sure all would enjoy it, and History become alive would just go to their hearts."

As the International Congress of Nurses in 1912 is to be held in the magnificent Gürzenich at Cologne, and is to be welcomed by the Municipality, what a prospect of a great Historical Pageant of Nursing appeals to the imagination. Yes, let each country present its part. Miss Mollett's wonderful words are worthy of translation into many tongues.

Our Favourite Novel Prize.

The Five Shilling Prize for the Favourite Novel of the Year has been won by Miss A. Gertrude Layton, Assistant to the Superintendent of School Nurses, London County Council, who selected "The Dop Doctor," by Richard Doban, an opinion in which she is supported by 14 competitors.

Namely:—E. Wright, Camberwell; P. Long, Peterborough; E. McLennon, London; M. Best, Brighton; C. Emery, Lincoln;—Dalglish, London; E. T. B. Wright, Preston; M. Vernon, Manchester; E. Macfarlane, London; P. Douglas, Edinburgh; A. Tomkins, Liverpool; A. Denny, Dublin; M. Trew, Bristol; F. Mayhew, Canterbury.

"The Doctor's Lass," by Edward C. Booth, came in a good second with thirteen votes. "The Rest Cure," by H. B. Maxwell, gained nine votes; "The Other Side," by Horace Vachell, eight votes; "Bracken," by John Trevena, seven votes; "An Affair of Dishonour," by William de Morgan, six votes;

"According to Maria," by Mrs. John Lacey, five votes; "Anne of Green Gables," by L. M. Montgomery, five votes; "Aunt Jan," of Kentucky, by Eliza Calvert Hall, five votes; "I Will Mountain," by Marjorie Bowen, five votes; "A Large Room," by Mrs. Dudeney, two votes; "Through the Chrysalis," two votes; "None Other Gods," by Robert Hugh Benson, two votes; "The Creators," by May Sinclair, two votes; "Fraternity," by John Galsworthy, two votes; and the following novels one vote each:—"Early Victorian," by G. S. Tallentyre; "Rancher Cartaret," by Harold Bindess; "A Marriage Under the Terror," by Patricia Wentworth; "Molly of Scotland Yard," by Baroness Orczy; and "The Tower of Ivory," by Gertrude Atherton.

It would seem that our readers are greatly influenced in their choice of novels by those reviewed in the BRITISH JOURNAL OF NURSING, as few novels are mentioned a review of which has not appeared. On the whole a very pretty discretion in literature is shown, and we are especially glad to know that "A Doctor's Lass" was so widely appreciated, as we consider it the finest novel from a literary point of view which appeared in 1910.

HOW TO SUCCEED AS A PRIVATE NURSE.

The Five Shilling Prize will be awarded next week for the best little article, from 300 to 500 words, on "How to Succeed as a Private Nurse."

As many excellently trained nurses fail in this particular we hope some wise suggestions as to the reasons of success will be forthcoming. The general public forms its opinion of nursing as a profession from its association with private nurses, and we all know how much prejudice exists in the public mind in connection with it, as we also know how grateful and appreciative it can be of the untiring service and devotion of individual private nurses. We look forward to quite a number of little papers in the forthcoming competition.

The Irish Nurses' Association.

The Irish Nurses' Association held its first meeting of 1911 on January 7th, at which the usual routine business was transacted. Several Matrons from Dublin will attend and take part in the Nursing Pageant to be held in London on February 18th, and the green bannerette of the Irish Nurses' Association will be carried by an Irish nurse in the National Council of Nurses Section in Procession 4—Nursing and the Community.

The great St. Bridget of Kildare will be impersonated by a trained nurse in London, who hails from that beautiful Irish county.

Regulations for Queen Alexandra's Royal Naval Nursing Service Reserve.

The following regulations have been issued under the authority of the Lords Commissioners of the Admiralty:—

1. *Object.*—The Reserve is formed for the purpose of supplementing the Staff of Queen Alexandra's Royal Naval Nursing Service during Naval Warfare on a large scale.

2. *Organisation.*—The Director-General of the Medical Department of the Navy will be responsible for the administration of the Reserve, and will co-operate with the authorities of the Civil Hospitals in its maintenance.

3. *Appointments.*—(a) All appointments, transfers, etc., will be dealt with by the Admiralty.

(b) Nurses who wish to resign while on service must give 14 days' notice, in order that their places may be filled up.

4. *Members.*—The members of the Reserve will be 250, with power to augment, as may be found necessary, during hostilities.

5. *Constitution.*—(a) The Reserve will be formed of certificated nurses who are actually on the staff of Civil Hospitals, who volunteer, and who are recommended by the Matrons with the approval of the Executive of the Hospitals to which they belong.

(b) These volunteer nurses must be of British parentage or naturalised British subjects.

6. *Other Reserves.*—Nurses who are members of other Reserves will not be included amongst Nurses for the Naval Reserve.

7. *Medical Fitness.*—(a) Nurses who have been previously rejected as medically unfit for his Majesty's Service cannot be accepted for the Naval Reserve.

(b) Nurses must be of good physique, be free from any constitutional disease or deformity, and be capable of undertaking any duties that may be required in the attendance on the sick.

8. *Age.*—Nurses volunteering for the Reserve must at the time be over 25 years and under 35 years of age. No nurse may remain in the Reserve after the age of 45, unless actually on service when that age is attained.

9. *Qualification.*—Nurses must hold a certificate of training from the Hospital in which they are serving, or from a previous hospital.

10. *Conditions of Service.*—(a) Nurses will serve under the Admiralty Regulations for Queen Alexandra's Royal Naval Nursing Service, and will take precedence immediately after the Nursing Sisters of that Service.

(b) Should necessity arise, volunteers may be called for to serve in Hospital Ships at home or abroad, in Foreign Hospitals, or in other Medical Establishments.

11. *Declaration.*—On being called out, each Nurse will be required to sign the following:—

DECLARATION OF SERVICE.

I, Hospital,
hereby declare that I am prepared to serve as a

Nurse in Queen Alexandra's Royal Naval Nursing Service Reserve, and accept service under the authorised instructions and regulations.

Signed Nurse.
Witnessed Matron.
Approved Secretary.
..... Hospital,

Date

The Secretary of the Admiralty,
Whitehall, S.W.

12. *Period of Service.*—The period of service will be until the end of the war, or until the services of the nurses can be spared.

13. *Disposal.*—When several nurses volunteer from a Civil Hospital they will, as far as possible, be sent to the same Naval Establishment.

14. *Disability due to Service.*—Pensions or gratuities for wounds or injuries received while on service will be determined under Admiralty Regulations as for Sisters in Queen Alexandra's Royal Naval Nursing Service. Pensions will only be awarded after five years' service.

15. (Clause 15 deals with mobilisation.)

16. *Salaries and Allowances.*—(a) The salary will be at the rate of £45 per annum.

(b) On being called out £5 will be allowed to each nurse for her personal expenses.

Should the Hospital to which the Nurse is attached, on her being called out, and on her signing the declaration, advance this sum, the Admiralty will refund the same on application.

(c) On completion, an honorarium at the rate of £5 for each period of six months' service, or portion of six months, will be given to each nurse, who has carried out her duties to the satisfaction of the Admiralty.

(d) First class railway fares will be allowed for travelling on being called out, and at the termination of service.

Railway warrant will be supplied from the Medical Department if time permits, otherwise the various expenses may be recovered on arrival at the destination.

(e) Board, lodging, and washing will be provided by the Government, but when this is not possible, the allowances will be the same as for the Sisters of Queen Alexandra's Royal Naval Nursing Service.

17. *Uniform.*—(a) Uniform similar to that of the Sisters of Queen Alexandra's Royal Naval Nursing Service will be supplied as quickly as possible, but nurses who so desire may be permitted to wear the uniform of their respective hospitals.

(b) Uniform is always to be worn on duty.

18. *Badge.*—A badge will be issued to each nurse on her being called out, and must always be worn on uniform.

19. *Certificate.*—A certificate will be given to each nurse at the termination of her service.

Should nurses subsequently wish to join Queen Alexandra's Royal Naval Nursing Service, preference will be given to those who hold satisfactory certificates of service, and who have been found to be in all respects qualified for the same.

20. *Donation to Civil Hospitals.*—A donation of £3 will be given to the respective Civil Hospitals for each nurse who joins for service in time of

war, as some consideration for the disturbance of the establishment.

21 Medical Attendance.—In the event of illness, a nurse will be entitled to medical attendance, and will be listed in accordance with the prescription of the Medical Officer attending her. She will receive full pay and allowances, but 1s. 6d. a day will be deducted in lieu of provisions so long as she remains in the Establishment as a patient. If the illness is attributable to the Service no further deduction will be made, but it not attributable to the Service, the case will be considered after 42 days and dealt with according to circumstances.

Prizes and Medals.

The Countess Fortescue recently presented the prizes to the nurses at the Taunton and Somerset Hospital in the presence of an influential assembly presided over by the Mayor, Alderman H. J. Spiller, who was accompanied by the Mayoress. The guests were afterwards entertained to tea by the Matron, Miss Orr. The awards were as follow:—

Gold medals for five years' service (given by Dr. Edward Liddon).—Sister Cavanagh, Misses Cora Chave and Grace Wilson.

Examination in elementary physiology, 1909.—First place and prize, Miss Hore; second place and certificate, Miss McVeagh.

General nursing, 1910.—First place and prize, Miss Hore; second place and certificate, Miss M. Mitchell.

Elementary physiology, 1910.—First place and prize, Miss M. Mitchell; second place and certificate, Miss Banbury.

CERTIFICATES

The following nurses at the Harton Workhouse Hospital, South Shields, received their certificates from Mr. G. Drury: Miss Cuthbertson, Miss Snowden, Miss J. Stonehouse, Miss Wills, Miss Staves, and Miss D. Stonehouse. The Matron of the hospital is Miss Zahn.

PRESENTATION.

Miss Kelly, who for the past two years has acted as village and district nurse at Sway, Hants, and who is leaving to take up new work in Surrey, has been presented with a handsome purse of gold and an illuminated address; the presentation was made by Mr. Wearn, a member of the committee, who spoke of the value of the nurse's work.

Miss Kelly, in expressing her thanks, said that the gold might vanish, but the exquisite address would be ever near her and be one of her most treasured possessions.

THE PASSING BELL.

We greatly regret to announce the death of Miss Alice Hewitt, Matron of the Ophthalmic Hospital, Belfast, which took place suddenly on Wednesday in last week. She was the second daughter of Mr. James Hewitt, of Lissara, Crossgar, and the funeral took place in Killinchy Churchyard.

Appointments.

MATRONS.

Infectious Diseases Hospital, Hedon Road, Hull.—Miss J. Armstrong has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and has been Assistant Matron at the Belvedere Hospital, Glasgow, for the last 4 years.

Passmore Edwards' Convalescent Home, Limsfield.—Mrs. M. A. Bovey has been appointed Matron to this home, which is the Convalescent Home of Charing Cross Hospital. She was trained at King's College Hospital, where she was afterwards Sister, and at the Royal Chest Hospital, City Road, and has been Assistant Matron at St. Nicholas' Home for Crippled Children, Pyrford.

SISTERS.

St. George's Infirmary, Fulham Road, S.W.—Miss S. M. Alves has been appointed Sister. She was trained at the General Hospital, Birmingham, and has some experience in private nursing.

General Hospital, Birmingham.—Miss M. G. Smith has been appointed Sister. She was trained at the same hospital, where she also held the position of Theatre Staff Nurse. She had also, for a year, been Sister at the Victoria Cottage Hospital, Guernsey.

Miss F. Samson has been appointed Sister at the same Hospital. She also received her training there, and has held the position of Sister at the Bowden Sanatorium, and at the Infirmary, Salisbury.

Clayton Hospital, Wakefield.—Miss A. Bagnall has been appointed Sister. She was trained at the General Hospital, Birmingham, where she has held the position of Staff Nurse.

Victoria Cottage Hospital, Guernsey.—Miss C. Bailey has been appointed Sister. She was trained at the General Hospital, Birmingham, where she has held the position of Staff Nurse.

The Hospital, Stroud, Gloucestershire.—Miss B. Alcock has been appointed Sister. She was trained at the Coventry and Warwickshire Hospital, and has held the positions of Night Superintendent at the Royal Hospital, Richmond, and Sister at the Fever Hospital, Barnsley, and the West Cornwall Infirmary, Penzance.

Lonsdale Hospital, Barrow-in-Furness.—Miss Lillian Parker has been appointed Sister. She was trained at the District Hospital, West Bromwich, and has since been Charge Nurse in the Out-patient Department at the District Hospital, Walsall, and Night Sister and Sister in the Women and Children's Wards at the General Infirmary, Stafford, and at the Children's Hospital, Bradford.

Ingham Infirmary, South Shields.—Miss B. Norman has been appointed Theatre Sister. She was trained at the General Infirmary, Burton-on-Trent.

SUPERINTENDENT OF NIGHT NURSES

Fulham Infirmary, Hammersmith, S.W.—Miss Elizabeth Gifkins has been appointed Superintendent of Night Nurses. She was trained at the Lewisham Infirmary, and has been Charge Nurse at the Accident Hospital, Tilbury, and at the Dartford Hospital, and Sister-in-Charge of a Nursing Home in Aberdeen.

NIGHT SISTER.

District Hospital, Walsall.—Miss E. A. Ashley has been appointed Night Sister. She was trained at the General Hospital, Birmingham, where she has held the position of Staff Nurse.

SUPERINTENDENT NURSE.

The Infirmary, Mansfield.—Miss E. Fleury has been appointed Superintendent Nurse. She was trained at the Camberwell Infirmary, and has held the position of Sister at the Shoreditch Infirmary and Night Superintendent in the Sick Wards at the West Ham Union. She is a certified midwife and holds a certificate in sick room cookery.

Workhouse Infirmary, Wellingborough.—Miss Ethel Sutton has been appointed Superintendent Nurse. She was trained at the Stapleton Union Infirmary, Bristol, and has held the positions of Staff Nurse at the Camberwell Infirmary, Superintendent Nurse at the Conington Union Infirmary, and Superintendent Nurse at the Huddersfield Union Infirmary.

CHARGE NURSE.

Workhouse Infirmary, Newport.—Miss Christiana Ellen Shotton has been appointed Charge Nurse. She has held the position of Assistant Superintendent Nurse at the Infirmary, Braintree, Essex.

SCHOOL NURSE.

Derbyshire Education Committee.—Miss Alice A. Fletcher has been appointed School Nurse. She was trained at the Royal Infirmary, Manchester, and after temporarily filling various positions in several hospitals joined the nursing staff of the Shanghai Municipal Council, and subsequently was Matron of a Sanatorium in Shanghai for some years.

NURSE-DISPENSER.

Mental Hospital, Croydon.—Miss K. M. Willcox has been appointed Nurse Dispenser. She was trained at the General Hospital, Colchester.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Margaret Ballance and Miss Edith Birch, to Cammock Chase; Miss Emily Browning, to Kingston; Miss Elizabeth Gillece, to Leeds, Holbeck Home; Miss Clara Gore-Little, to Grimsby; Miss Elizabeth MacClymont, to Millwall; Miss Eliza McMurtrie, to East London, Southern; Miss Charlotte Stanford, to Eton; Miss Constance Stone, to Bolton; Miss Louie Taylor, to Stockport; Miss Emma Hodgson, to Beaudesert; Miss Maud Hunt, to Soham; Miss Mabel Quick, to Brighton; Miss Edith Rowlands, to Uwechalad.

THE IRISH MATRONS' ASSOCIATION

Miss A. Butler, Matron of Sir Patrick Dun's Hospital, Dublin, has been appointed President of the Irish Matrons' Association for 1911, in succession to Miss Huxley, who filled the office last year.

RESIGNATION.

Colonel Warburton, the Superintendent of the Royal Infirmary, Edinburgh, has resigned his position, we regret to say, on account of failing health. On making the announcement at a general Court of Contributors, Lord Salveen said that the Infirmary had never had a more efficient Superintendent.

Nursing Echoes.



The Hon. Treasurer of Queen Victoria's Jubilee Institute for Nurses has received a donation of £2,000 from Mr. Edwin Tate for investment on account of the Tate (Sick) Fund and the Queen's Nurses' Benefit Fund of the Institute. The former fund is devoted to the relief of Queen's Nurses who may contract illness in the course of their duty in tending the sick poor, and the income arising from the latter is distributed in bonuses of £5 each to senior nurses on the Queen's Roll whose salary does not exceed £50 per annum. The distribution is made in January of each year.

At a meeting of the Local Committee of the Florence Nightingale Fund, presided over by the Lord Mayor of Liverpool on Monday, it was reported that the amount raised was about £3,000. On the motion of Sir Archibald Williamson it was unanimously resolved that the amount be transferred to the Liverpool Queen Victoria District Nursing Association, as well as any further contributions which may be received, for the purpose of establishing and maintaining a home for district nurses, to be called the Florence Nightingale Home.

The Annual Concert given in the Great Hall at Charing Cross Hospital on January 3rd, on the invitation of the resident medical and nursing staffs, was, as usual, exceptionally successful. The guests were received by the Matron, Miss M. Heather-Bigg, and the Resident Medical Officer, Mr. Sydney Welham, and Mr. Welham with Dr. W. J. Fenton organised the concert. The plants and flowers for decorating the stage were kindly lent by Mrs. Buck, of Covent Garden. Every item on the programme was good, and many clever friends of the hospital contributed to the success of the evening, but Mr. Charles Capper, whose whistling solos always bring down the house, was probably the favourite.

Amongst the guests were Lady Juliet Duff (Chairman of the Appeal Committee), and Mr. Robin Duff, Sir Thomas Dewar, Mrs. and Miss Waterhouse, Dr. and Mrs. Ironside Bruce, Dr. and Mrs. Hunter, Dr. and Mrs. Galloway, Mr. Stanley Boyd, Mr. and Mrs. Clogg, Miss Heather-Bigg, the Misses Paine, the Misses

Morgan, and many more. At the conclusion of the concert refreshments were served in the adjoining room, which was beautifully decorated.

On Saturday a concert was kindly arranged by the Rev. Hamilton Rose for the domestic staff, who were each allowed to invite two guests, which was greatly enjoyed. This ended the Christmas festivities.

The Guardians of the St. Marylebone Infirmary adopt the excellent practice of inviting the ratepayers to the Infirmary on the occasion of the Christmas festivities so that they may see for themselves how the sick poor are cared for in the institution they maintain. Dr. Eliot Brown, Chairman of the Committee, Mr. F. Morris, Chairman of the Board, and others received the guests, who were then entertained to tea, and afterwards visited the wards, festive in their Christmas guise, and other departments of the Infirmary. They were conducted round it by Miss Cockrell, the Matron, Mr. Basil Hood, Medical Superintendent, and the sisters and nurses, who all endeavoured to make the afternoon an enjoyable one for their visitors, and were proud to show their fine Infirmary. Needless to say, the patients greatly enjoyed the festivities, and many had never spent so happy a Christmas before.

We are glad to note that one of the workmen's delegates on the Gateshead Nursing Association, in supporting the report, said their nurses ought to be better paid, and have shorter hours. It was stated, in the annual report, that during the year 1,448 patients had been attended, and the nurses had paid 24,072 visits. The average number of visits per annum per nurse had been upwards of 4,000.

According to local opinion Aberdare is still without a properly equipped hospital, and the need of district nurses is also severely felt. With the exception of Cwmaman, where a district nurse has been maintained for the past three years, Lady Aberdare maintaining her for the first year and assisting during the past two years, there is no district nurse in Aberdare. The Merthyr Board of Guardians have appointed a nurse who will reside in Aberdare, but she will only attend to those who are in receipt of outdoor relief, and there is a very large class of persons outside those who are in receipt of outdoor relief to whom the services of a district nurse in case of serious illness or accident would be of great benefit. An appeal is being made to the ladies of the town and dis-

trict to take the matter up and assist the poorer neighbours by securing for them when in illness, or suffering from the results of accidents in the coalmines or elsewhere, the services of a capable nurse, either free or at a nominal cost.

The International Hygiene Exhibition, to be held in Dresden from May to October this year, promises to be extremely interesting. Its aim is to bring before the professional world and the public the latest developments of modern hygiene. Dresden is a city visited by many foreigners, and its exhibition grounds are exceptionally fine, but for an exhibit on the scale of the one now planned even the spacious grounds at Dresden are insufficient. By the courtesy of His Majesty the King of Saxony, however, a part of the Royal Gardens has been placed at the disposal of the Organising Committee. The Royal Saxon Government and the Municipality of Dresden have formally promised extensive support, and an ample guarantee has been secured. This historical department promises to be specially instructive, showing what splendid provision was made for the physical development of both individuals and races thousands of years ago, and how, in later centuries, the neglect of hygienic ideas led to physical deterioration. The present generation is, so we are assured, in hygienic mood. Man longs for an intensified feeling of good health, and demands hygienic instruction.

In the section, "Care of the Sick," the medical and nursing staff will be considered, the latter under the headings, "Religious, Secular, and State Organisations of Nurses." Under "Nursing," home nursing, local public nursing, public aid stations—i.e., the care of infants, tuberculosis, and alcoholism—will be discussed, as well as polyclinics. The hospital service in general, and special—including prison—hospitals, will also be exhaustively considered.

Sister Agnes Karl has undertaken to organise the Nurses' Congress in connection with the German Nurses' Association, and will also arrange an interesting exhibit. All the pictures from the History of Nursing will be there as large cartoons, diagrams of health statistics, photographs of the office of the Association, books and pamphlets, and some dolls in uniform. Sister Karl hopes that Frau Stritt will take the chair at the Congress, which will be in October, and she will herself present a report on nursing organisation both in Germany and abroad.

The following letter has been addressed by the Chief Lady Superintendent, Lady Minto Indian Nursing Association, to the various branches of that organisation:—"I am desired to ask you to kindly inform your Committee that her Excellency Lady Hardinge of Peshhurst has now formally taken over the duties of Lady President of Lady Minto's Indian Nursing Association. Her Excellency trusts that all those who have so cordially assisted Lady Minto during the last five years will continue to give her the same generous and valuable aid in the future. Lady Hardinge desires that it shall be generally known that she is keenly interested in the work which has been carried on by her predecessors, and that she will use her best endeavours to forward the interests of the Nursing Association. Moreover, her Excellency sincerely hopes that the relations of the Central Committee, with the provincial branches, will continue on the same cordial terms as have existed heretofore. Her Excellency Lady Hardinge also desires me to inform you that her Majesty Queen Mary has graciously consented to become patron of the Association conjointly with her Majesty Queen Alexandra. Major F. O'Kineally, I.M.S., Surgeon to his Excellency the Viceroy, has now taken up the post of Honorary Secretary of the Association."

The Lady Ampthill Nursing Institute, Madras, which, in the great southern presidency of our Indian Empire, is carrying on the same good work as Lady Minto's Association further north, and which derives its income from invested funds, with a grant from the last mentioned Association, last year maintained twelve fully trained nurses in addition to a Matron and Superintendent. The Nurses were stationed not only at Madras, but at Ootacamund and Travancore, the cases nursed being mostly those of enteric.

At a recent meeting of the Executive Committee of the Ceylon Nursing Association a letter was received from a member with reference to the re-engagement of the staff. It was pointed out that all nurses were engaged through the Colonial Nursing Association, and that any nurse wishing to return should communicate in the first instance with that Association. It was resolved, "That the Secretary write to the Colonial Nursing Association, asking that a new nurse be sent out early in the year, and that preference be given to a former member of the nursing staff."

Miss Mary A. Cotton, the Superintendent of

Nurses of the Lady Stanley Training School for Nurses at Ottawa, has recently organised a "Court of Honour." Its object is to make all pupils in training self-governing, responsible members of the school, dependent upon themselves for the maintenance of all that is just and in keeping with standard requirements.

At a meeting of the Auckland Hospital and Charitable Aid Board, New Zealand, a lively discussion ensued on the recommendation of the Hospital Committee, at the request of the Matron, made through the Medical Committee, that first-year probationers be allowed to do duty in the typhoid wards, provided they were given a copy of the precautions necessary to guard against infection, and that the advantages of vaccination be pointed out to them. The Board was strongly divided on the subject, and the Chairman opposed the recommendation. In its favour it was argued that first-year nurses ran little or no more risk than others, providing they took proper care, and that it was unfair to compel second and third-year nurses to do probationers' work in the fever wards, and that these wards provided exceptionally good nursing experience. Eventually it was agreed that the recommendation should be acceded to, provided that the probationers had been six months under training.

Dr. Arthur G. Bennett, in addressing the graduating class of the Women's Christian Association Hospital, Jamestown, N.Y., gave some very excellent advice, not the least of which referred to private nursing.

"Never make disparaging remarks," he said, "to your patient about any physician, and above all do not gossip about your other patients. I ran across a verse the other day which I will read for your benefit. It appealed to me so much that I wish it could be engraved in stone in every training school, and committed to memory by every nurse and doctor:

"A wise old owl sat on an oak,
The more he looked, the less he spoke,
The less he spoke, the more he heard,
Let's imitate this wise old bird."

THE ASSOCIATION FOR THE PROMOTION OF REGISTRATION OF NURSES IN SCOTLAND.

Miss Cowper, Superintendent, Scottish Branch, Q.V.J.I., acknowledges with many thanks the sum of £6 received from Queen's Nurses in the Scottish Branch, as membership subscription of the Association for the Promotion of Registration of Nurses in Scotland, for 1911. The sum has been sent to the Treasurer of the Association.

The Hospital World.

THE ITALIAN HOSPITAL.

It was a happy chance to mark the opening of the new wing of the Italian Hospital, Queen Square, Bloomsbury, for January 7th, the birthday of Her Majesty Queen Elena, Queen of Italy, whose warm interest in nursing is well known, and after whom the new block, generously given by Mrs. Angiola Ortelli, in completion of the work begun by her husband, Commendatore Ortelli, is named. The hospital looked very festive on Saturday, for the Christmas decorations had been kept up and others added.

His Excellency the Italian Ambassador, who performed the opening ceremony, and the Marchesa Imperiali were received by his Italian Majesty's Consul General, the Chairman, General Sir J. Ramsay Shide, K.C.B., R.A.; the Vice-Chairman, Lord Edmund Talbot, M.P., D.S.O.; Mrs. Angiola Ortelli, Mr. Roberto Reitmeyer, the Hon. Secretary, and Dr. F. G. McLandri, senior physician.

The Committee of Management, the staff, the Sister Superior, and the Architect, were then presented to their Excellencies, and after the presentation of a bouquet by Miss Bianconi their Excellencies were conducted to the Reception Hall, passing through lines of Italian children from the Italian School, the band meanwhile playing the Italian National Hymn.

The Chairman then welcomed the Ambassador to the hospital, and an address was presented to his Excellency in the name of the Governors, Committee, and staff, as the representative of their beloved King, who, with her Majesty, Queen Elena, "has ever most royally personified the cardinal virtue—Charity. . . . Their Majesties' deep practical interest in suffering humanity has been prominently before the world time after time, and has won for them the respectful admiration of all people." The Committee begged that, as a perpetual memorial to future generations, her Majesty would permit the new building to be named after her, and known as "The Queen Elena Block."

Mrs. Ortelli then presented to his Excellency the deeds of the new building, who handed them to the Senior Trustee, after which the Consul-General thanked the Ambassador for his presence, and Mrs. Ortelli for her gift, and requested him to declare the new building open.

This he did, expressing the gratitude of the whole Italian colony to Mrs. Ortelli for her generous gift, and to the English supporters of the hospital, whose action, he said, had

enabled her to have the kind of hospital which had been desired in the two countries since Italy became a nation fifty years ago. His Excellency, almost much impressed, read a telegram from the Minister to the Royal House of Italy stating that her Majesty, wishing to give a new proof of her great interest in the magnificent Italian foundation, gave permission for the new wing to be called "Riparto Regina Elena," and these words, illuminated by electric lights, appeared over the door of the new block. His Excellency then touched an electric button, and on the connecting door being released declared the new block open.

The block contains, besides a laundry in the basement, an extension of the out-patient department, a delightful dispensary, and a spacious ophthalmic department. On the first floor is an isolation ward, with bath room and annex, with Assistant Nurses' quarters; and on the second floor a fine operating theatre with tiled floor, and dabo, laid with that perfection of touch which seems the exclusive possession of the Italian workman. The theatre is flooded with light through a great window looking north, as well as a glass roof.

The third floor provides accommodation much needed for the domestic staff, and there is a flat roof which can be used for open air treatment.

The hospital itself is an interesting building, the Board Room containing signed portraits of the King and Queen of Italy, and of their predecessors.

The wards, where English as well as Italian patients are received, are nursed by sweet-faced Sisters of the Order of St. Vincent de Paul, of fragrant memory, in large white aprons, white linen sleeves, and picturesque caps, assisted by a few lay nurses. Some of the children were happily engaged playing with the coloured air-balls familiar to those who know the Italian quarter; others were acutely ill. One man, sitting happily by the fireside, had had a large malignant growth on the side of the face, which had responded to treatment by radium, of which two tubes had been applied, the value of each being £1,600. It was thought advisable not to inform the patient that his "face was his fortune."

The large wards have a pleasant outlook over Queen Square, remarkable for the number of hospitals which surround it, including the National Hospital, the Alexandra Hospital, and the new buildings of the London Homœopathic Hospital. St. John's House is also now domiciled in the Square, and the Medical Examination Hall will be its next door neighbour.

Reflections.

FROM A BOARD ROOM MIRROR.

Lady Juliet Duff, President of the Charing Cross Hospital Appeal Committee, is securing the cooperation of many influential members. Lady Wantage has sent a donation to the Appeal Fund of £1,000.

In this month's *St. Bartholomew's Hospital Journal*, Mr. Alfred Willett, consulting surgeon to the hospital, describes its Medical School as it was when he entered the hospital in 1857. Mr. Willett recalls many interesting incidents in connection with the School and the Staff. Of the late Dr. Frankland, he tells an amusing tale. "It cannot be said," he writes, "that Dr. Frankland was altogether successful in commanding the attention of his class. Of a most gentle and amiable disposition, he was too quiet in his ways, and so in conducting experiments (in chemistry) he was unable to control the discordant signs of approval or of disapproval at the success or reverse of his experiments.

"One turbulent scene is vividly impressed on my memory. Dr. Frankland, after discoursing on the properties of 'laughing gas,' said that at the conclusion of the lecture there would be a practical demonstration of its effects, which, he added, must take place in the open air. So, armed with bag and mouthpiece, he stationed himself at the foot of the Library steps and invited students to inhale it. Lively sparks, mostly second year men, who had got wind of what was up, saw their opportunity, pushing to the front got first chances, quickly sucking in some ten inspirations. They each in turn rushed off into the Hospital quadrangle, yelling and shouting at the top of their voices; gesticulating and leaping up in the air, they struck dismay into all about the place. What excited my suspicion as to the genuineness of this phenomenon was that the same students came up a second and a third time for more gas, a trick which Dr. Frankland seemed too hurried to notice. After some ten minutes of this scene of uproar, the Treasurer, Mr. Foster White, appeared in a towering rage, and bade Dr. Frankland instantly to cease his demonstration, and begged he would never repeat it."

Mrs. E. H. Soden, in a letter wishing the Sussex County Hospital, Brighton, a Merry Christmas and a Happy New Year, enclosed a cheque for £100 in memory of Edwin Walter Taylor.

Dr. Kershaw, formerly medical officer under the Ryeon Council, has left £50,000 for a hospital for the district. It is hoped to spend £10,000 on the hospital and the rest on endowment.

Mrs. Gulielma Frances Moss, of Kirkstall Road, Hford Avenue, Streatham, an authoress, and a friend of Ruskin, left £1,600, a freehold house, and the residue of her estate, which will apparently

amount to about £15,000, to the Bolingbroke Hospital, Wandsworth Common, S.W.

Lady Hardinge, who takes a great interest in hospitals and nursing, recently visited the Dufferin Hospital, Calcutta, where she was received by the Lady Superintendent, and members of the Committee, and went round the wards—speaking to many of the patients—as well as the maternity block, the nurses' quarters, and the operating theatre.

Legal Matters.

EMERGENCY STAIRCASES.

An inquest was held at the North Evington Infirmary last week into the death of an imbecile patient, aged 77, who was found at the foot of an emergency staircase on July 13th.

Mr. D. J. Smith, assistant medical officer at the infirmary, said that the death of the deceased was due to old age accelerated by the fall. The doors to the staircases were kept shut, except at night, when the patients were all in bed and the nurses always in the wards; in the day-time they were opened only by the direction of the nurses. On the day of the accident the Sister had her usual half-day off, and the nurse in temporary charge was too careless. She had left the institution for some months.

The Coroner remarked that had the nurse still been there she ought to have been censured.

A verdict in accordance with the medical evidence was returned.

ALLEGED FALSE IMPRISONMENT.

Miss Margaret Rankin, said to be a nurse, brought an action for damages against Dr. Mahoney, at the Court of Passage, Liverpool, in August last, in which she alleged conspiracy to put her away in an asylum. The case ended in the discharge of the jury, who disagreed, and Miss Rankin made an application at the Sessions at Liverpool last week to have her case heard during the Session of the Court. She complained strongly of the delay. Her application was opposed by the defendant's solicitor, who had applied to the Court of Appeal on certain points of law connected with the previous hearing.

The Judge said that he appreciated the hardship but could not try the case till the appeal was disposed of.

A TERRIBLE TRAGEDY.

The death by drowning of a little child at the Belfast Workhouse, during the absence of the nurse, was the subject of an inquest on Tuesday. A little girl, aged nine, deposed that she with a girl named Turk, took the child to the bathroom and put her into the bath; They turned on the water, having found the key on a window ledge. She alleged that the girl Turk struck the child with a stick, and with the bath key, because she would not be quiet. When the nurse was called the child was dead. The jury returned a verdict of death from misadventure. We hope the Guardians will take steps to render so terrible a tragedy impossible in future.

Letter from the Emerald Isle.

THE EVOLUTION OF A HOSPITAL.—II



This is the practical side of the idea. A doctor on either side of us, the one ten and the other something under twelve miles

—how about that ending? or is it metropoliz? of country towns—the one 23 miles off, over a *coom*, or shoulder between two mountains, 1,500 feet odd from sea-level, and we at sea-level, mark you, and straight down to sea-level again on the other side: the other 26½, but the better road. Our stations lie in the metropolitan towns, and by spending enough time and care upon it you will be able to make one train in the day connect through to Cork or Dublin, but not back again. Certainly not! Why should it? Spare hours are “a plenty” with us: can they be passed more pleasantly than in the fireless wooden waiting-room of a country junction? By no manner of means. They can not! Then, hospitals! Each Union has its infirmary at the workhouse in each of the towns: I have not been inside to see, and our people, as a rule, flatly refuse—unless driven by a stress of misery untold. There is no trained nurse there, and for the rest I refer you to the Report of the Irish Commission on Workhouses, which speaks with no uncertain voice on the head workhouses and their infirmaries. The last great factor in our lives, a *P'Anglaise*, for we take small account of these matters ourselves, accounting them as in the nature of things, to be hotly cavilled at by starts and overlooked the rest of the time, is the post. The letters come in at 4.30 p.m. and go out again an hour later. This is a *façon de parler*; we prefer variety in our hours, and duly get it. Take it, however, that the post leaves at 5.30. By diligent travelling it reaches the next sub-post office, four miles away, that evening. Next morning it gets up early, and at 8.30 a.m. is on the road for sub-post office No. 3. It is tired when it reaches port, having done 10 miles, and calls a halt until 2.30, I believe, but to speak truly, it is a mystery which I have not yet plumbed to the depths. Still, it extends itself sufficiently not to reach our metropoliz except in time to miss the mail for Dublin, which it does with plenty of time to spare—very handsome of it, when you recollect that it has only spent 23 hours doing 24 miles, which is splendid travelling entirely. There is another sounding wanted before it reaches Dublin, but I am not good at heaving the line. The second morning after leaving here it starts for England, and, weather permitting, is distributed in town too late for houses of business. With the best of good fortune you may get your dear letter, which started away on Mon-

day full of hopes, answered by Saturday. But if Sunday happens to intervene on the way, there is an end to all expectation. There is wonder on me at times when the Kerry post does not depend upon which side of his bed the Postmaster General gets out in the morning. There are surely days when, having dismissed his cook and kicked his dog, he telephones to the G.P.O., “Don't send Kerry mails to-day” because it is the next most unpleasant thing he can think of just then. Our posts are quite unaccounted for otherwise, and unaccountable. Hurry no man's cattle. Well, we don't. Telegraph wires blow down with great regularity, “communication is interrupted” for days together by someone else's heavy snow, and they don't get repaired in haste either. Mails are delayed by storm and fog. Our parcels don't arrive because the walking postman is overloaded, and when it is summer, and they happen to be a box of preserving plums from Evesham, our anguish is complete. Still, we take it after the first burst—philosophically, as inevitable. But I put it to you that, when all that is said and done, it is a little hard we should, in common with his much-to-be-commiserated cook and dog, be dependent for our daily post (Sundays excepted) upon the mistake in the Postmaster-General's first footprint in the early morning hours. Why doesn't somebody let him have his early cup of tea before he gets up?

I am busy, as you see, with the *mise en scène* of the idea. I want you to know—in time—how we live, and why things that elsewhere go without saying are for us the subject of anxious care and calculation whenever a question of urgency is afoot.

And so we pass to the uninteresting concrete. The hospital is to be built on a plot of 15½ acres of land, including an island; and its name—the only part of it as yet in existence—is Ballincoona, which in the Irish language means “Home, or Abode of Help.” It stands (yes, stands already, in my imagination) on a ridge of gravel, some 40 or 50 feet above the sea, facing south and north—a long, two-storied building, the little wards at either end, with sanitary annexes; the administrative part in the centre, with a line running north at right angles for surgery, dispensary, laundry, kitchen, etc. The little operating theatre is an adjunct to the main building. As to the plan of the building, it, like so many other things here, is governed by considerations of weather—the one thing in Ireland which even Cecil Rhodes must have excluded from his famous dictum, “Everything has its price.” The weather cannot be got round, and if you make any mistakes about it, it is you who have to pay. That is why the hospital has to be built long. The west view is a joy with us, in moderation. But it needs taking into account. The westerly gale-blow fast and furious. The westerly rains and the nor'-westerly sleet will push their way inside wherever crack or crevice or cranny, subtly concealed, is lurking. And so the fewer angles the better.

You have forgiven so many digressions already that if weather leads me into clothes you won't mind. Four skirts of the shortest, three pairs of

thickest shoes, and Wellington boots, are the least number the weather will allow one to do with for everyday wear. It literally rains right through you at times, until you can feel it coming out on the other side. You don't mind, because it is second nature, or, as we say here, "kind nature" or "kind mother" to you. Still, you can't drip all round the house into all the rooms for very pity at the sight of your dear little housekeeper's patient's sigh. (Nurses, *you*, at least, are aware that a sigh is seen as well as heard.) And once you have changed you *never* get back into your wet clothes to go out in again, however much you ought to do it. Those shoes! They are home-made, the soles an inch thick (this is a lie, but they are *very* thick), dotted impartially with "protectors." They are the despair of hotel "boots" and of my friends' odd men and hall boys, because they won't take blacking, being accustomed to a plentiful coat of rape oil. But they are the joy of townsfolk, who stare at them with despairing wonder, quite unmixed with admiration. And they are the delight of their owner, because they don't let in the water, except as a last resort, and just a little, too, because they do shock other people so, although she goes dry-foot while they themselves are soaking. Beloved Mrs. Propriety, you must "suffer to be fine."

But, alas, the editor! And I was going to tell you, and can't, how I burnt the tips and they had to have toe-caps, and *they* pinched me; and the second pair blistered my feet; and the third pair had brown lappets to black uppers—such a pleasant contrast!—and how none of them are worn out yet, for they mend and mend again, and to give you the name and address of my shoemaker; and—well, the editor won't have it—so I must wait till next time, when I shall have lost the thread. And perhaps you will be thankful.

KERRY.

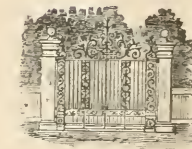
FIRST AID IN COLLIERIES.

A useful little pamphlet, "First Aid in Collieries," by Dr. T. L. Llewellyn, First Tyndall Scholar, is published by the *Colliery Guardian*, 30, Farnival Street, Holborn, E.C. It shows the importance of immediate care of minor accidents, as clean wounds which should heal soundly in a week if infected may lead to serious consequences, and months of illness and incapacity follow. He considers that a large number of men should be trained to render first aid, and that they should be well equipped. In colliery explosions the chief cause of death is poisoning by carbon monoxide. The treatment is to remove the patient to fresh air without delay. It is quite wrong to attempt treatment in the pit as artificial respiration should never be performed in an atmosphere containing carbon monoxide. The patient should be kept under observation as secondary collapse often occurs.

Messrs. Welford and Sons, Ltd., of Elgin Avenue, Maidla Vale, W., have received a Royal Warrant of Appointment as "Purveyors of Milk and Cream" to His Majesty King George V.

Outside the Gates.

WOMEN.



We are glad to observe that Canon Newbolt is drawing attention to an evil which this journal has brought before its readers, namely, the need for rescue work amongst children between the ages of eight and sixteen. He writes that more than 1,500 cases of children who have become implicated in sin of the grossest kind have been reported to the Secretary of the Church Penitentiary Association, and there must be many hundreds more which are never brought to light. To save these children from lifelong shame and degradation, and to protect those as yet uncontaminated it is necessary to find homes for them in accordance with the provisions of "The Children's Act," where the child may be retained by "a fit person" out of whose custody it is an offence punishable with fine and imprisonment to induce the child to depart.

Canon Newbolt appeals for £3,000 or £4,000 to start and equip a home at Wolverhampton, where a house has been offered, and in other centres, so that a beginning may be made in stemming a cruel wrong.

A beginning is made when the evil which exists in our midst is recognised, and spoken of. Its power lies in the silence, a silence in which the Church has shared, in which it has been enveloped.

Donations for this object will be gratefully received by the secretaries, Church Penitentiary Association, Incorporated Church House, Dean's Yard, Westminster, S.W.

The result of the prize competition held at Wickham, near Newbury, under the auspices of the Women's Imperial Health Association of Great Britain, in which fifty-two children competed, was to prove that not one of the fifty-two possessed a sound set of teeth. The competition was the result of the interest aroused by a caravan lecture given during the tour of the Aurora, one of the caravans of the Association, when Mrs. Leng, of Welford Park, organised a competition for prizes for the children whose teeth showed that the most care had been bestowed on them between October and January 6th. The first prize of £1 ls. was awarded by Mr. G. Thomson, dental surgeon, of Harley Street, London, W., to Winifred Brown, because the condition of the mouth, teeth, and gums was fairly good, and she seemed to have attended carefully to the brushing of the outer and inner surfaces of her teeth, but Mr. Thomson reported that he was not satisfied with a single set of teeth, and that everyone of the fifty-two children ought to be attended to without delay if they were to be spared toothache and indigestion in the future.

Book of the Week.

THE MOUNTAIN OF GOD.*

The call of the East is always alluring, and one is grateful to the writer who can create its atmosphere, and flood the imagination with its subtle attraction. Such a power is possessed in no stinted measure by the author of "The Holy Mountain," Mount Carmel.

This remarkable book has two threads of interest running through it—the teaching of Abdul Baha, the Master, which, as we are told in the "Explanation" at the commencement, "may be described as a religious progressivism in which the most humanitarian and practical ideas of the West are wedded to devotional mysticism of a very high order," and the mad infatuation of an Englishwoman, Mrs. Greville, for one of his converts, Schmidt Pasha.

In the opening chapter she has just come from England to see after some property belonging to her.

"It is very strange to be coming back to Syria after all these years," she was saying. "Yet I am glad somehow. They say if you are born in the East you have an unconquerable craving to go back, like a child who cries for its foster mother in the arms of its own mother. . . . How exquisitely clear the air is! I love Carmel on a day like this. Have you noticed how different the sunlight is here? It does not dazzle you as our July sunlight does; on the contrary, it is something so transparent, so lucid, so intense, you seem to be in another element. Our sunshine seems so muddy, and well, almost fat, beside this thin magical light. She smiled lazily at her own choice of words."

"We were talking of Carmel before you came," said Whitby.

"And of God," said Underwood mechanically.

"Of God? Then you are getting the infection. Everyone in Haifa talks of God, as if He lived in the next street."

We find unnecessary the information that "Sabra Greville" was not what the world calls a good woman, and her pursuit of the Oriental compels repugnance.

"She scarcely looked beyond the one fact; her intense need to see him, to hear his keen, cool, masterful voice, the touch of his lean fingers on her arm, to look into his eyes that so successfully masked his soul from her. She was no longer sane, and she knew it."

Apparently she has no scruples on account of her lover's little wife, Nigar Khantoum, whose child-like love and pride in her husband is always overflowing.

"He is very clever; everyone says that he is very learned—my husband."

"You are very fond of your husband?" Sabra Greville said with curiosity.

"Madame, I adore him. I am very happy to have such a husband." She said it with the fervour of a child. We are not like you," she continued with a smile. "We do not choose our husbands."

* By E. S. Stevens. (Mills and Boon, London.)

bands. If Ajah gives the woman a happy fate, she will be happy, and if He wills she must endure then she will marry sorrowfully if all the men of the world come before her that she might make her choice."

In the end Schmidt Pasha discards his mistress.

"There has to be an end," he said.

"Why—if you love me?"

"I am going away."

"Ah!" The syllable was a sudden cry. "Then for God's sake take me with you."

Schmidt Pasha faced her.

"I cannot take you with me." Suddenly he took her in his arms. "My dear, my dear, you must forget. . . . It is good to love. I am not sorry we have loved each other. It was written. But the end is written too." H. H.

COMING EVENTS.

January 17th.—The British Institute of Social Service. Third Conference of the Season. Subject: School Clinics. Viscount Hill in the chair. 4, Tavistock Square, W.C., 5 p.m.

January 19th.—Monthly Meeting of Central Midwives' Board, Caxton House, Westminster, S.W., 2.45 p.m.

January 24th.—The Women Writers' Suffrage League "At Home," Little Theatre, John Street, Adelphi. Musical and Dramatic Entertainment, "Before Sunrise," by Bessie Hatton. Admission, 2s. 3 to 5 p.m.

January 25th.—Quarterly Meeting of the Matrons' Council of Great Britain and Ireland, 431, Oxford Street, London, W. 4.30 p.m.

February 6th.—Lyceum Club, Piccadilly, W. "Evolution of Trained Nursing" Dinner. 7.30 p.m.

February 8th.—Royal Infirmary, Edinburgh. Lecture on "Anasthesia from the Nursing Standpoint," by W. J. Stuart, Esq., F.R.C.S.E. All trained nurses cordially invited. Extra Mural Medical Theatre, 4.30 p.m.

REGISTRATION REUNION.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Nurses, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

WORD FOR THE WEEK.

The moment that the face is turned away from the dead past, and looks towards the living future, a new power comes. Hope is awake, hope is infinite. PHILLIPS BROOKS.

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.

OUR GUINEA PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I beg to acknowledge a cheque for one guinea for Puzzle Prize, with my sincere thanks, also a copy of the BRITISH JOURNAL OF NURSING, which I was pleased to have to send on to friends, as I always take the paper every week, and had already obtained a copy. It was a great surprise to me to find myself the winner, as I have often solved the puzzles correctly, and have much enjoyed the amusement of them. I think it is most kind of you to have been so generous to your readers.

Wishing you every success in the future.

Yours faithfully,

EMILY MARSHALL.

123, New Bond Street, London, W.

PROFESSIONAL WOMEN'S CLUBS

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Your remarks in this week's "Journal of Nursing" on the refusal of professional women's clubs to recognise trained nurses as qualified for admission have interested me, since a case in point has recently come to my knowledge.

Women desire to be considered as logical, but where is the logic of a woman's club committee which refuses to recognise that properly trained nurses have received a thoroughly professional education, and practise a profession especially suitable for women, to the great advantage of the community?

Enquiry as to social status is no doubt necessary, because no social standard is enforced in the ranks of nurses. But this is equally true of photographers, educationalists, and workers in the public service, who are unregistered and unorganised, but who are formally stated to be eligible as members of such clubs.

Given suitable social position, why should not training in nursing be regarded as a qualification?

I am proud of my profession, and resent any slight being cast upon it by women who profess to be broad-minded.

I am, dear Madam,

Yours faithfully,

A MEMBER OF THE SOCIETY FOR THE STATE
REGISTRATION OF TRAINED NURSES.

NURSING IN INDIA.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have just read the "Foreign Letter" in your issue of the 31st December, entitled

"A Very Superficial Glance at Nursing in India," by "Anonymous."

I feel sure she is mistaken when she says that she believes before the origin of the "Lady Minto Indian Nursing Association," with the exception of two small nursing homes, Calcutta, Bombay, and Madras were the only places from which a trained nurse worthy of the prefix could be obtained. What of Burma? The Rangoon General Hospital, staffed by a European-trained Matron, and Sisters, and European and Eurasian nurses trained by them have been training nurses for the last twelve or thirteen years. What of them? If highly skilled nurses here can turn the raw probationer into the finished article why cannot they do that abroad? The same can be said of the Eurasian girl as of her European sister. All girls here are not suitable for nurses. There, birth, breeding, and home influence count just as much as they do here, and colour and race have nothing to do with it. If the nurses are drawn from the same class as the general ward patients more often than not nurses and patients are on an intimate footing, and nobody can wonder at it. What is done in the hospitals in India I do not know, but if a hospital professes to train nurses surely the nurses can be trusted to sponge patients without the doctor offering to remain to see it done? As far as the Rangoon General Hospital in Burma is concerned such a thing as "the medical officer offering to remain to see the sponging done" would be undreamt of. Certainly, eight years ago, it used to be the duty of the hospital assistants to give the hypodermic injections (it may be different now), but I am sure it was not because the staff nurses were not capable of doing it.

I am, dear Madam,

Yours faithfully,

"SAYAH MAH."

Comments and Replies.

Hospital Nurse.—Apply to the Secretary, Colonial Nursing Association, Imperial Institute, London, S.W.. The certificate of the Central Midwives' Board, in addition to a certificate of three years' general training, is necessary in almost every instance. The same applies to most vacancies for nursing appointments abroad.

Notice.

OUR PRIZE COMPETITION.

Rules for competing for our prize competition will be found on page xii.

The remaining competitions for January are:—
January 14th.—"How to Succeed as a Private Nurse."

January 21st.—"Describe the Happiest Hour of your Life."

January 28th.—"Describe a Baby's Cries and what they Indicate."

In each case the answer of the competitor should be from 300 to 500 words in length.

The Midwife.

The Modern Treatment of Contracted Pelvis.

Sir John Halliday Croom, who read a paper on Modern Treatment of Contracted Pelvis, at a recent meeting of the Edinburgh Obstetrical Society, as reported by the *Lancet*, at the outset referred to the diminution of sepsis in hospital practice, which permitted many interferences now which were impossible in the olden days, and he further referred to the fact that sepsis still continued in private practice. He thought it was useless to discuss the methods of dealing with the narrow pelvis until practitioners recognised the fact that a careful and accurate measurement of the pelvis in every primiparous woman, and in every multiparous woman with a bad obstetrical history, must be carried out. He referred to the fact that in midwifery, as well as in general medicine, preventive treatment was more important, instancing the successful prophylaxis of obstetric complications in the Pre-Maternity Home in Edinburgh. He divided narrow pelvis, for all practical purposes, into three categories. First, those below 3 inches; second, those above $3\frac{1}{2}$; and third, those between 3 and $3\frac{1}{2}$. With the first variety there was no difficulty in dealing, because in them the only treatment, when diagnosed before labour, was Caesarean section, which, of all abdominal operations, was by far the most satisfactory. He then dealt with the question of such cases being seen late in labour, and with the field of craniotomy, which he pointed out as getting more and more circumscribed every day. He recommended a more general use of maternity homes and nursing homes for the treatment of all obstetric operations. Sir John Halliday Croom pointed out that with the disappearance, in hospitals at least, of puerperal septicæmia, confidence in the forces of nature had returned, and labour in a narrow pelvis was allowed now to complete itself spontaneously in a great proportion of cases. This method of treatment was strikingly successful both for the mother and child. He believed that spontaneous delivery might be looked for in cases with a conjugate of slightly under $3\frac{1}{2}$ inches in flat pelvis and $3\frac{3}{8}$ inches in generally contracted pelvis. The Walcher position should never be omitted in these cases as an aid to the fixation of the head. The duration of the second stage of labour was to be limited only by the condition of the mother

and child. The great difficulty centred round the quarter of an inch between 3 and $3\frac{1}{2}$ inches. In that small area there was a choice of treatment. If the condition were recognised early, there was the option of inducing premature labour; if not seen until term, there was the choice of attempting to deliver by forceps or by some operation for enlarging the pelvis. The position of the operation of the induction of premature labour was that it was perfectly safe for the mother, but unfortunately was accompanied by a very considerable infantile mortality. In regard to high forceps operations in narrow pelvis, the mortality and morbidity to the mother were unquestionable. This was absolutely proved by statistics. The foetal mortality in these cases ran between 20 and 40 per cent. He then referred to the development of the operations for the enlargement of the pelvis. These operations were not uniformly safe for the children, and were not unassociated with considerable risk to the mother. The cases in which these operations were useful were those of moderate contractions in which, after ample time had been given for the head to enter the brim, it still remained unengaged. There pubiotomy might be expected to be followed by spontaneous delivery, but if necessary, and particularly if the child's life were endangered, might be justifiably supplemented by forceps delivery. He thought that no high forceps operation should be seriously undertaken unless the operator was prepared to perform one of these cutting operations if necessary.

Advantages of Breast Feeding.

Miss Helen Y. Campbell, L.R.C.P., in an admirable book on "Practical Motherhood," published by Longmans, Green, and Co., says on the above subject:—"If it is understood how great a difference obtains between breast feeding and bottle feeding, and how imperfectly we can imitate the child's natural nourishment and method of obtaining it, the advantage to the breast-fed baby is better appreciated, and no less the significance of a child's loss when it has to be hand fed.

"Breast milk, as the baby drinks it is a *living* fluid fashioned by the living cells of the mother's breast out of the nourishment brought to them by her own blood. It is taken directly into the baby's stomach at the temperature at which it leaves the breast. Its ingredients are

specially adapted, not only to the needs and digestive organs of the young human animal, but designed to educate these gradually to perform their functions as it becomes increasingly stronger.

"Cow's milk, which alone can be considered as a convenient and safe substitute for breast milk, since patent foods cannot build up a sound constitution, was when it left the udder a living fluid, at the body temperature, pure and free from germs. But it has long lost its first vital properties, has gone through many changes of temperature in its heating and cooling before it reaches the baby's stomach. And in the very process of being milked, and even more in its inevitable handling afterwards, it has been exposed to germs which abound in the air and all about us. Its ingredients are designed for the needs and capacities of the digestive organs of the calf, which are very different to those of the baby."

A Sad Case.

The Coroner for the West Riding of Yorkshire last week concluded the inquiry into the death of a patient at the Leeds Infectious Diseases Hospital, Seacroft, and her infant child, at which both the Leeds Corporation Sanitary Authority and Mrs. Frances Walker, certified midwife, of 36, Bagley Road, Leeds, and the Leeds Midwives' Association, were represented.

At the previous hearing it was deposed that the deceased went to stay with Mrs. Walker for her confinement, being well at the time. A few days afterwards she was removed to the Seacroft Fever Hospital with scarlet fever, to which her baby was subsequently removed. Both died in the institution. Four days before the patient was received by Mrs. Walker her daughter had been removed to the hospital suffering from scarlet fever. Miss Macdonald, Assistant Sanitary Inspector, deposed to having called on Mrs. Walker on December 16th, after her daughter's removal to the hospital, and informing her that she would have to be disinfected, and in the meantime must receive no more cases. The following day she again called on Mrs. Walker, and told her the disinfection would not be carried out that day, but at a later date, probably in ten days' time. Mrs. Walker said she would not think of attending cases in the interval. On December 24th she called on Mrs. Walker, and told her she was to be disinfected that day and the midwife made no mention of having received a patient. When she heard of the woman's removal to the hospital she again called on Mrs. Walker, who explained she was "in need of money for the rent."

Mr. Arthur Willey, representing Mrs. Walker, asked why she was not disinfected at once. The witness replied she did not know, that was in the hands of the heads of the department.

It was brought out that a patient who had been confined in the house five days before Mrs.

Walker's daughter had been sent to the hospital, had not contracted scarlet fever. The witness admitted that the usual course was to disinfect everyone in a house at once after a fever case had been removed.

Mr. F. Thompson, disinfectant officer, deposed that he called at Mrs. Walker's house on December 17th, 24th, and 28th, and as a result the house and clothing were disinfected.

Dr. Cameron, Medical Officer of Health for Leeds, said he was assured that the sanitary officers had confidence that Mrs. Walker would receive no more cases, and he did not call a meeting of the Sanitary Committee with the object of issuing an order preventing her from taking further cases. He considered that by the rules of the Central Midwives' Board Mrs. Walker was bound not to attend any patients, until she was disinfected. He said further that the reason why it was impossible to disinfect Mrs. Walker's house at once was because there were patients in two rooms.

The Coroner, in summing up, said that the case was an important one. Mrs. Walker had an excellent character, but such people sometimes made serious mistakes. It seemed to him the case would have been best dealt with in a firm and responsible manner by calling a meeting of the Sanitary Committee and issuing the order prohibiting Mrs. Walker from practising.

The jury found that the deceased woman died from scarlet fever as stated in the medical evidence, and that the baby's death was due to debility. They also expressed the opinion that Mrs. Walker was not guilty of culpable negligence, but they considered that she ought to be censured for disregarding the sanitary authority's instructions. They also considered that the sanitary authority deserved censure for the way in which the disinfection took place, the feeling of the jury being that it had not been carried out as expeditiously as it might have been.

Puerperal Fever.

"G. P.," writing in the *British Medical Journal* on the subject of puerperal fever in Liverpool, says:—It is not fair to divide cases into two classes only, namely, those attended by doctor and by midwife. I can at the moment think of eight distinct classes:—

1. Simple cases attended by midwife alone.
2. Simple cases attended by midwife and doctor.
3. Bad cases attended by midwife and doctor.
4. Bad cases attended by midwife alone at first, doctor being called in when necessity arose.
5. Simple cases attended by respectable experienced unregistered woman and doctor.
6. Bad cases attended by respectable experienced unregistered woman and doctor.
7. Simple cases attended by dirty inexperienced woman and doctor.
8. Bad cases attended by dirty inexperienced woman and doctor.

Nearly the whole of my troubles in nearly thirty years' practice have been in class 7.

By bad cases I mean cases in which a doctor is required for any purpose.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD

EDITED BY MRS BEDFORD FENWICK

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XLVI

Editorial.

PROFESSIONAL CONFIDENCE.

The circumstances of the "American Poisoning Mystery" in connection with which a wife was arrested on a charge of attempting to poison the husband who had perfect confidence in her loyalty, concerns the nursing profession because there is imported into it a nurse-detective. It is inconceivable that the duties required of such a person should be undertaken by a trained nurse, whose office the police are bound to respect as they would those of the priest or the physician, whom they would never impersonate in the interests of justice.

The trust which the public place in the clergy and the medical profession rests on the fact that they have proved themselves worthy of it, that they hold sacred the confidences entrusted to them, and are consequently persons to whom the sick in mind and body can with safety "open their griefs." Would these relations ever have been possible if in the mind of the penitent or the patient there lurked the suspicion that the *role* of confidant was merely a pose, and that the trusted representative of medicine or the church was in reality an officer of the law obtaining his confidence to entrap him to his undoing? The inviolability of the trust placed in such persons must, to be above suspicion.

In the case of the younger profession of nursing the same obligation to secrecy exists, the danger to the public if that secrecy is violated is even greater than in the instances already mentioned; for the interview with the priest or physician is comparatively brief, often taking place in his own house. The nurse enters the house of the patient in the guise of a friend, and at once assumes the most confidential and intimate relations with both patient and

household, relations which are only possible because she is a member of an honourable profession, and can be trusted not to abuse the confidence placed in her loyalty and discretion. We do not believe the nurse is to be found who would so prostitute her calling as to play the part of confidential attendant and friend, while in reality making use of the exceptional facilities which she enjoys to act as a detective in the interests of a criminal department. If she did so act, she would certainly lay herself open to the epithet applied to the nurse-detective by the accused woman in the case under consideration, "Judas Iscariot."

On the other hand if the police, in their zeal to bring home a crime to the guilty party, employ one of their staff of detectives to personate a trained nurse they undertake a very serious responsibility, in supplying unskilled in place of skilled help to a sick person in his hour of need, help, moreover, for which the patient is presumably paying on the assumption that it is skilled.

We hope the police will realise that the employment of a nurse as a detective, and a detective as a nurse, are both ethically and professionally unjustifiable, and that they must find other means of bringing criminals to justice. Also that nurses will remember that, whether they formally take the Florence Nightingale Pledge or not, they are bound by its declaration "I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavour to aid the physician in his work, and devote myself to the welfare of those committed to my care." To act otherwise, is to miss the whole spirit of their profession, and to lower it in public estimation.

Medical Matters.

THE INFLUENCE OF PARENTAL ALCOHOLISM ON THE PHYSIQUE AND ABILITY OF OFFSPRING.

Dr. T. B. Hyslop, F.R.S. Edin., President of the Society for the Study of Intemperance, and late Resident Physician at Bethlem Royal Hospital, recently delivered an interesting address to the Society on the above subject, reported in full in the *Lancet*, when he spoke, in part, as follows:—

THE PROBLEM.

I feel sure it is agreed that the problem we are met to discuss is not to be proved, or even advanced, by rhetoric, and, in my opinion, it is open to question whether it can be solved satisfactorily by statistics. *Does parental alcoholism—apart from parental degeneracy, which, together with a tendency to alcoholism, is heritable—influence the physique and ability of offspring?*

In order to answer this question we must, so far as is possible, first eliminate such sources of error as are due to the inclusion of side issues, indefiniteness of standards of alcoholism, health, and degeneracy, and we must correct our vague conceptions as to what really constitutes heredity. We ought also to equalise or exclude altogether such variations in environment as may possibly affect the germ-plasm of the parents or the offspring independent of the influence of alcohol itself. It is obvious, however, that it is well-nigh impossible to find a definite uniformity of phenomena on which to base statistics which shall be accurate in every particular. We cannot exclude all variations in environment nor can we neglect the possibility of the intensification of degeneracy in successive generations due to a continuance of the same or different environmental defects.

In order the better to define our standards of parental degeneracy and alcoholism, it is important to note the sex, age at incidence, and evidences of inheritance, as well as the nature and degree of the defect. Needless to say, the environmental conditions should also be carefully noted. So far as the parental degeneracy and alcoholism are concerned, the Galton Laboratory researches have served the very useful purpose of bringing into prominence the association—in contradistinction to causation—of alcoholism and degeneration; but it must be confessed that the question as to which came first—the mental defect or the alcoholism—has not received such attention as is needed. As an asylum physician I am almost daily confronted with the difficulty of deciding as to which is cause and which is effect, and, if, after

full consideration of all the data available, it is well-nigh impossible to decide such an apparently elementary point, how much more difficult must it be to find sufficiently reliable data on which to base statistics! It is also to be noted that the tendency to degeneracy or alcoholism may be latent in the parent, and one or other of these defects may become manifest, owing to some accidental factor, either before or after the tendency has been transmitted to the offspring. This fact renders the question as to which came first—the alcoholism or the child—somewhat futile. At first I believed that parental alcoholism should invariably precede the birth of the child, but I have now come to see that such a stipulation would lead, not only to the suppression of half the truth, but even provide a source for error unless definite distinction were made between parental alcoholism *per se* and parental degeneracy plus a psycho-neurotic tendency to alcoholism.

In the last report from the Galton Laboratory claim is made that alcohol is, in its pernicious forms, consequent on, and not antecedent to, mental defect. This may be true, and if rightly understood and supplemented by an account of the influence of alcohol in intensifying an already existing morbid defect, it can do no harm to the cause of temperance. That it is the aim of the previous memoir to prove that alcohol may be taken with impunity by no one with any sense of justice will contend; nor need it be imagined that alcohol is in any sense regarded as being capable of aiding the onward and upward trend of biological evolution. Referring as it does to pernicious forms of alcoholism, it is, of course, hardly likely to take cognisance of any statistics based upon the consumption of one glass of beer per day.

"One man's food, another man's poison," refers to alcohol as much as it does to any other article of consumption, and it is indeed difficult to differentiate the degrees of alcoholism. Another matter about which there has been much contention, yet which has not yet been referred to in its true bearings, is the fact that in asylum practice it is comparatively seldom that we find the various lesions so common to alcoholism in the sane. The reason for this may possibly be that alcohol selects for attack the least stable of the bodily systems in a given individual. The system may be, by its inherent weakness, more susceptible to attack, or it may be less able to eliminate from its substance the effects of toxic action. It is difficult to conceive any other explanation of the selective action of alcohol other than by the inherent weakness of the nervous system, as is found in inherited degeneracy.

The Black Plague.

Within the last few years the subject of morality in relation to health (health of the nation no less than health of the individual), has occupied some of the most far-seeing and thoughtful men and women of our time. There is gradually growing a strong determination to crush out the so-called social evil which, like a secret and terrible blight, is sapping the life of the nation at its very source.

Brave men, and perhaps braver women, have stood forth and warned us of the evil in our midst. It means more for a woman to deliberately break through the barrier of silence which convention has built round the whole question of venereal diseases, yet we have no lack of leaders of our own sex in this crusade of light against the darkness of ignorance and vice. As nurses, or as midwives, surely it is our duty to be in the front rank in a fight to cure, and to prevent, one of the most awful diseases to which suffering humanity is a victim. But with some few exceptions our training schools have not taught us all there is to know on this subject. To those who can obtain it I would recommend Miss Lavinia Dock's book, "Hygiene and Morality"; to those who are unable to read it perhaps these notes may be of use.

People commonly speak of syphilis, if they mention it at all, as comprising all the venereal diseases, whereas it is only one of a group of intensely infectious complaints. The others are gonorrhoea and soft chanere, or venereal sore.

Soft chanere is a local disease occurring on the genital organs. It is the simplest and the least dangerous of the three diseases under consideration, and if treated promptly and effectively it is curable, but if neglected serious complications may occur.

The incubation period varies from several hours to several days after the date of infection. The first symptom is a small nodule which rapidly proceeds to suppuration, forming a painful ulcer with an intensely infectious discharge. The ulcer is deep and its tendency is to spread and become multiple. If neglected the discharge may infect all the surrounding parts and last for years—or infection may involve the lymphatic glands in the groin, causing inflammation and a tumour known as "bubo." If properly treated from the outset soft chanere lasts from four to six weeks.

Gonorrhoea is one of the genito-urinary diseases attacking the mucous-membranes, especially that of the urethra, in the adult, and in the infant that of the eye. In 1879 Professor Neisser, of Breslau, discovered the

existence of a definite micro-organism known as the gonococcus, which occurs in this disease only. The period of incubation is from twelve hours to two days, or more, and generally speaking infection is only by sexual intercourse. The urethra is usually first attacked, also the cervix uteri in women, and the vulva and vagina in little girls. All these parts have delicate linings, which offer but a weakly resistance to the entrance of the germ. The disease has three distinct stages, the symptoms of the primary stage are those of an acute local infection, the parts burn, itch, and swell. Urination causes intense and increasing pain; in some cases there is hæmorrhage. The discharge is at first mucous, later it is greenish or yellow. In the second stage the inflammation spreads, involving the organs of generation and the urinary tract, ascending the ureters, and sometimes affecting the kidneys. In women a large proportion of cases of cystitis, ovaritis, salpingitis, and many cases of septic infection during the puerperium, are due to the action of the gonococcus. Sometimes the complete removal of all the female organs of reproduction is necessary. Gonorrhoea is answerable for sterility in both men and women to a large extent. It is usually the direct cause of ophthalmia neonatorum, and cases have occurred where nurses have lost one or both eyes through being ignorant of the proper precautions to take.

The third stage of gonorrhoea may end in gonorrhoeal arthritis, kidney disease, affections of the heart, brain, and nervous system. Still less than a man can a woman ever be cured, and a man has been known to infect his wife ten years or more after the disease had apparently disappeared!

Besides the method of infection already referred to, gonorrhoea may be spread by sleeping in infected sheets, sharing infected towels, and last, but not least, by sitting on the seats of public lavatories. Syphilis, the best known of the three diseases, is also caused by a separate micro-organism called the spirocæte pallida.

The primary stage begins at the end of the incubation period, which may be anything between ten days and seven weeks from the date of exposure to infection. At the end of the incubation period a small red papule appears at the seat of inoculation; a little later it breaks down into an ulcer, small or large as the case may be. This is known as the "primary lesion," or "initial sore," of syphilis. In this stage of the disease there may be no further manifestation of the disease, and if the ulcer is small it may readily be overlooked. The primary stage continues from one to three months; at its close an active set of con-

stitutional symptoms set in and the secondary stage begins. The distribution of poison throughout the lymphatic system causes all the glands to enlarge, there may be fever and skin eruptions. The patient will have severe nocturnal headaches, pain in the bones, and a general feeling of illness. The inner surfaces of the mouth and all the structures of the nose, pharynx, and throat may become sore, red, and swollen. The hair begins to fall out, anemia, enlargement of the spleen, obscure inflammatory changes in the internal organs, and in women especially a peculiar pigmentation of the skin of the throat and the back of the neck all occur in the secondary stage. The tertiary stage may be delayed five, ten, or even fifty years after the primary infection. This is the stage distinguished by syphilitic "gummata." These are hard nodules, which eventually ulcerate, and in the process cause loathsome disfigurement. We get as results destructive ulceration of the brain, liver, intestines, testicles, and spinal cord—nervous paralysis and apoplectic strokes, but worse than these is the disease called *tubercularis dorsalis* (or locomotor ataxy) a spinal disorder marked by loss of power over the voluntary muscles, which is syphilitic in origin in about 50 per cent. of cases.

We must bear in mind the fact that all general diseases are the result of an act, or acts, of immorality, and therefore able to be prevented. Syphilis, or its attendant evils, never occurs in the marriage relation unless it is conveyed from without first of all. Originating from prostitutes it may be carried by the husband to the wife. Syphilis insoumium, or syphilis of the innocent, is surely the most hideous fate that can befall anyone. The innocent baby may fall a helpless victim even before it is born. It has been said that about four-fifths of all cases of blindness have their origin in gonorrhœal ophthalmia.

There is no need to dwell on the horrors of a life of prostitution; the fact that hardly ten per cent. of the women who adopt it do so willingly speaks for itself. They may be actually entrapped or driven into it by starvation, but otherwise the ranks of these poor outcasts of society, victims of our cruel civilisation, which hold up one standard of morals for the man and another for the woman, would soon dwindle to an easily-dealt-with minority.

The American Society of Moral Prophylaxis, the White Cross League, the International Council of Nurses, the National Union of Women Workers, and others are doing good work in educating the laity on the question of sex hygiene. But no amount of societies can do away with individual influence and

example, and to us especially belongs the duty of holding aloft the banner of truth and purity. Often an opportunity comes when our advice is asked by an anxious mother if she shall teach her children this fact or that. Let us see to it that by careful thought and earnest study we are prepared to give a helpful answer to those who seek blindly in the dark for light.

GLADYS TATHAM.

Anæsthesia from the Nursing Standpoint.*

NOTES OF A LECTURE BY MR. W. J. STUART,
F.R.C.S.E.

Anæsthesia is a compound word signifying no sensation. There are two forms:—(1) *General Anæsthesia*, insensibility and unconsciousness. (2) *Local Anæsthesia*, in which certain areas of the body are rendered insensible to pain, but the patient does not become unconscious. Anæsthetics were in use 3,000 years ago. Homer speaks of their use.

In 1846 ether was given for the first time in Boston, U.S.A.

In 1847 Sir James Simpson used ether, and the same year introduced chloroform.

Stages of Anæsthesia.—(1) *Mental.*—The patient has rapid thoughts, may be emotional, singing or shouting, subsequently passing off into a dreamy state.

(2) *Sensation.*—The patient is insensible, but able to move.

(3) *Motion.*—There is absolute unconsciousness and complete immobility; the patient is ready for surgical operation.

(4) *Vital.*—This is the stage of danger; the breathing becomes shallow and the face pallid or livid.

Four substances are used for anæsthetics—chloroform, ether, chloride-ethyl, and nitrous oxide (gas).

The Anæsthetist's Requirements.—The anæsthetist requires chloroform and ether, a small bottle with a special drop stopper; a wick of gauze may be used to put in the bottle to act as a dropper; a towel (or mask covered with lint or gauze); a wedge, to open the teeth; tongue forceps; a gag; an extra towel for the patient in case of vomiting, or to wipe the face; a swab or sponge holder; a hypodermic syringe (the surgeon will say what drug should be administered if necessary); a basin, in case of vomiting; a tube or jar of vaseline, to be in readiness for applying to the skin if necessary.

Preparation of the Patient.—The stomach and bowels must be empty, the former to minimise vomiting, the latter to delay the giving of

* Delivered at the Royal Infirmary, Edinburgh, Jan. 11th, 1911.

purgatives after the operation. In the afternoon of day before the operation a purgative should be given, which may be the one usually preferred by patient, or castor oil (6 drachms to adults) given in whisky, brandy, or lemon juice, followed on morning of operation by salts and a soap and water enema.

Food.—An ordinary meal may be taken on the day before it of a very light nature, and moderate in amount; the last meal should be given not later than 7 or 7.30 p.m. on the night before the operation, and no food should be given for at least four to five hours previously. If the operation is at 11 a.m. clear soup, coffee, or tea may be given; if at a later hour a little fish might be given with the soup. When the patient is very feeble a nutrient enema should be given in which is included a little alcohol.

The nurse must see that the bladder is empty, and that false teeth are removed. The mouth and teeth must be thoroughly cleansed several days before, and on day of the operation, as secretions in the mouth frequently cause pneumonia. Phenol solution (1 drachm to a tumblerful of water) is an excellent mouth wash for private patients; a weak solution of permanganate of potassium is good also. The patient must be warmly clad and the bed to which he returns be covered with carefully covered hot-water bottles.

Many surgeons give hydroscopolamin $\frac{1}{16}$ gr. and morphine $\frac{1}{2}$ gr. three times before an operation; it dulls the senses, diminishes vomiting, and a less quantity of the anæsthetic is required at the operation. Morphine is always given before all jaw, head, or brain operations.

The patient should be kept cheerful if possible, and not allowed to dwell upon what is to happen. When ready for the anæsthetic there must be absolute quietness. Sometimes it is a comfort to a woman or child to hold a nurse's hand. Great care must be taken in the method of holding and restraining restless and struggling patients. A good plan is to cross the arms across the chest, resting in a bandage from the shoulders (if not in the way of the surgeon). To control the legs, put pressure between the hips and knees.

Chloroform is a favourite anæsthetic, but not so safe as ether, one danger being chloroform poisoning. Junker's apparatus is a good method of giving chloroform for mouth and jaw operations.

Ether may be administered on a mask covered with eight to ten layers of gauze. Clover's apparatus is good. The advantage of ether is its safety, which is five to ten times that of chloroform; its disadvantages are that it is very expensive, a larger quantity being necessary, it cannot be used near a fire or heat,

and therefore is unsuitable for hot climates, and it may predispose to bronchitis. A mixture of chloroform and ether is given, which is safer and easier to use than ether alone—chloroform 1 to ether 2, or chloroform 2 to ether 3.

When administering an anæsthetic, if breathing ceases the mouth must be forced open and swabbed out, as secretions may have blocked the air passages. The tongue may have fallen back, it should be brought forward with forceps, and artificial respiration (Sylvester's method) must be employed. If the patient becomes pale the table should be lowered so as to get the head down, hot towels must be placed over the heart, and a hypodermic of strychnine or ether administered. If the patient becomes dusky or cyanosed the head of the table should be raised.

When the patient is removed to bed warmth is essential. A position on the side is the best, as then secretions can be expelled more readily. Sips of water may be given soon; later, milk and water. If there is no vomiting toast and tea, under medical directions, may be given next morning. Persistent vomiting may be relieved by one teaspoonful of sodium bicarbonate in water, a mustard poultice over the stomach, or lavage of the stomach may be useful.

Chloride-ethyl is given from a closed bag, no air being allowed to enter. It acts quickly (in 50 to 60 seconds), its effect only lasts about 60 seconds, it is suitable for minor ear and throat operations. Its advantages are—it can be given in any position, and previous preparation is not so necessary for it as for chloroform. Chloride-ethyl sprays are used for surface anæsthetic.

Cocaine, locally applied by means of a hypodermic injection, paralyses the nerves of sensation. When injected into the nerves between the third and fourth vertebra, as a spinal anæsthetic, operations on the lower limbs can be performed. The safest anæsthetic is nitrous oxide gas.

Mr. Stuart showed several interesting diagrams at his much appreciated lecture.

A School of Massage, combined with Swedish Medical Gymnastics and Electricity, is being started at the Children's Infirmary, Carshalton, and a well qualified teacher has entered into residence who will prepare the probationers in training for the examination of the Incorporated Society of Trained Masseuses. The Staff Nurses are also to be allowed to take advantage of the classes by the payment of a small fee. The system is on trial for six months.

The Nurse's Sphere in the Mission Field.*

By MISS EMMELINE M. STUART, M.B.,
Medical Missionary at Ispahan, Persia.

(Concluded from page 25.)

A missionary nurse must regard herself as just as much an evangelist as any other missionary. Her nursing qualifications are, after all, but the means to an end, and the end is the winning of souls for her Master. The only difference between medical and other missionaries is that the former have great advantages over the latter. Their efforts to relieve the sufferings of their patients win their gratitude and love, and make them far more willing to listen to their teaching. When a nurse, after a busy morning in hospital or dispensary, sits down to read to a group of in-patients, and talk to them about the One Who sent her there to help them, she will find them wonderfully responsive, as a rule, and our hospitals could tell many a story of patients won for Christ through the efforts of the doctors or nurses they had learnt to love and trust.

For this work no elaborate theological knowledge is needed, but just a deep, personal devotion to Christ, a thorough acquaintance with the Bible and its saving truths, and some practical experience in trying to lead souls to the Saviour. With these qualifications a nurse may feel that it is just such as she who are needed in the mission field.

There must be many such amongst Christian nurses and yet how few there are who offer themselves for missionary work!

What can be the reason for this? Perhaps there are several reasons. One is that some think they will be "wasted" if they go abroad. Their friends say to them, "You will be throwing yourself away, it is a waste of your gifts and talents." "A waste!" when the King of kings desires to have those talents used in extending and making known His Kingdom! "A waste!" when such grand and wonderful use can be made of them, and in the training of native agents they can be multiplied so many times!

"A waste!" Ah, no! Yet that was what they said when a certain woman long ago broke her alabaster box and poured her gift at the Master's Feet. "To what purpose is this waste?" they inquired. Yet that "waste" was so appreciated by Him that wherever the Gospel is preached throughout the world, this sweet story of fragrant love and devotion is

* Read at the International Congress of Nurses, London, 1909.

told for a memorial of her who offered the best she had.

It is just the difference between the way the *world* looks at it, and the way the *Master* does. Which matters most to you?

And then many say, "There is so much to do at home." Of course there is. Christians can find plenty to do everywhere. But the question is not "Where am I needed?" but "Where am I needed *most*?" Here at home where many are only too ready to step into my place and take up the work I should have to leave, or out there where if I do not go maybe no one else will fill that post for many years?

Another reason is that many feel they have not had the "missionary call." What do you expect to hear? God does not speak from heaven now as He did to Isaiah, Jeremiah, or even to St. Paul. But He *does* still speak through His servants, and when you hear the story of the world's great need that surely is a sufficient call. In fact, I should say that, in face of the tremendous need, the fewness of the workers, and the greatness of the opportunity abroad, you need a very special call to stay at home! If you possess the necessary qualifications for missionary work which I have already indicated, then, unless there are home ties which would make it wrong for you to go, or your doctor would not sanction your going on health grounds, I think you may feel you have had a call to, at least, volunteer for the work. If this be so, don't hold back from the thought of the sacrifice involved. It is, it must be, the gift that costs the most that is most worth offering. But I can assure you from personal experience that the sacrifice is soon lost sight of in the joy that follows, and in missionary work it is most abundantly true that we get our "hundred-fold reward."

Don't be afraid, then, of the cost. Bring your gifts, your ambitions, your self-plans, your body, soul, and spirit, and lay them at the altar, and tell Him you are willing to go just wherever He chooses to send you; and if it be His Will to accept your offer and send you to the foreign field, you will thank Him all your life afterwards for doing so; and if it be not His plan for you, if He bid you labour in the home field instead, then you will do so with a happy mind, having done what you could in making the offer, and you will realise in this case as in all others where there is first "the willing mind" that "it is accepted according to that a man hath, and not according to that he hath not."

Let me finish by reading to you a few lines on "the Master calleth *thee*." Here we have

Salt pleading for what Salt wants—not a word for Salt himself, but a course rat of Salt, begging to work for the Master, but in the way of his own choosing—not *His*.

I said, "Let me walk in the fields."
 He said, "No, walk in the town."
 I said, "There are no flowers there."
 He said, "No flowers, but a crown."
 I said, "But the sky is black;
 There is nothing but noise and din."
 He wept as He answered back.
 "There is more," He said, "there is sin."
 I said, "But the air is thick,
 And fogs are veiling the sun."
 He said, "But souls are sick,
 And souls in the dark undone."
 I said, "I shall miss the light,
 And friends will miss me, they say."
 He answered, "Choose to-night
 If I shall miss you, or they."
 I pleaded for time to be given.
 He said, "Is it hard to decide:
 It will not seem hard in Heaven
 To have followed the steps of your Guide."

Lectures on Milk.

A course of six lectures on Milk, followed by practical work on the subject, will be delivered at the South-Western Polytechnic Institute, Manresa Road, Chelsea, S.W. (near Chelsea Town Hall), by Dr. A. Hardon, F.R.S. (of the Lister Institute), on Thursday evenings, at 7.30 o'clock, commencing February 2nd, 1911.

SYLLABUS.

The Chief Properties of Milk.—The Constituents of Milk. Milk-sugar, Fat, Proteins, Salts. Specific Gravity. Analysis of Milk. Detection of Adulteration. Effect of Heat on Milk. Diætic Value of Milk.

Bacteria in Milk.—General Life History of Bacteria. Methods of Detection, Enumeration, and Isolation. Mode of Reproduction and Nutrition. Occurrence in Air, Water, and Soil, and in the Animal Body. The Nature and Source of the Bacteria in Milk. Suspended Matter in Milk. Bacteriological Standards of Purity.

Changes Produced in Milk by Bacteria.—Curdling of Milk by Acid and by Rennet. Influence of Temperature and Preservatives.

Spread of Disease by Milk.—Diphtheria. Scarlet Fever. Typhoid. Summer Diarrhoea. Tuberculosis. Tracing of Epidemics to Milk Supply.

Preventive Measures.—Importance of Cleanliness. Refrigeration. Methods of Distribution. Sterilised and Pasteurised Milk.

A Practical Class will be held immediately after the Lecture.

The fee for the course is 2s. 6d.

The Nursing Masque.

The National Council of Trained Nurses and their friends will meet, with great honours, the Right Hon. the Lord Ampthill, G.C.I.E., Chairman of the Central Committee for the State Registration of Nurses, has accepted the office of Patron of the Registration Remuneration organised under their authority to be held at the Cornmarket Rooms on February 18th. The nursing profession owes more than it at present realises to the sympathetic championship of its legitimate aspirations by this great statesman. Lord Ampthill has accepted a copy of the Masque written by Miss Mollett.

One good result of presenting the Evolution of Trained Nursing in spectacular form, is that dozens of nurses are living into the history of their profession, and realising their profound ignorance on this most interesting subject.

For instance, we had occasion to consult Dr. Anna Hamilton, of Bordeaux, on the material of which the costume of figure 23, page 206 (a plague physician or attendant), which appears in her Thesis on Nursing, and this is her instructive reply: "The material is *Maroquin du Levant*, that is of Oriental leather, therefore reddish brown or yellowish brown, just as leather may have been prepared. It is not probably scarlet, for though medical professors wear magenta gowns now in France (law professors wear scarlet, the doctors in olden times wore black gowns. Rabelais' gown is still shown at the Faculté of Montpellier, and it is black, and he died in 1553."

Dr. Anna Hamilton's letter ends: "The editorial staff of *La Gard. Malade Hospitalière* wishes to subscribe 25 francs towards the expenses incurred for the Nursing Pageant. I enclose a post office order for the same."

We greatly value this evidence of goodwill from Bordeaux, and have pleasure in accepting it. *La Gard. Malade* will appear amongst the little flock of professional journals, led by Miss M. Brey, as sub-editor of this journal, who will wear as their distinctive badges very pretty many coloured leather pens; so we shall pay for the bannerette to be carried by Miss Brey, inscribed "Mightier than the Sword," with this most welcome subscription from our kind friends in France. We specially appreciate their sympathy, as we did that sent from Germany by Sister Karll last week.

The Pageant Secretary is beginning to be very busy with the sale of tickets, and she will be grateful if everyone who intends to take tickets will do so as early as possible, so as to prevent a great rush of work, as the date of

the Pageant approaches. To buy them early will be most helpful to her.

We have been constantly asked, "Who is going to play Hygeia and the Spirit of Nursing and Science?"

In reply to this question we have pleasure in announcing that the part of the Goddess of Health will be impersonated by Miss Irene Fergusson; the Spirit of Nursing by Miss Audrey Campbell; and Science by Miss Winifred Bridger. All three ladies are admirably adapted for their respective parts, and are entering into the spirit of this symbolic Masque in a manner which must result in success. Hygeia will, of course, be dressed in white archaic Greek drapery, the Spirit in shimmering grey, and Science in an academic rose-coloured robe over black. A very charming trio who, we feel sure, will give the true interpretation to Miss Mollett's impressive lines.

Our Prize Competition.

We have pleasure in announcing that Miss Julia Hurlston, Sister-in-Charge, Muirfield Convalescent Home, Gullane, N.B., has won the 5s. Prize this week for her reply to the question: "How to Succeed as a Private Nurse," which we have pleasure in printing.

HOW TO SUCCEED AS A PRIVATE NURSE.

To be a successful private nurse it is necessary, in the first place, to obtain the best training, which should include three years' work in a general hospital, followed by experience in special branches—viz., maternity, fever, massage, and mental work. The general training must be taken first, as discipline and nursing etiquette are better acquired in a large general hospital than in a special one. The character of the nurse is developed by coming in contact with a greater variety of people; she learns self-control, adaptability, and the power of quiet observation, and is trained how to take notes and to report accurately what she has observed. She would also learn professional dignity, and last, but not least, how ignorant she still is, and the necessity for further training. A nurse intending to continue her work in general hospitals, either as a Matron or Sister, does not require further training in actual nursing, but should study administrative work, how to teach probationers, practically and theoretically, their work before she undertakes a position of responsibility; but the more a nurse can learn in special work before she takes up private nursing the better she will succeed, as many of the cases of illness she is called upon to nurse are not met with during a general hospital training.

Secondly, she must be a gentlewoman, absolutely conscientious, possessed of a cheerful, kindly, sympathetic nature, combined with firmness and tact. She should also be domesticated, a good reader and conversationalist, and able to play games. Gifted with these qualifications she should not find much difficulty in "fitting in" with the variety of patients, their friends, and servants; also the different doctors and nurses with whom her lot will be cast.

When her training is as complete as she can make it she should join a good Nursing Co-operative Society, from which she will probably get experience in the work of private nursing homes, which would be a help to her in learning some of the refinements of nursing, which are not taught in hospitals, and she would meet the same class of people that she might at any time be called upon to nurse in private houses. She would get into more intimate touch with the medical profession, and would look upon them as friends and colleagues, both working for the same object—viz., the restoration to health of the man or woman who is employing them. If the patient and doctor see that the nurse has done her part well they will be the first to express their appreciation, and she will find herself fairly started on the road leading to success, and will be asked by the same doctor to nurse again for him, and the patient will also name her to her friends. In this way she will make a good connection, and by co-operating with other nurses be able to help them also to succeed.

"Nothing succeeds like success."

This competition is evidently a subject of great interest to nurses, to judge from the very large number of replies received. The paper sent by Miss Elizabeth Barton is excellent, and gains honourable mention. We hope later to publish it on the usual terms.

From many of the replies something good is to be gathered.

Miss F. Sheppard says:—"A private nurse must have plenty of resources. She must be well educated, able to interest and amuse her patients by reading aloud, be musical, able to undertake a little secretarial work, and house-keeping if required on emergency."

Miss Emily Marshall is of opinion:—"To make a successful private nurse one needs strength of character, tact, and good, sound common sense added to training and skill. It does not do to take the groove of the hospital ward into the sick room. Each patient and household needs a separate and special study of their way of having things done, and by con-

mentary to the rules of the hospital a nurse may be in the minority of opinion. Patients and their friends need a helper in times of illness and anxiety, and a nurse should endeavor to share sorrows and to be a veritable tower of strength."

Miss E. S. Fountain writes: "It was well said to me, 'I may have to pay a lot that for the encumbrance of having a nurse about the house.' Why is it that so many well-trained women are not a success as private nurses? I believe the chief cause of failure is want of adaptability. The private nurse, if she is not to be an encumbrance, must adapt herself. The private patient should not be treated with the business-like routine of the hospital ward. It is not necessary, and it is not desirable, to insist on hard and fast rules with regard to times of washing, sleeping, tidiness of bed, and ways of 'doing hair.'"

"A point which many otherwise excellent private nurses are most inwise in talking too much of former patients. It is absolutely impossible to be too discreet in this particular. The nurse enters houses the inmates of which are often completely thrown off their balance by the anxieties of the illness, and whose household arrangements are often disorganised. What she sees and hears she should feel in a priest's habit to keep closely to herself, as a prudent secret of the Confessional [see "the wise old owl," page 32, B.J.N. of Jan. 14th.]

"Perhaps the ideal private nurse is best summed up in the words of Keble:—

"The world's a room of sickness . . .
The truest wisdom there, and noblest art,
Is his who 'skills of comfort best.'"

(To be continued.)

Legal Matters.

ABBOTT v. RYALL.

The Lesson of the Case for Nurses.

The circumstances of the action brought by Mr. George Nelson Abbott and his wife, formerly of Palmer's Green, against Mr. Charles Ryall, F.R.C.S., in the King's Bench Division, before Mr. Justice Phillimore, to recover damages for his alleged negligence in performing an operation on Mrs. Abbott, have been widely published in the daily press; the aspect with which we are concerned is its lesson for trained nurses.

Briefly, Mrs. Abbott consulted a Dr. Dixon and on the advice of his partner, Dr. Fairweather, who in October 1908, diagnosed that Mrs. Abbott was suffering from a fibroid tumor, she further consulted a specialist, Mr. Ryall, who informed her that an operation was necessary, which he performed on November 5th. There were present at

the operation, which was in extremely complicated one, two doctors and two nurses in addition to the defendant. The patient subsequently suffered great pain continuously till the following March; after a jump appeared in her side and Dr. Dixon advised her to see Mr. Ryall. She could not keep the appointment owing to prostration from pain, but having left Palmer's Green and gone to live in Hunter Street, she consulted Dr. O'Donnell, who suspected the presence of a foreign body in the alimentary canal, and administered doses of olive oil. In October she passed a large swab which was quite hard and stiff. The next day Mr. Abbott called on the defendant and showed him the swab, he at first had no recollection of using the swab, but subsequently (presumably on reference to his notes of the case) said that he inserted it intentionally, and that to have removed it at the time of the operation would have been to endanger the plaintiff's life. The learned counsel for the plaintiff, Mr. F. E. Smith, K.C., stated that none of those who were present at the time of the operation knew that the swab was there.

Mr. Russell Howard, F.R.C.S., who gave evidence, said that he had never heard of a swab being left in the body in the manner described, but in a complicated case it might be justifiable. It was the duty of the surgeon to tell the medical attendant in charge and the nurses, also to ascertain that the swab was passed. It would be the duty of the attendants to watch for that.

Dr. S. Robinson Dixon, who gave the anæsthetic at the operation, said the defendant did not tell him, or say in his hearing, that the swab was left in and Dr. Fairweather, who was also present, said that at the conclusion of the operation he did not know the swab was left in. The operation was the worst he had ever seen. He thought leaving the swab in was the only thing Mr. Ryall could do.

Dr. J. J. O'Donnell said that when consulted by Mrs. Abbott he came to the conclusion that there was some internal obstruction. He did not connect it with the operation.

Sir Alfred Fripp said that if a swab were left in the operating surgeon would tell either the medical man in charge of the case or the nurse.

Mr. Hume Williams, K.C., for the defence, spoke of the professional eminence of his client. After the operation on Mrs. Abbott he remembered he had been obliged to leave a swab in the bowel, and he informed the nurse of this, and that she had to take the proper precautions. When he returned to see Mrs. Abbott in the following October the first question he asked the nurse was what had become of the swab, and the nurse was convinced that it had come away.

In the course of his evidence, Mr. Ryall stated that he was under the impression he had drawn Dr. Fairweather's attention to the leaving in the swab. He did tell the nurse in such a way that Dr. Fairweather should not hear. On these occasions he put more reliance in the nurse than the private practitioner.

The nurse, Miss J. E. Powell, trained at the

City of Dublin Hospital, said that in his instructions to her Mr. Ryall told her to watch if the plug in the bowel came away. Two days after the operation Dr. Fairweather instructed her to give the patient an enema of olive oil, water, and turpentine; that was followed by satisfactory results. She saw what she believed was the swab. The bowels had been cleared before the operation, and the patient not having had any solid food since she thought the swab must have come away. She informed the defendant so when he came down a week later to remove the stitches. She further stated that the record book had been spoilt as the other nurse spilt ink over it. It was torn up in the house.

The questions put by the Judge to the jury were (1) Did the defendant act negligently, in leaving the swab in the bowel; (2) Was he guilty of negligence in (a) not, and (b) not sufficiently informing the persons in charge that he had so left it. The last question was that of damages. If no damage was proved the defendant was entitled to judgment.

In the course of his summing up, the Judge pointed out that the plaintiffs had boldly asserted, through their counsel, that this eminent surgeon had practically conspired with the nurse to manufacture false evidence. He (the learned Judge) did not wish to take sides in the case, but that was a serious charge to make. It was for the jury to consider whether there was any foundation for it.

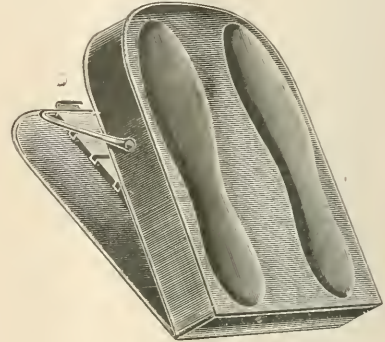
The jury answered the first two questions in the defendant's favour, and judgment was consequently entered for him with costs.

THE NURSING IN THE CASE.

The case is of considerable interest to nurses because the nurse is apparently the only person to bear the blame. According to the *Times* report, from which our own is abridged, she swore that Mr. Ryall instructed her to watch for the evacuation of a gauze drain and the plug, or swab, and that she saw what she believed to be the swab. In the regular discharge of her professional duty, she should have saved and shown the supposed swab to the local practitioner in charge of the case, Dr. Fairweather, and secured his verification. Mr. Ryall's statement that "on those occasions he put more reliance in the nurse than the private practitioner" must be left to the judgment of the medical profession, but nurses must not fail to remember that they work under the supervision and direction of the medical practitioner in charge of the case, and have no independent responsibility apart from him. It is incredible that if the matter passed by the patient had been submitted to Dr. Fairweather for his inspection, as it undoubtedly should have been, that he would not have satisfied himself of what it consisted. It does not appear from the evidence that the nurse afforded Dr. Fairweather this opportunity, or even reported the supposed discharge of the swab to him, and as the sequel proves, by this omission she deprived herself of corroborative evidence, and remains the person whose mistake according to her own evidence was the cause of this deplorable litigation.

Practical Points.

We have pleasure in directing the attention of our readers to the extremely practical and useful foot warmer, supplied wholesale by Messrs. W. B. Fordham and Sons, Ltd., 36-40, York Road, King's Cross, N. This "Anti-Chill" Foot Warmer has been designed and patented by a nurse, and though primarily designed for the special purpose above mentioned; it can be



applied to almost any part of the body. When closed, it can be easily carried by the handle, formed by the support for the hot water tin. The tin can also be slightly raised to a comfortable height for use in a bath chair or carriage, as shown in our illustration, or it can be placed in an almost vertical position for the use of patients lying in bed. Its price, made in good tin, holding about five pints, is 3s. or in copper, 10s. 6d. Red felt covers are supplied at 12s. per dozen.

Miss Agatha Hodgins, Special Anaesthetist to Lakeside Hospital, Cleveland, Oregon, writes in the *American Journal of Nursing*:—

"The following is a description of a very simple and what we have found in our clinic a sufficient protection for the anaesthetist in our neck work, especially in goitre operations.

"It consists of a large sterilised square of cotton and gauze, 42 inches wide and 56 inches long. The cotton material extends back 20 inches. The gauze is then joined along the width (42 inches) and measures back 36 inches.

"The centre of the cotton part is curved like a bib to fit the neck. This curve measures 14 inches and has a casing through which runs a drawing tape, so that the curve may be made smaller. This bib-like part is adjusted by tying or is secured to the patient's rubber cap by means of hemostats. We use the latter method.

"When the screen is adjusted by his assistants to suit the operator, it is thrown back over the anaesthetist's head, completely screening her from the operating field, the cotton part coming between her and the field. The gauze gives sufficient air, and is kept in the required position by securing it to the anaesthetist's gown with hemostats.

"In Dr. Crile's clinic we use nitrous oxide and oxygen almost exclusively. It is impossible, of course, to sterilise the apparatus, and we have, therefore, found this screen most valuable, as it does not slip out of position. We have also used it with other anaesthesia, and think it makes the problem of keeping away from the field much more simple and comfortable for the anaesthetist."

Appointments.

MATRONS.

Chelsea Hospital for Women, Fulham Road, S.W.—Miss M. S. Riddell has been appointed Matron. She was trained at St. Bartholomew's Hospital, E.C., and is at present Assistant Matron at University College Hospital.

National Hospital for Diseases of the Heart.—Miss Adelaide C. Maxwell Moffat has been appointed Matron. She was trained at the South Devon and East Cornwall Hospital, Plymouth, and has held the positions of Home Sister and Night Sister at the Alexandra Hospital for Hip Disease, Queen Square, Bloomsbury, Home Sister at the Royal Hants County Hospital, Winchester, and Theatre Sister at the South Devon and East Cornwall Hospital, Plymouth.

Cottage Hospital, Moreton-in-the-Marsh.—Miss May Forrest King has been appointed Matron. She was trained at St. Thomas's Hospital, London, and has held the position of Sister at Monsall Hospital, Manchester, Senior Sister and Acting Matron, General Hospital, Rotherham, and Matron of the Ebbw Vale General Hospital. She has also had experience of private nursing.

Victoria Cottage Hospital, Woking.—Miss B. M. Stevens has been appointed Matron. She was trained at the Wolverhampton and Staffordshire General Hospital, and has held the position of Theatre Sister at the Salop Infirmary, Shrewsbury, Sister of Surgical Wards at the Cumberland Infirmary, Carlisle, Night Sister at the Beckett Hospital, Barnsley, Home and Theatre Sister and Deputy Matron at the District Hospital, West Bromwich.

ASSISTANT MATRONS.

Monyhull Colony for Epileptics and Feeble-minded.—Miss Mesta Maude Hawkes has been appointed Assistant Matron. She was trained at the Southwark Infirmary, and has held the position of Assistant Matron at the Rodgett Infirmary, Royal Albert Institution, Night Superintendent at Southwark Infirmary, and Ward Sister at the Beckett Hospital, Barnsley.

Belvidere Hospital, Glasgow.—Miss G. Fairley, Home Sister at Belvidere Hospital, Glasgow, has been appointed Senior Assistant Matron.

MESSAGE SISTER.

The Children's Infirmary, Carlshalon.—Miss Monica Brace-Hall has been appointed Massage Sister.

She was trained for two years at the Swedish Institute, Cromwell Road, South Kensington, S.W.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Mary Ellen Davis to be Staff Nurse (provisionally). Dated December 25th, 1910.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Mrs. Ada Barrow and Miss Gertrude Hardy as County Superintendent and Assistant County Superintendent to Staffs County Nursing Association; Miss Lillian Ewens, to Kingston, as Senior Nurse; Miss Isabella Nicoll, to Hammersmith; Miss Louie Taylor, to Stockport; Miss Eunice Hitch, to Weston-under-Penyard; Miss Nellie Jones, to Darwen; Miss Amy Wrightson, to Hastings; Miss Deborah Bourne, to Hull; Miss Effie Barr-Hamilton, to Barry; Miss Bella Mackintosh, to Haverfordwest.

CHANGES AT ST. JOHN'S HOUSE.

The impending changes have now taken place at St. John's House, Queen Square, Bloomsbury, the charge of which has passed from the St. Peter's Community, Kilburn, to that of East Grinstead. Before leaving, Sister Charlotte was presented by the nursing staff with a sum of money to be applied to whatever purpose she desired to devote it, with an illuminated address, as a token of their affection and gratitude for much kindness during eighteen years.

PRESENTATIONS.

Miss A. E. Giddings—who for twenty-three years has been Matron of the Children's Convalescent Home, West Kirby, during which time the number of beds has been increased from 6 to 150, and over 20,000 children have passed through the Home—recently resigned the position, we regret to say, for reasons of health. The Committee appointed a Sub-Committee to arrange the best method of expressing to the retiring Matron their appreciation of her great services to the institution, and though no public appeal was made, Sir Thomas Royden, the Chairman, recently intimated to her the pleasant news that a Trust Fund had been created which would bring her in the sum of £46 a year.

Although the faithful service of nearly a quarter of a century cannot be recompensed in money, the appreciation of her work, shown by this generous gift, must be a great pleasure to Miss Giddings.

Miss Newman, who is resigning the position of Matron of the Boston Hospital, was last week presented by the Chairman, Councillor W. Porter, J.P., on behalf of subscribers and friends to the hospital, with a purse of gold, and an illuminated album, as a recognition of her work during the ten and a half years she has held the position of Matron.

An interesting ceremony took place last week in the dining hall of St. Augustine's College, Canterbury, when Lord Northbourne, acting for the President, the Bishop of Dover, presented four nurses, who have been on the staff of the Canterbury and District Nurses' Institute for four years, with a cheque for £10 and a framed certificate. The recipients were Miss E. Clarke, Miss M. Mansfield, Miss E. J. Enby, and Miss J. Spurl.

Nursing Echoes.



A meeting of the City of London Branch of the British Red Cross Society was held at the Mansion House last week. The Lady Mayoress presided. The Committee decided to make arrangements for lectures on nursing for those who had passed their first-aid examinations. Lady Mackinnon said that gratifying progress was being made in the classes started at the Prudential Assurance Company's establishment at Holborn Bars, where some hundreds of male and female members of the staff were under tuition, and four complete detachments had already been constituted in that one establishment alone. Other City firms and institutions were about to join in the movement. Colonel Harrison, Colonel Broome-Giles, Miss Hoadley, and Miss H. L. Pearse were appointed a sub-committee to make preparations for the nursing tuition and examinations, and a committee of ladies was formed to select a suitable uniform for the detachments while under training.

During the Christmas vacation Miss M. S. Rundle, the Isla Stewart Scholar at Teachers' College, was a visitor at the Presbyterian Hospital, New York, and she seems to have been greatly impressed with the educational facilities afforded to the probationers. As the guest of Miss Maxwell, whose strong and charming personality impressed European nurses so deeply at our Paris and London International Meetings, Miss Rundle has come into intimate touch with the daily routine of a first-class American Training School for Nurses. She writes, in sending New Year's greetings:—"It is sweet to hear Miss Isla Stewart spoken of, and it is all because of that name that I am receiving so much kindness." I am indeed fortunate to be a visitor in one of the best hospitals in the United States. The Presbyterian is a beautiful hospital, and the equipment of the Training School, called the Florence Nightingale Hall, is perfect.

"It appears to me that the first consideration of the authorities must be the education of the nurse, and all the methods and routine are directed to that aim. The curriculum covers so many subjects, and all details as to time required for each are carefully worked out. There is a beautiful laboratory in the Hall, where the nurses are taught domestic science

by the resident dietitian, a study on each floor, and, of course, a library. A nurse holds the position of anaesthetist for all the operations. The surgeons prefer a nurse to hold that position, and she is especially qualified for it. . . . In two weeks the mid-year exams begin at Teachers' College. Half the time nearly gone—it is passing so quickly."

The scheme for forming an Irish Nurses' Co-operative Hostel Company, Ltd., which, suggested by Miss Huxley, is being furthered by the Irish Matrons' Association, promises to be a great success. The Association suggests that after making due provision for the necessary out-going expenses nurses working on the Co-operation would share with them any surplus income, profits, or revenue made on rent of rooms, surplus on board and lodging, percentage on nurses' earnings, etc.

The idea is being well supported by the members of the Irish Nurses' Association, who are much interested in it, and are taking up the shares necessary to provide the capital for launching it, which are being issued at £1 each. A house has been secured in which it is hoped to provide suitable rooms as a residence for nurses, and large rooms for the Irish Nurses' and Irish Matrons' Associations, with lecture and class-rooms. We wish the enterprise all success.

Notwithstanding the changes which have taken place at the Ruchill and Belvidere Hospitals, Glasgow, there still seems to be dissatisfaction amongst the members of the nursing staff, and a controversy regarding the disciplinary regulations for the nurses has been going on in the *Evening Citizen*. Discipline must be maintained, but those who frame regulations should recollect that nurses are grown-up women, exercising a responsible profession, and should not be governed through rules which would be more suited to a Dame's School; and to stop the leave of nurses on half days for unpunctuality is to deprive them of the fresh air needful to the preservation of their health.

The proposition to reduce the working hours of nurses in hospitals in New South Wales from twelve to eight hours is regarded with some alarm by hospital authorities, who realise that it will mean the increase of their nursing staff by about one-third, and the addition of new wings to many nursing homes. The demand for an eight hours' day, it should be noted, does not come from the nurses, who realise the difficulties of its enforcement, but the

Government's plan to introduce a night-hour system.

The Canadian Nurse brings the news of the resignation of Dr. H. Dr. MacMurphy, its first Editor, under whose inspiring care it has passed through the first experimental years of its existence, and has now an assured position as the official organ of all the Associations of Trained Nurses in Canada. Dr. MacMurphy, who has several times visited this country, is known by the nurses whom she has met as an able and charming woman, and no doubt she finds the arduous duty of editing a journal incompatible with the professional claims which throng upon her.

The new Editor is Miss Bella Crosby, who has acted as Assistant Editor. Miss Crosby is also known to nurses on this side of the Atlantic, as she attended the International Nursing Conference in Paris in 1907, and afterwards came to London. Miss Crosby is a graduate of the Toronto General Hospital, but hopes before long to visit every province of Canada, to meet the nurses, and advance their interests. We congratulate Miss Crosby on her appointment to this important position by the Editorial Board of *The Canadian Nurse*, and wish her all success in her new office.

The Nursing Journal of India will have an account of the interesting Conference of Matrons and Nurses held last month at Benares, in the February issue. Miss Tippett, of Lahore, has been re-elected President of the Association of Nursing Superintendents, and Miss S. Grace Tindall, Lady Superintendent of Cama and Allbless Hospital, Bombay, is the new President of the Trained Nurses' Association. Miss Stoen, of the Mure Memorial Hospital, Nagpur, has been elected Secretary and Treasurer of the Superintendents' Association, and Miss Bonser, of Lahore, fills the same office for the Trained Nurses' Association. This month marks the close of the Journal's first year. It has filled month by month an increasing need amongst nurses in India, and it enters on its second year of life with the warmest good wishes from the mother of nursing journals, the BRITISH JOURNAL OF NURSING.

Miss Dock reports a delightful letter from Miss Survo in Tokio. She and Miss Hagiwara have been gathering material for the third volume of "Nursing History," to appear this year. Miss Survo, who was trained in the United States, says:—"I have not started our settlement work yet, but am trying to

organise it. It is very difficult, as few people could not understand who visiting nurses were. I am visiting twice a week among the young men here. At first they were frightened, but now they are understanding better." Miss Dock also reports the following note of sympathy from China:—"The Nurses' Association of China wish to express through the *American Journal of Nursing* their sincere sorrow at the death of Mrs. Hampton Rabb. By her death the profession has lost a leader as well as a loyal friend." This grows the international nursing outfit. We are looking forward to the day when all these dear little nurses—for both Japanese and Chinese—women make most gentle and skilful nurses—all work links in our great International Council of Nurses. We are creeping around the world very fast.

The *American Journal of Nursing* suggests that the opportunity should not be lost of presenting a nursing section at the Seventh International Congress on Tuberculosis, to be held in Rome in September, 1911. So many Italians emigrate to the States and locate themselves in New York, and, according to Miss M. A. Gallagher, so little is known in Italy of the distinct menace of tuberculosis that instructive material should be collected, and presented at Rome, and thus a splendid work done for Italians both in Italy and in the United States. Miss Baxter and Miss Turton, who are on the spot, would help with this good work, no doubt. Why should not English nurses do something to help? The Italians are our very good friends.

Old Age Pensions for Nurses.

The question of financial provision for their old age is one which a considerable section of nurses find it necessary sooner or later to face. Such nurses may with advantage study the announcement of the Norwich Union Life Office on page iii. of our advertisements this week. This old-established office possesses a high reputation for its up-to-date methods of insurance; and it devotes special attention to that large class of men and women who do not desire to take up an ordinary life insurance policy, but do wish to invest a portion of their savings in a secure and advantageous manner, and where there is no medical examination. The scheme which this Company has now arranged for nurses' pensions deserves the very careful attention of our readers. It appears to us to be excellently designed to meet the wants of nurses, whilst the strong financial position of the Society renders its guarantee an absolutely safe security for monies invested with it.

The Hospital World.

CHRISTMAS FESTIVITIES

A very pleasant At-home was given at the London Homeopathic Hospital on Thursday in last week, including an excellent concert in the new Board Room in the Sir Henry Tyler wing; the presentation of prizes in the nurses' examinations awarded by the Board of Management, by Lady Truscott; a supper served at small tables in the ward above, which was beautifully decorated by the nursing staff; and afterwards a dance in the Board Room, which was cleared for the purpose while supper was going on. Miss Hoadley, the Matron, and Mr. E. A. Attwood, the Secretary, are greatly to be congratulated on the perfection of the arrangements, especially when it is remembered that the new wing was used for the first time, and twenty-four hours previously was in a condition of chaos.

Sir George Wyatt Truscott, who responded to the vote of thanks to Lady Truscott, said that the new wing, when opened in June, would nearly double the capacity of the hospital. We are glad also to learn that one floor of rooms, not cubicles, is to be set apart for private patients.

The possible number of marks to be gained were 600, and the prizes were awarded as follows:—*Second year nurses*: 1st prize, Miss Vick (447 marks); 2nd prize, Miss Upton (441). *First year nurses*: 1st prize, Miss Rickleton (545); 2nd prize, Miss Kenwick (543). The presentation of the Gold Medal was postponed owing to the final examination not having taken place.

The production of "Sweet Lavender" for the patients at the Central London Sick Asylum, Cleveland Street, W., on Saturday last, by Mr. C. W. Pearson and a gifted cast, gave immense pleasure. The part of Lavender was charmingly played by Miss M. Hathaway, and of Clement Hale, the adopted son of Mr. Geoffry Wedderburn, by Mr. H. H. Pearce. Mr. Pearson, as Dick Phenyl, the broken-down barrister, caused great amusement, his efforts at folding the table-cloth being greeted with shouts of laughter by the women patients present. It is through his good offices that after some vicissitudes the course of true love eventually runs smoothly for Clement and Lavender, as well as for other actors in the play. At its conclusion three hearty cheers were accorded to the performers, and on coming before the curtain Mr. Pearson received a great ovation. The Matron, Miss C. B. Leigh, who was indefatigable in ensuring everyone's happiness, afterwards entertained the visitors to tea.

A most successful concert was recently given in Ward B 5 of the Hackney Infirmary, and patients from other wards came in large numbers. Sister Waller, who is in charge of the ward, had gathered together a number of ladies and gentlemen who delighted the audience with their splendid talent. The humorous songs rendered by Mr. Fielder were received with enthusiasm, and the audience joined in the chorus heartily, whilst the Misses Harlock and Webster are to be congratulated on their clever accompaniments on a piano kindly lent by the Hackney Furnishing Company. Refreshments were provided for all the patients, and the National Anthem brought a most enjoyable evening to a close.

The nursing staff of the General Hospital, Croydon, arranged a varied and delightful programme for the benefit of the patients on New Year's Eve, with a little assistance from members of the medical staff, which was thoroughly enjoyed, not only by the patients, but also by the large number of visitors, including Mr. Ian Malcolm, M.P., and Mrs. Malcolm, Sir Frederick and Lady Eldridge, and many others. Some very effective tableaux were given named "Past and Present," including a new and an old-time nurse, and other contrasts. Sisters Mary and Mark and a number of nurses, with Dr. Atkins and Dr. Davidson, all contributed to its success. The last item on the programme, a song and chorus, "There's a King in the Land" (the King of Cadonia) represented by Dr. Davidson, included a charming group representing England, Scotland, Ireland, and Wales in national costumes. At the conclusion Sir Frederick Eldridge expressed the hearty thanks of the patients to the nurses for the charming, varied, and interesting entertainment they had given them, and, as a member of the Committee, said they were proud of their nursing staff, who not only did their work thoroughly and well, but also did everything they could to cheer their patients.

The Annual Treat given by Miss Purvis, the Lady Superintendent, and the nursing staff of the Middlesbrough Nurses' Home, to the poor children of the town, is always looked forward to with keen anticipation for months beforehand. This year, after the children had enjoyed a thoroughly substantial meal in the crypt of the Town Hall, the gifts from the great Christmas trees were distributed by the Marchioness of Zetland, who afterwards spoke a few words to the assembled children. Miss Purvis also saw that children who were unable to leave home were not forgotten, and special gifts were reserved for them.

Reflections.

FROM A BOARD ROOM MIRROR.

The King will open Parliament in person on February 6th. The Queen will drive with his Majesty from Buckingham Palace, and it is understood that the Prince of Wales will also attend at Westminster.

The King has been proposed to become Patron of the Fresh Air Fund.

The memorial concert to be given at Queen's Hall on the 24th inst. in aid of the Prince Francis of Teck Fund for the endowment of Middlesex Hospital has been arranged by Miss Alys Bateman, and Verdi's Requiem will be rendered by the Brighton Choir and Festival Orchestra of five hundred voices and instruments, conducted by Mr. Joseph Sainton, with Miss Bateman taking the soprano solos.

The accounts of the Hospital Saturday Fund for 1910 closed on the 9th inst. The amount received on that day was £5,471, bringing up the total for the year to £34,736. This sum is £4,074 in excess of the collection for 1909, and shows the largest annual increase since 1890, when the penny-a-week system of collection was introduced.

The Hospital for Women in Soho Square, of which the Queen is Patroness, was thronged with visitors on Friday, Jan. 13, as the hosts of Mrs. B. Elkin Mocatta, and the Ladies' executive. The re-building of the hospital has cost £22,500, and has now 65 beds, and admits monthly 100 in-patients, and 500 new out-patients monthly. Many supporters of the hospital were present, and greatly admired the beautiful wards, and all the up-to-date appliances.

The King has sanctioned the prefix of "Royal" being continued in the case of the Royal Portsmouth Hospital, the right to use which was recently questioned by the Home Office, though the title had stood unchallenged for sixty years.

The Bethnal Green Free Library is the richer by the gift of some 50 volumes from the library of the late Miss Florence Nightingale. Many of these deal with social economics.

The following managers were re-elected at the annual meeting of the Royal Infirmary, Edinburgh: Mr. W. A. Tait, C.E., Mr. Walter Bell, Lady Susan Gilmour, and Dr. J. O. Affleck, and Sir Robert Cranston, K.C.V.O., and Mr. Alexander James elected.

Mr. William Strang Steel, of Philiphaugh, Selkirkshire, who died on January 2nd, has bequeathed to the Western Infirmary of Glasgow £5,000, and to the Royal Infirmary, Edinburgh, £2,500.

Our Foreign Letter.

A VISIT TO THE MEDICAL MISSION HOSPITAL, IN PESHAWAR.



Peshawar, unless you have been there, only conjures up an Indian frontier station, with a large military cantonment and exciting raids by the Khel tribes from across the border.

My experience was far more varied, and took place at a time of year when Peshawar was one vast garden, full of the most lovely flowers. The blossoms of the orange and lemon trees scattered their fragrance far and wide. Many of the private houses were hidden from the road behind banks of arm lilies, and the Cashmere rose, with its waxen white petals—not unlike our English clematis—covered the pergolas in rich profusion.

The early spring flowers, crocuses, tulips, and daffodils flourished, as I had never seen them do before in India. Almost every flower that is met with in our country cottage gardens, was growing in the compound of the Medical Mission hospital, where Dr. Hugh Lancaster reigns supreme, by the force of his gentle and generous disposition, quite as much as by his gift of healing and skill in surgery.

The Peshawar Mission Hospital is the monument to his energy and perseverance. The site was granted by the Government, and Dr. Lancaster collected the money to defray the expenses of building. The hospital is situated on ground rather higher than the surrounding locality, and commands a view of the Safed Koh (White Mountain), which stands out like a white maiden, among her larker sisters.

The buildings comprise a large serai and wards built round a courtyard.

There is a well equipped theatre, which has been the scene of many good operations; and accommodation for the assistant staff.

The serai is a large, lofty hall, where intending patients and their friends, who come from great distances across the hills, find shelter. The patients could not travel alone, so very often a whole family will come and take up their quarters in the serai, when they are provided with food at very small cost.

There are single wards, and the larger ones hold ten or a dozen beds, and this is about all the furniture they contain.

Cataract is a common disease among the frontier people. Fifteen to twenty cases were often operated on before breakfast of a morning, and it was pitiful when a patient arrived with both his eyes scared out by hot irons, yet hoping against hope that the great doctor would be able to do something to give him back his sight.

When you asked him how it happened, the answer invariably came, "Mine enemy hath done this."

Sometimes it would be the mutilated stump of an arm or a leg, perhaps both, and the same reply was given, "Mine enemy hath done this"; thus confirming the traditions of the Northern tribes who are warlike and revengeful and never spare an enemy.

And now for the object of my visit, which was to nurse a Medical Missionary who had recently come out from Home (Home with a capital H, if you please), and while performing a minor operation had the misfortune to poison his finger. This poison permeated his whole system, and when I found him he was wasted to a skeleton, having been operated on seventeen times for liver and other abscesses. His condition was pitiful in the extreme, and yet he was firmly convinced that he had not been brought out to India to die so soon. He fought bravely and patiently, helping us by all the means in his power, and we had the satisfaction of seeing him "his own man" again, at the end of seven or eight months.

Dr. Lancaster had several native and one European assistant to help him, as well as an English Matron, with native women helpers under her, for the women's section. There was no hard and fast rule about the patients wearing hospital garments, but I saw several cupboards full of clothing, which had been provided for them by kind friends, and they could have the use of them when they liked.

There were as few rules and restrictions as possible; so few, that we might almost say there were none, except the unwritten law that if the patients came to the hospital for treatment, they must listen to the reading of some portion of the Bible at least once a day, and this was done quite unostentatiously.

The Evangelist would take a Bible and sit down on a morah (cane stool) near a group of men patients, and begin to read aloud. It was a beautiful sight to see them. The fair-haired Englishman among those wild warriors in flowing white garments, their long black curling hair showing under their massive turbans and falling over their shoulders. The fiery black eyes flashing now and then as they listened to the story of the Cross. Sometimes nodding their heads gravely when any sentence appealed to them more than usual.

The unrest among the frontier tribes at the time of my visit, made a police guard at night a necessary precaution, and the Political Agent sent ten armed men to protect the doctor's house, which stood within the same enclosure as the hospital buildings, a high mud wall, several feet thick, running all the way round.

These members of the frontier police were a fine body of men—very fierce-looking, with loud, noisy voices, and much self assurance. It was more as a precautionary measure than anything else that they were sent, but as it happened, we did hear several shots fired in our vicinity about twelve o'clock one night, and the five policemen who had taken up their quarters at the back of the house, were roused from their heavy slumbers, and joined their brethren in front, when they all stood huddled to-

gether, not attempting to find out the cause of the disturbance.

When everything grew quiet again, and the marauders had been chased off by the native city police outside the hospital walls, our brave protectors folded their hands devoutly and thanked God that *they* were unhurt. Our readers may wonder why the guard went to sleep, but you will never find a native watchman keep awake at night. He brings his charpoy (light wooden bedstead) and places it on the verandah just outside your bedroom door, perhaps to give you the idea of greater security, but I firmly believe his choice of position is on his own account, so that he may not feel quite deserted at night.

He retires much earlier than you do, and snores audibly the whole night through; making perhaps one or two rounds of the premises, and with the dawn he disappears to sleep again after his exertions of the night. Luckily we were not often aroused during the night, and we never discovered the cause of that midnight attack.

Among the patients in the hospital was a small boy who had had his hand shattered by the explosion of a rifle. He was the son of one of the leading tribesmen, who were just then giving a lot of trouble by perpetrating daring raids into British territory. An expedition across the border was pending, and evidently the small boy knew all about it, for he asked everyone he met for an English rifle, and seemed to have set his heart on having one—failing that, he wanted cartridges. When I asked him what he would do with a rifle and cartridges, he promptly replied, "there was going to be a big fight, and he was only waiting for his hand to get better so that he could join his father and fight against the English."

In April it began to get very hot, and by the end of the month everyone who was able went away to one or other of the beautiful hill stations among the Himalayas. My patient was among the number, but he was still very weak and partially paralysed, and had to be carried on a stretcher. I am glad to say he was none the worse at the end of our thirty-six hours' journey, and it was then, among the invigorating atmosphere of the Simla hills that he picked up his strength.

Before we left Peshawar I was only able to pay one visit to the native Christian Church situated in the heart of the City. It was a Sunday morning and we drove through the bazaars, gay with stalls displaying bright coloured garments; shoes in red and blue leather with their long pointed toes turned up, and caps of rich hued velvet embroidered with tinsel. The flower sellers had chains of jessamine and roses for sale, and the sweet shops exhibited neatly arranged trays of most tempting looking *meethise* (sweetmeats).

This was the only opportunity I had for going into the bazaars, it not being considered safe just then, for Europeans to wander there, though I longed to explore the shops where wood-carvings and quaint curios are to be found.

The Church is a little gem of architecture, with its carved screens, pulpit, and reading desk, all made locally. The service was conducted by a member of the Church Missionary Society, and was

to the carriage, when I did not understand this gave me reason to take note of my surroundings, and out of the first things that caught my eye, was the stocking-foot of the preacher, which rather amused me, as I knew him to be a very shy and reticent man. It seems the native casts his shoes on the door-step when he enters a house, and considers it a mark of respect to enter the house of prayer with his shoes on.

There is just one more incident which I must relate before closing this account of my first and only visit to Pes-awar.

There were several of us gathered on the lawn in front of the doctor's house one afternoon, when we saw a picturesque group coming up the drive. A man in voluminous white robes was leading a buffalo with large wooden panniers on either side of it. In one was seated a beautiful woman with a baby in her arms, and the other contained their goods and chattels.

The woman's eyes were large and full of pleading—as though she was in trouble—which proved to be true, and her husband had brought her many miles from their distant village to see the great doctor. One of the ladies was so much struck by the artistic looking group that she fetched her camera and was getting ready to take a snapshot, but the moment the man saw the camera he said, "It is the Evil Eye," and turning round, led the buffalo with its precious burden away, afraid lest any harm should come to his treasures.

It is a noble work that Dr. Lancaster and his fellow workers are doing in that far distant frontier country, and there are many more men and women working like them. Quietly helping to subdue those turbulent people by ministering to their diseased bodies and winning them to Christ by the example of their own unselfish lives.

Among all the pleasant days of that delightful visit, the day I spent up the Khyber Pass stands out most vividly, and with the Editor's kind permission I will try to tell you about it another time.

VIDA BAIRD.

The Royal Sanitary Institute.

A Provincial Sessional Meeting of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., will take place at Bradford on *Friday, February 10th*, at 2.30 p.m. The members will meet at the Town Hall, and proceed to the Open Air School by special tramcar. At 7.30 p.m. there will be a meeting in the Council Chamber of the Town Hall, presided over by Louis C. Parkes, Esq., M.D., M.P.H., when a discussion on "School Clinics" will be opened by Dr. L. A. Williams, D.P.H., Medical Superintendent, Bradford Education Authority.

On *Saturday, February 11th*, the members will meet at the Town Hall, Bradford, at 9.15 a.m., to inspect the School Clinic, and at 10.45 a.m. a special tramcar will be in readiness to convey them to the Municipal Dairy at Heaton. Tickets of admission may be obtained by visitors on application to Dr. W. Arnold Evans, Medical Officer of Health, Town Hall, Bradford.

Outside the Gates.

WOMEN.



The Society of Women Journalists are naturally very reluctant to leave their old world rooms at 1, Clifford's Inn, but the sale of these historic buildings, which are to be swept away, and to be doubt replaced with more utilitarian structures, will necessitate a change. It will be very difficult to replace the old-world literary atmosphere which clings around this bit of old London.

Very appropriately Mr. S. Allen Walker lectured to the Women Journalists last week on Proliferous Fleet Street, which made them realise more keenly than ever the regret of saying goodbye to Clifford's Inn and its romantic environment.

On January 11th, the General Council of the Glasgow University approved of a draft ordinance giving effect to new arrangements for medical chairs in the University. These include the foundation by the Mulhhead Trustees of two new chairs of Pathology and Obstetrics and the augmentation of the emoluments of existing chairs of Clinical Medicine and Clinical Surgery.

A motion by the Rev. Dr. Robert Craig, urging that the word "Professor" should be interpreted without distinction of sex, so that any lady duly qualified might be a candidate for any chair in the University, was defeated by 11 votes to 9.

We are glad to note that a substantial minority of just men voted on this motion. A few years and no doubt they will have found themselves in the majority.

In spite of the denunciation of the few, we always knew men admired "wasp waists." Had they not done so this ugly and injurious fashion would have died out long ago. Dr. Sargent, of Harvard Gymnasium, avers that more rational dress, open air and athletic sports, and education more like that of men, have caused the pronounced physical characteristics known as feminine to diminish and made the female figure more like the male. And he thinks that the tendency should be stopped before it goes any further. On the other hand, Mr. Harrison Fisher, of New York, says the actual figures have not changed, but the changes of fashion give them a different appearance. Mr. John W. Alexander is not positive as to the change, but he deplors the loss of the extreme feminine qualities of the figure of twenty years ago.

American women are beautifully made, and as a nation most elegant. Pretty little heads, crum full of brains, gracefully poised on long necks, flat backs, slim waists, and beautiful hands and feet. The fact is that American men are spoilt, the girls are so ratty and sweet. What is really required is some

restriction in the rotundity of the average American male—his figure is by no means a model worthy of imitation, and we don't believe for a moment American girls will approximate to it without a struggle.

Play of the Week.

GHOSTS.

We are a strange nation, which is probably the reason why we submit to the presentation of much on the stage which were better excised while a play such as Ibsen's "Ghosts" comes under the ban of the Censor, albeit, as Mr. William Archer states, "it has probably done more than any other single play to enlarge and exalt our conception of the possibilities of modern dramatic art."

The Censor notwithstanding, the play was produced at the Ramblers Club, for one night last week, and everyone who saw it must have recognised it as one of the most powerful sermons on the subject of moral purity which it is possible to preach. The characters are Mrs. Helen Alving, widow of Captain Alving, late Chamberlain to the King, finely played by Miss Janet Aeburch; Oswald, her son, a painter (Mr. Courtenay Thorpe), Pastor Manders (Mr. Charles Charrington), Jacob Engstrand, a carpenter (Mr. Norreys Connell), and Regina Engstrand, Mrs. Alving's maid (Miss Alice Crawford). The action takes place in Norway.

The story is that of the marriage of a woman to a man of dissolute life, who, when death severs the detestable bond, devotes the whole of his fortune, which she refuses to touch, to the foundation of an orphanage. She has sent her only son away from home, to be out of the reach of his father's evil influence, and he has made some reputation as a painter in Paris, but when the play opens, has returned home for a visit to his mother's great delight. Tragedy once more encompasses her life, when Oswald confesses to her, "I'm not down-right ill; not what is commonly called 'ill.' Mother, my mind is broken down—ruined—I shall never be able to work again! . . . Never!—never! A living death! Mother, can you imagine anything so horrible?" His mother inquires how this horrible thing has come upon him, and he says, "That's just what I cannot possibly grasp or understand. I have never led a dissipated life—never in any respect. You mustn't believe that of me, mother. I've never done that." He then describes how at first he thought his illness nothing but the ordinary headache he had been so plagued with while he was growing up, but "my powers seemed to fail me, all my strength was crippled. At last I sent for a doctor and from him I learned the truth. There has been something worm-eaten in you from your birth. . . . The sins of the fathers are visited upon the children. . . . I very nearly struck him in the face—of course I assured him that such a thing was out of the question. But do you think he gave in? No, he stuck to it; and it was only when I produced

your letters and translated the passages relating to father . . . he had to admit that he was on the wrong track; and so I learned the truth—the incomprehensible truth! I had brought it on myself. No other explanation was possible, he said. That's the awful part of it. Incorably ruined for life—by my own heedlessness! All that I meant to have done in the world—I never dare think of it again."

And the mother, to ease the anguish of her boy, tells him that she is going to take the burden off his mind, "all the gnawing remorse and self reproach" he has spoken of. She does it at the expense of his father: "Your father was a broken-down man before you were born."

The crisis comes when the artist finds he is going blind; and when he says to his mother, "I never asked you for life, what sort of a life have you given me? I will not have it!" her cup of anguish is full.

Perhaps the best comment on the play is that of a mother on leaving the hall: "I wish my boy could see it." Is that the drama which we can afford to taboo?

P. G. Y.

COMING EVENTS.

January 24th.—The Women Writers' Suffrage League "At Home," Little Theatre, John Street, Adelphi. Musical and Dramatic Entertainment. "Before Sunrise," by Bessie Hatton. Admission, 2s. 3 to 5 p.m.

January 25th.—Quarterly Meeting of the Matrons' Council of Great Britain and Ireland, 431, Oxford Street, London, W. 4.30 p.m.

February 3rd and 4th.—Provincial Sessional Meeting of Royal Sanitary Institute, at Bradford.

February 6th.—Lyceum Club, Piccadilly, W. "Evolution of Trained Nursing" Dinner, 7.30 p.m.

February 8th.—Royal Infirmary, Edinburgh. Lecture on "Food and Feeding," by Dr. Chalmers Watson. All trained nurses cordially invited. Extra Mural Medical Theatre, 4.30 p.m.

REGISTRATION REVISION.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Nurses' tickets, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

WORD FOR THE WEEK

Politeness is to do and say
The kindest thing in the kindest way.

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.

SYMBOLICAL EXPRESSION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I am sorry that the facts concerning the approaching Nursing Pageant should have been so distorted in some quarters as to give an entirely wrong impression regarding its scope and tendency. The Church Pageant, which proved a great success, and a great stimulus to interest in matters connected with the Church of England, was, unless my memory misleads me, attacked in the same manner.

The practice of presenting serious, moral, and even religious subjects through symbolical pageants is very, very old, and certainly does not mean that they are approached in a flippant spirit. None who saw the drama of life, death, sin, and virtue represented in "Everyman," but must appreciate the value of the symbolical expression of emotion and of conduct that appeals so strongly to some natures.

As the one responsible for the words, I can unhesitatingly say that, however unworthy they may be, there is not one sentence that could offend the most sensitive feelings.

I feel convinced that the attempt to present pictorially a movement of such moment in the Nursing World will be both successful and interesting. Anything to get away from mere wordy warfare; with Madame Neekar one is inclined to say:

"Sick am I of idle words, past all reconciling,
Words that weary and perplex, and pander and conceal."

I welcome the return to a simpler mode of expression, drawn from a simpler age, that with a truer artistic feeling than ours worked in any medium that most easily and most clearly expressed the emotion that produced the desired effect and taught the needed lesson.

Wishing the Pageant every success,

I remain,

Yours faithfully,

M. MOLLETT.

Royal South Hants and Southampton Hospital.

[The fact that the Nursing Pageant is being organised by the National Council of Trained Nurses is sufficient guarantee of its ethical standard.—Ed.]

OUR FAVOURITE NOVEL PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—It was a great surprise to me to receive the cheque to-nite for 5s.—thank you for sending it to me. Though I know "The Dop

Doctor" is a great favourite I hardly hoped my letter would be the lucky first.

Yours very sincerely,

A. GERTRUDE LAYTON.

THE PUBLIC ESTIMATION OF NURSING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Another example of the public estimate of nursing. I had a brass plate cut and prepared. Before affixing it I went to the Duke of Westminster's agents (The Cubitt Estate Trustees) to ask the formal permission. It was blankly refused. I asked, "Why, then, would you allow a doctor's brass plate up?" The agent, typical of his class, answered patronisingly, "Oh! that is a profession, but we can't allow advertisements!" If the public regard us in that light they certainly deserve to do without us in times of sickness. But this sort of thing will go on till nursing takes its proper place as a registered profession. May your efforts in support of registration succeed soon.

Yours, etc.,

GLADYS TATHAM.

A RASH REMARK.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I was very glad to see attention drawn in the Journal to the practice which I fear is very prevalent of speaking before patients of their condition, and of other things, also, as if they were stone deaf. I think nurses cannot be too careful what they say before their patients, and I always try to impress this upon any who work in the ward in which I am Sister. I have seen serious harm result from thoughtless remarks made before patients.

May I be allowed to thank you, as a subscriber for many years to the BRITISH JOURNAL OF NURSING for its professional tone, and for the high standard of ethics and conduct always advocated in its columns. It is a weekly pleasure to me, besides which it keeps me up-to-date in practical nursing matters. I greatly appreciate some of the lectures which appear in its columns, and generally pass them on to the nurses in the ward who find them a great help.

I am, dear Madam,

Yours faithfully,

HOSPITAL SISTER.

Notices.**CONTRIBUTIONS.**

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

OUR PRIZE COMPETITION.

Rules for competing for our Prize Competition will be found on page xii.

The remaining competitions for January are:—
January 21st.—"Describe the Happiest Hour of Your Life."

January 28th.—"Describe a Baby's Cries and what they indicate."

In each case the answer of the competitor should be from 300 to 500 words in length.

The Midwife.

A Case of Eclampsia Treated by Saline Infusion.

Mr. A. Keith Armstrong, M.R.C.S., L.R.C.P., reports in the *British Medical Journal* the following interesting case:—

The patient, a poorly nourished woman, aged 34, had previously four confinements, all normal, and one miscarriage. Her present confinement at eight months occurred before the arrival of the midwife, who noticed nothing abnormal, and after attending to the mother and child left. Five hours later the patient was seized with convulsions; the midwife was recalled, and sent for me.

When I arrived the patient was unconscious, pale, pulse imperceptible at the wrists, the heart beats irregular in force and frequency, but very rapid, about 200 per minute; the extremities were cold and flaccid, respiration irregular and stertorous. (There had been no excessive hæmorrhage.) At intervals of from five to ten minutes she developed convulsions of an epileptiform character; they commenced with a tonic stage, during which the face became cyanosed, the limbs rigid, and hands tightly clenched, and blood oozed from the vagina.

A clonic stage then commenced, during which the convulsions were general; the duration of the whole fit was about five minutes. Hot-water bottles were placed at her feet, and I proceeded to infuse a solution of normal saline at the rate of about two pints per hour into the subcutaneous tissue of the axillæ and thighs, the total amount infused being four pints. During the infusion her condition gradually improved. She had one or two more fits, but these became much less severe. When the infusion was stopped she became conscious, though very drowsy, her respirations quieter and more regular, the pulse steady and beating at the rate of 90 per minute. There was no subsequent return of the fits. The urine examined in a specimen obtained by catheter after the infusion of saline showed 3.5 per 1,000 by Esnarch's albuminometer.

The points of interest in this case are, I think, the length of time after delivery before the onset of any symptoms—namely, five hours. When the infusion of saline was commenced the patient was *in extremis*, and the case if left to itself could only have terminated fatally, and that in a very short time. The patient made a very satisfactory recovery.

Unclean Milk and Infant Mortality.

We have received a communication from the Executive Council of the National League for Physical Education and Improvement, 4, Tavistock Square, W.C., on the above subject, which points out that it is recognised on all sides that few matters are of greater importance in promoting the health of the nation than a pure milk supply. Yet, unfortunately, milk is peculiarly susceptible and liable to contamination, not only while it is in the hands of the producer and retailer, but also as soon as it reaches the consumer. For want of due care in handling, milk is frequently, as is well known, a potent factor in the dissemination of a number of serious diseases, and has great influence on infant mortality.

Since the inception of the National League for Physical Education and Improvement in 1905, the question of pure milk has occupied a prominent position in its programme, and a special committee of eminent experts has devoted much time to the problem. The League is now undertaking definite practical steps to deal effectively with the matter.

Full details of the scheme will be sent on application to the Secretary of the League as above.

The Health of London's Infants.

The Report of Sir Shirley P. Murphy, Medical Officer of Health for the County of London, for 1909, shows that the marriage rate of the preceding year was the lowest recorded in London since complete marriage statistics have been available. The birth-rate (24.2) was the lowest on record in London since the institution of civil registration, and it is therefore a satisfaction to know that the infantile mortality rate (108) was the lowest also.

The deaths of children under one year of age in the Administrative County of London during 1909 numbered 12,582, being in the proportion of 108 per 1,000 births. From a diagram showing the infantile mortality in each year since 1857, and also the infantile mortality in each year after exclusion of the deaths from premature birth, which would in all probability be affected in greater degree than the deaths under any other heading by the more complete registration of recent years, it is seen that the rates of 1909 are the lowest recorded in this period. A table of comparison with thirteen towns of over 200,000 population shows that London had a lower infantile mortality than any town except Bristol.

The causes of infantile mortality can be roughly grouped into three classes:—(a) Those causes increasing in incidence with progressive age, such as the common infectious diseases; (b) those causes showing little or no variation in age incidence, such as tuberculous diseases; and (c) those causes exhibiting diminished incidence as age advances, such as premature birth, want of breast milk, etc.

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XLVI.

Editorial.

DISCIPLINE.

On all sides we hear that the modern probationer is of a different type to the one of twenty-five years ago. It is not denied that the type may be as good, but there seems to be a general opinion that she is essentially different. To find out why, we have to go further back than the probationer as she presents herself for training, to the environment and influences of her youth.

The Principal of a High School writing in a leading London paper says, "As a school mistress of twenty-five years' standing I find it difficult to believe that better material exists than the school girl of to-day. She is ready to love, anxious to learn, responsive to just praise and blame, appreciative of high ideals. But, and it is this I would insist upon, parents no longer believe in discipline. Some simply declare that they want their girls to be 'happy,' meaning thereby that they want them to play rather than work, and receive rather than give; others honestly desirous of being up-to-date, wish their daughters 'to live their own life,' 'to develop their own individuality,' 'to learn what they have a taste for,' 'to be free and unhampered by rules and restrictions' and so forth. Such parents make no demands, never invoke their own experience, would rather stultify themselves and appear amorphous than constrain and help their children by an authoritative command. Is it any wonder that these children grow up to regard their own wishes and opinions, their own work and pleasures as ranking before any home claims? It is easy to maintain discipline in school; it is extremely difficult to convince parents that girls are happier and better for it at home."

It is this attitude of mind on the part of

parents, and developed in their children, that is making itself felt in the nurse training schools, where discipline is essential to efficiency.

The modern probationer takes hardly to discipline, she has little use for it, and fails to see its necessity. Unaccustomed to it in her own home the regularity, punctuality, and restrictions of hospital life appear to her unnecessary and irksome, and certainly they press more severely on her than if she had been brought up on sterner lines.

In the education of the girl of to-day hospitals, therefore, play an important part. It is no kindness to remove all obstacles from the path of the young, they find them, surely, as life goes on and the road gets straighter and stonier. Rather they should be early taught to expect them, to grapple with them and to surmount them, that duty comes before pleasure, and the welfare of others must be considered before their own, that a disciplined life is the one most worth living.

Nothing is a greater test of the real worth of a probationer than the manner in which she accepts the discipline of hospital life. Galling and irksome as she may find it at first, it is a sign of grace if she considers it possible that rules have been framed to some wise end, and in the common interest, by her superiors, and if she loyally endeavours to observe them. As she does so she will find, perhaps, to her surprise, that these same rules are her strength and support, that by their observation the complicated machinery of the life of a great community engaged in most responsible work moves smoothly and easily, and, further, that she acquires the habit of self discipline, one of the first essentials in a trained nurse if she is to be of value.

Medical Matters.

CARDIAC ARRHYTHMIA.

Dr. A. Jex Blake, Assistant Physician to the St. George's Hospital, delivered a lecture on Cardiac Arrhythmia at the Hospital for Consumption, Brompton, at which he said, in part:

The causes of irregular heart may be divided into two main classes: the intracardiac, or those arising within the heart; and the extracardiac, or those arising outside it.

A certain number of perfectly healthy people seem to have naturally irregular hearts without ever having had any disease, either local or general, whereby arrhythmia can be accounted for. They present no cardiac symptoms, and the irregularity of their pulse is generally found out by accident. It is presumably neurogenic in origin.

The next arrhythmia to which I wish to direct your attention is the respiratory irregularity. We have already seen that in the majority of normal persons inspiration causes a quickening of the pulse, and expiration a slowing. This depends on two separate factors. It is due partly to the fact that inspiration increases the supply of venous blood reaching the heart by the venae cavae; the act of inspiration increases the negative pressure or suction power in the thorax, and tends to draw venous blood into the right auricle, with the result that it fills up with blood more rapidly while inspiration proceeds, and the whole cycle of cardiac operations is thereby accelerated, while in expiration the converse takes place. But this is not the only factor concerned in the inspiratory quickening, for it is lessened or even abolished if atropine is given; the inference from this fact is that a certain amount of vagus inhibition of the heart occurs during expiration in these persons. In a minority of cases respiration has no effect on the rate of the heart, and in a few normal persons inspiration may cause slowing of the heart, and expiration quickening. This respiratory arrhythmia of the heart is oftenest and best seen in children and young people, and is worth mention because it is sometimes so marked and leads to so great an irregularity in the pulse that the patient is labelled "heart disease," and treated accordingly. But such mistakes are not likely to occur if one remembers that they may be made, and the true cause of the irregularity will be easily made out by observing the pulse and respiration together, and noting how they vary together.

Neurogenic arrhythmias, the third group of the reflex arrhythmias, are still commoner

than the respiratory. In certain patients almost any severe mental or sensory stimulation may bring on an attack of rapid or intermittent action of the heart. This is particularly so with nervous and excitable people. In many cases the patient will say that he or she has an attack of palpitations; but the two things are not necessarily the same, for these reasons: On the one hand a patient may have palpitations—that is to say, perceptible and painful cardiac action—without any change in the rate of the pulse; on the other hand, patients may have an attack of rapid or irregular pulse, without being aware of the fact. A good many of these neurogenic reflex arrhythmias have got into the textbooks under the headings, "Cardiac Neuroses," or "Functional Affections of the Heart"; many of them are associated with precordial referred pain, and it is often this pain that brings the cardiac arrhythmia to the patient's notice. In certain patients it is some toxic influence that brings on these attacks of intermittent or irregular action of the heart. The use of strong tea or coffee is an extremely common cause of irregularity of the heart in the edentulous middle-aged women and men who crowd hospital out-patient departments and come up complaining of pain under the heart. One has known a great many middle-aged people, 40 years of age or so, who have had to give up taking afternoon tea because it so often brought on attacks of palpitation; and these attacks of palpitation are often accompanied by an intermittent action of the heart.

Another toxic cause of intermittent heart-beat is excessive tobacco-smoking, usually in young men, particularly when the smoke is inhaled.

The excessive use of alcohol is another common toxic cause of irregularity of the heart.

In another large class of cases the neurogenic arrhythmia is due to reflexes from the viscera. A great many dyspeptics suffer far more from the painful irregular action of their hearts than they do directly from the indigestion that is the *fons et origo* of their complaint. To some extent the palpitations are caused mechanically; the stomach or intestines, or both, become distended with flatus and press the diaphragm upwards, embarrassing the action of the heart. But, in addition, there is a reflex nervous factor, abnormal stimuli spreading up by the vagus from the unhealthy viscera to the nucleus of the vagus in the medulla, and upsetting the action of the heart by means of impulses transmitted down the cardiac branches of the vagus. A similarly caused irregularity of the heart is not rare in constipation; in both cases suitable treatment does away with the arrhythmia.

Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

ENTERIC FEVER.

(Continued.)

We now come to the complications of enteric fever. These are rather numerous and embrace affections of almost every part of the body, but the majority are in the nature of clinical curiosities, and only three need be considered as of practical importance. The interesting feature of all of them is that the diagnosis has to be made by the nurse, as they all occur rather suddenly. Moreover, for any treatment to be of avail, prompt measures must be taken, so I will consider each in detail. They are three in number—namely, heart failure, hæmorrhage from the bowel and perforation of the intestine.

Heart failure may, of course, be gradual, in which case it will be detected by the physician and dealt with accordingly, but in enteric fever we also get a variety of cardiac distress which is almost dramatic in its onset and in its results. It is due to sudden and extreme dilatation or stretching of the right side of the heart. Its onset cannot be foretold, and it may occur in those whose illness has not been very severe, though it is certainly uncommon in children.

The exact pathology of the occurrence is not very clear; it may be due to poisoning of the heart muscle, or to a sudden block in the transmission of nervous impulses to the heart, but whatever the cause the symptoms are the same.

Sometimes the patient feels the attack coming on, and cries out that he is dying, or feels as if he were falling through the floor, or he is dizzy and cannot see. More often, however, he does not give us any warning, and the first sign then is a sudden pallor of the face, and the patient falls down in bed if he was previously sitting up. When we feel for the radial pulse we generally find it imperceptible, though there may be a faint flicker in the carotids. If now we examine the chest we cannot feel the cardiac impulse at all, and on percussion we find that the left edge of the left ventricle, instead of being situated in, or just outside, the nipple line, is three fingers breadths outside it.

In very many instances the attack is immediately fatal, but the patient's life can often be saved by promptness on the part of those present at the time. The treatment consists first of all in completely inverting the patient. He must be seized by the legs by the nurse

(who should jump on the bed for the purpose), and turned as completely as possible upside down. If another person, such as a ward maid or a convalescent patient, is available, he or she should continue to hold the patient suspended by the legs while the nurse places a hot wet sponge or towel on the bare chest over the cardiac area, and keep up these applications until the patient recovers consciousness. Later on, a hypodermic injection of strychnine is often useful, though neither this nor any other form of drug treatment is of any avail as a measure of first aid. Valuable time is often lost either by attempts to pour brandy into the mouth (whence, incidentally, it often trickles down the larynx), or by giving hypodermic injections when the patient has practically no circulation at all. It may be as well to mention that the same variety of heart failure is apt to occur in diphtheria and in influenza, and should then be treated in the same way.

The next complication that we have to consider is hæmorrhage from the bowel, and of this there are two varieties. In the first the blood oozes from the surface of one or more ulcers and is not necessarily of grave significance, while in the other the hæmorrhage is due to an ulcer having eaten its way into a deep blood vessel, and this is always a serious matter. In the former case we simply find blood in the stools without any symptoms or signs in the patient, but in the latter we get danger signals, which are followed by the appearance of a considerable quantity of blood per rectum.

The first of these signals is sudden collapse, with acute pain and pallor of the face. The patient breaks out into a cold perspiration and practically faints; the abdomen is temporarily rigid, and the knees are usually drawn up. From a few minutes to half-an-hour afterwards the bed is found to be full of blood.

Now it will be noticed that all these signs, with the exception of the passage of the blood per anum, are identical with those which are given in the text books as being due to perforation, and in practice, until we find the blood, we cannot always be sure which of the two has occurred. But the point that I wish to make very emphatically—for its realisation by the nurse has saved many lives—is that perforation is not always sudden in onset, or accompanied by collapse. It will be convenient to take now the symptoms of perforation, and to consider the treatment of both later on.

What happens in perforation is that an ulcer goes still deeper than the layer where the blood vessels are, and a hole is formed right through the bowel itself, so that the contents of the intestine find their way into the general

peritoneal cavity. Now if the hole is a large one the symptoms are usually sudden, and there is intense collapse, but what much more often happens in practice is that a minute perforation is first made and the peritoneum around becomes inflamed; lymph is thrown out, or a neighbouring coil of intestine or a piece of omentum may adhere temporarily to the aperture so that the intestinal contents leak out gradually. In enteric fever nature's attempt to block up the hole is seldom successful, and in the natural course of events peritonitis always results sooner or later, so that we do not rely on nature and wait for the formation of an abscess, as we often do, for instance, in appendicitis. Whether we can save the patient, therefore, depends on whether we can get into the abdomen before general peritonitis is well advanced, or not, and this again depends, not so much on whether the surgeon can diagnose peritonitis, but on whether the nurse gives him the chance of doing it sufficiently early.

So we come back to the bedside. What are, or may be, the signs of perforation, and what are those of the subsequent peritonitis?

The signs of perforation are three—abdominal pain, which may or may not be severe, a quickening of the pulse, and a change in the aspect of the patient. The practical point is this—that the nurse must summon the surgeon at once, not only for pain accompanied with collapse, but for any pain which is followed by quickening of the pulse, especially if the patient looks worse. Additional signs, pointing to perforation, are loss of the liver dullness and rigidity of the abdomen, but these are matters which each surgeon will prefer to elicit for himself and place his own interpretation on.

When peritonitis supervenes the pain often abates, and the patient usually feels better. We then get distension of the abdomen, vomiting, and great rigidity, and at last free fluid can be detected in the abdominal cavity by palpation.

In practice the nurse should regard any abdominal pain which is not followed by the passage of blood per anum with great suspicion.

If blood appears, and the diagnosis of hæmorrhage is thus made clear, we give opium freely until the patient is fully under its influence. Nothing else is of any avail, but if we suspect perforation we do not give opium, as it would mask the signs of perforation, and we alleviate the pain by local applications either hot or cold. Directly perforation is diagnosed the abdomen should be opened and the hole

sewn up, for by this means only can we save our patient from certain death.

I remember well how, on one afternoon, I was lecturing in the wards on enteric fever and was demonstrating some spots and an enlarged spleen to the class. While this was in progress the patient in the next bed gave a little groan and said that he had some colic, but he felt better almost immediately. We came back to him about ten minutes later and found that his pulse rate had gone up by about twenty beats per minute. He had no collapse whatever, and the pain was little more than uneasiness. Half an hour later the liver dullness was markedly diminished, and I opened his abdomen as soon as he could be got ready, which, if I remember rightly, was in about half an hour's time. I found a perforation, and within an inch of the hole two more ulcers, which were on the point of perforating also, so that I had to resect a portion of his intestine and join the divided ends. That case certainly emphasised the importance of taking abdominal pain, however slight, in the course of enteric fever seriously.

The Registration Reunion and Pageant.

With the hope of alienating sympathy from the Registration Reunion, the little clique of men who control the anti-registration movement have asserted that in the Nursing Pageant Miss Florence Nightingale will be personally represented. This assertion is as maliciously inaccurate as the majority of their statements when alluding to members of our profession, who decline to submit to their dictation.

Very little now remains to be done in the organisation of the Nursing Pageant, and we have to thank most heartily the 200 helpers composing the Committee and players for the generous support which has made this most interesting function possible. The continuance of the energy already evinced is sure to secure success.

Procession 4, Nursing and the Community, will give a peep at the nurses of the past, and both Sairey Gamp and Betsy Prig will figure in this group. These two nurses, who will recall for us the days of Dickens, will show us what a marvellous change has come over the spirit of our dream in the past seventy years, a change almost too wonderful to be true!

Describe the Happiest Hour in Your Life.

We have pleasure in awarding the 5s. Prize this week to Miss E. Tompkins, North Ormsley Hospital, M. Hill Street, for her description of her Happiest Hour:—

MY HAPPIEST HOUR.

Two other nurses and I were returning home a holiday spent in Switzerland, and left Dieppe on board the *Scaford* bound for Newhaven on a hot August day. Besides the crew there were 300 passengers on board. When we left Dieppe there was no wind, and the heat of the sun was tremendous. At first all went well, and after a while we went down below to get some tea, which we brought up on deck.

As we sat drinking it we noticed a thin grey fog creeping towards us from the land, but no thought of danger entered our heads. Suddenly a bell rang out, sharp and loud, immediately answered by another, then the *Scaford* slowed down. We looked again towards the land and saw the fog close upon us, and in another moment we were surrounded by it. Still no one seemed alarmed, tea was going on, and passengers strolled about, though the bells were still ringing. Then, without a second's warning, there was a tremendous crash, and down we went on to the deck.

Picking myself up, I turned round and saw a big hole where the second class saloon had been, and the sea washing into it fast. I called to the other nurses, "We have been run into!" and then a voice called out, "Every passenger into a lifebelt, and stand ready to jump."

Quicker than thought almost, the crew got us all into lifebelts, boats were lowered, and orders given. The boat which had run us down had disappeared in the fog, and signals were made to her asking whether she could return and take some of us on board. In a few minutes she replied she would come, but she was badly injured herself. The boats had then put off, and many of us were left on deck, so we waited. I was very anxious about my friends, as I had lost them in the darkness and confusion.

The *Scaford* was fast sinking (she went down within twenty minutes of the time of the collision), and we women were standing lined up with lifebelts on, when at last, through the fog, the boat loomed out. She stood by as near as possible, and we had orders to jump. One woman in front of me jumped, missed, and went down into the sea. Then my turn came, and I took the leap into the fog. In another

moment a man had me by the arm, and was offering me brandy from a flask. I was so shaken and unnerved that my knees badly wanted to give way under me. Happily I found my two friends very soon, and together we saw the captain leave the *Scaford*, and salute her as she sank.

We were told that it was uncertain whether the boat which had rescued us could hold out till she got to Newhaven, so we must be ready if necessary to jump again into the sea and trust to our lifebelts.

After four hours of uncertainty and misery, the fog lifted and we crawled into Newhaven. One after all the passengers went different ways. We nurses reached our destination at Brighton half an hour after midnight, and after ringing for long were let in by the cook. At last, washed, fed, and thankful for my precious life, I was in bed. Then I cried, oh, how I cried, but it was the happiest hour of my life.

Miss Mary Cheston writes:—

I am not going in for the prize because it will not take half 300 words to describe the Happiest Hour of My Life.

For months I had lived in dread of darkness—something had gone wrong with my sight, and as I am alone in the world, and my health is my little stock-in-trade, my heart ached terribly. I don't want much, but I have always had the lust of the eye, and drunk greedily of this most beautiful and interesting world.

I consulted specialists, and they were pessimistic. They held a consultation, and in another room I awaited the verdict—a poor cast-down creature.

Then someone placed a kind hand on my head, and said:

"Cheer up, little woman, all is well."

Of course, I wept for joy. Indeed, it was the happiest hour of my life!

Only a few papers fulfilled the conditions this week—they were too short; but that by Miss M. Harvey we shall publish next week.

We feel sure both Miss Mary Cheston and Mrs. Drew could send us something worth publishing, and hope they will both enter for other competitions.

It is noteworthy that both Miss Tompkins and Miss Cheston found their happiest hour in the escape from death and disaster, not in achievement.

We hope for a wide response to this week's question: "Describe a Baby's Cries and What they Indicate."

How to Succeed as a Private Nurse.

(Continued from page 49.)

We agree with Miss A. Rose, who says:—
Embrace the golden rule. Kindness, warm and hearty, surely carries a private nurse along the road to success. Be a comfort.

Miss L. M. Griffin writes:—

What a theme when one considers all that private nursing involves. A nurse in a private house will find she needs to be a good deal more than a trained nurse, so much is required beyond the actual nursing—a knowledge of books, music, games, fancy work, and with children what a blessing to be able to tell a few fairy tales! To be successful in this branch of her profession a woman must needs be well educated, highly trained, sympathetic, and conscientious, and if she possesses a sense of humour so much the better for the people she comes in contact with.

Miss Mabel Foster says:—

To be successful as a private nurse let a woman realise "all the reciprocity must be on one side." She must give all and expect nothing. She makes great gains, however. She gains control of herself and the rest comes easy.

Miss Mary Harvey advises:—

1. Put yourself in your patient's place, think how you would feel if you were afflicted as he or she is, or even as afflicted as they think they are, and never make light of their afflictions, real or imaginary.

2. Do not have any rules or regulations; for example, to tell some people that they must be washed by a certain time is quite enough to put them in a bad temper for the rest of the day. Ask it they would like to be washed, but let them understand that it really does not matter, you don't mind if they wash at 2 a.m. or 4 p.m. There are some things such as the giving of medicines, taking temperatures, etc., that should approximate to regularity. Get all important things done to time if you can, and other things *when* you can. I remember being the third night nurse in one week to a dear old man, whose relations were in despair about the constant change of nurses: they hoped he would let me stay a week. I stayed three months, all because I washed him and made his bed just when he felt inclined, some nights both would be done at 10 p.m., but just as often it was 4 a.m., and sometimes he would not be washed at all, but, as he said, "My

body is my own, and if I don't want it washed it shall not be washed."

3. Be careful to learn your patient's views on politics before you air your own. I had a patient once who told me if he had his way he would have all Socialists boiled in oil, but I found before I left that he was practically a Socialist in everything but the name without knowing it, and a violent anti-Suffragist. I nursed last year as was keen over most of the reforms for which the Suffragists are working as any militant could wish, so it is just as well to go slowly where politics are concerned.

Never, if you can help it, give a servant an order: say rather "Mrs. Blank would like this, that, or the other done." or words to that effect, and if you must ask for something for yourself, ask as nicely as you can, and go out of your way to thank them for anything they have done for you, save them as much as you can, and 90 per cent. will be only too willing to serve you to the utmost.

5. Relations. "As far as lieth in you live peaceably with all men."

6. I take it for granted that every trained nurse will do her utmost to carry out the doctor's orders and be loyal to him.

7. In conclusion, remember that there are pigmies in character as well as in stature. It is not given to everyone to bear pain nobly. The pigmies may try very hard, but succeed very badly, and we must be as patient with them and as sympathetic as with those brave and noble ones it is sometimes our privilege to meet. Knowing that "they all are being tried and refined even as gold is tried," let us see to it that we do not hinder the Master's work.

Miss M. Ethel Ragg says a word in season in reference to relations:—

Don't find fault with the efforts made by relatives before your arrival; remember they have had no training: you have. Never exclude them from the sick room. Get directions from the medical officer on this point, and by all means leave the room while relatives are there, saying where you are to be at once found if needed. This allows privacy and freedom of speech. The patient may also like to see the doctor alone sometimes if well enough. Be very quiet, especially on night duty, and do not give people needless expense by requiring a number of articles which can be done without. Never discuss your own affairs, especially your ailments, in a patient's house. Try to make the patient's interest extend beyond the sick room. Prepare all trays and food as daintily and appetisingly as possible.

(To be continued.)

Progress of State Registration.

We learn from the *Australasian Nurses' Journal* that "The Bill for the State Registration of Nurses, which lapsed with the last Parliament, has been re-introduced into the Legislative Council by Dr. Mackellar, has already passed through all its stages in that House, with only slight amendment, and has been sent on to the lower House. As, however, the present session is of only a few weeks' duration and will be brought to a close by the Christmas Holidays, there is not much prospect of the Bill becoming law this session. Most of the short time available will be taken up by Government business. The new Labour Ministry has, however, expressed its desire to legislate for Nurses and may, therefore, reasonably be expected to help in the passing of Dr. Mackellar's Bill. The Bill, in its present form, differs but little from the form in which it left the Upper House in the last Parliament. There are, however, two rather important alterations. The seat on the Board, formerly allotted to the Dean of the Faculty of Medicine in the University of Sydney, is in the present Bill given to a representative of the A.T.N.A. Dr. Mackellar has also amended his Bill by making twelve months the minimum length of training necessary for a midwifery Nurse, instead of six months as in the old Bill. The Council of the A.T.N.A. had pointed out that, for some years now, twelve months had been the minimum training in all the recognised Maternity Training Schools in Australia and New Zealand. Only trained and registered Nurses can obtain obstetric certificates by a six months' training.

"The Council has strongly urged that the Bill be further amended in its concessional clause by altering the length of time uncertificated applicants for registration must have practised from three years to five. As the Bill was originally framed, five years' experience was made necessary, but the time was reduced to three years in Committee of the House. The Council of the A.T.N.A. think that justice to the certificated nurse and justice to the patient demand that while a certificated nurse cannot obtain her certificate in less than three years, a longer period of practice should be required as a qualification for registration during the year of grace from the untrained or partially trained woman."

POPULARITY VERSUS PUNCTUALITY.

Nurse (in doorway of office): Oh! Matron, I am so sorry I was late.

Matron: Come in, Nurse, and *do* sit down; I am always so pleased to see my nurses!

Private Hospitals in Victoria.

NEW STATE BILL.

We learn that it is not improbable that the general interest in Private Hospitals may result in legislation at no distant date in this country. The promised State Bill in Victoria to provide for the better regulation and inspection of private hospitals will be found instructive. The aim of this Bill is stricter supervision. The measure defines a private hospital as:—

"Any house, building, tent, or place (other than those to which this Act does not apply as hereinafter expressly provided), in which medical, surgical, or lying-in cases are received or lodged, or in which it is intended that they shall be received or lodged for treatment, attendance, and care, for which a charge is made."

The Bill provides that all private hospitals shall be registered annually. Licenses may be granted to private hospitals for the reception of—

"(a) Medical and surgical cases only; or (b) lying-in cases only; or (c) both medical and surgical cases and lying-in cases, if the Board certifies that the accommodation is suitable for the reception of both classes of cases."

The Board of Public Health is to consider all applications for licenses, and advise the Minister for Health concerning them. The final refusal or acceptance of applications is, however, left in the hands of the Minister. Penalties of not less than £20, and not more than £100, in fines (or not more than six months' imprisonment) are fixed for persons found guilty of having used any premises as a private hospital without a license.

Provision is made for dealing with existing private hospitals, and for supervising the erection of buildings for use as such institutions. Every private hospital must, under the Bill, have at all times a resident manager. Clause 17 says:—

The manager may be the licensee, or one of the licensees, or some person appointed by the licensee or licensees.

The manager of a private hospital may be—(a) In the case of a private hospital for the reception of medical and surgical cases—a trained hospital nurse; or (b) in the case of a private hospital for the reception of lying-in cases—a trained midwifery nurse; or (c) in the case of a private hospital for the reception of both such classes of cases—a nurse trained in a general hospital, and as a midwifery nurse, or a trained hospital nurse having as a resident assistant a trained midwifery nurse; provided that a medical practitioner or a person approved by the Board may be the manager of any private hospital.

No person shall be appointed as manager of a private hospital except with the approval of the Board.

Registry books, giving full information regarding all patients, are to be kept in private hospitals, and provision is made for their official inspection. Managers are required to give notice of certain diseases when they occur in their hospitals, and to supply the Neglected Children's Department with information regarding the births of illegitimate children.

The provisions of the Bill will not apply to—

(1) Any institution incorporated under Part I. of the Hospitals and Charities Act, 1890.

(2) Any of the institutions referred to in Part II. of the Hospitals and Charities Act, 1890.

(3) Any hospital or temporary place for the reception of the sick provided by the Council of any municipality, or in default of a Council by the Board, pursuant to the provisions of Sections 153 and 154 of the Health Act, 1890.

(4) Any hospital, asylum, or other institution constructed, erected, established, provided, or maintained by the Council of any municipality.

(5) Any hospital for the insane or hospital or asylum or receiving-house or receiving-ward or licensed house within the meaning of the Lunacy Acts, or any house in which a patient may reside and board, pursuant to the provisions of the Lunacy Acts.

(6) Any institution licensed or established under the Inebriates Act, 1904.

(7) The Talbot Colony for Epileptics.

(8) Any institution or hospital supported wholly or in part by or receiving aid from the State.

Practical Points.

From the "International Hospital Record."

Talcum, burnt flour, Fuller's earth, starch, and lycodium are good drying powders.

A hot water bag placed at the patient's feet during a cold bath is a comfort and does not affect the fever.

When it is not convenient to warm the bed-pan, a newspaper may be used to cover it by making an opening to fit over the spout, and a larger opening over the middle of the pan.

If the stems of flowers are cut under water they will keep fresh better, because the stalks will fill with water instead of air.

A small cream pitcher is a good substitute for a patent feeder.

To Sterilise a Thermometer.

Up to the present, according to the *Medical Council*, the best, as well as the most harmless, agent for sterilising the thermometer is a 2 to 4 per cent. solution of Chinolol.

To Make Mattresses Handy.

Sew handles on mattresses, two on each side and one on each end. Then they can be moved and lifted very easily. The handles may be made of canvas or any stout material.

Legal Matters.

THE URGENT NEED FOR STATE REGISTRATION.

It would be hard to find two cases which are a stronger plea for State Registration of Trained Nurses, from quite different standpoints, than two which have recently had publicity through the law courts.

ABBOTT AND WIFE V. RYALL.

One which we reported last week was a case in which negligence, of which he was exonerated, was alleged against a surgeon.

According to the eminent surgeons who gave evidence at the hearing of the case, the operation was so critical that the only wonder was that the patient escaped with her life, and the surgeon himself stated, according to the *British Medical Journal*'s report (which is fuller than that of the *Times*, for which reason we refer to it again), that he left a swab in the intestine, and that he gave instructions to the head nurse that there was a drain in the vagina, and "a swab in the bowel, which had to be removed. He asked her to particularly attend to these matters. He went down a week later, and had a conversation with the head nurse, who assured him that the drain and swab had come away."

The nurse Mrs. J. E. Powell, also stated that she had received the above instructions, "two days after the operation she administered an enema, on Dr. Fairweather's instructions. Remembering what the defendant had said, she made it extra large. It consisted of water and 9 oz. of olive oil. The result appeared to be very satisfactory. A hard lump came away, which appeared to her to be the swab. The patient had not had much solid food. A week after the operation, when Mr. Ryall came to remove the stitches, she told him about the motion and that the swab had come away. She did not, however, strain the motion, although she knew now she ought to have done so."

Later in her evidence, Mrs. Powell said that another nurse was present, but "she was not efficient."

Mr. F. E. Smith, K.C., counsel for the plaintiff, said: "You have no right to say that, but as you say it I must ask you why was she incompetent." to which Mrs. Powell replied: "I am sorry to have to say it, but I asked her to fill a hot water bottle twenty minutes before the operation, and she put it into the patient's bed without a stopper."

Surely if patients are to be supplied with the competent nursing for which they pay, it is evident from the foregoing details that the professional education of nurses must be regulated, and their knowledge and practical skill tested, by a central expert authority before they are guaranteed as trained nurses.

TREPTS FROM PATIENTS.

The second case is of an entirely different character. It is not a question of educational standards, but concerns the career of Annie Tyman, and affords strong evidence of the urgent need for State Registration.

At the Wood Green Police Court recently, this woman (under police supervision) was charged with

failing to notify her address to the police authorities in accordance with the conditions of her licence. A detective sergeant of the Criminal Investigation Department proved the following convictions against her.—Twelve months for larceny, 1877, fifteen months for larceny, 1885; twelve months for larceny, 1888, eighteen months for perjury, 1891, three years penal servitude for felony, 1892, three years penal servitude and two years police supervision for felony, 1906. In practically all the cases referred to she had been employed as a nurse. She had robbed patients whom she had nursed in their confinements, and had also robbed the dead. She had also stolen property from a nursing home at Holloway, where she was employed.

During the trial of the case a man (stated by the police to be a hard-working man) appeared in the witness-box and stated that he was willing to take care of and provide for the prisoner. The detective is reported to have said that it might be the best thing for her if she did get married, as it might keep her honest.

The prisoner was sentenced to three months' imprisonment.

We desire to point out to the public that this woman has been convicted of crimes, and "done time" no less than six times, that between these periods of incarceration she has obtained employment as a nurse, and practised as such, and that when she comes out of gaol at the expiration of her present sentence the probability is that she will return to the same occupation, as there is no State Register of Trained Nurses, and no means of removing from the accredited ranks of the nursing profession any woman who has disgraced it, or any woman who poses as a nurse without possessing the necessary qualifications.

We have further to point out that on November 8th, 1906 Annie Twyman was removed from the Roll of the Central Midwives' Board (it would be interesting to know who gave the certificate of moral character which secured her admission to it), having pleaded guilty at Clerkenwell Quarter Sessions in July to three several indictments for larceny. It was reported by the police at the trial that she was a "very clever nurse but a persistent thief," and that she had taken money when nursing a private patient to open a nursing institution.

The Central Midwives' Board having removed her from the Midwives' Roll she cannot, under penalty, describe herself as a certified midwife, but she can with impunity call herself a nurse and practice as such.

How long does the public intend to permit such conditions to continue?

A CASE OF ATTEMPTED SUICIDE.

A woman, stated to be a nurse, was brought up before the Ryde Borough Magistrate's last week charged with attempting to commit suicide by taking morphia tablets.

The housekeeper at St. Luke's Nursing Home for Epileptics gave evidence as to the accused being engaged as a nurse. The day after her arrival, November 25th, she was screaming and

hysterical, and had been about the same ever since. The accused owned to her that she had taken morphia. She administered strong coffee and the doctor was sent for. The constable in charge of the case said that the prisoner informed him that she had had influenza ten times, and had had no sleep for weeks. She took three grains of morphia. The witness further testified to seeing the prisoner in the act of taking some collecting books belonging to a religious society from up the chimney. They showed that about £150 had been collected on behalf of the Society mentioned (St. Mary of the Cross, Edgware); £2 12s. 9d. had been collected in Ryde since December 14th. Prisoner had £1 6s. 2d. in money, and also a postal order for £1, which was ready for posting to a friend at Preston, Brighton, to take care of it and forward as asked for.

The prisoner, who expressed her regret for what she had done, was committed for trial at the Assizes.

Appointments.

LADY SUPERINTENDENT.

Home for Invalid Gentlewomen, Catharine House, St. Leonards-on-Sea.—Miss Emily P. Pirio has been appointed Lady Superintendent. She was trained at the Warneford Hospital, Leamington, and has held the position of Matron at the Victoria Hospital, Kingston-on-Thames.

MATRON.

St. George's-in-the-East Infirmary, London, E.—Miss Margaret Jane Hughes has been appointed Matron. She was trained at the Mill Road Infirmary, Liverpool, where she held the positions of Ward and Theatre Sister. She has also been Sister at St. Mary's Infirmary, Islington, and Home Sister and Assistant Matron at the Fulham Infirmary, Hammersmith. Prior to her general training she had training in the nursing of infectious diseases at Monsall Fever Hospital, Manchester.

Cottage Hospital, Leominster.—Miss M. Templeton has been appointed Matron. She was trained at St. Thomas's Hospital, London, and has held the position of Matron at the Cottage Hospital, Rhymney, and the Cottage Hospital, Machynlleth.

SISTER.

The Children's Infirmary, Carshalton, Surrey.—Miss Grace Forsyth has been appointed Sister. She was trained at the Throne (Children's) Hospital, Belfast, and at the Middlesex Hospital, London, and has held the positions of Sister at the Hineley Hospital, Leicester, Charge Nurse at the City Hospital, Liverpool, and Sister at the City Hospital, Leeds.

MESSAGE TEACHER.

General Hospital, Birmingham.—Miss Dorothy West has been appointed Message Teacher. She was trained for two years at the Clinique and Institute, 108, Cromwell Road, S.W., and holds the teacher's certificate of the above school. She also holds the message certificate and the certificate for Swedish remedial exercises of the Incorporated Society of Trained Masseuses, and has had practice at the Royal Free Hospital and St. Mary's Hospital.

LADY MINTO'S INDIAN NURSING SERVICE.

The following ladies have been appointed Nursing Sisters in the above Service:—

Miss Hilda Lea, trained at Brownlow Hill Infirmary, Liverpool. She subsequently had experience of private nursing in connection with the Royal Berkshire Hospital, Reading, and has held the positions of Superintendent Nurse at the Lincoln Union Infirmary, and Superintendent Nurse at Parkhurst Infirmary, Isle of Wight, and has since done private nursing on the staff of 'the Nurses' Co-operation, 8, New Cavendish Street, London. She is a certified midwife.

Miss Mary Jane Baker, trained at the Royal Infirmary, Bristol, in connection with which she has, since completing her training, done private nursing. She is a certified midwife and certified masseuse.

Miss Kate Smith, trained at the General Infirmary, Leeds. She has held the positions of Ward Sister and Night Sister at Isleworth Infirmary, and has worked at the Anglo-American Hospital, Cairo. She has also had experience of private nursing. She is a certified midwife.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The under-mentioned ladies have been appointed Nursing Sisters:—Miss E. M. Skinner (Oct. 5th), Miss M. Wardell (Dec. 7th).

The under-mentioned Lady Nurses have been permitted to retire:—Nursing Sister Mrs. M. I. Clay, R.R.C. (Dec. 8th), Nursing Sister Miss E. A. Todd (Dec. 28th).

Nursing Sister Miss J. Pagan has been permitted to resign the Service (Dec. 18th).

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Inge Bröchner to Hants C.N.A., as Assistant County Superintendent; Miss Bathia Rennie to Wakefield, as Senior Nurse; Miss Dora Annear and Miss Clara Holland to Willington; Miss Maggie Prytherick to Forest Row; Miss Margaret Taylor to Cooper; Miss Theodora Disper to Brixton; Miss Isabel Mainley to Holyhead.

THE PASSING BELL.

The death of Miss Honoria M. Law, a Queen's Nurse working in the parish of Holy Trinity Church, Redhill, who was killed by a taxi-car on Reffel's Bridge, Redhill, has caused wide-spread sorrow. The greatest sympathy is felt with the relatives of the deceased nurse.

Nurses in the United States of America have sustained a great loss by the death of Miss Lucy B. Fisher, a pioneer nurse in social service work on the Pacific Coast, and a woman devoted to the interests of the nursing profession. She died after an illness of some weeks at the Children's Hospital, San Francisco, and the *Nurses' Journal of the Pacific Coast* says of her: "Her career has been a constant effort to help the cause of humanity within the circle of her profession. She sought no greater rewards than that inner consciousness of duty well performed, which is the 'soul's fireside.'"

Nursing Echoes.

Members of the Nurses' Missionary League will be glad to know that under the title "The World's Need" the League is reprinting from this journal, by permission of the Editor, the five lectures to nurses given at the end of last year at Dr. Williams' Library, University Hall, Gordon Square, W.C. The lectures, which created much interest at the time, were by Miss C. F. Tippet (China), Miss C. Ironside, M.B. (Persia), Miss Haughton (Guy's Hospital), Miss Fox (Prince of Wales' Hospital, Tottenham), and Dr. G. Basil Price. The pamphlet, which is uniform in size and colour with *Nurses' Near and Far*, is published at 3d. All particulars concerning the League can be obtained from Miss H. Y. Richardson, Sloane Gardens House, 32, Lower Sloane Street, W.

The programme for the Annual Entertainment for the Nursing Staff at St. George's Hospital, Hyde Park Corner, was arranged by Princess Victoria of Schleswig-Holstein, who was present attended by Miss Du Cane. Many artistes of note kindly gave their services, and the entertainment, which was given on two successive evenings, was a great success.

We are informed by Mr. Ernest Schofield, Organising Secretary of the forthcoming Annual Nursing and Midwifery Conference and Exhibition, to be held at the Royal Horticultural Hall, Westminster, that it has been certified by the Board of Trade as an Industrial Exhibition. This certificate will enable inventors to obtain, without prejudice of their right, a patent in respect of the invention, provided that a few simple rules are observed. As a special exhibit of private nursing inventions, for which special prizes will be granted, is being organised, this fact is of importance to exhibitors. All particulars can be obtained from Mr. Schofield at 22, Great Portland Street, W.

The Workhouse Nursing Association, which discontinued the training of probationers when the Nursing Order of 1897 was issued, still continues to act as an expert and consultative body on matters connected with nursing in Poor Law infirmaries and workhouse wards, in conformity with a resolution "That it is advisable to continue the work of the Association while questions connected with the sick

in Poor Law institutions are still in such an undecided and unsatisfactory condition."

Amongst the causes of having ceased to supply nurses to Poor Law institutions the report of the Association states—"Owing to the rapid extension of nursing in many directions we were further unable to command the type of candidate from whom we could hope for the best results after training was completed. For the same reason nurses with good training did not naturally apply to us in large numbers, as salaries in private and other nursing had considerably risen."

Meanwhile the problem of the efficient nursing of the smaller workhouse infirmaries and wards awaits solution. It is one which deserves the consideration of the President of the Local Government Board, who has proved himself on various occasions sympathetic with the claims of the sick poor, whose welfare is in his charge.

Nurses working in London and the neighbourhood in need of a rest and change during the winter months, and who are otherwise unable to obtain it, may be glad to know of Lady Henry's Recreation Home, Parkwood, Henley-on-Thames. The Home is in no sense a convalescent one, as there are no facilities for treating persons in delicate health, but it is intended to help them to recuperate from the arduous and anxious work that their calling entails. The invitation is issued for two weeks, but may be prolonged at the discretion of the Matron. During their stay in the Home the visitors are free from any expenses, except for laundry, travelling, and those of an incidental character. The fare from Paddington to Wargrave is 5s. 5d. return, and conveyance from the station to the home costs 3s. It is necessary to furnish references. Further information can be obtained from the Matron, Miss Marie Cole.

Dr. Lyster, Medical Officer for Hampshire, in a report to the County Council, complains that "unqualified practice to a certain degree appears to be carried on by grocers, who recommend and sell various patent medicines, headache powders, etc. One shopkeeper treats ulcerated legs and supplies ointment. A shoemaker is reported to make up medicines and to treat people." Further, clergymen are stated to prescribe and give medicines, and two or three lay visitors to be "virulent quacks," and nurses come in for their share of blame as offenders. A doctor was called in with an

apology by the parent for troubling him, "but the nurse was away." Again, a nurse was called to prescribe for a servant, and a doctor was asked to make up the medicine. Of course the term "nurse" at the present day has no definite meaning, and covers a multitude of sins, but we are convinced that if inquiry were made into the qualifications of the nurses who so offend not one of them would be found to be fully trained. A well trained nurse is very loyal to the medical profession, proud of her own profession, and scrupulously careful to keep within its well defined limits. "The worst sinners" are said to be the chemists, one of whom visits patients at their own homes. The danger of such unqualified treatment is demonstrated by the fact that in one instance blindness was due to delayed expert treatment. Bad results are also said to follow dental practice, and the use of local anaesthetics, by chemists.

The Committee of the Hull Corporation Hospital at a recent meeting over which Alderman F. Aske, J.P., presided, investigated statements made as to the alleged sale of sweets and other eatables to children in the hospital by members of the nursing staff. One girl who was a patient in the scarlet fever ward towards the end of last year, stated that she had bought biscuits, chocolates, and a sponge cake in the hospital. Other little girls told her that she could spend her money, and she saw two other girls buy chocolates and biscuits. She bought the articles she mentioned in the Sister's room. The Sister concerned, who was present, being asked if she had any questions to put to the girl, replied in the negative.

Other children having given similar testimony, the Sister said that she never made a secret of buying sweets and selling them to the children. She spent a great deal more money than she received. Her kindness to the children had got her into more trouble than anything else. She had never asked the Matron's permission, because she did not think she was doing wrong. The general feeling of the Committee appeared to be that there had been an error of judgment on the part of the Sister. It was resolved that it be an instruction for the future that any sales in the ward of any description should be forbidden, and that the staff should be instructed not to bring things in for patients.

Under no circumstances should the practice of selling goods to patients—adults or children—be tolerated for a moment.

A most successful ball was held at the Aberdeen Hall of the Gresham Hotel, Dublin, to further the scheme for providing a district nurse for the Caherdaniel district, County Kerry. We hope a district nurse may soon be established in this locality, where the Hon. Albinia Brodrick is working so hard to provide a hospital for the sick folk.

It is interesting just now when nurses are delving into history to find out something about the costumes worn by notable nurses of long ago, to learn that when the Archduchess Elizabeth Mary of Austria made her debut at the Viennese Court she did so as an Abbess. Until her marriage with Prince Otto zu Windischgratz, the Crown Prince Rudolph's daughter was, we learn from a contemporary, Abbess of the Order of St. Theresa, and wore the velvet and ermine robes of her office at all State functions. With these she carried a pastoral staff, studded with jewels, presented to the Order by St. Wenceslaus, King of Bohemia, six hundred years ago. A mitre of peculiar shape, perched on the curly head of the seventeen year old Archduchess gave a piquant finish to her appearance, when she made her first public curtsy to her grandfather.

The question of an eight hours' day for nurses continues to be much discussed in hospital and nursing circles in New South Wales. The nurses, as a rule, are not in favour of it, but, according to the *Sydney Evening Herald*, would plump for one day off a week, and a small increase of salary.

Miss Creal, Matron of the Sydney Hospital, informed our contemporary that the Matrons are of opinion that to have three shifts of eight hours each would be impracticable; that the nurses do not want eight hours, and that so many changes would be detrimental to the patients, especially to the serious cases. At the same time Miss Creal thinks the nurses' hours should be shortened by giving them one clear day off duty each week.

Miss Garran, Australasian Trained Nurses' Association, points out the difficulty of precisely regulating the hours of those in attendance on sick people. A nurse could not leave off just because she felt tired, and allow the patient to die, and often it is not convenient for another nurse to take on a case at a critical stage.

Miss Moss, of the Children's Hospital, Sydney, is of opinion that to enforce an eight hours' day in hospitals would necessitate the extension of the term of training from three to five years.

Miss Ida K. Bradshaw, writing in the *Canadian Nurse* on Social Service Work in the Winnipeg General Hospital, says:—

"About a month ago the directors of the hospital being anxious that the institution should attain to the fullest possible measure of usefulness, decided to establish a social service department.

Though comparatively new in Canada, social service work in hospitals is past the experimental stage, having been permanently established in over thirty of the best hospitals in the United States. The work has been briefly, and very appropriately, summed up as hospital extension work. Its function is to meet those needs of the patients which the hospital proper does not provide for. Needless to say, these needs are many and varied, ranging from the writing of a letter to the securing of the means of support for wife and family while the breadwinner is disabled.

"As the department is to serve as a connecting link between the needy individual and the helpful society or organisation, a considerable portion of the first week's was spent in becoming acquainted with the agents of the various charitable institutions and organisations of the city; in explaining to them the nature of the work which the hospital is undertaking, and in studying the nature and scope of the work done by each, with a view to future co-operation.

"Though the department is not yet a month old, between forty and fifty patients have received help from it. The help has consisted of letter writing, securing admission to the Convalescent Home, taking out-of-town patients to the depot, securing material assistance through charitable organisations, help in obtaining employment, etc. In many cases, discharged patients are visited in their homes and an effort made to secure hygienic home conditions."

There is a small emergency fund to be used in cases in which delay is impossible.

A HISTORY OF NURSING.

As our readers already know, Sister Agnes Karll, R.N., has been engaged for some time past translating into German that important work "A History of Nursing," by Miss L. L. Dock and Miss M. A. Nutting, of which G. P. Putnam's Sons have published the first two volumes.

It is the expectation of the publishers to have the third volume ready in time for the International Congress of Nurses in June, 1912. This volume will probably complete the work.

Reflections.

FROM A BOARD ROOM MIRROR.

To perpetuate the memory of King Edward in Hampshire it has been decided to establish a King Edward Hospital Fund to aid and support the hospitals in the county.

The German Emperor has signified his willingness to accept a medical degree from the German University of Prague, and the university authorities have obtained the necessary sanction from the Emperor Francis Joseph. The ceremony will be performed in the Throne Room of the Berlin Schless by the Rector of the Prague German University, and the Senior Professors of the Medical Faculty, in their most magnificent attire.

His Excellency the Earl of Aberdeen, K.T., has consented to act as Patron of the Twenty-sixth Annual Congress of the Royal Sanitary Institute, to be held at Belfast from July 24th till 29th, 1911. The Right Hon. Lord Dunleath, D.L., J.P., has consented to act as President of the Congress. The public meetings to inaugurate arrangements for the meeting will be held at the City Hall, Belfast, on Tuesday, January 31st.

The other day the authorities of Guy's Hospital found themselves obliged to take out a licence for the right to use the coat of arms which appears on the hospital gates, and at the head of the nurses' certificates. Now the Leeds Workpeople's Hospital Fund Company have been fined for keeping a male servant (a gardener) without a licence at the Convalescent Home, Hkley. Charitable institutions will, therefore, have to bear in mind that if they employ a gardener he is a male servant for whom licence duty must be paid.

The Council of the Chelsea Hospital for Women state for the information of any that may receive unauthorised appeals that it has discontinued the use of collecting boxes outside the hospital precincts.

The Second Annual Simple Life Conference and Exhibition will be held in the Caxton Hall, Westminster, from March 21st to 24th, 1911. The objects are to simplify modern life, and to introduce into homes healthy food and hygienic decorations, to teach rational physical culture, and to inculcate a love of simple and beautiful architecture. Season tickets for the Conference and Exhibition, price 2s. 6d., may be obtained for 6d. from the Simple Life Exhibition, 22 and 24, Great Portland Street, W., before March 1st.

Lord Winterstoke has given £5,000 to the special fund being raised for the extension of the Bristol General Hospital.

Mr. William F. Donnelly is appealing in the press for subscriptions in aid of the Irish nuns expelled from Portugal by the Revolutionary Go-

vernment, as they are at present entirely destitute, and dependent on the generosity of others, as their few possessions have been confiscated. These nuns have been invited by an American prelate to form a new foundation in his diocese, but to enable them to do so it is essential that they should be provided with money for their travelling expenses and necessary equipment. Contributions should be forwarded to the Irish Catholic Office, 90, Middle Abbey Street, Dublin.

M. Louis Lapicque, in an interesting communication to the Academie des Sciences, claims to demonstrate that large eyes indicate a big brain.

The Central Poor Law Conference.

Lord Stradbroke will preside at the 39th Annual Central Poor Law Conference, to be held on February 21st and 22nd at the Guildhall. The Conference will be opened by the Lord Mayor. The subjects for discussion are to be introduced by Mr. H. Beaumont (Clerk to the Wakefield Board of Guardians) and Sir William Chance (Chairman of the Central Committee of Poor Law Conferences). The former will, on the morning of February 21st, read a paper entitled "Reform from within, with special reference to reforms—(a) which the Guardians themselves can initiate; and (b) which require either legislation, special order, or authority from the Local Government Board." The second day's Conference will be given up to the discussion of Mr. Beaumont's paper and of one by Sir William Chance on "The Problem of the Feeble-Minded."

An Attractive Offer.

Lemco (Liebig's Extract of Meat Company, Ltd.), 4, Lloyd's Avenue, London, E.C., are making an attractive offer to users of this best essence. In order to emphasise its value in the preparation of soups, sauces, gravies, etc., they are giving their



customers the opportunity of obtaining free a set of six handsome, full-sized Bouillon spoons, free of charge, in exchange for Lemco weight coupons. The spoons are of the new circular bowl shape, of a special design reserved exclusively for Lemco, manufactured of the finest Elkington plate. They are of full size, 7 inches long by $2\frac{1}{2}$ inches in diameter. Coupons representing 16 oz. of Lemco, and 1d. in stamps to cover postage, entitle the holder to one spoon, and they increase by one spoon per pound up to coupons representing 9 lbs. of Lemco and 4d. in stamps, which entitle the holder to six spoons in a handsome satin-lined case.

This offer holds good until October 31st, 1911.

Our Foreign Letter.

HER ONLY CHANCE.



A group of grave-faced men were gathered round the bed on which lay a fair-haired girl, too recently

out from home to have lost the pretty English complexion which is such an unceasing source of wonder to the dark-skinned natives, for whose benefit our little hospital exists; but already she had been gripped by malaria—gripped badly—so that we feared for her life as she lay inert, helpless, unconscious, she who not long ago had been the life and soul of our little band of nurses, with her bright, unselfish ways, and possessed of an energy only to be found in the newly-arrived, to whose blood the malarial parasite is a stranger.

We waited anxiously for the verdict, while the doctors, their examination finished, conferred apart. I especially, for Nurse — had been my special chum during our three years' training, and I felt responsible that her thoughts had turned to the tropics when inclination, destiny, and the good ship *Forward* took me there.

At last it came—"She will die—invariably—there is not a chance, unless we can get her away to a cooler and healthier climate very speedily."

"Not a chance!" And the homeward-bound mails only put in at our port once a month, and one had left the week before! I thought of the mother at home, and set my teeth. "While there is life there is hope." Indeed, she would be a poor nurse who gave in because the patient had not a chance. Automatically I took the four hourly temperature, hoping against hope that the thermometer had something more cheerful to say. Alas, its record was persistently high; nothing seemed to touch it, though cool sponging afforded some relief. We watched in vain, however, for the welcome sign of a moist skin, heralding the perspiration which would mean at least a temporary lowering of the high temperature which was sapping the patient's vitality. In spite of drugs, in spite of all that medical science and nursing care could devise, the skin remained dry, harsh, burning, and the vacant stare of the unseeing eyes, with dilated pupils, were a grave indication of the condition of the nervous system of our patient.

With heavy hearts we settled down to another anxious night, for the nights were always still, breathless, suffocating, and the patient at her worst. But the night was not destined to be a quiet one after all. The British man in the tropics, and especially the British doctor, when faced with emergencies, is full of resource and promptitude, and when our doctor came for his last visit he said quietly. There is a man-of-war going up to — tomorrow. Perhaps I should more strictly speaking say the Captain is willing to make the journey and

take nurse up there, where she will be in time to meet the homeward mail. Can you have her on board by 5.30 to-morrow morning? It is her only chance."

I suppose my face fell, for I had heard of passengers put on board homeward-bound ships who had suffered much discomfort, died a lonely death, and been buried at sea. Death in a comfortable hospital ward was preferable to that, and yet—

"I don't think she can do without a nurse," I said, slowly. "I believe she would be bound to die. She needs so much care and attention."

"Do without a nurse!" He almost shouted. "I should think not, indeed. Of course, you are going too. I've spoken to the Matron and arranged it. You are to go off duty now and pack your kit and then get what sleep you can; you'll want it before you are through with this. I'll see that there is a goat put on board so that you will have fresh milk, and other necessities, too."

It was a sad little procession that went down to the harbour next morning. The doctor came off the warship to fetch us, and he, with our own, lifted the patient gently into a hammock, and the native boys from her own ward carried her down to the shore. Once on board, where the Captain—bless him—gave us his own cool deck cabin, all went well. We transhipped next day into the homeward-bound mail, and though we had many vicissitudes, and much anxiety as the good ship sped through the tranquil waters of the Indian Ocean, bluer than the sky which they reflected, and which seemed to slip away like oil from the ship's side, my patient and friend gained strength steadily, and by the time we arrived home I was able to deliver her to her mother, justified in the hope that her health would be fully restored, though I doubt if she will ever again return to the country which in a few short months had fascinated her with its charm, and laid its spell upon her in spite of all.

So anxiety gave place to joy—joy such as only the trained nurse probably knows fully.

TRAVELLER.

Review.

"STARS."

This little book, just published, which is written by Mr. Ellison Hawks, Secretary of the Leeds Astronomical Society, is worthy of the attention of nurses. Except during holidays there are few in the profession who have opportunities for observing the beauties of nature. But the stars are everywhere and always overhead, and many a district nurse in the country, and among the hills, tramping miles after dark, and alone, comes to look upon the planets and constellations as friends. "Stars" is written for young people, and in simple language such as they can understand, yet it covers as much ground as a beginner, or anyone with scant leisure, can overtake. There is a good index and forty-nine very excellent plates. The publishers are Messrs. T. C. and E. C. Jaek. The price—a modest one considering the usefulness and scope of the little book—is half-a-crown.

E. A. S.

Outside the Gates.

WOMEN



In connection with the Children's Happy Events Association the Queen has presented a piano for use in entertaining poor children at Deptford on Mondays at Creek Road School.

The King has been graciously pleased to confer the decoration of the Imperial Order of the Crown of India on Winifred Selina, Lady Hardinge of Penshurst, wife of the Right Honourable Charles, Lord Hardinge of Penshurst, Viceroy and Governor-General of India.

There is no doubt that the Public Health Sectional Committee of the National Union of Women Workers frames to be one of its most useful departments. At a recent meeting Lady Aberdeen, who is Convener, gave a most interesting report of a visit to some health institutions in France, and Mr. Edgar Kemp spoke on the Hospital Almoners' Council, which is engaged in very useful work in training ladies for the position of Hospital Almoners, and it is satisfactory to note that wherever these workers have been appointed to the out-patient departments of hospitals they are proved to be of such utility that their office is never abolished. The remuneration is modest, and as great tact and good education are necessary in the carrying of a Hospital Almoner the Hospital Almoners' Council hopes to see better average salaries in the future.

The American press, like our own at home, unjustly suppresses letters which support points of view in opposition to the personal opinions of the proprietor or editor, so that across the Atlantic, as at home, one need not look for fair play, and one would imagine that women were meekly submitting to the infamous new Page Law, which in reality they detest, if one did not know that their letters to the papers were pitched into the waste-paper basket.

As we go to press a public meeting is being held in New York to demand the repeal of Section 79 of the Inferior Courts Law relating to the compulsory examination and lock hospital treatment of women convicted of prostitution, and feeling runs so high that its repeal is certain.

Mrs. Houghton Hooker, President of the Just Government League of Maryland, writes, in a letter excluded from the *New York Times*:—

"The thing the women object to is the clause in the Page Law relating to the compulsory examination and lock hospital treatment of women convicted of prostitution. We object to it on the double ground that it is a discrimination against women, since men who are equally guilty with prostitutes do not come under the same law, and that hygienic measures, applying to women only,

have already been found in England and on the Continent to be worse than useless.

"The protest of the women means, not only that they have awakened to a true realisation of 'their birthright, which is justice before the law, but that they have been aroused to a vivid consciousness of the honor of the Social Evil. The secret is out, and women will no longer endure the sacred purpose of marriage be blasted by the introduction into marriage of intemperate disease and death, due to the immorality of men."

Book of the Week.

THE LAND OF HIS FATHERS.*

Of Harry Ayres, the central figure of this story, the reader is informed that "up to six months before, he had never trodden the pavements of a bigger city than Toronto or Montreal, and never had the spending of more than a couple of hundred dollars a month. Now he was a man about town, in London, and at liberty to spend if he had a fancy for extravagance anything up to say thirty thousand dollars a month, without the least endangering his solvency. . . . He had a kind of simplicity which is almost unattainable to rich men's sons in the Old World."

The book is mainly devoted to the developing of various philanthropic schemes to which Harry has determined to devote part of his newly acquired wealth.

"Ayres took a turn about the room, coming to a halt again in front of Wait's figure, where it sprawled in a big saddle-bag chair. 'If I dared say so, I believe what I really want is to try to do something to help this lovely, aged, tired-out old rose-garden of a country, whose great heart has pumped out the rich red blood that's fertilised a quarter of the globe.'"

To try and achieve this end he purchases some house property in the slums.

"The builders and painters and furnishers had all left and the front of the double house gleamed and shone upon that squalid street like a diamond on a dunghill. The two porches had been converted into one, and under the gilt lettered name, 'The Farm,' appeared the legend, 'Welcome' in cheerful red. It was a real porch now with fixed benches on either side, and a wide open outer doorway leading to swinging glass doors within. . . . The fee for admission to the dormitories with their neat cots and bunks, and the use of the baths was 2d.; the rent for the night of one of the rooms was 4d.

"'I suppose people will be sure to come,' said motherly Mrs. Bartholomew; 'it would be pathetic to see all this beautiful spick-and-spanness standing idle tomorrow night.' The captain of 'The Farm' smiled as one who knows. 'We shall be turning them away, mum, inside of a hour after opening.'"

* By A. T. Dawson. (Constable and Co., Ltd., London.)

"Ah, that's the dreadful thing about helping the poor in London. Whatever one does, one always reaches the point of turning away and refusing."

"'H'm,' said Ayres, with a momentary shadow on his bright face. 'I suppose it is rather like that.'

The oppressed appealed instinctively to this man, and the way in which he deals with Baily, who is persecuting a poor girl with his attentions, is, to say the least of it, forcible.

"'Now, don't be silly as well as mean,' said Ayres rather as though he were addressing a small boy. 'I'm telling you, you must not go to Harcourt Place again. I mean it. I'm not playing.'

"'And pray, how do you propose to prevent my going where I choose?'

"'Well, you're free to go anywhere else you choose, but you mustn't go there because—well, I won't let you. The law takes no account of your particular wickedness, I'm told, so it's up to me. . . . If you go there again I'll thrash you till you can't stand. Good-day.'"

We could do with a little more of his sort. The story will appeal to those who are interested in social reform, for, as he himself says of these matters, "The word has gone out, the signal's up, and already the rally is such as England has never seen before."

H. H.

COMING EVENTS.

February 3rd and 4th.—Provincial Sessional Meeting of Royal Sanitary Institute, at Bradford.

February 6th.—Lyceum Club, Piccadilly, W. "Evolution of Trained Nursing" Dinner. 7.30 p.m.

February 8th.—Royal Infirmary, Edinburgh. Lecture on "Food and Feeding," by Dr. Chalmers Watson. All trained nurses cordially invited. Extra Mural Medical Theatre, 4.30 p.m.

February 14th.—Central Midwives' Board Examination in London and the Provinces.

REGISTRATION REUNION.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.: Nurses' tickets, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

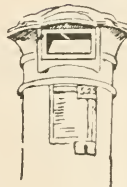
Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

WORD FOR THE WEEK

Never bear more than one kind of trouble at a time. Some people bear three kinds—all they have had, all they have now, and all they expect to have.

HALE.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I beg to acknowledge with many thanks the receipt of your cheque for 5s., being the competition prize offered in your Journal last week in answer to the question, "How to Succeed as a Private Nurse." I am glad to have been successful, and shall read with interest Miss E. Barton's paper when it is published, as it is a subject on which much can be written and learnt.

I remain,

Yours faithfully,

JULIA HURLSTON

Royal Hospital for Sick Children,
Muirfield House, Gullane.

THE BLUE CROSS SCHOOL FOR NURSES. NAPLES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I see in the number of the BRITISH JOURNAL OF NURSING for December 31st that in recording the progress of nursing in Italy no mention is made of the Blue Cross School for Nurses, which was started in this city 16 years ago under my direction, and has lately been carried on with the assistance of Miss Bertha Tulloch, of the St. George's Hospital, London.

While I do not attempt to deny that the efforts of my two friends and fellow-pioneers, Miss Snell and Miss Turton, in Rome, have been crowned with more brilliant success than ours, chiefly owing to our having begun our work in a far less evolved centre, I cannot, in justice to the noble and persistent efforts of our Patroness, the Princess of Strongoli, Lady in Waiting to her Majesty the Queen Mother, allow her school to pass entirely unnoticed in an international report.

In spite of endless pioneering struggles which it is at present needless to enumerate, we have succeeded in graduating, after a two years' course, 57 nurses, of whom the greater number have taken up private nursing, and are so much appreciated by the public that the demand far exceeds our supply. The same may be said of the institutional posts offered us. The nurses who are doing institutional work are placed as follows:—

Six as Head Nurses in the Royal Clinical Hospitals of this city (1st and 2nd surgical, 1st and 4th medical, nervous and eye-diseases).

Two are in the Policlinical Hospital in Rome, one as Theatre Sister under Miss Snell. Two more went there as relieving Staff Nurses during the summer holidays.

Four are Theatre Sisters in various hospitals in Naples, Teramo, and Chieti.

Four are in charge of Sanatoria (medical, surgical, children, and hydrotherapy).

A few days ago a request came for six Sisters to take charge of wards and theatres in the large Incurabili Hospital (1,050 beds), a request which we shall do our best to grant.

I shall be obliged if you will give this letter a place in your esteemed journal, and with thanks,

I am, dear Madam,

Yours faithfully,

GRACE BAXTER, R.N.,

Matron of the Blue Cross School
for Nurses.

Ospedale Gesù e Maria, Naples.

[We publish Miss Baxter's letter with great pleasure. The professional nursing world is well aware of the splendid pioneer work which has developed in Italy under her supervision. In writing our review of the year—the international interest of which we are glad to note is increasingly recognised—we had no official information to hand of the work of the Blue Cross School at Naples. If our correspondents abroad will send us reports of their work towards the close of each year we shall have great pleasure in doing justice to them.—Ed.]

NURSE DETECTIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I was glad to see your leading article on "professional confidence" this week. I was feeling very indignant about the "Nurse Detective," and turned to my Journal with eagerness to find what you had to say about it. I always feel sure that I shall find the right note struck there, and, sure enough, I found it on the first page.

Just imagine the indignation of a medical man if he were asked to act in the interests of a Criminal Investigation Department, whilst professing to treat a patient, and receiving fees for so doing! It is inconceivable. And the indignation of the nurse should be as great, and she should be equally, and I believe is equally, indignant that her uniform should be used as a disguise for an officer of the law. We are not censors of morals, but concerned in the restoration of the sick to health.

Surely the sick-room and the hospital ward should be cities of refuge, at whose entrance the trained nurse stands on guard. If necessary she knows how to protect her patient without assuming the rôle of detective.

Yours faithfully,

SUSAN MAYFIELD.

A YEAR'S PROGRESS IN ANIMAL PROTECTION,
To the Editor of the "British Journal of Nursing."

MADAM.—The year which is past is noteworthy for the fact that in it two new laws for the better treatment of animals have been added to the Statute Book. Of these two laws on which the animals are to be congratulated, the first was an extension to Scotland of the Wild Animals in Captivity Act. This Act has worked well in England, and, though its provisions are now hardly up to public opinion, it considerably enlarged the sphere of protection. The second law known as the Diseases of Animals Act (2) aims at regulating the traffic in worn-out horses. This is a measure of first importance, ren-

dered necessary by the public condemnation of the cruel traffic in question, and is a distinct step in the right direction.

With reference to birds, we may congratulate ourselves on the decision of the Court of Appeal that it is illegal to have in possession any recently caught birds, who are protected in the district, though they may have been actually caught in an unprotected area. This is also a step forward, and almost the first one which deals a blow at the cruel practices of bird-catching and bird-eating. An unusual case, brought into court by the R.S.P.C.A., of blinding a song-bird with a red hot needle, which was punished by the extreme penalty of the law, also marks an advance in public opinion.

Outside the Law Courts the most striking feature of the year's work has been the progress made in the agitation for the better treatment of pit ponies. The question has become recognised by the Press and the public as an important one. Evidence has been taken from a number of witnesses by the Royal Commission on Mines, and we may reasonably hope that some steps will be taken to ameliorate the condition of the helpless sufferers.

On the whole, animal lovers have reason to be pleased with the work of the year, and every step gained gives us a better position for future advance. There is plenty still to do.

Faithfully yours,

ERNEST BELL.

Animals' Friend Society, York House,
Portugal Street, London.

Comments and Replies.

Hygiene, London.—(1) We have no doubt that during the three years' term of grace provided for after the passing of the Bill the qualification which you mention would be accepted by the General Nursing Council. (2) Write to the Secretary, National Health Society, 53, Bonners Street, W.

Aspirant, Cardiff.—Journalists like nurses, musicians, and the workers in other callings and professions, must be born with an aptitude for the profession of their choice, but proficiency is only attained by training, hard work, and practice. We advise you to take every opportunity of practice that presents itself to you. Note the kind and length of articles published in various papers of standing, and submit articles to them.

Ignorant, Midlands.—The General Infirmary, Leeds, the Leicester Infirmary, and the General Hospital, Birmingham, all rank high as training schools for nurses. You would be fortunate to be accepted for training in any of them.

Notices.

OUR PRIZE COMPETITION.

Rules for competing for our Prize Competition will be found on page xii.

The remaining competition for January is:—
January 28th.—"Describe a Baby's Cries and what they indicate."

The answer of the competitor should be from 300 to 500 words in length.

Next week we shall announce the competitions for February.

The Midwife.

A Midwives Bill for Belfast.

The Belfast Corporation, in a Private Bill to be introduced into the House of Commons during the coming Session, includes amongst other objects (such as to enable the Lord Mayor, Aldermen, and Citizens of the City of Belfast to construct and work additional tramways, make street improvements, construct works, and exercise powers for the prevention of flooding, acquire lands, to enable the Corporation to raise further money, etc.) "to make provisions for the better control of persons practising midwifery in the city." Examined in detail this section means the passing of a Midwives' Act for the City of Belfast, largely copied verbatim from the Midwives' Act (1902) for England and Wales, and provides for the creation of a Board, to be called the Belfast Midwives' Board, consisting of eleven members, appointed as follows:—Six by the Public Health Committee of the Corporation from amongst the members of that Committee; one (being a woman) by the said Committee; one by the Senate of the Queen's University of Belfast; and one by the Council of the North of Ireland Branch of the British Medical Association; one by the Council of the Ulster Medical Society; and one by the Belfast Union.

It will be noted that no representative of the Midwives is included in the Governing Body proposed, and, incidentally it has two more members than the Central Midwives' Board, which governs the Midwives of England and Wales.

It is proposed that the functions of the Board shall be practically those of the Central Midwives' Board, and that it shall hold examinations, and issue a Roll of Midwives who have been duly certified as entitled to practice in the City, and issue and cancel certificates. Further, that rules under this Section shall be valid only if approved by the Local Government Board, and the Local Government Board before approving any such rules shall take into consideration any representations which any Medical Association may make with respect thereto. The representatives of Associations of Midwives are not mentioned.

It seems almost incredible in these days that it should be seriously proposed to procure an Act of Parliament to regulate the education, examination, and certification of the midwives in one city, for we do not in these days live in fenced or beleaguered cities. The midwives of

Belfast are there to-day and gone to-morrow; but it is a serious menace to bodies of women workers at the present day that corporations may introduce private Bills into Parliament which closely affect their professional life and work, without those concerned knowing anything about them until they are laws of the realm.

If Parliament allows such a Bill as that of the Belfast Corporation to pass, so far as it concerns midwives, it must be prepared to enact similar Bills for every city and borough in Scotland and Ireland, in which case let us hope some modicum of time will be left for Imperial affairs.

The Midwives Institute.

At the Annual Meeting of the Midwives' Institute and Trained Nurses' Club, held on Friday in last week, Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, was unanimously elected President, after which she took the Presidential Chair, and presided at the meeting. We congratulate the members of the Institute on their choice of a President, and hope that her term of office will be a fruitful and successful one.

The L.C.C. and the Midwives Act.

At the Meeting of the London County Council, held on Tuesday, January 24th, the Midwives' Act Committee reported that it is the duty of the Council as the local supervising authority for the administrative County of London to supply to the Central Midwives' Board during the month of January in each year the names and addresses of all certified midwives who, during the preceding year, notified their intention to practise within the county. Five hundred and twenty-nine midwives gave notice during 1910 of their intention to practise, and ten notices were received from persons who had acted as midwives on specific occasions, and thirty-two from certified midwives who intended to practise during periods shorter than one year. Four women have been convicted of habitually and for gain practising midwifery contrary to the provisions of Section 1 (2) of the Midwives' Act, and sentences varying from a fine of 2s. and £1 1s. costs, to a fine of £2 and £1 3s. costs, imposed.

The Central Midwives Board.

A meeting of the Central Midwives' Board was held at Caxton House, Westminster, on Thursday, January 19th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

The report of the Standing Committee was received.

The Board decided that a communication from the Town Clerk of Birkenhead as to the difficulties experienced by the Local Supervising Authority in obtaining a conviction under Section 1 (2) of the Midwives' Act, 1902, be transmitted to the Privy Council. The Section provides that "From and after the first day of April one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she is certified under this Act."

The Chairman explained that the Act is evaded by women who practise midwifery but state that they do not do it habitually and for gain.

The Board suggested that with a view to effective administration of the Midwives' Act, 1902, Section 1 (2) should be amended by the omission of the words "habitually and for gain." They further decided that the Town Clerk of Birkenhead be informed of the action of the Board.

In reply to a letter from the Medical Officer of Health for Sheffield as to the extent of a midwife's obligation to visit her patient during the puerperium, it was decided to say (a) that the Board has designedly refrained from making it obligatory on the midwife in every case to attend her patient for ten consecutive days, and that the number of visits paid must vary according to the circumstances of each case, the midwife remaining responsible if anything goes wrong with a patient owing to the omission of a visit; (b) that any visit paid by an assistant must not be in substitution for, but in addition to, a visit of the midwife.

In reply to a request from the Superintendent and Matron of the Government Maternity Hospital, Madras, to hold examinations in Madras, it was decided to say that the Board regretted it was impossible to accede to the application.

A letter was received from the Governor of Holloway Prison reporting the conviction and sentence to two months' imprisonment of a certified midwife for wilful damage to Government property.

A letter was considered from a candidate, who failed at the December examination, complaining of the conduct of one of the examiners. It was decided to inform the candidate that the Board, having carefully considered her two letters, and having communicated with both examiners acting at Table D at the examination in December last, has come to the conclusion that she must have misinterpreted the attitude and the words of the examiner, of whom she complains.

REMOVAL FROM THE ROLL.

The names of thirteen midwives were removed from the Roll at their own request.

APPLICATIONS FOR APPROVAL.

The applications of the following medical practitioners for approval as teachers were granted:—

James Beatty, Esq., M.D.; Flavell Edmunds, M.R.C.S., L.R.C.P.

The applications of the following midwives for approval to sign Forms III. and IV. were also granted:—Charlotte Almond (No. 5381), Jessie Murrell Bell (No. 22569), Lizzie Keeping (No. 9172), Jane Margaret Ostle (No. 25939).

REVISION OF LISTS.

The Secretary was instructed to revise the Lists of Training Schools, Teachers, and approved Midwives on the same principle as in previous years.

RESOLUTION.

On the motion of Sir George Fordham it was agreed that a second volume of the minutes of the Board be made up and indexed for the three years ending March 31st, 1911, and that thereafter the minutes be made up in three-year periods.

Sir George Fordham also called attention to Clause 7, Section 1, of the Midwives' Bill (No. 2) 1910, which provides for the payment annually of a fee of 1s. by certified midwives, and moved a resolution providing that the Lord President of the Council be asked to receive a deputation of the Board to lay before him the very serious difficulties which will arise if the clause passes into law.

This was seconded by the Hon. Mrs. Charles Egerton.

Sir George Fordham expressed the opinion that if the clause referred to became law the work of the Board in building up the Roll would be frustrated. Further, though those midwives who failed to send the shilling fee to the Board before the end of January in each year, would be automatically removed from the Roll, there was no provision for cancelling certificates. Again, though the names of midwives not complying with this regulation would be deleted at the end of January, the new Roll was not published till May, and it would be impossible for anyone to say with certainty who was, and who was not, a certificated midwife for nearly half the year. The Roll would be useless for practical purposes, and, in effect, there would be none.

There were now some 9,000 midwives trained and examined in conformity with the regulations of the Board, who had spent a large sum of money on their training, and it would be a hardship if they were involved in a considerable financial loss on account of their failure to notify. This applied particularly to midwives resident abroad.

Mr. Parker Young said that the Board had held two special meetings and had agreed that the clause was objectionable and should not be passed, but other clauses were equally objectionable. He did not think that they should go to the Lord President with reference to one clause only, but that if a deputation were received the other clauses of the Bill to which the Board took exception should be added also.

Miss Paget supported Mr. Parker Young.

The Chairman reminded the Board that all the resolutions in reference to clauses disapproved by the Board were not passed unanimously.

Miss Paget thought they might add the clauses which were passed unanimously.

The Secretary, Mr. G. W. Duncan, said that if the clause passed into law the office staff employed

would have to be three or four times as large, and the power of the Board to do its work would be crippled. They would also have to take larger offices.

Mr. Parker Young thought that Clause 11 should be included in their representations to the Privy Council, and moved an amendment that it be asked to omit Clause 11, Sub-clause 1, altogether.

The Chairman said that representations on behalf of the Board concerning a number of clauses of the Bill had been made in writing to the Privy Council. He thought that the one dealt with by Sir George Fordham was the most important at the present time, and that they should restrict themselves to that.

Mr. Parker Young's amendment was lost on being put to the vote.

Sir George Fordham's resolution was then carried, Mr. Parker Young dissenting, and it was agreed to represent to the Lord President that Clause 7, if passed, would be highly detrimental to the efficient working of the Act.

Sir George Fordham then nominated the Chairman, himself, and Miss Paget to form the deputation, as representing the three elements on the Board—the medical profession, the laity, and the midwives.

Miss Paget declined nomination as she had supported Mr. Parker Young, and said that Dr. Herman represented the Midwives' Institute.

Dr. Herman was then nominated.

The date of the next meeting of the Board was fixed for February 23rd.

Obstetric Work in Africa.

Miss Helen Hurlburt Stover, writing in the *American Journal of Nursing*, concerning her work in Benguela, Angola, Africa, says:—

"I have been called in for the third stage of labour in three cases. Everything has been tried to induce the natives to call us at time of confinement, but they will not do it. Labour cases are, with rare exceptions, perfectly normal. The women work in the fields until the time of the birth, and in many cases the child is born in the field. The pain is almost nothing in comparison with what our women suffer, and lasts but an hour or two, except in primiparæ.

"I was very curious to see how an obstetrical case was carried on here, and was glad to have my curiosity satisfied in some measure. I was awakened early one morning by a rap at my door, and, on opening it, found a young man, who said, "At my house they want you." I asked what the trouble was at his house. He said his wife had given birth to a child, but something was lacking. I hurried to his house. The patient was in the kitchen, a one-roomed house by itself, and generally used for a lying-in room. The room was small and my first impression was that it was filled to overflowing with women, each one nursing a baby. In the middle of the room was a wood fire with plenty of smoke. The patient, in her wedding clothes, was sitting on a mat, supported from

behind by a woman. In front of her, in a pool of water and blood, on the bare earthen floor, with nothing over him, lay the baby. They do not cut the cord until the placenta comes. It was then five in the morning and, as near as I could find out, the baby was born before midnight, and had been lying there all that time. I expressed the placenta without any trouble by the *Créde* method."

My second case was rather interesting for several reasons. I had just returned from a four weeks' visit in one of our out stations; during that time I neither saw a white face nor heard a word of English. While there one morning a man came to say that a messenger had come from a heathen village some distance away to ask for medicine for a sick woman. After some questioning, I learned that the woman had given birth to a still-born child four days before, and the placenta was still retained. I told the man there was no medicine to send, but if they would find carriers I would go. Our usual mode of conveyance here is a *tepoia*, which is a hammock swung on a pole and carried by two men. I got together what I had with me in the way of necessary articles and we started. After two hours of rapid travelling—rapid for us—we arrived. I cannot picture to you the dirt and filth of that kitchen. It was my first experience with raw heathen people, and my recollections of Chicago Ghetto dirt faded immediately. I had wondered if the dead baby would be still attached to the cord, but it was not. The room was full of women. I turned out all but three. I tried to express the placenta, but without avail. There was nothing left, apparently, but to take it manually. I scrubbed her up and myself as best I could and proceeded, wondering all the time if I were doing something very wrong. The odour was dreadful and it took all my efforts to keep from vomiting. The placenta came away in little pieces, and I was not sure I had gotten all of it. When I had finished the woman sat up by the fire and said she felt better than she had for the last four days. I told them to send someone for medicine the next day, and to report her condition, but no one came. I learned later, however, that she was better and around again.

It is very uphill work with the natives here, at times I feel that the responsibility is more than I can possibly bear; but this last year I learned that God never increases the burden without increasing the strength to bear it. One cannot depend on the natives doing anything they are told. For that reason I hesitate to give them the treatment for hook-worm, and never do it without fear and trembling until the danger is past. Considering how uncleanly they are and what unwholesome food they eat, they have very little sickness. We could have a number of surgical cases if we had a doctor to operate. As it is, I have attempted a few little things in the way of sewing up bad wounds, and cutting out old ulcers. I am hoping and praying the time will come when we can have a doctor. Only those nurses who have lived in out-of-the-way places, and been compelled to undertake the responsibility of treating serious cases, know the strain involved.

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XLVI.

Editorial.

THE FUTURE OF THE POOR LAW.

A question in which trained nurses are intimately concerned is the future of the Poor Law, for many thousands of them work in Poor Law infirmaries, and asylums for insane, and thus a change in the authorities locally responsible for its administration would mean a change in the authorities under which they work. Further, in the present uncertain position Guardians are not unnaturally averse to undertaking new building operations, and therefore the provision of adequate accommodation for nurses, where such is urgently required, is apt to be postponed until some settlement of the question is arrived at.

An interesting proposition for transferring the responsibility of the administration of the Poor Law in rural areas to County Councils, has been put forward by the Executive Committee of the County Councils Association, a body representative of every County Council in England and Wales with the exception of the London County Council and a few of the Welsh Councils. The scheme is approved by both Lord George Hamilton, Chairman of the Royal Commission on the Poor Law, who, of course, endorses the recommendations of the Majority Report of that Commission, and by Mrs. Sidney Webb, who has so ably voiced the views of the Minority; it seems therefore hopeful as a basis of agreement.

The Sub-Committee of the County Councils Associations, which has been considering the question, reported that they had considered only the specific point of whether, and if so, in what way, the present duties of Boards of Guardians could be discharged on the basis of larger areas than the existing Unions, if Parliament should think it desirable to make any such change without

(1) placing an undue burden on the work of County Councillors, or (2) adversely affecting county administration. They had come to the conclusion that the system of Poor Law administration should be reorganised, that the present unit of area was too small, and that the most convenient unit would be the administrative county and county borough, and that there should be only one elected authority with rating powers in each area. They propose, further, that all grades of mentally defective persons should be removed out of the Poor Law altogether, and with the present County Council lunatic asylums transferred to a Government Department.

The proposition of the County Councils Association, therefore, is (1) that the Poor Law Areas should be (a) the County or County Borough, (b) Urban and Rural Districts, both of which, where small, might be grouped; and (2) that the Poor Law Authorities should be—

(A) A County Poor Law Committee constituted by a scheme prepared and adopted by the County or County Borough Council, and approved by the Local Government Board. It is proposed that this Committee should be composed of (1) members of County Councils and of District Councils, and (2) other persons, to be appointed by the County Council, experienced in charitable work, including a fair proportion of women; a clear majority of the Committee to consist of members of the County Council, unless the County Council do otherwise determine, and in any case a majority of the Committee to be members of the County Councils or of the District Councils.

(B) District Poor Law Boards, consisting of (1) all the members of the County Council resident in the district who consent to serve, (2) District Councillors as arranged by the

scheme, and (3) not more than one quarter appointed by the County Council, from persons experienced in Poor Law and charitable work, including a fair proportion of women.

Should this scheme be eventually adopted we hope that as the new authority would be concerned so largely with the work of trained nurses, experienced nurses will be included in the proposed Committees and Boards.

Medical Matters.

AUTO-INOCULATION IN MEDICINE.

Dr. Clive Riviere, in a paper read before the Therapeutical and Pharmacological Section of the Royal Society of Medicine, on the "Rôle of Auto-Inoculation in Medicine," and reported in the *Lancet*, said: Nature was the earliest "vaccine-therapist." The processes by which infections are naturally overcome in the body form the basis on which the science of vaccine-therapy is being built up. As soon as the invader "lands" in a tissue there is a call for more blood, blood plasma acts on the microbe and its toxins, destroying them both by chemical processes (oxidation, hydration, dehydration, etc.) and by the action of specific antibodies, and leucocytes rush out to ingest the foe. If this proves insufficient further antibodies are formed in response to the toxins carried over the body in the blood stream, and the resistance of the plasma bathing the lesion is thereby raised.

We thus have two natural processes to study and imitate: (1) "*Irrigation*" of the infected area with plasma and leucocytes, and this by itself may be enough to cure a mild invasion. (2) *Auto-inoculation*, or the washing of the bacterial products into the blood stream to stimulate in the tissues the formation of antibodies specific to the invading micro-organism. These are the processes (other than the injection of vaccines) which the physician can direct with success, and it is this "natural vaccine-therapy" that was exploited with success in the time-honoured practice of applying heat (poultices, etc.) to an inflamed area. By this means not only was irrigation assisted, but such irrigation, itself of value, necessarily led to an increase of that auto-inoculation on which the improved resistance of the body depends. Such an effect is obvious so far as the poultice is concerned, but it is not so obvious, and it is my purpose to point out, how also the drug treatment of infective diseases may have depended for its success, so far as it has been successful, on a similar encouragement of these processes of "irrigation" and "auto-inoculation."

Fatigue in School Children.

The following abstract of an address delivered by Dr. D. M. Taylor, M.A., D.P.H., (School Medical Inspector to the Education Committee of the Borough of Halifax), to the Halifax Child Study Society, which we have somewhat abridged, appears in the current issue of *The Child*, a delightful monthly journal devoted to child welfare, edited by Dr. T. N. Kelynack:—

Fatigue, its nature, and its causation, have received but scant scientific investigation in England, and one has to turn to the works of Continental observers — French, German, Italian—for information regarding the results of experimental research on the subject. Fatigue is the root problem of nearly all educational schemes. In its study there is no call for elaborate technique, and teachers especially, who have always abundant material to hand, could, by simply devised experiment continuously and conscientiously applied, add much to our knowledge.

DEFINITION AND VARIETIES OF FATIGUE.

It is rather unfortunate that our English language only supplies us with one word to describe two very different states. The French language is here more discriminating, and the word "fatigue" is used to indicate that ordinary or normal fatigue, which is repaired by itself, without any effort or thought on our part. On the other hand, when fatigue has ceased to be simple, and is passing into a chronic state—which we might describe as "weariness" or "jading"—a condition no longer repaired by itself, and requiring special means, *e.g.*, prolonged rest, drugs, etc., for its repair, then we have the condition called by the French "surmenage." The anticipation and determination of the latter condition in school children is of vital importance in guarding against the disastrous effects of over-pressure on the young, growing unformed brain tissue and nerve cells.

Fatigue is common to all living matter, and presents the same characteristics in animals, children, and adults, although varying somewhat in quality and degree. It is more marked in the young, their reaction being slower and less efficient.

Much controversy obscuring the issue has raged round the varieties of fatigue, and artificial distinctions between muscular and nervous have been recorded. It is preferable to regard fatigue as a symptom complex, and due to one and the same cause, whether regarded as toxicæmic, or central, or due to an exhaustion of nerve excitability. Every movement

of the muscles, and every mental act, whether conscious or unconscious, invoke the same physiological phenomena both of muscle and nerve. The immediate effect of these is a determination of blood to the part, a quickening of the heart, pulse, and respiration, a raising of the temperature, and an increased molecular activity. According to physiologists this metabolism originates bye-products of a toxic or poisonous nature, and it is the accumulation of these that gives rise to the symptoms of fatigue. These products are acid in reaction, and can be removed from the fatigued structures. The fatigue poisons are eliminated by the excretory organs under the influence of rest or repose of the part or centre involved.

SIGNS OF SYMPTOMS OF FATIGUE.

We all know the deliciously tired feeling at the end of a day fully and well spent, and have also experienced the wretchedness and depression of weariness and jading. The picture of a naturally fatigued child is characteristic—his tired drawn look, his clumsy movements, his listless conversation, his aversion to exert himself, and his readiness to fall asleep. Here the poisons seem to act like a narcotic, and these signs of simple fatigue all vanish with the night's rest, the morning finding him normal and refreshed. When, however, the poisons and effects become cumulative, and the condition is passing into a chronic state, another set of signs begin to manifest themselves. Thus, the morning finds him sleepy and languid, his eyes are dull, his pupils large, and the expression limp and wearied. He drags himself to school slowly, without alertness, his walk is tottery and awkward. In school he lacks attention and responds feebly, his gaze wanders, his attitude is slouching, and he becomes peevish. The same causes continuing to act, matters aggravate, and he arrives at the borderland of actual disease. He becomes pale and pinched, suffers from headache, there is muscular twitching or inco-ordination, he is more liable to colds and susceptible to infectious disease: stomach troubles ensue, with less of sleep and exhausting dreams. Here, in the absence of specific disease, begins that long train of serious symptoms known as neurasthenia, or nervous debility. The differential diagnosis of pseudo-fatigue in experimental work, and of laziness in the scholar, must be borne in mind.

DIAGNOSIS AND TESTS OF FATIGUE.

How can one measure fatigue, or record the advance of the later fatigued states? There are two methods—the physiological and the pedagogic.

All the tests for fatigue up to now are too

difficult of application, except in scientific hands, to be generally used. The varying factors of the individual scholar, his varying states of mind and body, the presence or absence of hygienic and body conditions, the amount of voluntary attention during the test, the influence of practice, the agreeableness, or otherwise, of the test, and the complicated question of the discharge of energy by passion or emotional states, make the testing of fatigue a speciality which requires much time, much observation and considerable knowledge.

The practical results, however, of these scientific workers are for the most part in unison, and in addition to those noted under etiology, the following three have a practical direct bearing on educational schemes:—

(1) Work in the morning after the reparative night's rest is much more active and productive than that of the afternoon. Combining with this the relative fatigue figures of different subjects, *e.g.* arithmetic, languages, history, drawing, etc., a teacher can make a scheme which will lessen the total fatigue.

(2) Work in the beginning of the week, up to Wednesday mid-day, is of better quality than during the rest of the week. Hence the wisdom of the mid-week half-holiday.

(3) The work of the scholars, their attention, their response, and their aroused interest are better during the first half of a school term. This fact is a matter of common observation during the autumn and early winter session, when the days rapidly shorten, Nature seems dead, and the conditions of our lives for many weeks become artificial and unnatural.

THE CAUSATION OF FATIGUE.

Leaving aside the view that children are "born tired," we find that there are two sets of causes—educational and environmental.

On the former much scientific work has been done, and the following questions present themselves for still further elucidation:—How long, according to age, can a child's attention be fixed? What is the effect of change of subjects? Is fatigue less in subjects which children like?

The environment causes more closely concern the school doctor:—

(A) *Inside School.*—Among these the following are to be reckoned with: Defective ventilation, bad lighting, bad desks or equipment, wrong attitude, defects of eyesight, of hearing, and the whole host of diseases and unhygienic conditions among school children.

(B) *Outside School.*—Here the following causes are at work:—

(1) Deficient, improper, and badly cooked food.

(2) Insufficient sleep, due to running the streets at night, unhealthy amusements, and indifference of parents.

(3) Lack of proper clothing, and wet feet.

(4) The unhygienic surroundings of the home, the stuffy kitchens, the airless bedrooms, the absence of sunlight, and all the other evil factors of our present housing conditions.

THE PREVENTION AND RELIEF OF FATIGUE.

Is fatigue an unmixed evil? Can we eliminate it from our educational system? Is there any royal road to learning? These questions still await an answer. It is our duty, however, to minimise fatigue in order to get the maximum of work, and to prevent fatigue becoming chronic and passing into the jaded state.

In the fore-front of remedies stand cheerfulness and gaiety of the child, of the teacher, of the school, and its surroundings. The life and health of a child is laughter, and its cessation augurs some physical, mental, or moral wrong. Infantile gaiety acts as a stimulant, prevents and drives fatigue away. It sets free those little understood stores of nervous energy, which seem at times to confute all our theories of fatigue.

Remedies naturally evolve from the known causes, and may be summarised in the following didactic fashion:—

(1) *For the Teacher:* Cultivate pleasant and cordial relationship with the parents of the children. Ventilate your schoolroom, remembering that a vitiated atmosphere, charged with CO₂ and organic impurities, rapidly fatigues. Ventilate your time-tables with open-air intervals, lung and physical exercises. Lighten the burden of learning by well-arranged schemes and time-tables, with a due proportion of practical or manual methods of instruction, and a better classification of the members of a class.

(2) *For the Parent:* Speak well of the teacher to your child. Do not coddle, for spoiled children fatigue rapidly. Wholesome plain food, early to bed, and open windows during the night are golden remedies.

(3) *For the School Doctor:* Remedy all defects found on inspection, insist on suitable clothing, footwear, and feeding, and enforce personal and school cleanliness.

(4) *For Education Committees:* Arrange and extend the school holidays on the lines indicated above.

(5) Finally, united action is necessary to secure better housing and social conditions, whilst all efforts to educate the parent as well as the scholars on matters of hygiene must be redoubled.

The Registration Re-union and Pageant.

Next week we shall publish the Preliminary Programme of the Pageant and Masque on the Evolution of Trained Nursing, and hope by that time the members of the affiliated Societies of the National Council of Nurses and their friends will have secured their tickets, as only a limited number of seats are to be arranged in the Great Hall at the Connaught Rooms, to view the Pageant, as it is desirable that at the *Conversazione* to follow there shall be ample room to see the dresses of those who have so kindly, at great trouble, supported the Registration cause by taking part in the Pageant.

The Reception Committee will receive the guests in the corridor at the head of the double stairway, and the Band will play in the Gallery overlooking the Large Hall, at 8 p.m. The Connaught Rooms are one of the most modern and beautiful suites in London, and the Committee consider it very fortunate that they were able to secure them, as nearly every night all through the year they are taken for large Balls and Banquets.

The Procession of Immortals, led by Hygeia (Miss Irene Fergusson), whose splendid height of 5 ft. 11 ins. and purely Greek type personifies the Goddess to perfection, will enter the Hall at 8.30. She will, of course, wear white archaic Greek garments, a wreath of golden laurels on her golden hair, and carry the serpent and bowl. The Elements, Earth (Miss E. Eyles) will wear a symbolical gown of brown satin, draped with bright green and golden sequins, and garniture of bright spring violets; her headdress will be of gold, gold corn and violets, and amethyst jewels. Air (Miss Kathleen Wilson) will appear in a chiffon gown of soft misty tints, with silver stars in her hair. Fire (Miss Dorothy Gordon) a brilliant dress of fire coloured satin and tissue, a golden sun surmounting her splendid black hair; and Mrs. Beard will make a charming Water, with iridescent chiffon over silver, and ornaments of pearl.

We believe this Procession will be brilliant and beautiful. Already overtures have been made to the Committee to reproduce it at the Pageant in connection with the Festival of Empire at the Crystal Palace in the summer, but it will not be possible to produce the whole display in the perfection of detail which is being devoted to its production at the Connaught Rooms on the 18th February, so that all those who wish to see "The Evolution

of Trained Nurses, as a plea for the right of Life to Health, should not fail to be present and the sooner they secure their tickets the better.

After the Masque has been delivered and the Processions have re-formed and passed out of the Large Hall, the Refreshment Buffets will be open, when the whole company will, we feel sure, enjoy speaking with the lovely Goddess and her beautiful Elements, and the rest of the charming Immortals. Queens, Saints, and Knights are not met with in polite society every day, and their personalities and dresses will also be most interesting. Nurses of the Past and Present, to say nothing of those who fill, as many do, such important positions in the social scheme of the body politic, will also be *en evidence*, led as they should be by enterprising and public spirited Matrons, who are united to secure honourable legal status for the members of the profession to which they belong.

The Refreshment Buffets will be in an adjoining Hall, and the following *Menu* has been selected, the quality of which at the Connaught Rooms is always of the best:—

MENU.

SANDWICHES.

- Sandwiches de Poulet.
 „ „ Jambon.
 „ „ Langue.
 „ „ Roast Beef.



- Meringues.
 Gateau Moka.
 Charlotte Russe.
 Gelées de Fruits et Liqueurs.



PÂTISSERIES ASSORTIS.

- Mirlitons.
 Choux Grilles.
 Champignons.
 Eclairs Café et Chocolat.
 Tartelettes aux Fruits.



GLACES VARIES.

- Vanille.
 Fraise.
 Citron.
 Chocolat.



WAFERS.

- | | |
|-------------|-----------|
| Tea. | Coffee. |
| Orangeade. | Lemonade. |
| Claret Cup. | Hock Cup. |

We repeat that no one really interested in the progress of trained nursing can afford to

be absent on this unique occasion. That the Pageant has been designed, the Masque written, and the details organised by Trained Nurses is a proof of the versatility of many of the women who are engaged in the arduous educational task of training, and superintending the nursing of the nation's sick at home and abroad.

Tickets for the Reunion can be procured from the Pageant Secretary, 431, Oxford Street, London, W., and Matrons' and Nurses' Tickets can also be obtained at the office of this Journal, 11, Adam Street, Strand, W.C.

The Matrons' Council.



A meeting of the Matrons' Council was held at 431, Oxford Street, London, W., on Wednesday, January 25th, at 4.30 p.m. Mrs. Bedford Fenwick was in the chair. There was a good attendance of members. Telephone messages were received from Miss Heather Bigg, President, and Miss Houghton, Vice-President, regretting their inability to be present. Letters and telegrams were also

received from some twenty other members who were prevented from attending.

Letters were also read from Miss Brey (London), Miss Burleigh (Edinburgh), Miss MacIntyre (Wigan), and Miss Wright (Glasgow) accepting the positions of Vice-Presidents.

HON. TREASURER'S REPORT FOR 1910.

The Treasurer's report was presented and adopted.

On the motion of Mrs. Spencer, it was agreed that the Hon. Secretary's travelling expenses should for the future be met by the Council.

ANNUAL REPORT.

The annual report was read by the Hon. Secretary. In the discussion that followed the fact was elicited that no reply had been received to the letter addressed to the Chairman of the Florence Nightingale Committee by the Hon. Secretary, on behalf of the Matrons' Council. The opinion of members was that courtesy demanded at least an acknowledgment of an official letter. The report was adopted.

APPLICATIONS FOR MEMBERSHIP.

Applications for membership were then con-

sidered, and the following Matrons unanimously elected:—

Miss R. A. Cox-Davies, Matron, Royal Free Hospital, London.

Miss Constance Todd, Matron, St. James' Infirmary, Wandsworth.

Miss Frances S. Spittle, Matron, St. Pancras Infirmary, Highgate.

Miss Rosa E. Wallace, Matron, Southwark Infirmary, East Dulwich.

Miss Jackson, Matron, Royal Surrey County Hospital, Guildford.

Miss L. E. Jolley, Matron, Royal Southern Hospital, Liverpool.

Miss Grocott, Lady Superintendent, West Kent General Hospital, Maidstone.

Miss Nicholson, Lady Superintendent, Manchester Children's Hospital, Pendlebury.

The part to be taken by the Matrons' Council in the forthcoming Nursing Pageant was next discussed. The Chairman explained very fully the nature and scope of the Pageant, the Procession, and the place of the Matrons' Council in the same. It was further announced that the Matrons' Council would present a Petition on Nursing Education, and it was agreed that a limited number of Matrons should take part in the Procession.

The proceedings then terminated.

M. MOLLETT, *Hon. Secretary.*

Nursing at the Lyceum Club.

The Dinner in connection with the Evolution of Trained Nursing, to take place at the Lyceum Club on Monday next, the 6th February, promises to be a most interesting occasion.

Mrs. Bedford Fenwick will preside, and amongst the guests of the Club are Surgeon-General G. J. H. Evatt, M.D., who knew Miss Florence Nightingale personally, and for whom she had such a deep respect that she wrote him a strong letter of sympathy during his candidature for Parliamentary honours at Woolwich so long ago as 1886; Dr. Goodall, the President of the Fever Nurses' Association. Miss H. L. Pearse and Mrs. Alec Tweedie. Miss Eleanor Barton, with Lady Becheroff and others, are acting as hostesses, and Miss Cox-Davies will also attend. After the speeches, General Evatt, who is a most eloquent speaker, will eulogise the genius of Miss Nightingale. There will be music and recitations in the large Drawing Room.

This is the first function in connection with professional nursing which has been held at the Lyceum, and we are specially pleased to have it classed there with the higher ethical work of women.

Our Prize Competition.

We have pleasure in awarding the 5s. Prize this week to Miss Elizabeth Barton, Plaistow Hospital, E., for her description of

"A BABY'S CRIES AND WHAT THEY INDICATE."

From a baby's cries much valuable information may be derived, and it is only by careful observation, and interest in a child on the part of the one in charge of it, that it is possible to distinguish the difference between the cries of hunger, pain, and temper.

In hunger a baby cries fretfully, and in most cases clenches its fists and works them about its mouth. Sometimes the cry is preceded by a series of grunts, and is accompanied by the turning of the head from side to side, and by certain movements of the mouth.

Should this fretful cry continue after the baby has been fed, such a cry would then indicate discomfort of some sort, e.g., cold feet wet or soiled garments.

The clothing should be carefully examined for any pin that may have become misplaced (N.B.—Only safety pins should be used.—Ed.) and the groins and buttocks examined for soreness.

If, after the feeding, the cry becomes worse than before, indigestion is indicated.

Pain.—In lung disease the cry is short and stifled, for the crying hurts.

A cry that is short and husky, accompanied by a cough for a little time after, is suggestive of inflammation of the lungs, or air-passages; while, in pleurisy, the cry is short and sharp, for every effort at coughing or any movement of the body gives rise to sharp pain.

If, through pain in the chest, caused by bronchitis or cold, the cry is hoarse and wheezy.

A moaning cry suggests slight pain, while sharp paroxysms of crying indicate severe pain.

The position and movements of the baby must also be noted, for the child's posture and movements will often show where the pain is. In peritonitis or inflammation of the bowel the baby will lie on its back with its knees drawn up. The child will cry while the pain lasts; if the pain is spasmodic in its nature there will be periods of crying followed by intervals of complete rest.

Shrill screaming with every now and then a lull, followed by sobbing and writhing of the body, indicates flatulence (stomach-ache).

In headache or earache the hand will frequently go up to the head, and to the mouth if the teeth are giving pain: the cry will be

loud and long, and the chest cannot be agitated.

A child who moves its head from side to side, and sobs and wails with very now and then a sudden sharp shriek, may have its brain affected—such a cry is suggestive of tubercular meningitis.

A child will often be restless, irritable, and awake with a scream when any serious illness is impending, while absence of crying may be indicative of serious disease or exhaustion.

The cry is often hoarse in an infant from inherited syphilis, and hoarse in an older child suffering from laryngitis.

In temper the crying is loud, the child stiffens itself, and kicks vigorously.

There is also the irritable cry of general uneasiness, which may generally be quieted by soothing treatment.

It is difficult to distinguish the cry of the newly-born for the first few weeks.

Miss F. Sheppard writes:—

Crying is the infant's only method of expressing all its disagreeable sensations.

If the baby's cries are piercing and sharp suspect earache; if very piercing shrieks, the child is probably going in for meningitis.

A baby may scream very violently and draw up its legs with flatulence or griping pains.

Be sure to find out the cause and examine all its food, see to the cleanliness of every vessel used, and if necessary call on the milkman and see the cans that the milk is placed in.

Miss Emily Marshall reminds us that a baby announces its advent into the world by a cry, or, if not, steps are speedily taken to make it cry so that its lungs may be well inflated. Also that nervous infants cry with temper, and these highly sensitive babies will almost stop breathing sometimes. They often cry out suddenly if startled, a sneeze, for instance may frighten a baby. "There is," she says, "so much to write about a baby's cries I could go on almost indefinitely, but the practical part even now comes easiest to me, and if baby cried I should soon find out why."

Mrs. E. F. Noakes writes:—

I could describe many cries if only you could go through my garden of babies to hear them.

THE FEBRUARY PRIZE COMPETITIONS.

The announcements as to the Prize Competitions for February will be found on page 98 of this issue under the heading of Notices. We hope that our readers will find the new series as interesting as they evidently found the last.

How to Succeed as a Private Nurse.

(Continued from page 66.)

Miss Catherine Lead writes:—

You must adapt yourself at once to the circumstances of the family you are with. It is the power of adapting oneself that makes largely for the success of the private nurse. Do everything in your power to make your patient comfortable and alleviate pain. Be cheerful and sympathetic and win the confidence of your patient, and you will invariably win kindness, consideration, and even affection in return, and grateful thanks for service rendered. Be loyal to the doctor, and carry out his instructions faithfully.

Miss Susan Mayfield writes:—

Be careful about appearances, but in nothing be smart. The smart nurse may suit the unobservant, but she rasps and becomes a bore. Always appear unruffled, and keep your hands well cared for, surgically clean, soft, supple, and skilful. There is something in the healing touch, but that, of course, emanates from the brain centres. The healing touch is a fine sympathy flowing direct from its well springs.

Miss E. M. Dickson says wisely:—

The nurse should always give way to the patient in things which do not matter. This will help greatly in getting her way where it is really for the patient's good. . . . Reasonable consideration for the servants will go far to help to make a private nurse successful. Great saving of trouble to them can be effected by a little forethought.

A nurse will be wise to cultivate a healthy appetite for anything wholesome, as food in different houses varies in time, quality, and quantity, and she must not upset the usual routine of the house.

A nurse must spare no pains to keep her knowledge up to date. She will, of course, be a constant and thorough reader of the BRITISH JOURNAL OF NURSING, from which she will learn much, not omitting to read the advertisements, for she will thus get to know of new nursing requisites put upon the market for her own and the patient's use.

She will take advantage of the libraries of various nursing societies, and buy the best text books she can afford. Neither should she miss the cultivation of her mind by attending health and nursing lectures, and the various exhibitions. Our nurse will also read the daily paper, and such books as time and opportunity offer.

the more varied the better. The successful private nurse must train herself to a certain amount of broken sleep, for she has often charge of her patient by night and day, and if she is unable to sleep at once upon returning to bed, she will soon break down.

Miss Emma H. L. Dowd says:—

Carry out all orders thoroughly, no matter how minute, and be as careful as though the Matron was at your heels. Whilst assuming a certain amount of authority, do not be dictatorial, allow the patient and household to feel that you are *excr* at hand, but *never* in the way.

Try to live up to a high standard of nursing, and rest assured that if you *do* doctors will not fail to give you good and constant work. Faithful, conscientious service is required in private nursing where you are often wholly responsible for carrying out intelligently the medical directions. How needful is State Registration when this is the case, and a patient's life is in the balance!

The Happiest Hour in my Life.

(Continued from page 65.)

Miss Mary Harvey sends the following:—

I overheard some grown-ups say there was 5s. knocking about for a description of a happy hour, and as I want a new Teddy bear that will growl, I thought I would have a shot at it. My Governor keeps me very short of cash, or I would not do it, for writing is a most awful fag. I don't write myself. I get one of my servants to do it. I only dictate, so here goes. You perhaps ought to know I've just cut my two bottom front teeth, beastly horrid bore. Well, up to the time they started rampaging I had a nice quiet dull time of it. I was always fed at regular times, was always kept beautifully clean and warm, taken out every day, wind and weather permitting, had lots of nice clean toys to play with, and everybody I knew always wanting to play with me; but the time of my life was last week; it rained. I have noticed it does rain sometimes for hours together. My mother played with me, and we had a real good time and just before bedtime my Governor came in, nice sort of fellow always smells more or less of tobacco, is a bit short-sighted, and a bit forgetful. When he came in my mother said, "I'll let you play with Tiny Tim for a few minutes. I want to get things ready for putting him to bed." That was all right; he played with me for a bit, let me try to walk, and whistled to me, then he remembered he wanted to write a note, so put me on the floor. I said he was short-sighted,

didn't I." He was so short-sighted he put me near the coal-box, and so forgetful that once seated at his desk he forgot all about me, so I had a gay time; coal does not taste as nice as I thought it would, but it's a change, and that's something for which to be thankful; when I got tired of it I managed to wriggle as far as the work basket. "Mum" is knitting me some vests, and I managed to get hold of the one that is nearly finished. I always did enjoy chewing new woolly things, and since I've got these two teeth it's more fun still; somehow that vest got unaccountably black, and the pins came out, and then "Mum" came in saying she was sorry she had been so long, and then she said other things. My word, she was cross, you have no idea, and then Dad said he was very sorry, but thought I was all right as I seemed to be quite happy, and did not cry, and so I was; I never enjoyed myself so much in all my life; can't think why she was cross. Grown-ups are puzzling sort of things.

Mrs. Amy Drew writes:—

Happiness is a fleeting and often a sacred thing, but it is a mistake to imagine that human beings know it not. Are not the majority of women mothers? and every mother has many a happy hour.

But the hour in which a mother knows that the first-born is a perfect child is hard to beat. No pain can keep back the question:

"Is he all right, nurse?"

"A lovely boy, sound in wind and limb."

Then you take a peep at him.

"Oh! the crinkly lobster!"

That is a glorious hour.

It was my happiest.

The Nurses' Registration Bill.

The Right Hon. R. C. Munro Ferguson, M.P., has again kindly consented to introduce the Nurses' Registration Bill—drafted by the Central Committee for the State Registration of Nurses—into the House of Commons this Session.

The Bill has received the support of Members of all parties and nationalities in the House and is backed by Sir James P. Gibson, Bart., K.C., Sir Luke White, Dr. Addison, Dr. Rainy, and Mr. Annan Bryce (Liberals), Viscount Morpeth, the Right Hon. Charles Scott Dickson, K.C., Mr. Remnant, and Mr. George Younger (Unionists), Mr. J. Ramsay MacDonald (Labour), and Mr. Field (Nationalist).

The Bill has the support of the eight influential societies of medical practitioners and trained nurses affiliated together in the Central Committee, with Lord Amphyll as Chairman.

Camp Impressions and Doings

BY ONE WHO FEARED TO GO.

'Till the last moment, I thought, I cannot go; I must withdraw.

I had visions in my mind of a strange week, spent in the midst of over-awing Lady Doctors and Missionaries from far-off lands, who would be extremely serious and would attack the poor new and timid arrivals as to *why* they were not all keen volunteer members for the missionary cause, or what were they doing as Christians, etc.

The Nurses I did not fear, being one of their number. Still I thought even they would be the most serious and long-faced members of the profession.

You will wonder what my reasons were for deciding to go; I think they were three, viz.:

1. I was having my holiday, and was longing for a "whiff of the briny"; the expenses were small, and there would be companionship.

2. I felt I had done nothing as a member of the League, and that the very least I *could* do was to go to its "Camp" and learn more about it and its requirements and responsibilities. As a member I felt it my duty to go, as I was free at the time.

3. A desire for a closer walk with God, and a longing for soul nourishment.

"A Member of the Committee" sounds somewhat alarming, and savours of red tape, of which nurses know a little. I travelled to Mundesley with a very important member of the Committee, who, I discovered afterwards, had even refrained from inquiring which hospital I represented; and before the week ended, this very delightful "member of the Committee" was named "Bunny"; and only those who know her, will realise that the name suited her. She dispersed sweetness on the journey, not by offering the timid new-comer tracts and theological studies—but roses.

After a very pleasant journey, we were met at Mundesley Station by our Secretary and a nurse; with pleasant smiles and a very hearty welcome.

I think all N.M.L. members know our Secretary, and that any feeling of fear in connection with her is impossible. The whole week her great aim and object appeared to be:—

Soul Inspiration, in a sense more felt than expressed, for every member present and absent; that each weary and tired worker should have as much rest and fresh air as possible, and that in all ways, the week should be a true holiday.

At the end of our week we even knew her

better to be a perfect sunbeam, full of brightness and warmth.

After a friendly cup of tea, the family which in all numbered about 16, dropped all shyness, and any remains of professionalism, and went strolling in twos and threes up the cliff for fresh sea-breezes. Everyone seemed ready for any fun, and all were happy smiling faces when next we all met in the dining-room.

I had known there would be Bible study and meetings; we were all told that in the notices; but I was not prepared to find it all made so interesting, nor to find such general willingness to take part.

We were distinctly told to feel free and not tied down by rules and restrictions, and I never once heard even amongst the new comers the least desire to do anything different than the plan of campaign suggested.

The Bible study and N.M.L. discussions were often held out of doors in any easy and restful attitude, so as not to lose the fresh air and bright sunshine. The afternoons were perfectly free till dinner-time (7 p.m.) for any expedition; and the Secretary and Committee were so charmingly open to any suggestion, which even the timid new-comers might make, that everyone felt encouraged to think what to suggest.

The evening meetings were of the most helpful character, being accounts from missionaries on furlough from the mission field, of their work amongst the sick under difficulties, and the grand work that is being done in far countries. Members of the student movement and some preparing as doctors also spoke many very helpful words. On Sunday afternoon a missionary study band was held, and I never knew before how absorbingly interesting it could prove to be. Books were provided on different religions, such as Mohammedanism and Buddhism, and each camper was asked to look up the subject, and be prepared to know a little about why Christianity is so far above them all. The interest aroused was so keen that we had to be commanded to tea by our good officer, who always looked after our creature comforts so well at all times, even rising very early so that all should partake of that favourite luxury, an early cup of tea and biscuits. Anyone feeling very weary could have breakfast in bed, if so inclined.

It was indeed a most delightfully happy week, and I hope that after reading this account of our doings at Camp, if any still have fears or misgivings about going, thinking that they will have a dull time, they will go to the next Camp and see for themselves.

Appointments.

MATRONS.

Royal Portsmouth Hospital, Portsmouth.—Miss Clara Alcock has been appointed Matron. She was trained at the Coventry and Warwickshire Hospital, where she held the positions of Ward and Night Sister. She has also been Out-patient Sister, Sister-Housekeeper, and Assistant Matron at the Royal Infirmary, Derby.

Victoria Hospital, Kingston-on-Thames.—Miss Cann has been appointed Matron. She was trained at the South Devon and East Cornwall Hospital, Plymouth, and has held the position of Theatre Sister at the Hospital for Women, Soho Square, London, and has been Ward Sister and Home Sister at University College Hospital, London. She is at present Matron of the Cottage Hospital, Thames Ditton.

ASSISTANT-MATRONS.

The Infirmary, Kingston-on-Thames.—Miss Katherine M. Allister has been appointed first Assistant-Matron. She was trained for three years at the Whiston Prescot Infirmary, Liverpool, and has been Sister for four years at the Barton Hospital, South Shields, Sister at the Bermondsey Infirmary, and for the last year and ten months has been Second Hospital Matron at the Kingston Infirmary.

Fulham Infirmary, Hammersmith.—Miss Sophie Smith Bevan has been appointed second Assistant Matron. She was trained at Guy's Hospital, for three years, and subsequently worked as a private nurse on the staff of its Trained Nurses' Institution, and holds the Guy's medal for five years' service. She has since held the positions of Sister of the Maternity Ward and Massage Sister at Fulham Infirmary. She is a certified midwife, and holds the massage certificate of the Incorporated Society of Trained Masseuses.

SISTERS.

St. Mark's Hospital, City Road, E.C.—Miss Ina Hutton has been appointed Sister. She was trained at the Rotherham Hospital and Dispensary, and has held the positions of Staff Nurse at the Royal Infirmary, Sheffield, Sister at the Hospital, Gravesend, and Sister at Grimsby Hospital.

Maternity and Women's Hospital, Glasgow.—Miss Alice Law has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester, and in midwifery at the Rotunda Hospital, Dublin, where she has also held the position of Staff Nurse. She is a certified midwife.

Horton Infirmary, Banbury.—Miss Edith L. Yates has been appointed Sister. She was trained at the General Infirmary, Peterborough, and has been Staff Nurse at the Cottage Hospital, Bromley.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

Miss Constance G. Lees, Staff Nurse, to be Sister. Dated December 20th, 1910.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Minnie Willis to Southampton; Miss Rose Timms, to Totton Eling; Miss Florence Sparrow, to Norwich.

LECTURES ON BABIES.

A course of lectures on Babies will be delivered in the Lecture Theatre of the Infants' Hospital, Vincent Square, S.W., on Tuesdays, at 5 o'clock, by Dr. Ralph Vincent. *Feb. 14th.*—The production of pure milk. An account of the methods employed at the hospital farm. *Feb. 21st.*—Substitute Feeding. The Milk Laboratory. *Feb. 28th.*—Substitute Feeding. Home Modification. *March 7th.*—The treatment of infantile malnutrition. *March 14th.*—Boiled milk and the means by which its fatal effects on infants are produced. The lectures will be illustrated by experiments and epidiascopic demonstrations. Tickets for the course of five lectures, five shillings; for a single lecture, two shillings. To be obtained of the Secretary.

THE NURSES' UNION.

A series of addresses to trained nurses, to which all nurses are cordially invited, has been arranged by the Nurses' Union, and will be given at 5, Cambridge Gate, Regent's Park, on Thursdays in Lent. Tea at 3 p.m. Address, 3.15 to 3.45 p.m. The speakers are as follows:—*Feb. 23rd.*—Rev. E. Grose Hodge, M.A., Rector of Holy Trinity, Marylebone. *March 2nd.*—Rev. Herbert E. Gunson, M.A., Chaplain of Middlesex Hospital. *March 9th.*—Rev. W. J. Conybeare, Rector of St. Mary's, Newington. *March 16th.*—Rev. Cecil Bardsley, M.A., Hon. Sec., C.M.S. House. *March 23rd.*—Rev. H. P. Cronshaw, M.A., St. Mark's, N. Audley Street. *March 30th.*—Wellesley Robinson, Esq., Soc. Visitation of Sick. *April 6th.*—Rev. Canon Girdlestone, M.A.

THE PASSING BELL.

We regret to record the death of Mrs. Ann Davies, a former Matron of the Swansea General and Eye Hospital. The funeral took place at Pencelwdd Church, in which place Mrs. Davies has latterly made her home.

Although the Nursing School of the *Assistance Publique*, Paris, is still so young, it has again had the sorrow of losing by death one of its graduates, Mlle. Paule Lacroix, working under Dr. Parmentier at Tenon. She was on duty until the evening of January 11th, when she was warded, with grave symptoms, and died at four o'clock the following morning. Mlle. Clément and Mlle. Grénier, with a number of her comrades, and M. André Mesureur, attended the funeral at Tenon. Our French colleagues have our sincere sympathy in their sorrow.

THE DEATH BASKET.

A writer in the *Nurses' Journal of the Pacific Coast* gives the following practical suggestion:—In hospital work a death basket saves a lot of steps at a busy time. Have all the necessities packed in the basket: two sheets, a towel, two wash cloths, a roll of non-absorbent cotton, triangle, chin support, bandages, comb, scissors, nail file, soap, needle and sutures, and absorbent cotton.

Nursing Echoes.



The Trained Nurses' Annuity Fund for disabled nurses appeals in its report for 1910, just issued, for a sufficient sum to complete the King Edward VII. Memorial Annuity, which, it will be remembered, was founded with the surplus of the money given by the members of the Territorial Force Nursing Service to a Memorial Cross of flowers for the late King's tomb, an application of the money (£90) which had the cordial approval of Queen Alexandra. The Council hope that during the year the total sum of £900 required to found an annuity of 10s. a week may be subscribed. Of the twenty-six applicants for two recent vacancies as annuitants all the cases were meritorious, and the Council found it most painful to make a choice. The Hon. Secretary of the Fund is Dr. Ogier Ward, 73, Cheapside, E.C., who will gladly receive contributions.

The *Local Government Chronicle* makes the following statement. We commend the nurse for her public spirit, and regret it received so little encouragement from the Local Government Board:—

"A trained nurse who recently wrote to the Local Government Board drawing attention to the 'dangerous practice' of London bakers exchanging stale bread for new, cited a case of which she had personal knowledge, in which bread was exchanged at a house in which a person was suffering from an infectious disease. She suggested that such exchange should be made illegal. A reply, dated January 20th, has been received from the Local Government Board to the effect that the practice referred to was not subject to any legal restriction, and that, although still common, it was apparently on the decline. Moreover, no evidence was forthcoming that the practice had caused the spread of infectious disease. The letter also suggested that if the writer became acquainted with a similar case a communication should be made to the Council of the district concerned."

The quarterly meeting of the Poor Law Infirmary Matrons' Association was held on January 28th, at Bethnal Green Infirmary. There was a large attendance of members. The Honorary Secretary reported the resignation of five members who for different reasons

were leaving the Poor Law Service. Special regret was recorded that Miss Wesley and Miss Moor have had to give up work owing to ill health, both had been most valued members of the Association, and constant attendants at the meetings.

Miss Dodds read a very interesting paper on the subject of "Dieting of Nurses," and explained the house-keeping system in vogue at Bethnal Green Infirmary, which varies from the usual arrangement of rations under the Poor Law.

At Bethnal Green, the Matron is responsible for arranging the meals for the Assistant Medical Officers, and the whole of the female staff. She may use her discretion as to the variety, etc., of the food so long as the aggregate sum spent does not exceed the amount allowed by the Board, this being 12s. per week for a superior officer and 8s. 8d. a week for other resident officers. She is not obliged to keep within this amount for any particular week, but the total spent in any quarter of the year must not exceed the allowance for that quarter. Miss Dodds also mentioned that each of her nursing staff pay a penny a month to a flower fund which keeps their mess room tables constantly provided with fresh flowers and plants.

After the reading of the paper the Matrons present joined in a discussion and compared notes. The next meeting will be held in April, and the time and place will be announced later on.

The arrangements for the forthcoming Nursing and Midwifery Conference to be held in April at the L.C.C. Technical Institute, adjoining the Royal Horticultural Hall, where the Exhibition will take place include a paper to be read by Miss Amy Hughes, at the Session on District Nursing and Midwifery. Dr. Robert Jones, of Claybury Asylum, will read a paper on Mental Nursing, and it is hoped that there will be other speakers on this important question. "Massage" will be in the hands of the Incorporated Society of Trained Masseuses. One of the most interesting subjects to be dealt with, in view of the immense advance made in the knowledge of the question, is "The Care of the Teeth in Relation to General Health." Mr. George Thomson, L.D.S., has consented to give an address illustrated by lantern slides.

The accommodation provided by the Brighton Guardians for the nurses and other officers of the Workhouse was severely criti-

cised last week at a meeting of the Board, when the Workhouse Stock and Management Committee, who have had under consideration the provision of urgently needed accommodation for the nursing staff, presented a report recommending the erection of a special building for the nurses.

Mr. Donovan, Chairman of the Committee, said that the report was the most important with which he had been entrusted since he had been Chairman. The accommodation provided for the nursing staff was thoroughly downright bad, almost as bad as it could be. The past policy of the Guardians seemed to have been to provide for the sick inmates and to leave to another generation—the present he hoped—to make proper provision for their nurses.

Councillor Jarvis admitted the accommodation was not adequate when they considered the comfort of the nurses, but what they had to consider was the comfort of the ratepayers. Mr. Mellor, who gave his hearty support to the report, said it was a "scandal to let the nurses live like pigs in a sty." Eventually an amendment was carried deferring the matter pending the report of a special committee.

The work of Queen's Nurses is evidently appreciated in Darlington, the workmen in the leading works in the town contribute regularly to the funds of the Association, and the Mayor, Councillor Eastwood, who presided at the recent annual meeting, and moved the adoption of the report, said that it gave him the greatest pleasure to do so as a member of the medical profession. Darlington could not do without the Queen's Nurses any more than it could do without the trams. They were very useful at the present time, and as the town grew larger they would no doubt be more necessary than ever.

The value as well as the economy of the work of district nurses was evident at the annual meeting of the Barrow District Nursing Association, at which Mr. F. J. Ramsden, J.P., presided, when a letter was read from Dr. Callaghan, expressing his appreciation of the good work accomplished by the association, and said if it were not for the work of the nurses the hospital accommodation in Barrow would have to be largely increased, as many poor patients now treated in their homes would have to be removed to the hospital or infirmary.

Archdeacon Campbell, who seconded the adoption of the report, stated that the clerical

and medical profession would give the same verdict on the work of the nurses, and that was that it was excellent. He had over and over again heard deep gratitude expressed in the houses of the poor for the work done by the nurses. He had never heard a word spoken against them. The North Lonsdale Hospital was a kindred institution, and as the population increased, and the need for medical and surgical treatment grew, the people of the town must be prepared, as time went on, to find money for both of these institutions.

The quarterly report of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses states that there are now 345 Queen's Nurses working under 216 district nursing associations affiliated to the Scottish Branch of the Institute. The Scottish Council are directly responsible for the staff, for the superintendence, training, and inspection of all the nurses who pass through the Scottish District Training Home; also for five Queen's Nurses and twenty-one Queen's candidates who are at present undergoing special training in district nursing. During the period eleven nurses completed the six months' special training, and were engaged by committees of affiliated associations at Snizort (Skye), Lochbuie (Mull), Crief, Clydebank, Strathkinness, Kilchean. One was retained as an extra permanent nurse for Edinburgh work. The inspectors made seventy-nine visits to nurses in local branches, and reports were forwarded to the respective local committees.

New branches were formed at Innerwick and Bannockburn. During the three months 1,739 cases were attended in Edinburgh by the nurses from 29, Castle Terrace, involving 84,159 nursing visits. The receipts for the quarter amounted to £1,012 10s. 5d.; the expenditure to £999 5s. 10d.

This month's *American Journal of Nursing* is to contain much original matter concerning Miss Florence Nightingale. One paper will be a description by Miss Scovil of three visits to Miss Nightingale in connection with which will be given two autograph letters written to her by Miss Nightingale, which have never before been published.

The leading editorial in this number, on the application of Miss Nightingale's writings to the education of the modern nurse, will be written by Miss L. L. Dock.

An order has just been received by Putnam's Sons from the Scuola Convitto, "Regina Elena," at the Policlinico Hospital at Rome,

for three copies of Miss Dock's work, "Hygiene and Morality." We should like to know that the Training Schools in England were bringing this invaluable book to the notice of their nursing staffs. No nurses' library can now consider itself complete without it is to be found on the shelves.

King Edward the Seventh Nurses' Memorial Fund

DEAR MADAM.—It may interest many of your readers to know that subscriptions to the above Fund may be paid at the places, and to the ladies, noted below, or they may be sent to me direct. I shall be glad to give all information concerning the proposed Memorial on application:—

Newcastle-on-Tyne.—Miss Wamsley, Royal Victoria Inf.

Carlisle.—Miss Cummins, Cumberland Inf.

Kendal.—Miss Thomson, Westmorland County Hosp.

Durham.—Miss Whitlock, County Hosp.

Bradford.—Miss Hodgos, Royal Inf.

Hull.—Miss Burns, Royal Inf.

Leeds.—Miss Fisher, General Inf.

Middlesbrough.—Miss Nowers, North Riding Inf.

Sheffield.—Miss Smeaton, Royal Inf.

Manchester.—Miss Sparslott, Royal Inf.

Liverpool.—Miss Glover, Northern Hosp.

Preston.—Miss Goffin, Queen Victoria Royal Inf.

Chester.—Miss Addis, General Inf.

Derby.—Miss Aleock, Royal Inf.

Lincoln.—Miss Wynne, County Hosp.

Nottingham.—Miss Knight, General Hosp.

Stoke-on-Trent.—Miss Macmaster, North Stafford Inf.

Leicester.—Miss Rogers, Leicester Inf.

Norwich.—Miss Cann, Norfolk and Norwich Hosp.

Shrewsbury.—Miss Garside, Salop Inf.

Worcester.—Miss Herbert, General Inf.

Birmingham.—Miss Musson, General Hosp.

Northampton.—Miss Bryan, General Hosp.

Bedford.—Miss Munro, County Hosp.

Cambridge.—Miss Montgomery, Addenbrook Hosp.

Ipswich.—Miss Deane, East Suffolk Hosp.

Newport.—Miss Evans, Newport and Monmouth Hosp.

Bristol.—Miss Baillie, Royal Inf.

Oxford.—Miss Watt, Radcliffe Inf.

Hertford.—Miss Sawle, County Hosp.

Colchester.—Miss Bannister, County Hosp.

Taunton.—Miss Orr, Taunton and Somerset Hosp.

Salisbury.—Miss Cable, General Inf.

Reading.—Miss Knowles, Royal Berks Hosp.

Maidstone.—Miss Grocott, West Kent General Hosp.

Guildford.—Miss Jackson, Royal Surrey County Hosp.

Croydon.—Miss Bird, General Hosp.

Brighton.—Miss Scott, Sussex County Hosp.

Eastbourne.—Miss Peile, Princess Alice Hosp.

Winchester.—Miss Carpenter Turner, Royal Hants County Hosp.

Portsmouth.—Miss Deakin, Royal Portsmouth and Portsea Hosp.

Dorchester.—Miss Edwards, Dorset County Hosp. Exeter.—Miss Smaile, Royal Devon Hosp.

Plymouth.—Miss Hopkins, South Devon and East Cornwall Hosp.

Truro.—Miss Chaff, Royal Cornwall Inf.

Ventnor (Isle of Wight).—Miss Davies, Royal National Hosp. for Consumption.

Douglas (Isle of Man).—Miss Moore, Cronkbourne, Douglas.

Jersey.—Miss Copley, General Inf. and Dispensary.

Guernsey.—The Superintendent Nurse, St. Peter's Port Hosp., Guernsey.

Cardiff.—Miss Mont-Wilson, Cardiff Inf.

Edinburgh.—Miss Gill, Royal Inf.

Glasgow.—Miss Melrose, Royal Inf.

Glasgow.—Miss Gregory Smith, Western Inf.

Inverness.—Miss Philp, Northern Inf.

Aberdeen.—Miss Tattam, Royal Aberdeen Hosp. for Sick Children.

Yours faithfully,

MABEL H. CAVE,
Hon. Secretary.

Westminster Hospital, London, S.W.

A TRIO OF JOURNALS.

The *Queen's Nurses' Magazine*, with the first number of the new year, enters upon a new stage in its history as the Council of the Queen's Institute, realising the importance and value of the *Magazine* to Queen's Nurses, has decided to undertake in future the responsibility for its financial and business arrangements, and an editorial committee has been appointed, constituted as follows:—*President*, Miss Amy Hughes; *Editors*, Lady Hermione Blackwood and Miss Mauls, with Miss Cowper, Miss Eden, Miss Grace Gillie, Miss L. Hill, Miss Lamont, Miss K. Macquoen, Miss Parkin, Miss P. W. Peter, Miss C. du Santoy, and Miss Ellinor Smith as coadjutors.

Queen's Nurses owe a debt of gratitude to Lady Hermione Blackwood for establishing the *Magazine*, and demonstrating its value through the years during which she bore the sole responsibility.

The current issue of *League News*, the organ of St. Bartholomew's Hospital Nurses' League, which bears on the cover the name of its founder, Miss Isla Stewart, publishes amongst other interesting items a letter to the League from Miss M. S. Rundle, Isla Stewart Scholar at Teachers' College, New York. The letter concludes thus: "I am, indeed, fortunate to have been offered this opportunity. I only wish many of my colleagues could share it."

We welcome, with pleasure, the second number of *La Soignante*, the charming journal of the Association of certificated pupils of the Nursing School of the *Assistance Publique*, Paris. Amongst many interesting items we notice that prize compositions, on a number of subjects, have been written by the thirty pupils certificated last July. The prize winners are Mlle. Fontaine, Martelet, Gossweiler, Baysset, and Rossignol.

Reflections.

FROM A BOARD ROOM MIRROR.

A special appeal is being made for the Alexandra Hospital, Queen Square, Bloomsbury, as £1,500 additional income is needed in order to continue its work free of debt. The hospital, which is the only one in the United Kingdom devoted to the treatment of children suffering from hip disease, has 68 beds in the parent institution, 20 at the country branch at Clendon, and 12 at a convalescent home at Painswick.

Four Gresham lectures on "Plague" will be delivered at the City of London School, Victoria Embankment, by Dr. F. M. Sandwith, Gresham Professor of Physic, on the evenings of February 14th to 17th. In the first lecture Dr. Sandwith will deal with outbreaks of the disease from the earliest times to 1835, the second and third will be devoted to a description of the plague and to modern discoveries as to its nature and treatment, and in the concluding lecture a series of lantern slides will be shown illustrating the points of the three previous lectures.

The Council of the Amalgamated Hampstead General and North-West London Hospitals have received an anonymous donation of £1,000 for the rebuilding of the Out-Patient Department (North-West London Hospital), Kentish Town.

The Duchess of Portland, speaking at Nottingham in support of the scheme for establishing locally a home for cripples, urged the necessity for such work on national as well as on philanthropic grounds.

It has been decided that no more suitable memorial could be provided in Wigan as a memorial to the late King than the liquidation of the debt on the Royal Albert Edward Infirmary, which, when Prince of Wales, he opened in the town, and which was named after him. It is hoped to raise £25,000 for this purpose.

At a meeting of the Northumberland King Edward Memorial Committee, presided over by the Duke of Northumberland, Alderman Haggie moved that the fund should be used for training nurses, as well as for a pension scheme for nurses. This was agreed, on the understanding that the nurses trained at the expense of the fund should agree to give three years' service in Northumberland.

Sir Edward Wood, presiding at the quarterly meeting of the Governors of the Leicester Infirmary, said that they now had a hospital with 276 beds, which bore favourable comparison to any hospital maintained by a similar population.

The Royal Infirmary, Truro, has received a bequest of £6,000 (less legacy duty) under the will of Miss C. C. Williams, applicable to the general purposes of the institution.

The cholera epidemic in Madeira is practically over. There are only three patients at the Lazaretto, and the Isolation Hospital at Sant Antonio has been closed.

A legacy of £4,000 has been left to the hospital at Perpignan with the condition attached that the nursing staff shall not be secularised. The President has issued a decree authorising the hospital to accept the legacy and to retain the services of nuns as nurses.

The Bishop of Chichester in a letter to the *Times* speaks highly of the work done at the hospital at Nazareth by the Edinburgh Medical Missionary Society. On a recent visit there he found a large number of surgical patients under the care of a doctor and two trained nurses. He believes that if once this work going on in the name of Scotch people becomes known they will not be content to leave the doctor and nurses to struggle on in premises ill adapted for the purpose, and terribly understaffed, but will respond to a call for help from Nazareth.

The National Peace Council, representing 22 peace and arbitration organisations and other bodies in sympathy, placed on record at its last meeting, "its deep regret at the death of Count Leo Tolstoy, who used his powerful and prophetic voice at all times in denunciation of the wickedness and folly of war between nations."

The Maharajah of Mysore recently laid the foundation stone of an ophthalmic hospital in Bangalore City to commemorate the Viceroyalty of Lord Minto, who, he said, would long be remembered as a wise and far-seeing ruler, and a true friend to India and her people. Colonel Smyth, the Senior Surgeon, pointed out that there are special branches of the healing art which for their proper development need hospitals of their own. He was glad that his Government was taking one more step forward in a policy which aimed at giving Mysore a leading place among the Provinces and States of India in regard to its medical institutions.

THE PERFECT BREAD.

For many years a simple and complete solution of this vitally important question has been at the disposal of the nation, but has been generally ignored. Whole-meal is not only mechanically irritating to the intestines, but—grind it never so finely—the human digestive organs cannot separate from the particles of bran the mineral salts contained in the cells. The Frame Food Co. was formed as long ago as 1887 to work a method which (by means of great heat and pressure) extracts from the cellulose of the bran the nourishment contained in it. This extract, desiccated and pulverised, can be added to flour, and will render all cereal foods nourishing to bones, teeth, brain, and blood. In fact, it is what scientists are crying out for, and should be made generally available for the people. This simple remedy for the evil of white bread should be appreciated at its real sterling worth.

The Bovril Reception.

An unique reception was given on Thursday in last week by the Earl of Erroll, K.T., C.B., Chairman of Bovril, Ltd., and the Directors of the Company, at the Bovril factories in Old Street City Road, E.C., when over 1,200 medical men and many representatives of the press, availed themselves of the courteous invitation issued to them to inspect the model premises where Bovril is prepared. The acceptances were so numerous to the invitations issued to doctors in the provinces and Wales that, with the exception of a few London practitioners, present by special invitation, it was found impossible to extend the invitation to the Reception to medical men in London.

On arrival the guests were received by the Earl of Erroll, the names being announced by a gorgeous functionary in a scarlet coat, and they were then conducted in parties round the different departments of the factory, where everything is most spotlessly bright and clean, the walls being lined with white tiles throughout.

In the rooms devoted to advertising novelties and slow-wards, one saw the cattle, presented in a most life-like manner, which, in company with the guard of a train, or a bottle of Bovril, play so conspicuous a part in the clever advertisements by means of which this excellent concentrated meat is brought before the public.

Next came the laboratories, where specimens of all the raw material used by the firm are analysed by experts, and frequent analyses are also made of the finished product before the packages leave the premises.

Most interesting was it to see the concentrated beef materials which constitute Bovril in its finished form. As our readers know, the cattle which provide the beef from which Bovril is made are bred in the Argentine and in Australia, in vast open spaces, under the most healthy conditions, and the first stages of the manufacture are carried on there under the direction of the Company's experts and chemists.

The visitors were next shown the milling room, where the albumen and fibrin, the actual tissue-building elements of the beef, are prepared. These constituents are blended with the stimulating extractives, thus constituting Bovril as a most valuable article of diet for the sick. One sees the silk screen of 15,000 meshes to the square inch, through which the specially-prepared beef proteins, first reduced to powder, are passed. To obtain the full nutritive value of Bovril, therefore, it should always be well stirred so as to keep these particles in suspension.

It is a noteworthy fact in the manufacture of Bovril that it is never once touched by hand. After the ingredients are blended in great vats it is mechanically sieved, and then passes through pipes to the lower floor, where the bottles are filled, the amount for each bottle being automatically regulated. The girls handling these bottles, dressed in washing prints and aprons of uniform design, look very smart. These uniforms are left at the factory each night. Some of the girls are extraordinarily

expensive and fill as many as 10,000 bottles a day.

One of the products of this form of special interest to nurses is the liquid Bovril, which contains a high percentage of soluble proteins. Bovril Raw Meat Juice, Beef Essence, and Chocolate are also other preparations which deserve to be widely known.

MICROSCOPIC HUMAN PARASITES.

A display of cinematograph films of extreme interest was provided for the entertainment of the guests. It illustrated the life of microscopic human parasites, and after seeing it one could never doubt the warfare that goes on in the blood when invaded by inimical microbes. Magnified 10,000 times, one saw the fight proceeding in the case of tick fever, sleeping sickness, and Vincent's Angina, and realised that the one thing which is important in dealing with disease is the knowledge which can teach the physician and the nurse to attack and kill those germs, and so render them harmless.

One appreciated the fact that "the blood is the life." Just in so far as it is pure is the health of the individual maintained. When it is invaded by inimical germs it becomes the battlefield in which the fight for the life of the patient is waged with unrelenting violence. If the germ of the disease multiplies beyond a certain point (and it multiplies with extraordinary swiftness) the patient must die. If the corpuscles in the blood are able to vanquish and expel the enemy, recovery ensues. The doctor and the nurse take their place at the bedside of the patient, the one to bring his scientific knowledge to bear upon the all-important question of aiding the white corpuscles in their fight, the other to surround him with the best conditions, so that his strength may not be uselessly wasted.

One realises, too, the supreme importance of preventive medicine. To prevent harmful germs from obtaining an entrance to the blood is a greater, though less sensational, triumph than effecting their expulsion afterwards, and the responsibility incurred by any carelessness in the observation of aseptic ritual correspondingly great.

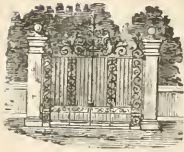
After their inspection of the premises the guests were most hospitably entertained to lunch, and afterwards the Earl of Erroll expressed his great gratification in welcoming so many dietetic experts from all parts of the country.

Sir James Crichton Browne, representing the medical element on the Board of Bovril, said that Bovril has always been greatly beholden to medical men. They early recognised its merits, and they have steadily supported it as a nutrient in health, and a restorative in disease. Those who have closely observed the effects of Bovril have never doubted that it is not only a safe and valuable stimulant, but a good food, and the latter property has now been experimentally demonstrated by that distinguished physiologist, Dr. Thompson, of Trinity College, Dublin, who has already done important work on the physiological effects of various proteins. Dr. Thompson also spoke.

If the aim of the Bovril Company was to impress those present with the purity and high quality of their well-known preparation, that end must assuredly have been attained.

Outside the Gates.

WOMEN.



Speaking at Southampton Mr. Haldane said he ventured to conjecture that the most powerful recruiting agency were the ladies. If they cared to put their hearts and souls into the cause of national defence, he had little doubt but that the best of our young men would be forthcoming and the shortage made up.

Lord Robert Cecil was the chief speaker at a meeting of the Conservative and Unionist Women's Franchise Association, held at the Curzon Hotel, W. Lord Robert said one of the strongest tendencies with which the supporters of the movement had to cope was the essential conservatism of human nature. But he thought that in this case the feeling was exaggerated because the amount of change which was proposed was also exaggerated. There was no reason to suppose that giving the Parliamentary vote to women would make any fundamental alteration in our institutions. Substantially men and women were intellectually and morally on the same plane. To give women the vote was not likely, on the face of it, to produce any violent change, and that was precisely the result of our experience on the subject. The evidence was overwhelming that it had been of advantage in every country where it had been tried. . . . No one could doubt that women had the deepest possible interest in, and had very important means of, information concerning all those social questions which necessarily bulked so largely in the political life of the present day, and it was little short of insanity not to ask and receive assistance at first hand from those members of the community who had necessarily the best information. Women had a different point of view from men, and that point of view could not be properly represented by men.

Some sensible resolutions were passed at the annual meeting of the Council of the Women's Local Government Society, held at Caxton Hall, and presided over by Lady Strachey. The Council decided on means for promoting the participation of women as administrators in the case of the mentally defective, and expressed solicitude as to fresh legislation and their sense of the need for a woman on the Lunacy Commission. Another resolution dealt with the great need in the public interest that all women appointed for the work of "health visiting" should have the qualification and status of sanitary inspectors, as well as suitable nursing qualifications. The meeting considered how best to promote the passing into law of the Local Government Qualification Bill, which provides that a residential qualification shall suffice for a candidate for a county or a town council—a Bill which, while applying to all persons, is especially needed to facilitate the candidature of married women.

The French Academy of Science has refused to elect the discoverer of radium, Mme. Curie, because she is a woman! And now the question of the creation of a sixth branch of the Institute of France—namely, an Academy of Women is on the tapis. We hope distinguished Frenchwomen will deign to support any such silly subterfuge. All or nothing should be the claim of transcendent genius.

The circumstances which have been published recently as to risks run by white women in South Africa of assault and rape by black men will not predispose Englishwomen to emigrate to that Dominion, where Lady Gladstone recently opened at Johannesburg a new women's hostel built by the South African Colonisation Society.

What is known as "the Umtali case," in connection with which Lord Gladstone's action—in commuting the death sentence on a black man, found guilty of the rape of a white woman, to penal servitude for life—has occasioned such hot resentment in South Africa, proves that Englishwomen before proceeding there should realise that the circumstances of life in that country are very different to those at home.

The terrible facts of the case are briefly, that a powerfully-built native, formerly in the employ of a white family, entered the bedroom of a white married woman in the absence of her husband, she being asleep at the time, and assaulted her after a prolonged struggle, returning later to find the bedroom door barricaded. The death sentence commended itself as an act of elemental justice, for so horrible a crime, and a mass meeting at Buluwayo followed the reprieve of this criminal, when a resolution was passed unanimously protesting against his Excellency's interference with the law, responsible residents hinting that unless the culprit were hanged in all such cases lynching might be resorted to.

Lord Gladstone's reply to the adverse comments is that there is a distinct doubt as to whether rape had actually been committed, that the native was intoxicated, and that grave as the offence of assault with intent is, it is secondary to rape, just as attempted murder is secondary to murder! While legal points are disputed let white women take the lesson to heart and give a wide berth to a country where such crimes are not summarily dealt with. The Government are primarily to blame for enfranchising black men under the new South African Constitution, whilst leaving white women legally and therefore physically at their mercy.

A well-known Colonist in Rhodesia said to a representative of the Press Association, "I think that Lord Gladstone's action will have a very bad effect, as the South African law, which empowers sentence of death in such cases, is the only effective deterrent against such outrages. The law has been made by men who have seriously weighed the responsibility, and they would not have passed it unanimously if they had not felt it to be a real necessity to safeguard the white womenfolk of the country."

Book of the Week.

THE GIRL FROM NOWHERE*

A book from the pen of Miss. Baillie Reynolds is always sure of a warm welcome from a wide circle of readers, and "The Girl From Nowhere" will go far towards increasing the popularity of this authoress.

The reader is introduced to the leading characters of this story under tragic conditions.

Felix Vanston, an immature anarchist, disowned by his brother, Denzil, already having suffered imprisonment for his opinions, and at the end of his tether, decides to take the short cut out of his troubles. "With hunger comes depression. Moreover, Felix, when he donned his prison garb, had lost his self-respect. There was nothing to hold him back from the thing he contemplated. He had nothing to lose. . . . Pouring the brown fluid into a mug he raised it to his lips.

"A health to Denzil Vanston of Normansgrave!" he cried aloud. And then, just as the rim of the mug touched his mouth, a shadow fell before his eyes, some dark thing passed swiftly across the window, there was a heavy thud and a muffled shriek."

This interruption of his purpose proved to be a young girl, having in common with himself the opinion that it were better to "take arms against a sea of troubles."

Having effected the safety of the girl, and incidentally his own, he asks her:

"How far did you fall?"

"Only from the room just above this. He locked me in."

"Who did?"

"The man who calls himself my uncle. . . . If he comes back," she sobbed, "he'll—he said he'd do worse than kill me."

The result of her fall leads to her admittance to a cottage hospital, from which the brother of Felix, unacquainted with his share in the transaction, takes her to the shelter of his home, under the chaperonage of his aunt, Miss Rawson.

"Aunt Bee," said Denzil Vanston, "I want you to do something for me."

"What is it?"

"They have got searler fever down to Dunhythe. They want us to lend the Cottage Hospital to the County Council. They want to turn out Miss Smith to-day, and I want to bring her here for the final week of her convalescence."

Which he does.

Though she is pledged to Felix it is only when her benefactor tells her of his love that she owns:

"I am engaged already. I have been secretly engaged ever since I first came into your house."

To which Denzil replies:—

"Rona, the man who saved you is not called David Smith at all. He is my younger brother, Felix Vanston."

Rona in reality loves neither the one nor the other of the brothers at this period, but propriety for the time wins the day, and until she hears of the illness of the ex-anarchist in Siberia it

appears as though she would settle down as the mistress of Normansgrave.

"Siberia! There it lay outstretched at her feet; the minute section of that huge land which her finite human vision could embrace."

In that wide setting, she and Felix.

Denzil, the correct, the irreproachable, who had preceded her to Siberia, completely loses his heart (already offered to Rona) to Nadia, a beautiful Russian girl, daughter of the Governor of the province, and his host. When Felix arrives on the scene it is to find them in one another's arms. When Denzil at last lifted his burning face "he saw standing before him his brother Felix. There stood the scapegrace, and there before him sat the virtuous elder brother, caught in the treacherous act." So the engagement of Denzil and Rona is at an end, and the course of true love runs smoothly at last for Felix, for whom Rona is the one and only woman in the world.

This book is sure to give pleasure to many readers whose tastes lie in the direction of thoroughly wholesome literature, in which there is plenty of incident and plot which holds the attention from start to finish.

II. H.

COMING EVENTS.

February 2nd.—Women's Freedom League. Speech by Surgeon-General Evans, C.B., on Florence Nightingale. Caxton Hall, 3 p.m.

February 3rd and 4th.—Provincial Sessional Meeting of Royal Sanitary Institute, at Bradford.

February 4th.—Annual Meeting of Subscribers to Queen Victoria's Jubilee Institute for Nurses, the Duke of Portland presiding. 58, Victoria Street, S.W., 12 noon.

February 6th.—Lycæum Club, Piccadilly, W. "Evolution of Trained Nursing" Dinner. 7.30 p.m.

February 6th.—Meeting of Municipal and Sanitary Authorities, the Lord Mayor presiding. Discussion, "Rats and the Plague," Guildhall, 4 p.m.

February 8th.—Royal Infirmary, Edinburgh. Lecture on "Food and Feeding," by Dr. Chalmers Watson. All trained nurses cordially invited. Extra Mural Medical Theatre, 4.30 p.m.

February 10th.—Princess Christian of Schleswig-Holstein opens the new Nurses' Home, 283, Harrow Road, 12.30 mid-day.

REGISTRATION REUNION.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s. Matrons' and Nurses' tickets, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

Matrons' and Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

* Mrs. Baillie Reynolds. (Hodder and Stoughton, London.)

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR,—Many thanks for the 5s. prize safely received for "The Happiest Hour" Competition. I was pleased to be the lucky winner. The "B.J.N." is a great joy to me every week. I do hope the Nursing Pageant will be a big success.

Yours truly,
E. TOMPKINS.

North Ormesby Hospital, Middlesbrough.

LONDON BIBLEWOMEN AND NURSES' MISSION *To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—The future administration of the Mission has been engaging the attention of the Council for some time past, and in view of the changes which it has become necessary to make, new members have been added to the Council; these are, however, old friends of the Society who fully appreciate the ideals that have always been before us in our work.

The immediate cause of this strengthening of the Council is due to the approaching retirement of Miss Andrews in March, from the position of Honorary Superintendent, which she has held in succession to Mrs. Selie Leonard for twelve years. Miss Andrews has suffered from the strain of the work for some time, and she now feels herself unable to carry single-handed the full burden of responsibility any longer.

We are glad, however, that after a period of rest Miss Andrews hopes to return to us as a member of the Council, so that we shall not lose the benefit of her invaluable experience and advice; and she has also kindly consented to represent the Mission in its relations with public bodies and other outside organisations.

As regards the future, the Council, following the advice of Miss Andrews, and with the entire concurrence of Mrs. Selie Leonard, has decided that in view of the great increase in the scope of the Mission it is inadvisable to continue to place the whole responsibility for its organisation and development in the hands of any one person, and that a system of committees should be adopted, working under the direct control of the Council. A Ladies' Committee has therefore been formed, composed wholly of members of the Council, who will meet monthly; and two sub-committees for Biblewomen and Nurses have also been started. These will meet weekly and report to the Ladies' Committee. The Finance Committee, too, recruited from the gentlemen of the Council, will continue to meet monthly, as hitherto.

Both at the Central Office and among the many workers for the Mission the loss of Miss Andrews' constant presence and ever-ready help and advice will be greatly felt, but we look forward with confidence to the future developments of the work.

Yours faithfully,

NORTHAMPTON,
President.

London Biblewomen and Nurses' Mission,
25, Russell Square, W.C.

THE NEED FOR STATE REGISTRATION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I think the case which you published last week of a woman who has been repeatedly convicted of theft and other offences, who has been removed from the Midwives' Roll, after receiving a sentence of three years' penal servitude, followed by two years' police supervision, and yet is still able to call herself a nurse, and obtain employment as such, should, one would think, arouse the public, if anything will, to the dangers to which they are subjected so long as there is no State Register of Trained Nurses. Further, is it right that the honourable profession of nursing should have no means of repudiating responsibility for the doings of this woman, and others also, when the Central Midwives' Board have considered her unworthy to be enrolled as a midwife. If she has proved herself unworthy of trust in one profession why should she be allowed to practise without let or hindrance in another. I hope that Parliament will not permit this unjust condition of things to continue. At present any woman removed from the Roll of the Central Midwives' Board has only to call herself a nurse, to continue her attendance on the sick and on lying-in women.

I am, Dear Madam,

Yours faithfully,
JUSTITIA.

Notices.

OUR PRIZE COMPETITIONS FOR FEBRUARY

February 4th.—A Prize of 5s. will be awarded to the writer of the best answer to the question, "What is your favourite animal, and why?"

The following will be the subjects of the competitions during the remaining weeks of February. In each of these competitions the answer should be from 300 to 500 words in length.

February 11th.—"How would you nurse a case of enteric fever, what emergencies might occur, and how would you meet them?"

February 18th.—"How would you ventilate (a) a hospital ward, (b) the patient's room in a private house?"

February 25th.—"How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation?"

Rules for competing for our Prize Competition will be found on page xii.

The Midwife.

How Certified Milk Lessens Infant Mortality.

Miss E. Ida McCune, Visiting Nurse for the Boarded-out Babies of the Associated Charities of San Francisco, writes in the *Nurses' Journal of the Pacific Coast*:—

The science of to-day calls not so much for the cure of disease as for its cause and prevention. The causes of infant disease and mortality are due mostly to improper feeding.

The Children's Agency of the Associated Charities, from a humane standpoint, as well as an economic one, believes in saving the babies, so our study has been mostly how to keep the baby well. From observations made from the study of one hundred and sixty-four babies during the last year, we have found that the proper use of certified milk will do wonders in accomplishing this.

We all know that in most cases the condition of the stomach forms an important part in the treatment of any disease, just as it forms an important part in prevention. No organ of the body is so ill treated, and this is especially true in the feeding of the helpless infant.

Have you ever thought how, when and where the majority of babies are fed? Yet the mortality of the baby is controlled largely by those who feed it. The baby has to take what is given it, and if it cries, the cry is generally mistaken as a call for more food.

Most mothers feed on the old adage, "If a little is good, more is better." Sometimes the food is mixed one way and again in another. Often it is heated until it will blister the baby's mouth and sometimes it is as cold as the proverbial charity. Knowing this, are you surprised at the alarming infant mortality? The wonder is that it is not greater.

From the hour of birth, the baby is accused of looking like almost every member of the family. It is wakened that the visitor may see the colour of its eyes; it is shaken, bounced, turned over, patted, whistled at, chucked under the chin, tickled in the ribs, and kissed on the mouth and the soles of its feet. But no matter how we of the profession may frown upon this treatment, the majority of us have lived through it.

The value of the education of the masses in regard to the importance of the right infant-feeding cannot be over estimated. It is not the ignorant and poor alone who need teaching,

but often those who are well able to afford a physician. This teaching can best be done at our clinics and by the visiting nurse.

Strange as it may seem, many prefer the well advertised patent foods to pure cow's milk and a doctor's advice, and it is only after the baby is made sick by the wrong food that the physician is consulted.

We have all heard much about the "mother instinct" and mother love. Poets have written of them and painters have tried to depict them, but when it comes to bottle-fed babies, the mother instinct may often be at fault.

In studying how Holt, Rotch, Chapin, and Fisher feed babies, we find that they all seem to have fed differently, since they all had different babies. But I believe that most babies not directly under a doctor's care are fed indifferently.

To be properly fed, a baby should be seen and carefully studied. What physician of any repute would think of writing a prescription for a patient whom he had never seen?

One woman who had charge of a poor miserable baby was asked what the baby was being fed, and said, "Why, according to the box, and a teaspoonful of castor oil every day." Too many babies are fed according to the directions on some patent food box instead of their individual needs. What is the result? An alarming death-rate of babies every year.

Since we are dealing with the bottle-fed baby, the first thing to consider is the kind of milk to use and how to modify it. Most patent baby-foods should, I think, be classed with most cure-all patent medicines. Few of us would be so unwise as to use for food a canned meat or vegetable when we could get the fresh article. So we should endeavour to use only the best fresh cow's milk, and this we know to be the certified. Many people who still believe in the good old patent foods and condensed milk will tell you that it does not agree with the babies. It is true it may not make the baby so fat, neither does it make it so flabby, but when the certified milk disagrees there is in most cases something wrong with the technique; the milk has not been mixed properly, or the hands that prepared it, or the feeding utensils used, were unclean.

The great tendency is to overfeed the baby and to keep it too warm. There is always great excitement over the starving baby that may be found in the tenement, but for every baby that is starved, there are a hundred that suffer from

overfeeding. But Nature did a beautiful thing when she placed a baby's stomach almost perpendicular, so that it would run over so easily and its life be saved.

Caring for infants by the boarding-out system in San Francisco is not only a unique method, but has been a very successful one. The death rate of the old Foundling Asylum was so alarming that some way had to be planned to save the babies, so the boarding-out system was originated. We have found that there is a happy medium between the overworked nurse of the institution, and the too fussy mother at home. This we have in the good foster mother.

Our system for the caring of the baby in the home has brought very good results. The boarding-out homes are selected with the greatest care, and as soon as a baby is placed, the certified milk is sent, also the feeding supplies. These are followed by the visiting nurse, who teaches the woman how to modify the milk to suit the baby.

In each home a Baby Record Book is kept, in which the formula is written and the weights are recorded from week to week.

We also have a weekly baby clinic at the Associated Charities, to which the baby is brought and weighed and examined by the doctors. In making the formulæ, we use the age and weight system as a basis, feeding by the caloric value of the food, and to this way of modifying the certified milk and instructing the foster mother in the preparation of the food and the hygienic care of the child we have had excellent results, as the following statistics show.

Number of babies on certified milk from	
Oct. 1, 1909, to Oct. 20, 1910	164
Average attendance at the weekly clinic	17
Average gain in weight of baby per month	
1 lb. $\frac{1}{2}$ oz.	
Average gain in weight of baby per week... 4 oz.	

Diseases Treated.

Whooping cough	4 cases
Measles	3 cases
Scabies	2 cases
Eczema	10 cases
Number of deaths	13

Causes of Death.

Tuberculosis	5 cases
Marasmus	2 cases
Premature	4 cases
Pneumonia	1 case
Syphilis	1 case
Mortality	8.5

There have been no deaths from intestinal disease, which is so common a cause of infant mortality. The city mortality for the fiscal year ending June 30th, 1910, was 11.09.

In considering these statistics, bear in mind that these are not the normal babies found in

private practice, but little waifs left stranded alone, who are often handicapped by a poor inheritance, while some are the product of tubercular or drunken parents. And if right feeding can do so much for these, what might not be done to lessen infant mortality in the normal child who has been so unfortunate as to have to be bottle fed?

Midwives in Vienna.

The unsatisfactory position of the midwives in this city, says the correspondent of the *Lancet*, has for a long time been a burning problem for the sanitary authorities. One of the most frequent complaints is that over-crowding of this particular occupation is nowhere so manifest as here. For instance, whilst in Berlin, with its larger population, there are only 800 authorised midwives, in Vienna there are over 2,000. This was pointed out a few years ago in a mass meeting of midwives, in which the speakers demanded the institution of a *numerus clausus* for their occupation, for under the present conditions there were many trained midwives in the city who had not one case of labour to conduct in a year. In the country districts the rate of payment was so bad that no woman of the better class cared to undertake the duties. The "midwife tariff," as it is called, stipulates a fee of approximately half a sovereign for an attendance of 10 days, including the delivery; this tariff has existed since the year 1845 and urgently requires revision. The insufficiency of the earnings of the city midwives naturally prompts many of them to undertake procedures of a criminal nature. As a rule, the poor women in this city prefer to go to one of the numerous hospitals for their lying-in, whilst the middle and upper classes always require the presence and active help of a gynaecologist and afterwards that of a surgical nurse. The total number of births is also steadily diminishing, whilst the number of midwives is increasing. This question therefore calls for reform.

Paddington School for Mothers.

By the kind permission of the Earl and Countess of Meath a drawing-room meeting was held on Thursday in last week at 83, Lancaster Gate, to consider the advisability of establishing a School for Mothers similar to those already existing in other parts of London for carrying on the work of infant consultations inaugurated by the Paddington Health Society, home visiting, classes for home hygiene, needlework, domestic and infant management, a maternity provident club, and the provision of dinners for nursing mothers. A suitable house has been secured in the Harrow Road and the annual expense of carrying it on is estimated at about £400. Lady Flicia Baring has consented to act as President.

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XLVI.

Editorial.

THE CALL OF DUTY.

No more alarming cry can be raised than that of "fire," and no occurrence seems to cause greater terror either to human beings or animals. People have been known to jump or throw themselves from burning buildings when rescue was near at hand from horror at the fate which threatened them, while it is well known that horses become so terrified as to be quite unmanageable.

Perhaps nowhere is a fire more dreaded, because the possibilities are so ghastly, than in a hospital, yet, whenever one occurs the history is the same, there is no panic, no confusion, everyone works with a will to achieve two things, the safety of the patients, and the suppression of the fire, and there are few hospitals in which fire drills do not regularly take place, so that, in the event of an outbreak, each nurse knows what is expected of her and all work together with order and method.

Quite recently three fires have occurred in hospitals, and on each occasion the report has been the same—no confusion, order, good discipline, and effective action.

At the West London Hospital, Hammer-smith, last week, a patient was being taken to the operating theatre when it was discovered that the theatre was on fire. The patient was carried to the out-patient department, where the operation was performed, and the fire in the theatre was dealt with.

Again, at the Ealing Isolation Hospital a severe fire broke out in the western portion of the north wing shortly before nine o'clock one evening. The hospital is placed in the fields between Ealing and Brentford, and the Matron, Mrs. Whittle, with some half-dozen nurses and a male attendant,

endeavoured to quench the outbreak, telephoning meanwhile for the Ealing Fire Brigade, and removing the children from the burning building. Within an hour the fire was practically extinguished, though not before the roof of the building in which it occurred, which was covered with tarred felt, was burnt through. The firemen, however, remained on duty all night.

Other fires also occurred recently at the Sanatorium, Whiteabbey, connected with the Belfast Union Workhouse concerning which Mr. F. J. McCarthy and Dr. E. Coey Biggar, Local Government Board Inspectors, have reported to the Guardians, "The Guardians are aware that on two occasions recently outbreaks of fire occurred at the Sanatorium which might have been fraught with serious consequences if they had not been at once quenched by the nurses with the aid of hand fire extinguishers."

On each of the occasions referred to, the nurses did but their duty, and they would be the last to wish for praise. Nevertheless, such emergencies test character and capacity, and, as usual, when weighed in the balances the nurses have not been found wanting.

This means much more than readiness in emergency. It means that such readiness is acquired, by the faithful discharge of daily duties—the constant exercise of the qualities which go to make the disciplined worker; so the crew of a ship man the boats, put life-belts on the passengers, and remove them from the sinking ship, without any panic, though they know that their own lives are in danger, and may end within a few brief minutes. It is a magnificent example of duty and discipline. The same ideals animate nurses in emergencies, and we owe them therefore thanks and honour.

Medical Matters.

SLEEPING SICKNESS.

At a recent meeting of the Royal Society at which Sir Archibald Geikie presided, two reports were received from Colonel Sir D. Bruce, director of the Royal Society's Commission for the Investigation of Sleeping Sickness at Uganda, describing the results of experiments to ascertain if the antelope and domestic fowl of Uganda acted as reservoirs of the virus of sleeping sickness (*Trypanosoma gambiense*).

The first paper stated that the tsetse flies (*Glossina palpalis*) around the northern shores of the Victoria Nyanza still retain their infectivity for sleeping sickness, in spite of the fact that the native population was removed from the lake shore some three years ago. A series of experiments was, therefore, carried out to ascertain if the antelope, which were fairly common along the uninhabited shores of the lake, were capable of acting as hosts of the parasite of sleeping sickness. Eleven antelope of the waterbuck, bushbuck, and reedbuck species were obtained from a district where tsetse flies and sleeping sickness did not exist. Blood from these animals was first inoculated into monkeys to ascertain if they were already naturally infected with trypanosome disease. They proved to be healthy in this respect. Tsetse flies that were known to be infected with the virus of sleeping sickness were then fed upon each of the 11 antelope. After about eight days the blood of these animals was again inoculated into susceptible animals, with the result that the latter became infected with *Trypanosoma gambiense* in every case. In 8 out of the 11 buck under experiment *Trypanosoma gambiense* appeared in their blood for a few days only (some 7 to 12 days) after they had been bitten by infected flies.

Flies that were hatched out in the laboratory, and had never fed before, were now fed upon the infected antelope, and subsequently upon monkeys. After an interval of about 30 days, required for the development of trypanosomes within the fly, monkeys were infected with sleeping sickness from the antelope by the agency of *Glossina palpalis* in 16 out of 24 experiments. Nine of these antelope infected with *Trypanosoma gambiense* were under daily observation for over four months. They remained in perfect health.

The second paper stated there was evidence that tsetse flies fed on the blood of birds as well as that of mammals inhabiting the shores of Victoria Nyanza. But the conclusion derived from a series of 21 experiments with domestic fowls was that these birds could not act as a reservoir of the virus of sleeping sickness.

The Nursing of Gonorrhœal Ophthalmia.*

By MISS F. O. GIBBS,

Graduate of the Park Avenue Training School, Chicago; Post-graduate of the Massachusetts Eye and Ear Infirmary, Boston, Mass.

This paper is prepared from the accumulation of experience gained in private duty and later as a post-graduate and head nurse in the Gardner Building of the Massachusetts Charitable Eye and Ear Infirmary.

The cause of this disease and its clinical picture are too well known to go into detail concerning them here.

There are several things, all of equal importance, to be considered in the nursing of cases of this sort: first, the prevention of infection of the nurse, then the prevention of infection of the family and the general public, the protection of the patient's other eye if only one is involved, and the economic feature of as speedy a recovery as possible.

So far as I have been able to ascertain, the average duration of gonorrhœal ophthalmia, under treatment, has been from ten days to two weeks.

In over fifty cases treated during the past summer at the infirmary, by far the greater number have been off treatment by the fifth day, which has its economic value to an individual as well as to an institution. It also lessens the drain upon the patient's vitality, which is sometimes considerable.

To touch briefly upon each point: first to prevent infection to herself the nurse must have her solutions for her hands ready before commencing treatment. Two bowls large enough to hold several pints of water each should be provided, one of plain water with a medium stiff brush and the other containing a solution of lysol of the ordinary strength for hand solutions. The nails are trimmed straight across and as close as possible for comfort. After touching the patient the hands are scrubbed first in the lysol and rinsed in the plain water. The solutions need not be changed until cold.

Secondly to prevent infection to any member of the family or the general public, the patient should be isolated so far as possible. In the case of a nursing baby, where so ordered by the doctor, it is perfectly safe to put it on modified milk for the four or five days necessary for a cure, and have the mother pump her breasts regularly to keep up the supply. At the end of the period of isolation nursing may be recommenced with no trouble.

* Reprinted from the *American Journal of Nursing*.

All dressing should be put in a vessel with a tight cover and be buried by the nurse herself at convenient intervals, and the bed and personal linen of the patient should first have the silver stains taken out with a weak corrosive solution and then be boiled before going into the general laundry. The patient's other eye if not infected may or may not be sealed with a collodion seal, to be changed once in twenty-four hours for the sake of observation. If it is left unsealed the patient must be kept turned on the opposite side to prevent any secretion from running across into it. In the case of an infant this is the best method, but older children and adults should have the seal.

Concerning treatment directly, here as nowhere else each case is a law unto itself. The sooner it can be commenced after a positive diagnosis has been made the better, and once begun the eye is to be kept free from pus even if it has to be irrigated every five or six minutes. Twenty-four hours of this sort of work, as a rule, finds the discharge less profuse, and you can commence to lengthen the intervals between treatments.

In giving an irrigation the nurse stands at the head of the bed on the side opposite the eye to be flushed; if possible have the light from above especially at night. With one hand she supports the head and holds a pledget of cotton to catch discharges, using the index finger and thumb to separate the lids, which should be done very gently and without making any pressure on the globe. A pledget of cotton saturated in 3 per cent. boric is held in the free hand and the stream of fluid directed along the conjunctival sac rather than against the globe.

Any pus that adheres to the conjunctiva may be gently wiped with the wet cotton, care being used not to touch the cornea and not to leave any shreds of cotton in the eye. Every half hour a drop of 25 per cent. solution of argyrol is used after irrigating.

Before beginning treatment in any case, it is well to put in a drop of 2 per cent. fluorescine and allow it to remain for one-half minute. At the end of that time the eye is flushed with boric and if there is even the tiniest break in the cornea it will show a greenish tinge over the denuded area. When the cornea stains, even greater care must be used in handling, to prevent if possible any further involvement, as these superficial abrasions may clear up nicely under proper treatment and go on to rapid destruction if carelessly handled.

If there is corneal involvement, however slight, an ointment containing 1 per cent. atropine is usually ordered. Atropia sulph.

4 gr. in prolat 1 oz. is a favourite prescription. The ointment spreads evenly over the cornea and heals and protects it, only a very small amount is used at one time, and it is usually applied by pulling down the lower lid and sliding it off the end of a toothpick.

In the first few hours there is apt to be grave danger from chemosis, as the swollen lids press upon the cornea and shut off its nutrition. Compresses are sometimes ordered, either hot or cold or both in alternation, and should be of the thinnest old linen one can procure in order to minimise weight.

A method that is far superior to the compresses, however, is the use of oxide of zinc applied freely to the inflamed area and along the edges of the lids to prevent their sticking together. This last is one of the most important points in the nursing of this disease, for if the lids are allowed to become glued together the pus is prevented from escaping between whites and is dammed back, increasing pressure and being forced into the deeper tissues and accessory ducts, thus prolonging treatment. In some cases the lids are painted daily with a 1 or 2 per cent. solution of AgNO_3 , or one drop of the 10 per cent. solution of protargol is used once or twice a day in conjunction with the other treatment. This is dangerous ground, however, and is never done except under the supervision of the attending physician. It is rarely ordered unless the lids are soft, as it is apt to increase the chemosis.

At the end of the fourth or fifth day, if the discharge has ceased entirely and several negative slides have been obtained, the patient is put upon some astringent wash to smooth up the roughened conjunctiva. Zinc sulph. 1 gr., boric acid 20 gr., and distilled water 1 oz. is frequently used three or four times a day.

If at the end of twenty-four or forty-eight hours there has been no sign of secretion, the patient may with safety be discharged. This treatment is practical for adults as well as for infants, not forgetting the importance of general nursing in every case. With infants the hands are kept pinned to the side until all discharge has ceased. The oil rub, night and morning, when the arms are rubbed and exercised, is of great value.

In cases that do not clear up immediately and where artificial feeding is to be continued for a number of weeks, a point of special value is not to increase the strength of the formula too rapidly, as the digestion as a rule is not equal to that of a child under normal conditions.

It is impossible during the acute stage to do very much toward eliminating light and hand-

ting, but as soon as possible the child should be allowed longer intervals of rest. All eyes that have marked corneal involvement or prolapse belong to the surgeon, and their nursing requires a separate paper.

Lecture given at the Sorbonne.

By DR. RIST.

(Translated from the French by Miss E. R. Wortabet.)

NOTE.—*La Soignante* gives the following extract from a lecture which Dr. Rist, Physician to the Laënnec Hospital, gave at the College of the Sorbonne, Paris. I have much pleasure in translating it, as it puts in the most clear, logical, and elegant language the fact, that as science advances, so medical men have had to be drawn from a higher intellectual and social stratum, and nurses their collaborators, equally so!—E. R. WORTABET.

We now know that illness and death are natural phenomena—neither more nor less than birth and health. We understand that human life is limited in time, and that it is a fact against which no fiction, no rebellion can prevail. We perceive that it means losing it, creatures of one day that we are, to try to prolong it into eternity. And the scientific mind, which teaches us to accept facts as natural phenomena, also enables us to accept with calm and without vain and proud struggles, sickness and death as facts.

We can suppress them, we cannot escape them definitely, any more than we can prevent apple trees from bearing apples. But we can prevent apple trees from producing bad apples. We are powerless in preventing rivers from flowing, but it is in our power to keep them in their beds, to make them navigable, and, if they are subject to periodical floods, to utilise the inundations into fertilisers instead of devastators.

Thus it is not beyond our power to prevent death coming before its time, through our ignorance or neglect. If the death of man comes in ripe age, having gone through all the psychological stages of the natural phenomena of human life, this death, however painful it may be, is caused by nothing which shocks our intelligence; but it is unjust, it is absurd, it is revolting to a clear conscience, that children should die in early infancy, because they have been badly nourished and clothed, brought up in ignorance of common sense, that young men should succumb to typhoid fever, because they drank contaminated water, or to diphtheria because an epidemic was not encircled,

because they had been deprived of skilled medical attendance, and because they were not injected with that serum which would have saved their lives.

To-day we can look death in the face, and quietly accept the fact that our life must have its end: with our optimistic instinct, only safeguard of our race during its slow ascent towards light, many of us are able to substitute a serene consciousness of the inevitable. But in exchange for this long effort, we possess, so to speak, a right, a right to the whole length of the life, which we have learnt to content ourselves with. To die, so be it, but not before we have lived, but not before we have gone through our course. To die, so be it, but because we have accomplished our course to the end, and not because a microbe, or a poison, had stupidly killed us before our time. This moderate length of life which our physical constitution has assigned us, we wish it well managed, it only seems to us just that it should be so, and every life that has been spoiled, deprived of beauty, shortened by avoidable suffering, shocks us as an iniquity.

This iniquity is no longer, as in days gone by, imputed to invisible and inaccessible powers, but to the human community. The right to health, which every one of us brings in coming into the world, must be exacted from the community. And this right which develops day by day, and of which we are now conscious, is, like everything else we call a right, another aspect of duty, the duty to health which imposes itself on the individual as a member of a social body.

It is this modern scientific mind which alone has been able to create in us the sense of this right, and of this duty, a thought which is still quite recent which is understood by a small number only, but which rises, develops, and strengthens every day. For ancient medicine, which was nothing but an empirical trade, we have now a substitute in scientific medicine, which becomes a necessary social function. In days gone by, illness was something mysterious and fatal, against which they fought as a lottery, by fortune telling without any method or vision. To-day diseases are natural phenomena which are analysed, submitted to scientific investigation, and the causes ascertained. It is a work only begun, but which during the past century has made gigantic strides. Already we know that many ailments, previously the most terrible and most fatal, are avoidable evils, and that with judicious and concentrated organisation, we can prevent their reaching us. There are others, alas! against which we are still powerless. But

their persistence instead of discouraging us, is only making us redouble our efforts in order that we may vanquish them.

In one stroke, medical work has undergone a profound change. The part of the medical man has become quite different from what it was. *His social functions have increased prodigiously. In days gone by he used to be a giver of prescriptions, a workman, a practitioner. To-day he aims at being a savant.* (The italics are mine.—E. R. W.)

I should be carried away too far beyond the limits of this gathering, if I were to undertake to show you how complex the fight against disease has become, what multiple co-operation it requires, and of what a combination of efforts it is composed. More or less you are all aware of it. But it is important that I should remind you that, in the pursuit of the object which the doctor places before himself, nothing should be left to chance, the sick organism must be watched constantly and completely. Once the trouble is discovered and diagnosed, it is not sufficient to prescribe a remedy, and allow it to act. The patient must be watched and nursed. (I note with pleasure that it is a physician speaking and attaching importance to detailed medical nursing; so far it has always been the surgeon, surgery, and sepsis in France.—E. R. W.)

A patient is like a new born babe, in the struggle which he maintains against the evil he must be protected, sustained, surrounded, because he is in a powerless, prostrate condition, entirely dependent on others.

The doctor called to the bedside is in the position of an architect who is consulted about a house which is unsafe. He considers, examines, and then gives his directions as to what must be done. But who is to carry out these salutary instructions? The patient himself is almost always incapable of so doing. When they entailed, as formerly, taking a pill or swallowing a potion, it was very simple. To-day it is a different matter. The more medical work has become clear seeing and precise, the more the smallest details have acquired importance, the more the nursing of the sick has become delicate, minute, and absorbing. It is a new technique which has developed, a technique different from that of the medical men, full of analysis, and investigation, a technique which the doctor himself does not and cannot possess, and for the execution of which a new profession had of necessity to be created, the profession of a nurse.

I say that it is a profession, and a new profession. (The italics are mine.—E. R. W.) In all times, people will argue, nurses have

existed, and there is nothing new in it. Yes, up to the present time there have been two kinds of nurses, the one being in comparison to the nurse of to-day what the barber was to the modern medical man, working women pursuing a mercenary trade, without professional education, without culture, without any professional training, without culture, and without a single notion—notwithstanding any individual worth they possessed—of the essential qualities of their work or of their share in social service. They were, in fact, domestic workers who had specialisee.

The others, infinitely more worthy of respect and consideration, were the Sisters of Charity. To them the nursing of the sick was one of the forms of religious activity, the noblest and the most touching of all through which the divine precept, "Love one another" could be accomplished. For centuries it was the nuns alone who consecrated their lives to the sick, and they have done so, and many continue to do so, with a sense of devotion, sacrifice, and heroism which nothing can equal. But ladies, please understand that if I undertook to address you this afternoon, it was with the hope of enlisting your interest in the profession of the modern nurse, and not in works of mercy, that I invited you here. The nursing of the sick, such as we understand it to-day, is not a charitable mission, is not the path to Heaven. It is a public work, a broad profession, chosen apart from all religious undertakings, and which responds to a public need. Amongst the earliest civilised nations, when the need of a general sense of justice rose, it was felt to be necessary to meet this newly developed feeling by forming a judicial Court with its living organs, of magistrates, judges, and lawyers. Thus in order to accomplish this new need, of which mankind has become aware, the right to health, the duty to health, we must either adapt old customs or create new ones. Hence the hygienist, the doctor, the modern nurse. Their domain extends every day, their task becomes every day more complex, more delicate, their collaboration more restricted and more indispensable. In order to exercise these functions, it is necessary to have more daily care, culture, and preparation. Nursing the sick is not manual work, it is a profession which includes responsibilities, which grow heavier and more alarming as we become more enlightened. It is not a question of a good heart and self-sacrifice, but rather of science, of intelligence, a safe judgment, a clear morale, which training alone can give. There must also be natural qualities which make the vocation of a nurse an essentially feminine profes-

sion. These qualities are the result of an evolution begun since the early ages of our race. An American philosopher, John Fiske, has voiced the theory that a great deal of the progress of the human race is due to the fact that the period of development of childhood is very much slower than that of the superior animals. The prolongation of this period, during which the child depends on its parents, for its care, food, and protection has resulted in the development of its complex cerebral functions, and created new ties between parents and their offspring. Family life, such as it exists to-day, is born of this long physical helplessness of the child and its reliance on its parents. It has been the ties uniting the child to its mother, which have drawn them to each other through their biological necessity. The child turns to his mother, far more than he does to his father, for food, bodily care, instruction, and play; it is from her, too, that he expects help when he suffers. The mother is the natural nurse of the sick child, even so, has the mother become the hereditary nurse of primitive mankind, on her has fallen the care of the infirm, the sick, and the dying. From this point of view, the modern nurse might be considered the result of an evolution, the beginnings of which go back to the furthest and most mysterious of our race. Heredity, selection, the specialisation of aptitudes, have resulted in the fact that women are more tender-hearted, lighter handed, more intuitive, and more patient to those who suffer. Women, therefore, are nurses by right of birth, and it is a superiority in front of which bow down with gratitude.

The nursing of the sick having become a liberal profession, will still be restricted almost exclusively to the sex which is more gifted for this profession.

Preventive Nursing.

Speaking at the annual meeting of the Perth Sick Poor Nursing Society, the Rev. William Patterson said the work of the Society ought to hold a primary place in philanthropic work in the city, and should be worthy of the best support and best endeavour. The aim of the Society was curative. It sought to get at the defects, and by removing these to enable the people to be independent and able to earn their own living. The work went to the homes of the people and not only sought to remove disease but to prevent the disease, and the nurses advised the measures that should be taken by the people visited to keep themselves healthy and fit for their daily labours.

The Registration Reunion and Pageant.

THE EVOLUTION OF TRAINED NURSING.

All the parts in the forthcoming Nursing Pageant and Masque have been allotted, and all those who are taking part are looking forward with the keenest enthusiasm to doing so.

THE PRELIMINARY PROGRAMME.

1.—PROCESSION OF IMMORTALS.

Hygeia, Goddess of Health

Miss Irene Fergusson

Attended by

Earth Miss Clare C. Eyles

Fire Miss Dorothy Gordon

Air Miss Kathleen Wilson

Water Mrs. Beard

The Spirit of Nursing ... Miss Audrey Campbell

Attended by the Attributes

Compassion Miss M. Mackenzie Davidson

Kindness Miss M. Turnbull

Gentleness Miss G. M. Day

Modesty Miss E. Gough

Courage Miss P. Smallcombe

Patience Miss E. Spencer

Devotion Miss E. Hooper

Endurance Miss B. Manson

Science Miss Winifred Bridger

Attended by the Attributes

Truth Miss G. Tomlinson

Mental Purity Miss H. Snow

Moral Beauty Miss E. Churton-Collins

Knowledge Miss F. Mann

Observation Miss J. Brymer

Diligence Miss F. Powell

Understanding Miss E. Fowler

Intellectual Discipline

Miss E. Mathew-Lannove

2.—PROCESSION OF SAINTLY WOMEN AND THE NURSING ORDERS.

Agamedé the Fair-haired, *The Iliad*

Miss Kathleen Bannister

Phœbe of Cenchrea, 1st Century

Miss B. Kent

The Empress Helena, 3rd Century

Mrs. Staples

Marcella, 4th Century Miss Elma Smith

St. Bridget of Kildare, 6th Century

Miss V. Adams

St. Hilda of Whitby, 7th Century

Miss B. Cutler

Grand Master of the Order of

St. John of Jerusalem.

12th Century Mr. J. S. Burns

Rahner, 12th Century
 Queen Matilda, 12th Century
 Mrs. Notterville-Barrow
 Sister of St. Martha, 12th Century
 Miss H. M. Smith
 Sister of St. Esprit, 12th Century
 Miss Holyday
 Sister of St. Jean d'Arcus, 12th Century
 Mrs. de Segundo
 St. Elizabeth of Hungary, 13th Century
 Miss McCormac
 A Choir Sister of the Augustinian
 Order, 14th Century
 Miss Macvittie
 Queen Philippa of Hainault, 14th Century
 Mrs. Manson
 St. Catherine of Siena, 14th Century
 Miss M. A. Payne
 A Plague Attendant, 14th Century
 Mr. Crichton Starkey
 An Abbess of Royal Birth, 15th Century
 Mrs. Sluter
 A Knight of St. Lazarus, 15th Century
 Mr. Ronald Burns
 St. Vincent de Paul, 16th Century
 Mr. F. H. Robbins
 Sister of St. Vincent de Paul, 17th Century
 Miss Greenstreet
 Mlle. Jeanne Mance, 17th Century
 Miss G. Cowlin
 Friederike Fliedner, 19th Century
 Miss I. Carmichael
 Elizabeth Fry, 19th Century
 Miss Heather-Bigg
 Banner.
 Florence Nightingale.

3.—PROCESSION OF HOSPITAL MATRONS.

Banner—Education.
 Bannerette—Isla Stewart
 Carried by Miss S. A. Villiers
 Bannerette—Isabel Hampton-Robb
 Carried by Miss Alice Reeves
 Petitioner: Miss M. Mollett.

4.—PROCESSION OF NURSES.

Banner—Nurses and the Community.
 Petitioner: Miss R. Cox-Davies.
 The National Council of Trained Nurses of
 Great Britain and Ireland.
 Sixteen Bannerettes borne by Delegates from
 the Sixteen Affiliated Societies.

Nurses of the Past:

Edina de Rittle.
 Sisters and Nurses.
 Sairey Gamp.
 Betsy Prig.

Nurses of To-day:

Hospital Nurses
 War Sister—Staff Nurse—S. and Probationary—
 Probationary—Operative—Nurses and
 Male Nurses

Maternity Nurses:

Nurse in Maternity (General).
 Maternity Nurses.

Social Service Nurses:

Babies' Welcomes.
 School Nurses.
 District Nurses.

Private Nurses:

A St. John's House Nurse.
 A Co-operation Nurse (Registered Nurses'
 Society).
 Nursing Homes.

Mission Nurses:

In Native Chinese Dress.
 In Native Indian Dress.

Mental Nurses:

Sister from St. Luke's Hospital.
 Nurse from St. Luke's Hospital.

Government Departments Employing Nurses:

Bannerette—"Agnes Jones"
 Carried by Miss Marquardt
 Bannerette—"Catherine Loch"
 Carried by Mrs. St. John, R.R.C.
 The Admiralty.
 The War Office.
 The India Office.
 The Local Government Board.
 The Home Office.
 The Colonial Office.
 The Foreign Office.

5.—STATE REGISTRATION PROCESSION.

Banner—"State Registration."
 Petitioner: Miss E. M. Musson.
 The Bills—White dresses, purple ribbons, embro-
 idered in silver, and national flags.
 "We Want Legal Status."
 Great Britain and Ireland.
 Australasia—New South Wales, Victoria, and
 Western Australia.
 Denmark.
 Finland.

The Acts—White dresses, blue ribbons, embro-
 idered with silver stars, and national
 flags.

South African States, three stars;
 Cape Colony, Natal, and Transvaal.
 New Zealand, one star.

United States of America, twenty-six stars.
Germany, one star.
Belgium, one star.

The Registration Press—Dresses blue, pink, mauve, and green; large plume pens in contrast, with miniature journals suspended.

Bannerette—" Mightier than the Sword "

Carried by Miss Breay

- " The British Journal of Nursing,"
- " The American Journal of Nursing,"
- " The Canadian Nurse."
- " The Australasian Nurses' Journal."
- " Una " (Victoria).
- " Kai Tiaki " (New Zealand).
- " The Nursing Journal of India."
- " Unterm Lazaruskreuz " (Germany).
- " Nosokómos " (Holland).
- " Tidsskrift for Sygepleje " (Denmark).
- " La Garde Malade " (Bordeaux).
- " Epione " (Finland).
- " De Vlaansche Verpleging " (Belgium).

FINIS.

THE MASQUE.

The Masque, which demonstrates the Right of Life to Health, has been written, together with the Petitions, by Miss M. Mollett, and no one who attends our Registration Reunion on the 18th inst. will, we feel sure, fail to acknowledge that she has treated her theme in a masterly manner.

The Programme will be found to contain information of an explanatory nature, and the Words of the Masque and Petitions will be on sale, price 6d., in the Hall in book form.

The twelve Lady Stewards will wear purple badges, with their title in silver, and all that remains is for us all to show the public, who are taking great interest in the Nurses' Pageant, that we are a body of earnest and energetic workers, full of life and spirit, and worthy of recognition by the State, of which we form so useful a part.

E. G. F.

Progress of State Registration.

Miss Cox-Davies, Matron of the Royal Free Hospital, will give an address at the Nurses' Lodge, 9, Colosseum Terrace, Regent's Park, on State Registration for Nurses, and the aims and objects of the Nursing Masque, on Friday, February 10th, at 3.15 p.m. Miss Hulme asks us to say that she will be pleased to see any nurses who are interested in the progress of the movement. Tea will be served at 4.30 p.m.

Trained nurses, to whom Mr. J. Ramsay Macdonald, M.P., has always been a true and kind friend, will welcome his unanimous election as Chairman of the Labour Party, to which he has been Secretary for the past ten years. Mr. Macdonald, who is Member of Parliament for Leicester, has for years backed the Nurses' Registration Bill, and, as we announced last week, has consented to do so again this year.

Our Prize Competition.

We have pleasure in announcing that the 5s. prize this week has been awarded to Miss Ména M. G. Bielby, Cranford, near Hounslow, for her article, printed below, on

MY FAVOURITE ANIMAL, AND WHY.

For me there is nothing to equal a dog. I have one which has been for seven years as a child to me—a child who will never grow up.

In my early life the inmates of the stables, kennels, cotes, lutches, and cages were as much a part of the family as the children, but it was not until a Scottish terrier came to be the sole sharer of my pursuit of the simple life that I learned what satisfying companionship, and manifold benefits the possession of a dog may bring.

Train up a dog from babyhood in the way he should go, and you may do almost anything with him. The interest of assisting his evolution is continuous and absorbing. I have humanised mine to such an extent that he can never be a dog again. In his next life he will be a human. He is so high-spirited and rebellious, so ardent a lover of liberty, that he must certainly have been born under Sagittarius.

He is a fascinating mixture of self-will, ingratiating manners, devotion, greediness, sympathy, egoism, and chivalry. He loves to be nursed and petted as a baby; but in the midst of it any suspicious sound will send him hurling down the stairs with a clatter and growling suggestive of an earthquake, intent on the duty of defending his home. I sleep securely at night, though every window stands wide open, knowing that he is below, and that his alarming bark, magnificent teeth, and indomitable pluck are between me and all danger.

He is a loyal adherent to all my friends, and shows active resentment to all who harbour hostility towards me. With adequate dignity he bears the honourable name of Scrope. Being judiciously cared for, he is health personified, and his vitality is a constant pleasure to me. It is my daily delight to see him speeding along ahead, revelling in the joy of motion, his tail revolving with gaiety. When his delight

bubbles over he rolls on the ground and groans for sheer joy!

On the rare occasions when the stress and strain of life reduce me to tears he is instantly at my side, trying to thrust his muzzle under my hands, and uttering plaintive little cries of concern and sympathy. When I am ill he will lie silent and motionless for hours at my feet.

Once I broke my green lampshade, and while writing I put up my left hand to screen my eyes from the glare. A piteous sound from Serope, who was sitting on a chair opposite, made me look up. His face was sharpened into an expression of the keenest distress and anxiety. I had to jump up and hug him, and assure him that his "muvver" was not crying, but was only shielding her eyes from the light. Could anyone feel lonely with such a companion?

A dog makes so many demands on the mother principle in one, that to do one's duty by him is a sure antidote to impatience and selfishness. I can never forget that Serope's happiness and welfare depend entirely on myself.

And because of my own little Serope-dog, I love all other dogs.

This competition has aroused much interest. No wonder; no woman who does not love animals can be a really sympathetic nurse.

We, of course, thought the dog would be first favourite, and the other dear animals would come second. This, however, is not the case, for although twenty times as many nurses love dogs best, some competitors prefer horses, cows, goats, and silver Wyandotte hens!

Not one competitor has given the cat first place in her affections. This is strange, as much affection is lavished on cats, although they return but little.

Miss Maria Woodward writes:—

"The animals I like best are a good winter laying pen of silver Wyandotte hens. (1) Because I get a nice basket of eggs to send to an invalid. (2) By proceeds of sale of some eggs at 2½d. each is sent help to a London deaconess to distribute little delicacies to the sick poor. (3) All household scraps can be used up for birds' dinner. (4) Gives me much recreation and amusement attending to the hens, especially at hatching-out time, which I find an antidote to my sometimes anxious duties, and often domestic worries.

Truly animals are like children in this respect. A half-hour spent in a children's ward will charm away many worries and anxieties.

How to Succeed as a Private Nurse.

By Miss Elizabeth Barton.

The private nurse to be successful must have a thorough and clear knowledge of nursing, both theoretically and practically, for she will often be left for a considerable time to act on her own responsibility.

The medical man being often out of reach, she will, in cases of great emergency, and, in many small matters, have to rely on her own judgment.

QUALIFICATIONS.

To be really successful, she must above all other things be

Adaptable, have a sound and ready observation, be tactful, calm, humble, and obedient. She must be quiet in movements, and in the discharge of her duties. Maintain quietness of *mind* in cases of emergency, be a woman of delicate feeling, and have a genuine sympathy with suffering.

Loyalty.—The private nurse must be—(a) Loyal to the doctor under whom she works. (b) Loyal when taken into the patient's or the family's confidence.

Gossip.—She must be no gossip, nor relate weird hospital experiences. Gossip can do no possible good, but it may do an immense amount of harm.

Duties.—As regards the patient's diet or treatment, the doctor's orders must be strictly carried out.

The patient will undoubtedly make his wishes known as regards his toilette if he is not unconscious, delirious, or too ill to think for himself, or, unless he is a child.

Household duties will often fall to the lot of a private nurse. Such duties must be performed cheerfully and willingly in a manner in which there is no suggestion of the martyr.

Manners.—(a) To the patient: A kindly, cheerful, and pleasant manner is indispensable. She must be gentle, very patient and forbearing with her patient, study his whims and temperament, for certain peculiarities of temperament are often the result of disease. The private nurse must be ready to sacrifice herself, her off-duty time, or her sleep, within reason, it needs be. Must have perfect self-control, and suppress all signs of impatience, at least, in the presence of the patient, or the patient's friends. Avoid whispering or loud talk, as it is irritating to the patient.

(b) Manner to the doctor: She must be professional, truthful, and obedient. Give an

accurate report upon the condition of the patient. Make her observations methodically. *Record facts*, and show to the doctor at each visit. In no way must the private nurse alter or interfere with the doctor's work.

Dress.—She must be clothed quietly and hygienically, preferably a dress of washable material. Aprons, etc., should be frequently changed.

Squeaking shoes or high heeled boots are out of place in the sick room.

The hands and nails should be well kept. The hair should be plainly dressed, well combed back. Personal cleanliness is a factor.

It must be understood, however, that neatness of appearance is not always "an outward and visible sign of an inward and spiritual grace." Yet it is essential that these qualities should be combined.

Punctuality and the serving of the patients' meals well are of great importance.

If the Private Nurse is to be successful, she must not carry a hospital manner, methods, and regulations into a private house, especially as regards the time-table she must not be too strict.

The Happiest Hour in my Life.

(Concluded from page 88.)

Many hard working women will sympathise with Miss Emily F. Murray, whose paper on the above subject arrived a day too late for the Competition.

She writes:—

Shall I be considered mercenary if I say that the happiest hour of my life was when I was informed that I need no longer fear want in my old age. I hope not. I am no great believer in the happiness to be extracted from wealth, I have seen too many unhappy wealthy homes for that, but an honest independence to a woman of spirit does certainly make for real happiness. No one who has not been dependent on precarious earnings can realise what it means to know that for the future she is safe.

I was turned out at an early age to earn my living. After a few years all near relations, and they were poor, had passed away. I could always make friends, so that my life was fairly happy, but there was always a cloud looming on the horizon—*poverty-stricken old age*.

I used to imagine coming down to breakfast and finding a blue legal looking envelope on my plate. Of course, I did not hurry to open it. I prolonged the delightful anticipation that it would contain the news that a long-lost and unloved relative had died at the Antipodes,

and left me an annuity legacy duty free or shares in a gold mine, or some tidy sum of money which would make me feel like jumping over the moon.

One morning the postman knocked when I was boiling my breakfast kettle, I ran into the passage—the letter-box was open, and a long blue envelope was on the floor. I pounced upon it. At last, I thought, my Fortune has arrived. I opened it.

It was the Gas Bill!

I really was disappointed.

Twenty years later—I was long past forty, and the excitement of disappointment had become monotonous—my day-dream came true.

I received a letter—in a square white envelope this time—the contents of which informed me that an old lady I knew but little had died and left me £200 a year, and that this will had been made for twenty years!

That was the happiest hour of my life, and it might not have been so had I known all these years that the Workhouse was not looming round the corner of 60th Year Street.

Miss E. E. Please writes:—

The happiest hour of my life was in October, 1894, when my three years' certificate was given to me, and I saw my name in full certifying that I had proved myself a "good and efficient nurse." It may seem trivial, but to me it was a dream of more than ten years realised. I had always been at home, the youngest of the family, of no account, except as "the kid," incapable of any sort of real work, not even going to school much on account of health. Here I was in the "Private Room" at good old George's, one of the Senior Nurses, enjoying every minute of the time, too. I really felt happy. I had *done something*. I felt a fear I might bring discredit on my certificate, by any mischance; I have never lost the feeling that it is to be guarded. My happiness lasted all my nursing life, as a stay in storms and stress.

THIS WEEK'S COMPETITION.

The question which competitors are invited to discuss this week is "How would you nurse a case of enteric fever, what emergencies might occur, and how would you meet them?"

This gives plenty of scope for the discussion of the nursing of one of the most interesting diseases from the standpoint of the nurse—interesting because so much rests with her, and the welfare of the patient is largely in her hands. Is there a nurse who has not spent many anxious hours, in which hope and fear have alternated, dominated by the temperature chart of a bad typhoid case?

Moral and Physical Health.

A special meeting of nurses and midwives was recently held at Bath, when the speaker was Dr. Marion Linton. She took as the basis of her address a leaflet recently published by the Nurses' Social Union, entitled "Suggestions for Nurses on some Special Points connected with Moral and Physical Health."

Dr. Linton pointed out that, except in abnormal and defective children in whom the animal nature runs supreme, bad habits in quite young children are generally due to accidental causes, such as local irritation caused by uncleanness, need for circumcision in boys, tight mother clothing, improper diet, etc., and can generally be stopped by the removal of the cause. Moral deterioration in these young children is not a usual result of these habits, as they can be so easily checked in their early stages. With older boys and girls the case is different, and here moral evil, as a result of self-abuse, seems widely spread in our schools, etc. Dr. Linton's advice was that as soon as a child begins to notice and question he should be wisely and delicately told the use of those God-given organs and the need to preserve them for that use by healthy living and self-control.

Dealing with the question of abortion, Dr. Linton pointed out the grave evils resulting from the practice both physiologically and morally. The only remedy to be found for the present state of affairs lies, Dr. Linton holds, in the readjustment of the moral relations of men and women. Conception, as she pointed out, is a definite physiological act, and those individuals who attempt to escape from the physiological results of that act are really yielding to passion and self-gratification regardless of individual and racial well-being. That this act should only take place for the purposes of reproduction would be the sexual physiological ideal. It is an ideal perhaps almost impossible of realisation, but one can teach that the only legitimate means to employ to avoid the result of one's actions are by the exercise of abstinence and self-restraint, and that no man was ever the worse, but on the contrary the better, for mastering his passions and practising continence. The root of the whole matter lies in the right appreciation of the moral relations between the sexes, and here much teaching is necessary. Man needs to realise his use and woman's use in the world, and to respect both. Women need to raise men, and by their purity and dignity of life to win their respect. Women create their own place in the world, and will never get rid of the difficulties and disabilities under which they suffer until they show men they are worthy of something better, and how, too often, alas! women sin as well as are sinned against.

What we need is a race of men and women who will combine to train their children in self-respect and purity. There are many wrong conditions in the world, but if we get the moral atmosphere right those things matter less, and we shall, moreover, get them altered through the weight of concerted public opinion.

Legal Matters.

FRAUDS BY A BOGUS NURSE.

At Hampstead last week, before Dr. Weaver and other magistrates, Maud Picket, aged 22, of no occupation, was charged on remand with obtaining money by false pretences from Mrs. Winifred Wolff, of Cheshamstead Gardens, and Mrs. Edith Thompson, of Broudsbury.

Evidence was given on behalf of the police that the prisoner came from Jersey, and had respectable parents. About 12 months ago she went to Plarstow to be trained as a nurse, but was disobedient and unruly and was dismissed. Since then she had run up bills for board and lodging in various places, and had also obtained money on false pretences, going about in nurse's uniform. In one instance she represented to a young woman that she could secure her admission to a nursing home, and obtained 7s. 3d. from her for special clothing, but the victim had not been able to obtain admission to the home. In books found in her lodgings since her arrest the names of hundreds of people were entered for various sums amounting to about £30.

The Bench remanded the prisoner with the object of finding a home for her. Mrs. Wolff protested against this leniency, stating that it would deter ladies from coming forward to prosecute in such cases. Dr. Weaver promised that the Bench would give her remarks consideration at the hearing this week.

The trial of Dr. Pautchenko and Count O'Brien on the charge of murdering Captain Bonturlin, by inoculating him with the germs of diphtheria, is causing great interest in St. Petersburg; the so-called doctor is further charged with illegally practising as a doctor of medicine. At one time the accused obtained employment as a doctor on the Trans-Siberian Railway, and later he worked in one of the military field hospitals. There he formed a friendship, according to the *Daily News* correspondent, with an elderly hospital nurse, Mme. Muravieva, and they returned to St. Petersburg together, where they appear to have been associated in medical work of a shady kind. This Mme. Muravieva is now charged with being an accessory to the murder of Captain Bonturlin.

Wherever the bogus medical man undertakes practice of a questionable character he is pretty certain to seek to secure the co-operation of the woman "described as a nurse."

Presentation.

Miss Stuart, Lady Superintendent of the Brownlow Hill Infirmary, Liverpool, has been presented with a cheque for £150, a silver salver, and a chain and locket, on the completion of her twenty-ninth year of work, by past and present nurses who have been trained under her, and past and present medical practitioners who have worked with her. The presentation was made by Dr. Alexander, who said that to those who knew the tremendous turnover of patients in that large hospital it was simply

marvellous that the old wards could be kept up to such a high standard of cleanliness, healthiness, and order as Miss Stuart has kept them. The physical welfare of the nurses and the efficient education of the probationers were her constant care, and she also inspired the nurses with high ideals of life and conduct. The practical value of the training at Brownlow Hill was widely recognised, and nurses trained there were holding positions of responsibility all over the world.

Appointments.

LADY SUPERINTENDENT.

Nursing Institution, Granville Road, Newcastle-on-Tyne.—Miss Mildred Emery has been appointed Lady Superintendent of the Nursing Institution, Granville Road, Newcastle-on-Tyne: She was trained at the Royal Infirmary, Edinburgh.

MATRONS.

Richmond, Whitworth, and Hardwicke Hospitals, Dublin.—Miss E. Holden has been appointed Matron of these important hospitals. She was trained at St. Bartholomew's Hospital, London, and has held the position of Assistant Matron at the Chelsea Infirmary, Cale Street, S.W.

Essex County Hospital, Colchester.—Miss W. M. Bickham has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, where she was gold medallist of her year. She is at present Assistant Matron at the Royal Sea Bathing Hospital, Margate.

Booth Hall Infirmary, Prestwich.—Miss E. A. Pickles has been appointed Matron. She was trained at the County Hospital, York, and has held the positions of Charge Nurse at St. Anne's Convalescent Home, Bridlington Quay; Night Sister at the Maternity Charity, Plaistow; Sister at the County Hospital, York, where she also did Assistant Matron's duties temporarily; and Assistant Matron at Booth Hall Infirmary.

Infectious Diseases Hospital, Heath Charnock, Chorley.—Miss C. H. Berry has been appointed Matron. She was trained at the Florence Nightingale Hospital, Bury.

The Cuisbrough Hospital, Cuisbrough.—Miss Adamson has been appointed Matron. She was trained at the North Ormesby Hospital.

Isolation Hospital, Holly Lane, Smethwick.—Miss Doris G. C. M. Jekyll has been appointed Matron. She was trained at King's College Hospital, London, and has held the position of Matron of the Isolation Hospital, Gosport.

Infectious Diseases Hospital, Bucknall, Stoke-on-Trent.—Miss Irene Webb has been appointed Matron. She was trained at the London Hospital, and has held the position of Assistant Matron at the Fountain Hospital, Tooting, Matron at the Leicester Isolation Hospital, the Bolton Isolation Hospital, and the Creaton Hospital, Northampton.

ASSISTANT MATRON.

University College Hospital, London.—Miss Winifred Plum has been appointed Assistant Matron. She was trained at University College Hospital, and has held the position of Ward Sister at Crumpsall In-

firmary, Manchester, and has been Matron of the Victoria Hospital, Folkestone.

Kingston Union Infirmary.—Miss M. Allister, who has been appointed Assistant Matron at the Kingston Infirmary, previously held the position of Ward Sister for nine months and Second Assistant Matron for a year and ten months at the Bournemouth Infirmary.

SISTER.

Cottage Hospital, Ascot.—Miss Isolen Kissack has been appointed Sister. She was trained at the Norfolk and Norwich Hospital, Norwich, and has been on the staff of the Victoria Nurses' Institute, Cambridge Road, Bournemouth.

NURSE.

Strand Union.—Miss Nellie Wade has been appointed Day Nurse. Her previous experience has been gained under the Poplar and Stepney Sick Asylum, 1902-1904, and at the Baintree Union, Richmond Union, Alton Union, and Dunmow Union Infirmaries.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

Miss M. Russell, R.R.C., Matron, is placed on retired pay. Miss J. E. Dods, Sister, to be Matron (Feb. 1st). Miss N. R. McNeil, Staff Nurse, resigns her appointment (Feb. 15th). The under-mentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss J. L. Blakely, Miss G. D. Morris.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Queen Alexandra has appointed Lady Minto as President, in succession to Adeline Duchess of Bedford, of the Committee which bears her name.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date January 1st, 1911:—

ENGLAND AND WALES.

M. Davie, E. E. Tomlinson, S. E. Butler, M. E. Martindale, E. J. Morey, M. E. Quick, A. R. Sangar, F. A. Sparrow, M. Voller, S. Evans, M. Hunt, A. Roberts, E. Mellroy, L. M. Milford, E. A. Hodgson, A. Kerr, O. A. Jones, L. P. Parsonage, D. F. Bourne, A. McIvor, A. E. Fry, P. Simpson, G. H. Stevenson, M. A. McGrath, E. C. Wilson, M. M. Cotter, F. M. L. Allen, C. A. Creer, J. M. Bevan, A. Priestnall, L. Varley, M. L. Jones, N. M. Lewis, E. McNally, M. Waterhouse, T. C. Disper, L. M. Ringe, I. Smith, M. H. Robertson, A. Wrightson, and A. L. Walker.

SCOTLAND.

B. G. Dunnean, A. F. Easton, M. Inglis, I. MacKilligan, M. M. McNab, H. R. McRae, M. A. Mair, M. J. T. B. Murray, M. Swan, E. Thomson, J. P. Watt, M. Youngson, M. M. Dunn, M. C. Fergusson, K. M. G. MacBride, M. E. W. Samson, I. G. Warr.

IRELAND.

H. Dillon, M. J. Hayes, T. E. Nugent, S. E. Cox, A. E. E. Devitt, E. R. O'Rourke, and E. Tinsley.

TRANSFERS AND APPOINTMENTS.—Miss Janet Rogers, to Brighton, as Senior Nurse, Miss Sarah Bridge, to Cardiff; Miss Jane Roberts, to Nantlle Vale; Miss Mary Miller, to Three Towns; Miss Jessie Kennett, to Waiwyn Castle; Miss Catherine Cree, to Douglas; I.O.M. Miss Catherine Sparkman, to Worthing; Miss Mary Anne Powell, to Worthing; Miss Agnes Smart, to Kingston; Miss Emily Browning, to St. Austell; Miss Eva McIlroy, to South Wimbledon.

THE NURSING JOURNAL OF INDIA.

Miss M. E. Butcher, of Murree, Punjab, has been appointed Editor of the *Nursing Journal of India*, as Mrs. Kloss will be in England and America for eighteen months or two years. We wish her all success in her arduous task.

RESIGNATIONS.

It is with great regret that we have to announce the resignation of Miss Esther Emery, Superintendent of the Graunville Road Nursing Institution, Newcastle-on-Tyne. She began her education for the profession at Stoke-on-Trent, and from there went to Mildmay, where she engaged in private nursing in connection with the Midday Nursing Institution, and soon proved of so much value that her services were always in demand by both doctors and patients. In 1882 she was made Sister of a ward in the Midday Memorial Hospital, and from there went to the Nottingham General Hospital, where she also held the position of Ward Sister. After that she filled the post of Night Superintendent at Monsall Fever Hospital, leaving in November, 1888, to go to Newcastle-on-Tyne. The many different branches of nursing in which Miss Emery engaged made her eminently fitted to become Superintendent of a private nursing institution, in which position none excelled her. The love which all her staff shower upon her proves how her wise judgment has endeared her to them, notwithstanding the fact that she never overlooked a fault. If a nurse had acted unwisely at a case the matter was sifted to the bottom for the good of both employer and employed, and the nurses knew that justice would always triumph. Miss Emery's example may well be followed by all who superintend private nursing institutions.

A correspondent writes:—"The successful work of so many years is well known both in Newcastle and the surrounding district, and it is with real sorrow that we have to bid farewell to her public service. We earnestly pray that God who so blessed her to many sick people may now be near to comfort and cheer her in her own illness."

To Miss Mildred Emery, who succeeds her, we offer our sincere congratulations, and trust that her career may be as successful as that of her sister.

The resignation of Miss Mills, who has been Matron of the Guisbrough Hospital since 1893, is caused, we regret to say, not only because the time has come when rest is her right, but because of disability due to the loss of her right hand, sustained while nursing a very severe case. The Committee, who greatly regret the loss of a valuable officer, propose to grant her either a pension or a sum of money.

Nursing Echoes.



The spread of plague in Mongolia continues to cause great anxiety. English and other doctors are working heroically, and a Chinese medical man, Dr. Wu, who studied in England, is said to be a great stand-by.

As we were sure that English nurses would wish to know if their services were desired, we made inquiries at the Chinese Legation, where we were informed that there are nurses on the spot, and more are not so far required.

Dr. Broquet, so we learn from the *Pall Mall Gazette*, an officer in the French Army Medical Corps, who has made a study of plague bacilli at the Pasteur Institute, had been ordered to China to devise measures to prevent plague extension amongst the French troops stationed there. He proposes to revive, with certain modifications, the costume worn by physicians during the Black Plague of the 14th Century, made of morocco leather, with a mask with crystal glasses, and a long nose filled with essences, familiar to those who have studied the "History of Nursing."

One of the dangers which nurses who take up work in tropical and sub-tropical countries face, and face cheerfully, is the impairment of their own health, and the possibility of being laid aside by incapacitating illness. At the same time they can make but scant provision for such contingencies out of their very moderate salaries. The Colonial Nursing Association, realising this, is arranging a Ball in aid of its Sick Pay Fund, which is to be held on February 15th, at the Hyde Park Hotel, Knightsbridge. Information concerning it may be obtained from Lady Dawson, 20, Ennismore Gardens; Lady Piggott, Little Woolpits, Ewhurst; or from the Hon. Secretary, Colonial Nursing Association.

The Duke of Portland, who presided last Saturday at the annual meeting of the Queen Victoria Jubilee Institute for Nurses, referred to the difficulties experienced by the ever-recurring deficit which had to be met annually. They had been able to meet it this year, but the question of the future had to be seriously considered. The council had appointed a committee, and he hoped they would arrive at a satisfactory conclusion.

The report stated that the income last year amounted to £6,250, this including the annual grant of £2,000 from Queen Alexandra's Committee, and donations of £1,000 each from Lady Tate and Mr. Howard Morley. These two donations, together with £500 previously given by Sir Archibald Williamson, M.P., supplied the means for meeting the annual deficit of £2,500. It was also stated that special appeals to keep the work going since 1897 had brought in £35,155, but in view of the fact that £2,500 more was required annually, it would be necessary to discover further means to raise this sum unless the Institute had to give up a

presented to the rich public in tangible form, as can hospitals, but in tenements and alleys, which they would shrink from entering, and in isolated country districts the Queen's Nurse is a welcome worker bringing healing and hope, cleanliness, and practical help. No work is more worthy of support.

The work of a County Council Lecturer on Nursing is not of the easiest, but it is varied and interesting, especially when the lectures have to be held in remote country districts. Our illustration shows a lecturer (a trained and fully certificated nurse) on her way to give a



A TRAINED NURSE ON HER WAY TO GIVE A COUNTY COUNCIL LECTURE.

great deal of its valuable work. Owing to the generosity of the President and trustees and Mr. Edwin Tate, the necessary sum for 1911 had been raised within a few hundred pounds. The Duke of Devonshire had given them £350, and £100 had been guaranteed by the Duke of Norfolk, the Duke of Portland, and Lord Rothschild. Mr. Edwin Tate, who had already given £2,000 for special purposes in January, had now given another £1,000.

Those who are acquainted with the work of Queen's Nurses know that for most moderate salaries they are doing work of great value to the nation, work requiring skill, steadfastness, and unselfish devotion to duty. It cannot be

lecture in one of the remotest of the Lake District valleys. Each of these lectures, of which a course of five was given, entailed a drive of 16 miles over the moors each way.

Every year the Navy and the Army are discharging fully-qualified male nurses of exemplary character. The cost of training these men is necessarily heavy, and until their Co-operation was founded these highly efficient men drifted into unsuitable channels, where their skilled training finds no market value. The Army and Navy Male Nurses' Co-operation, 47B, Welbeck Street, Cavendish Square, London, W., is therefore doing good service in providing occupation for these men, and in helping to

ment the need of the professor well-disciplined and satisfied milk nurses.

On Thursday of last week, Mrs. K. M. Treacy, the Lady Superintendent, and the Nursing Staff of the City of Dublin Nursing Institution gave a most enjoyable "At Home" at the Gresham Hotel, Dublin. The Aberdeen Hall was decorated, and fully 200 guests enjoyed the nurses' hospitality. Miss Gasparro's band supplied the music, which was greatly enjoyed by all present. Mrs. K. M. Treacy and the Hon. Mrs. de Courcy Wheeler were indefatigable in their efforts for the enjoyment of the guests. All the Matrons of Dublin accepted the invitation to be present, and nurses representing many hospitals. The hotel arrangements were perfect, and dancing, which started at 8.15, was kept up until late.

It was noticeable that the staff of the Institution who were aiding Mrs. Treacy as hostesses, all wore on the left arm the handsome badge of their Institution, consisting of the Arms of the City of Dublin, where the neat brown uniform has been known and admired for over a quarter of a century.

We are glad to learn from Miss Sybil O'Connell, who started a collection for the purpose five years ago, that a Lady Lay Nurse has been at work in the Caberford district since that time, and that her services have been of incalculable benefit to the district, and she has saved the lives of many women. The ball recently held in Dublin was to help to provide for her maintenance, as the place is very poor.

Miss Louise L. Despard, Member and Examiner of the Incorporated Society of Trained Masseuses, who has just brought out an excellent "Text Book of Massage," which aims at embodying in concise form such a knowledge of the Theory of Massage, and of the principles of Elementary Anatomy and Physiology as is indispensable to those taking up massage as a profession, has been entertained at dinner at the Shelbourne Hotel, Dublin, in honour of the event. Amongst those present were Miss White, LL.D., Dr. Ella Webb, Miss Huxley, Miss Shuter, Miss Reed, Miss Hoag, Miss Pale, Mrs. Barrington, Miss Golding, and Miss Reeves.

The book, which is published by Mr. Henry Frowde, and Messrs. Hodder and Stoughton, the Oxford University Press, 20, Warwick Square, London, E.C., is an achievement of which its author may be proud, and the numerous and beautiful illustrations which it contains cannot fail to be of the greatest service to anyone studying this subject.

The members of the Executive Committee of the Irish Nurses' Association held their first meeting in their new Rooms, 31, St. Stephen's Green, Dublin, on February 29. There was a large attendance. It was agreed to bring the matter of forming an Irish Nurses' Review for Teritorial purposes forward at the General Meeting in March. Several new members were elected. The Irish Nurses' Association have affiliated with the National Union of Women Workers of Great Britain and Ireland.

Reflections.

FROM A BOARD ROOM MIRROR.

Her Royal Highness, Princess Christian, who has accepted the position of President of St. George's Hospital in succession to the King, who has now become the Patron, visited the Hospital last week and was presented by the Governors with an address in the presence of the Vice-Presidents, members of the House Committee, and the Consulting and Honorary Staff of the Hospital. The address stated that since the foundation of the hospital, in 1733, with the exception of a short period, it has been honoured by having the reigning Sovereign as its Patron, and a member of the Royal Family as its President. A bed has been endowed in the Queen Victoria Ward, to be called in perpetuity "The King Edward VII. Bed," and the Princess was asked to unveil the tablet placed over it.

The address also referred to her Royal Highness' efforts to raise the standard of trained nursing. In replying to it the Princess said that for more than 30 years it had been her object to raise nursing as a profession. She then presented certificates to the nurses who have recently passed their final examination, and afterwards went round the Hospital, visiting most of the wards, the kitchen, and the nurses' quarters.

Princess Christian opens the Nurses' Home of the London Lock Hospital, Harrow Road, on February 10th. Her Royal Highness has signified her willingness to receive purses of money. Donors or collectors of £5 and upwards are invited to present them personally.

The Hon. W. F. D. Smith, Chairman of the King's College Hospital Removal Fund, for which a special appeal is being made, has undertaken to pay the cost of one of the central ward blocks of the new hospital. This will be a three-story block, and it is estimated that it will cost £30,000.

Mr. Harold Nickols, of 2, Seamore Place, Mayfair, and Leeds, has given a donation of £10,000 to the fund being raised for the General Infirmary, Leeds, by the Lord Mayor of Leeds, in memory of King Edward.

Our Foreign Letter.

DUTCH WOMEN INDIGNANT.



The indignation of Dutch women has been kindled by a new Bill before Parliament, which, if passed, will interfere with the private life of many women. The Bill, if brief, is unjust enough, since it aims at the dismissal at their marriage of all women teachers and all women in Civil Service. A few exceptions only have been made—viz., women marrying after their 45th year, women who can fulfil their official duties in their own home or in an office communicating with the home, and women teachers whose duties do not exceed ten hours a week.

As everywhere else, the question as to whether a woman should continue to earn her living after her marriage is much discussed here in Holland. The views expressed are most contradictory, and the trite argument—the woman's place is in the home—is still quoted, mostly, however, by people who have never taken the trouble to study the Women's Cause.

The women's feelings are so strong firstly, because this Bill was drafted without consulting them at all; they were simply disposed of, nobody asking their opinion about a matter which will affect them so deeply. In the second place they are of opinion that no legislator has the right to interfere in the private affairs of the home. The question as to whether the wife on her marriage should attend exclusively to home duties, or whether she may keep her situation, thereby adding to the revenues of the family, is a question for the husband and wife to settle between themselves. A hard and fast rule cannot be laid down for all married couples, seeing that so many different factors must be taken into consideration for each couple individually. Besides, even if the wife did wish to resign, the present economic conditions compel her in most cases to do her share in earning a competence for the family. The protection of women's work has, at least in our country, resulted in closing most remunerative trades to women, thus obliging them to fall back on the "sweated" means of livelihood. This new Bill, if passed, will oblige another large group of women to look out for other branches of work, which will probably take up more of their time, give them less salary, and fewer holidays. In this way the compulsory dismissal of women teachers and women officials, instead of being a gain, will become a serious loss for the home. An arbitrary measure of this kind could only be warranted if it could be proved that the work of married women suffered as compared with that of the single woman. This, as the Minister knows well enough, would be impossible to prove. The motive he affects, to say the least of it, is illogical.

In his introductory explanation of this wonderful Bill he says that according to his religious views the woman's place is in the home; to allow her to exercise a profession which takes her away from that home is tempting her to make use of means to avoid pregnancy, for the birth of children adds to the financial cares of the parents.

Now who can understand such reasoning? Dutch women do not. It seems to us that the financial cares resulting upon the birth of children can be more easily met if there is a sufficient income through the joint salaries of father and mother than when expenses have to be paid out of the earnings of the father alone. Therefore, instead of discouraging the use of Neo-Malthusian means, and the raising of large families, it will have exactly the opposite effect. It is to be feared that many couples will put off marriage altogether, and simply live together, avoiding pregnancy for fear of detection.

All things considered, the Bill is a disgrace to our country, and it has rightly aroused the wrath of the liberal-minded women, who are convinced that the women's work, even of the wife and mother, is needed by society. In most towns meetings to discuss this Bill have already been held; a monster protest meeting will soon be held in Amsterdam. To be sure, a great number of nurses should be present, all of them being concerned in this matter that forms part of the Women's Cause, but specially those nurses who are in the service of the Government, for though as yet none of them has desired to keep her situation after marriage, the case may alter, and then they would be very much disappointed if they got their dismissal on their wedding-day, sent by way of a wedding-present. This most arbitrary Bill is a strong incentive for all women to take an active part in our struggle for suffrage. If by now we had been enfranchised the Home Secretary would not have had the effrontery to propose such a measure.

I am reading with great interest all your news about the Nursing Masque. I should love to come over, but I don't know as yet if it can be managed. I am sure it takes up much of your time.

Believe me,

Yours sincerely,

J. C. VAN LANSCHOT HUBRECHT.

The feeling in South Africa in regard to the recent series of outrages on white women by black men is intense—and no wonder. No doubt the reprieve of the Untali criminal by Lord Gladstone has been discussed throughout the kraals in South Africa; no doubt, also, white women, who have been silent in regard to outrages, are now putting personal feeling on one side and speaking out. Is it conceivable that if any white woman had to choose between murder and violation by a black man, with the possibility, as a consequence, of bearing a half-breed, illegitimate child, she would not welcome the former fate? What would life be worth after such a defiling horror?

The Women's Unionist Association here has forwarded resolutions to Lord Gladstone asking for the death sentence in cases of outrage.

Outside the Gates.

WOMEN



A mind which desires the warm support of all who are interested in helping educated women to adopt a profession or earning is the Educated Women Workers' Loan Training Fund, in connection with which the Dowager Countess Dowart held a Reception on Wednesday. The Fund has been founded to assist educated women who are obliged to earn their own living and who have not the means to enable them to train for any of the professions or occupations open to women. The distinctive features of the Fund are: (1) That money (if necessary) will be loaned for *board and residence* during the training period, *as well as* for the training fees, it being deemed wiser to help a few *thoroughly* rather than numbers partially. (2) That money be advanced with as little delay as possible.

It is desired to raise at least £5,000, and with such a sum in hand the Committee estimate that they could meet the demands of applicants for some considerable time, as the amounts advanced would steadily and regularly be returning after a certain interval.

The Fund is not a charity, but a step in social reform, and affords those who need it the means of helping themselves, especially the daughters of professional men whose activities in the service of their fellow men leave no opportunities for the accumulation of private fortunes.

The Hon. Secretary reports that from November, 1908, to the end of May, 1910, the Committee has advanced loans to fifteen trainees, eleven of whom have finished their training, two have entirely repaid their fees, seven are paying back in regular instalments, some keeping strictly to the 15 per cent. due from their earnings, and others are paying larger amounts. Of the fifteen trainees five have taken up midwifery, one has been trained as a teacher of dancing, one as a teacher of physical culture, six as secretaries and foreign correspondents; one, a lecturer in English subjects, is being helped during her last year of training for the Cambridge Teaching Diploma; one is being trained as a cook.

A more useful fund could hardly be imagined. At the same time it emphasises the inequalities of men and women in their equipment for the battle of life. Parents feel in honour bound to provide their sons with a profession or occupation by which they can support themselves, but many daughters have no such provision made for them, but are only too thankful to avail themselves of the opportunities afforded by the above Fund, and to repay the amount lent to them for training out of their slender incomes when they begin to earn them. The other alternatives to which they have to look forward are possible marriage or destitution.

Our women have to face the fact that, in a new reign, Parliament has been opened by the Sovereign without the Speech from the Throne containing any reference to the question of women's enfranchisement. A Coronation Year in which they cannot exercise the rights of citizenship thaws sadly for the women of the United Kingdom.

COMING EVENTS.

February 9th.—London Homœopathic Hospital, Annual General Meeting of the Ladies' Guild in the Board Room of the Hospital, 3 p.m.

February 9th.—Lectures on Milk, with practical demonstrations, South Western Polytechnic Institute, Manresa Road, Chelsea, S.W., by Dr. A. Haddon, F.R.S., 7.30 p.m. Fee for course of six lectures, 2s. 6d.

February 9th.—Address at the Nurses' Lodge, 9, Gosseum Terrace, N.W., by Miss Cox-Davies, Matron, Royal Free Hospital, on State Registration of Nurses, and the aims and objects of the Nursing Masque. Trained Nurses will be welcome, 3.15 p.m.

February 10th.—Princess Christian of Schleswig-Holstein opens the new Nurses' Home, 283, Harrow Road, 12.30 mid-day.

February 11th.—Graham Lectures. Dr. F. M. Sandwith begins a course of four lectures on "The Plague." City of London School, Victoria Embankment, E.C.

February 11th.—Lectures on "Babies" at the Infants Hospital, Vincent Square, S.W., by Dr. Ralph Vinecut. "The production of pure milk. An account of the methods employed at the Hospital Farm," 5 p.m.

February 11th.—Central Midwives' Board Examination in London and the Provinces.

February 15th.—Ball in aid of Sick Pay Fund, Colonial Nursing Association, Hyde Park Hotel, Knightsbridge.

REGISTRATION REUNION.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Matrons' and Nurses' tickets, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

Matrons' and Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.; and from Matrons who offer to have them on sale or return.

WORD FOR THE WEEK

Everything in Nature seems to have this sign on it, "Move On." Nothing stands still. Every atom in the universe is on the move. You must either move on or get run over.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I beg to acknowledge with great pleasure the receipt of your cheque for five shillings, with copy of the BRITISH JOURNAL OF NURSING, received the 3rd inst., which informed me of my success in the prize competition of January the 28th, in answer to the question: "Describe a Baby's Cries and What They Indicate." Winning the Nursing Pageant the greatest possible success,

I remain,

Yours faithfully,

ELIZABETH BARTON.

Plaistow Hospital, E.

PROFESSIONAL WOMEN'S CLUBS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I ask you to find space in your valuable Journal for the following reply to your correspondent of January 14th, whose remarks on the alleged exclusion of nurses from professional women's clubs are hardly justified by the facts, as far as the newest of such clubs is concerned. Nursing, it is true, is not among the professions enumerated in a preliminary circular (which is not a prospectus), but it was never intended within the limits of a leaflet to enumerate specifically every profession, the members of which might prove to be suitable for a club which aims at securing the best that women are doing in every honourable calling. As a matter of fact, many callings are already represented which are not set out as "eligible" in print. There is not, and never has been, any "proposal" to exclude nurses as such. "Photographers, educationalists, and workers in the public service are required to furnish evidence of the degree of distinction they have achieved in their professions, as well as social references, and so is every qualified applicant. Is it, then, a want of "logic" to require the same information from a profession in which it is admitted that at present "there is no standard for the public to judge by?" The members' application form for the Society for the State Registration of Nurses makes no mention of "public service," and therein applicants are also asked for information as to where they were trained, and what posts have been held, etc. The grievance is, therefore, quite imaginary.

I am, dear Madam,

Yours faithfully,

A MEMBER OF THE CLUB COMMITTEE.

[We are fully aware of the difficulty of placing members of the nursing profession, as they are denied legal status.—En.]

INTELLIGENT CO-OPERATION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I, through your correspondence columns, say how much I appreciate the "Clinical Notes on Some Common Ailments" which appear from time to time in your columns. They give one just the kind of information that one desires to have, but which is often so difficult to procure.

Further, Dr. Gordon always writes of nurses as if he valued their work, and appreciated their intelligent co-operation. It is so refreshing after the doctrine continually dinned into us, "A nurse's duty is obedience." So it is—obedience to orders when given, a loyal observance of what she believes would be the wish of the medical man in his absence. But this doctrine of obedience may be carried too far. If the doctor could foresee and give directions as to all emergencies which may occur during his absence it might work all right as an absolute rule. But, unfortunately, especially in private houses, unexpected emergencies occur with startling suddenness when the doctor is miles away. What of the nurse then who has no resources, when she has no explicit directions from the doctor in attendance to obey. She stands helplessly by like any untrained person. Surely the nurse whom the medical attendant can leave in charge of his patient with confidence is the one who is well-trained and experienced, loyal to his explicit directions, and known wishes, but resourceful in his absence, and competent to act promptly with judgment and skill, should necessity arise. The greater the understanding and confidence between doctor and nurse the better for the patient. Nothing is further from the desire of the well trained nurse than to usurp his province. She is only too anxious to get him on the spot with all promptitude should occasion arise. Meanwhile, she acts as his lieutenant—sometimes in circumstances of appalling urgency. Is obedience then the sole duty of a nurse? Surely they comprehend her duties ill who think so.

Yours faithfully,

PRIVATE NURSE.

Notices.

OUR PRIZE COMPETITIONS FOR FEBRUARY.

A Prize of 5s. will be awarded each week during February to the writer of the best paper on the following subjects:—

In each of these competitions the answer should be from 300 to 500 words in length.

February 11th.—"How would you nurse a case of enteric fever, what emergencies might occur, and how would you meet them?"

February 18th.—"How would you ventilate (a) a hospital ward, (b) the patient's room in a private house?"

February 25th.—"How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation?"

Rules for competing for our Prize Competition will be found on page xii.

The Midwife.

The Choice of Fit Persons.

One of the most important duties enjoined on the authorities of the Church is that they "faithfully and wisely make choice of fit persons to serve in the sacred ministry," and in a lesser degree the obligation on those who select and admit women for training as nurses and midwives is the same.

There are probably no workers more potent for good, or for evil, than the trained nurse, and the midwife, and the portals to the calling of midwifery cannot be too closely guarded. The midwife to fulfil her calling aright must be a woman of education, high principle, and wide sympathies. She has but a poor conception of her duties if she conceives them to be limited to attending to the mother and babe during the confinement, and for 10 days afterwards, all important as these duties are. A most valuable part of her work is that of health-missioner; her position gives her a unique opportunity of instilling a knowledge of the laws of health into the minds of her patients, of persuading them to observe them, and of inspiring them with a high ideal of the dignity and duties of motherhood. But to do this she must herself be possessed of such ideals, and it is the part of the training school to select for instruction those who show a sense of the responsibilities which will devolve upon them, and the desire to discharge them adequately.

Recently there was brought to our notice the case of a young woman who had received some general training in a small hospital, and subsequently trained in monthly nursing, who was afterwards employed as a district nurse. Her services were dispensed with because it was found that women had learned from her how to bring on abortion. She subsequently applied to an institution for training as a midwife, and we learn on good authority that when this was known the Matron of the training school to which she applied was informed of the reasons which had caused her dismissal from her former post. She was nevertheless accepted as a pupil. Surely the portals to the calling of midwifery should be more carefully guarded, and the duty of making "choice of fit persons" for training be taken seriously to heart.

It must also be borne in mind that a midwife is a worker who is extremely badly paid, while large sums may be offered to her for illegal practice. It is important, therefore, that she should be a woman of high principle.

High Temperature after Labour and Its Treatment with Aspirin.

Major G. H. Fink, M.R.C.S.Eng., I.M.S. (Ret.), contributes to the *British Medical Journal* the notes of the following case, from which we quote in part. The author says it may be of interest to some owing to certain points which were noted in the treatment, and which might possibly have gone from bad to worse had not the vaginal douching, aspirin, and attention to the *primæ viæ* been employed in the early stages after a severe rigor with high temperature, quick pulse, and rapid respiration. It was one of those cases in which the toxins of a particular micro-organism were beginning to be manifest in the blood, which could only be judged from the physical signs and symptoms by the bedside of the patient, and which, if not dealt with early, would eventuate in puerperal fever.

He continues: I was called in to attend the patient, a woman of about 28 to 30 years of age and a multipara, who had given birth to a healthy child in normal labour, on the fifth evening.

On arrival, there was the patient, a well-nourished woman with a somewhat flushed and anxious countenance, and complaining of severe frontal headache. Her temperature was 104.4 degs. Fahr.; pulse 130 per minute, quick, and somewhat full and compressible; respirations 28 to 30 a minute. The tongue was covered with a white fur, bowels confined, skin dry, appetite fair, and she was able to sleep only in snatches. The abdominal bandage was loose, the uterus flaccid, and there were no pains present. On palpation over the hypogastrium there was tenderness on the left side, increased greatly on pressure. The urine came away freely, but scalded while flowing.

The lochia were red in colour, fair in amount, no clots or shreds on diaper. The breasts were full, and on pressure around areolæ milk flowed freely. The baby emptied the mammary gland regularly on nursing.

No further pain or trouble of any kind was manifest elsewhere at the first visit; but on the following day there was pain under the right shoulder, with vomiting of bilious fluid.

TREATMENT.

1. Absolute rest in bed.
2. Regular ventilation of the room, as it was small and ill-ventilated.
3. There had been a daily warm douche of potassium permanganate lotion previous to my visit, which I now continued in the morning as hot at the patient could bear, and corrosive sublimate (1 in 5,000) in the evening, until it flowed quite clear. There are two points of interest in these respective douches, which I shall call (a) and (b). Before and after the douche the temperature was recorded, also in the intervals of the douche, in order to note the effect of douching as well as the antiseptic powers of each: (a) was not so useful as

(b), and, while the reduction in (a) was one degree, that in (b) was two, and more prolonged in its action. Moreover, in (b) the shreds and some small clots came away in greater quantity, which I feel is due to the fact that corrosive sublimate lotion attacks the mucous membrane and brings away the areas which are affected by membranous attachments, and which are the foci of germ implantation.

4. Uterine contraction was necessary, hence the following mixture was prescribed with benefit:—

R. Tinct. ergotae am.	5ijss
Sp. ammoniac aromatic	5ijss
Aquam. adde	ʒviij

M. Sig. Two tablespoonfuls three times a day.

5. The bowels were acted upon when necessary with oleum ricini, and an occasional enema.

6. Sleep was procured with full doses of potassii bromidi at bedtime.

7. The temperature, though lowered to some degree by the above treatment, did not lower satisfactorily, nor as steadily from day to day until aspirin was given. The mode of administration was in the tabloid form—at first two tabloids of gr. v each i.d.s., then one tabloid, when the temperature lowered, and the skin became moist, while the patient slept; and last of all, only one tabloid at bedtime. With the lowering of the temperature sleep was more refreshing, hence the potassium bromide was discontinued, as aspirin seemed to act like a hypnotic. I think, on the whole, this drug is better borne than sodium salicylate in similar doses in a similar class of cases. With the lowering of the temperature and the obtaining of sleep, the appetite began to improve daily, when the diet from beef tea, milk, milk and soda, and barley water in regular quantities, was raised to a better standard from day to day until convalescence set in on the twelfth day after labour, when solids were allowed, and the diet the patient was accustomed to give. Half a glass of stout was allowed with her mid-day and evening meal, with much benefit to the mother and child.

I feel that in such a class of cases the surroundings of the patient, the bowels and liver, the uterus, and the circulatory apparatus have to be carefully watched and treated promptly.

The lowering of the temperature and pulse and the cleaning of the tongue cannot be attributed simply to regular douching alone, but to the regulating of the bowels, skin, and pulse.

The effect of the douching with (a) and (b) lotions undoubtedly attacked the foci of the affection in the uterus; but the unloading of the bowel and liver and the action of the aspirin through the blood upon the excretory apparatus had certainly a marked specific effect as well, and rendered the prompt action so necessary through the blood.

It has been suggested that in a certain number of puerperal cases alcohol is responsible for various manifestations, notably the rise in the temperature and delirium; but if one considers that in the pelvis of the woman after labour there are three important organs (the bladder, uterus and vagina, and the rectum) in close contact with each other, it is very obvious that the functions of each of these organs require strict atten-

tion before and after labour, for the simple reason that during labour there is very great pressure transmitted through the infant's head, which is about to pass the pelvic cavity during birth upon those organs which are placed between two bony surfaces. There is every chance, therefore, of solution of continuity of mucous membranes and other tissues, and the action of pathogenic germs.

Whether the *Bacillus coli* is not also associated with such cases, as in puerperal fever, which is sometimes caused by it, seems interesting at any rate to note. In the case in point the patient's condition was certainly one for anxiety, and there were undoubtedly certain toxins of the organisms named which were being poured out and creating symptoms which were on the road towards a puerperal attack from the symptoms manifest. A point of further interest was revealed later in this case and connected with former labours—namely, that the patient was never a satisfactory one, because there were signs of alcoholism. Now, in this particular class of cases it is very necessary to discriminate true alcoholism from the semblance of the effects of this article, for the toxins, in this particular stage of a case, might create a form of delirium or stupor, and alcohol, the usual cause assigned, is but an exciting or secondary cause. I am certain, however, from my careful observations of this case, alcohol was in no way responsible for the patient's peculiar manner.

The Bishop of London will preside at a meeting on behalf of the London Mothers' Convalescent Home, Sunningdale, at Vernon House, Park Place, St. James's, on Thursday, February 9th, at 3 o'clock.

Lady Meyer, Vice-Chairman of the St. Pancras School for Mothers, has kindly consented to lecture on Thursday at the Ladies' Empire Club, 69, Grosvenor Street, on "The Need of Schools for Mothers." A discussion will follow.

The necessity for providing for the payment of medical practitioners, called in to urgent cases of midwifery, is a question of which we hear much, and to which the attention of the Privy Council, and of Parliament, has also been directed. Yet until Mrs. Eddie, of the National Association of Midwives, drew attention to the matter in the *Co-operative News*, it does not seem to have occurred to anyone that the Midwives' Act Amendment Bill should provide for the payment of midwives as well as medical practitioners summoned in case of emergency. Yet if a midwife refuses to respond to a summons to a case until her fee is paid she is supposed to be heartless and culpable.

That midwives do attend many cases for which they never receive, or expect to receive a fee we are well aware, but that is no reason why a law should be enacted providing for the payment of the fees of medical practitioners, and leaving midwives who attend emergency cases without any guarantee that they will be recompensed for their work.

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Editorial.

THE JOY OF LIFE.

One of the charms of a nurse's profession is that she sees life as it really is, and learns to know humanity stripped of its artificiality—its sincerity and its weakness—its beauty and its sordidness—its heroism and its viciousness—its unselfishness and its incredible meanness. Of all its harmonies and discords the one which probably makes the deepest and most abiding impression on nurses whose work takes them both to the gates of life and the gates of death, is the note of deep underlying sadness, ever to be heard by those who penetrate beneath the presentment of things as they seem, to the reality of things as they are. Pain precedes the advent of the child into the world, pain, with few exceptions, is the precursor of the reaper who points insistently down the difficult way to "death the gate of life," and though the space between is chequered with sunshine and shadow, light and darkness, the nurse knows—none better—given she has a sympathetic nature, that she will not be long with a patient before she hears of his troubles, and that often before the healing of the body is accomplished the mind diseased must be wisely and sympathetically dealt with.

Therefore a quality which nurses should endeavour to cultivate is joyousness. There is trouble enough in the world; no one, more especially a sick person, wishes to see long faces. How should a nurse, herself depressed and miserable, bring consolation to those who need it? Do we not all know the depressing influence of a person who always takes a gloomy view of things, and how hard it is to prevent oneself from becoming infected with the same views? We know little about the mind, but

perhaps when scientists have learnt more, we shall discover that it too has its benevolent and malevolent microbes, warring for the mastery. If so, surely some of the most evil must be those which poison joy at its spring, insidiously instilling ideas of impending evil when no trouble threatens, that the worst is sure to happen, when in reality the outlook is fair enough, were it not stained with sombre hues by the imagination of the sufferer whose mind needs invigoration.

Therefore, let nurses make a point of cultivating the microbes of joy, studying and presenting the joyful side of life—not its artificialities and garishness, but the pleasures to be found in simple things, in form and colour, in music and painting, in architecture and in nature, and last, but not least, in the world of books. Let them cultivate these pleasures with a view to diverting the attention of their patients from their troubles, to the delights which are theirs if only they will enter into and possess their kingdom. And if nurses think their means are small, and that they cannot afford to spend much on personal pleasures, this very fact may be helpful to them. For the majority of people ways and means must always be a consideration, and the amount spent on personal pleasure limited. But the beauties and the wonders of Nature are free to all. In large towns and cities the beautiful music in the churches and parks, and the fine pictures in public galleries are accessible for a nominal amount, and the lover of books can revel in the best, at will, in the free libraries. What reason then for sadness when

"God's in his Heaven
All's right with the world"?

But let us see to it that our own contribution to the world we live in is joy, not sadness.

Medical Matters.

SOME POINTS CONNECTED WITH THE SERUM TREATMENT OF DIPHTHERIA.

Dr. E. W. Goodall, Medical Superintendent of the Eastern Fever Hospital, Homerton, in an interesting paper on the above subject, read before the Westminster Division of the Metropolitan Counties Branch of the British Medical Association, and published in the *British Medical Journal*, said:—

"I wish, in the first place, to make it quite clear that I am myself most firmly convinced of the value of antitoxin in the treatment of diphtheria. I have had an extensive experience of the disease, reaching back to eight years before the discovery of the serum method, and I regard the antitoxic serum as a specific. But at the same time I am of opinion that there are certain limits to its use, and what they are I shall presently indicate. Another point I am also quite decided upon, and that is the importance of early treatment. As I am so certain upon these two points it may be said to me that the only limit to the use of antitoxin is the limit of dosage—that if a person is suffering from diphtheria, or is suspected to be suffering from diphtheria, he should have antitoxin. That is a view I myself held some years ago, but a more extensive experience has led me to modify it. I think that the most convenient course I can take in this paper is, first, to give the reasons for the modification which I have deemed it desirable to make in my opinion, and therefore in my practice, and secondly, to point out in what these modifications of practice consists."

Dr. Goodall then mentioned that on the introduction of the serum treatment of diphtheria it was found that sickness and other symptoms occurred in a certain number of cases, and as these symptoms occurred in the treatment of other diseases by the same method it was evident that it was due not to the antitoxic or anti-microbial principle in the serum, but to the serum itself. Besides the sickness there might be fever and a rash, usually urticaria, or a variety of erythema multiforme; and in 3 or 4 per cent. of the cases acute pains in joints, tendons, and fasciæ with fever. It was recognised that this added illness might act prejudicially on a patient just recovering from a severe attack of diphtheria, but it was felt that the risk of harm from the "serum sickness" was less than that which was incurred if the patient was left to the mercy of an attack of diphtheria.

This form of serum sickness is termed "normal reaction," besides which there are

"abnormal reactions"—(1) the serum sickness may be unusually severe; (2) the incubation period may be shorter than usual, 12 hours to six days, instead of seven days, and in the third group the reaction occurs within a few minutes, or five or six hours of the injection of serum.

From his experience Dr. Goodall is of opinion that the indiscriminate use of antitoxin as a prophylactic is not only unnecessary but unjustifiable. As to whether it is advisable to give it to persons only suspected to be suffering from diphtheria it is partly a matter of probabilities and partly one of the age of the patient. "Not only might it happen that the person treated was especially and peculiarly susceptible to the action of serum, even if he was not known to be asthmatic, but supposing that he was not naturally susceptible, it would not be unlikely that by the injection you would render him artificially so, in which case, if subsequently it were found to be necessary to use antitoxin remedially, he would run the risk of undergoing a very unpleasant illness."

In individuals over ten a delay of a day or two will clear the case up and not prejudice the patient's chance of recovery. In patients under 10 there is only one class of cases in which the diagnosis is doubtful and the disease dangerous—namely, the laryngeal cases. Diphtheria not infrequently commences in the larynx, and, in the absence of exudation upon the fauces, it is very difficult to say whether the case is one of diphtheria or not. If you can exclude such well-known causes of laryngeal obstruction in children as measles, retropharyngeal abscess, and the like, and are hesitating between a laryngitis due to diphtheria and one due to a less malignant organism, you must fear the worst disease, and bring against it the best remedy—namely, antitoxic serum.

Dr. Goodall says that in cases of undoubted diphtheria there is seldom necessity for hesitation as to the use of antitoxin. I should stay my hand only in the case of an asthmatic individual. If you are called upon to treat an asthmatic who has been unfortunate enough to contract diphtheria, you will have to choose between two evils. If the attack of diphtheria is severe, and especially if the larynx is involved, you will be compelled to risk his supersensitiveness. For, happily, it is not every asthmatic who is supersensitive. Dr. Gillette himself used to be one of those persons in whom an attack of asthma was set up by the presence of a horse. But he received two injections of horse serum which were followed only by very slight reactions, and apparently cured him of his peculiar susceptibility.

Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

EARACHE.

In the following paper I shall deal with some common affections of the apparatus of hearing, and with the consequences that follow from neglecting the warnings which pain in this region affords; for some reason, which I have never been able to understand, earaches are usually treated by the housewife herself on the lines of the domestic medicine supplement of the cookery book or the "Health in the Home" columns of the Sunday paper, while the occurrence of anything wrong with the eye more often than not is taken as an indication for consulting a doctor; a deaf person, moreover, is apt either to regard his infirmity as incurable or to consult a quack.

Let us first consider what the ear is made of, and how it works. What is required is an apparatus for collecting the waves of sound that are in the air around us, and passing them on to the brain where they are interpreted and made evident to our consciousness.

The ear consists, then, of three parts, the external ear where the sound is collected, the middle ear where it is modified and altered to suit the requirements of the body, and the internal ear where it is introduced to the endings of the nerve which transmits it to the brain.

The external ear consists of the "ear" which we see outside, and which is practically useless in man, though in some of our long-eared ancestors—donkeys for instance—it serves to collect sound which is coming from the particular direction to which the animal's attention is being directed at the time, and to exclude confusing waves from other points. The next part is a tube which is called the external auditory meatus, and which leads to the middle ear.

This is shaped like a drum, and it resembles that instrument in being a hollow rigid box closed at each end by a membrane; the outer—the drum head proper—receives the sound waves from the meatus, and is thrown into vibrations when the sound strikes against it in just the same way as the soldier's drum head vibrates when it is struck with the drumstick. But these vibrations are too coarse for the delicate nerves of hearing, so they are made smaller by a chain of little bony levers—the auditory ossicles—which stretch across inside the drum from the outer membrane to the inner one which is in the partition between the middle and inner ears. In the middle ear are two

openings, one of which is the outlet of a tube—the Eustachian tube—which reaches from the back of the nose to the middle ear and serves to admit air into the drum so that the pressure (of air) may be the same on each side of the outer drum head: were this not so, the drum head would be driven in by each wave of sound and would be unable to recover itself in time to receive the next wave. There is also an opening in the roof of the drum, which leads backwards into some cells in the large mass of bone behind the ear which is called the mastoid process, the largest of these cells being known as the mastoid antrum.

The internal ear is a very complicated structure, but for our purposes it will be sufficient if we recognise it as a series of fine canals filled with fluid in which the ends of the nerve of hearing float: this fluid is in connection with the inner drum head, so that each wave of sound throws it into vibrations, which the nerve picks up and passes on to the brain. The internal ear is really composed of two parts, one of which—the cochlea—is concerned with hearing proper, and the other—the semi-circular canal system—uses the waves of sound to tell the brain the position of the head in space and so assist in the balancing of the body.

We now have to see how the ear may be attacked by disease, and we will clear the ground somewhat by dismissing the affections of the outer and inner ears. The outer ear may be the site of rather painful boils, which obstruct the passage, and in children foreign bodies often find their way there and cause some trouble to the surgeon. Fortunately, affections of the inner ear are uncommon, but when they do occur, they generally result in total deafness or intense giddiness or both.

It is, however, with affections of the middle ear that we are chiefly concerned, for they are of somewhat common occurrence: we will take first inflammation of the middle ear or otitis media as it is called. Now it is obvious that the middle ear can be attacked through either of its openings, from within, via the eustachian tube, or from without through the external meatus, but in any case the real cause of the inflammation is an invasion by micro-organisms of one kind or another along either of these routes, though it often happens that, in addition to the presence of germs, the resistance of the part may be lowered by exposure to cold, which is then often thought to be the sole cause of the trouble. We may thus have otitis arising from an inflammation of the throat as in scarlet fever, the germs finding their way from the back of the nose up the

eustachian tube, or the "cold" may come from sea-bathing or from sitting in a draught which is blowing right into the ear, thus rendering the parts liable to infection from germs which would otherwise not be allowed to grow there.

The first symptom of inflammation of the middle ear is pain, which varies very much in intensity, being, as a rule, quite slight in the scarlatinal, and intense in the catarrhal cases. On inspecting the drum head with a speculum it is seen to be very red and swollen and often bulging from pressure of fluid within the drum itself. After a time, this fluid, which is ordinary pus or "matter," bursts through the membrane and discharges itself into the external meatus so that we get a "running ear" and a hole or perforation in the membrane. In many cases the trouble now begins to abate; the discharge gets less and becomes watery in appearance and ultimately dries up; the perforation heals and the patient recovers.

Sometimes, however, the inflammation of the middle ear persists, and the discharge becomes chronic; for a time the lining membrane of the drum cavity only is affected, but this ultimately disappears and the inflammatory process attacks the bone. It is obvious then that the patient is really in some danger, for on the other side of the ear is the brain, and the partition between them—the roof of the drum—is very thin, and ultimately gives way so that the pus inside reaches the brain or its coverings and we get an abscess somewhere within the skull. Or the matter may break out through the floor of the drum and penetrate a very large vein—the lateral sinus—which is situated there, and we then get blood poisoning in some form or other. When either of these complications has occurred, the discharge from the ear often stops simply because it has gone inwards instead of outwards, and the patient may think himself much better.

I remember well, how, on one occasion, I saw a man who had walked into the consulting room of a friend of mine demanding a bottle of medicine for "the shivers." On being interrogated about his ears he said that he had had a running ear for two years, but as this had stopped a fortnight previously it obviously could not be the cause of his trouble! The "shivers" were rigors due to infection of his jugular vein, and the treatment consisted in sending him straight into hospital (much to his disgust) where his jugular vein was tied forthwith, and a quantity of septic clot evacuated from its interior.

As a matter of fact, people do not trouble much about running ears, and parents often

prefer that they should behave like Charley's Aunt in this respect as they think that if the discharge is stopped something terrible will happen "inwardly." One of the first signs of an otitis "going wrong" is pain and tenderness behind the ear, which is caused by the pus having made its way through the aforementioned hole into the mastoid antrum and cells. Once there it is very easy for it to make a hole through into the interior of the skull.

We come now to another result of inflammation of the middle ear, namely, deafness. Curiously enough, the presence of a perforation in the drum head with a running ear does not, as a rule, cause much deafness, but merely a little dulness of hearing; real deafness, when it is not due to disease of the nerve of hearing, is more often caused by obstruction of the end of the eustachian tube, which opens into the throat. Of this, again, the most common cause is inflammation from the presence of adenoid vegetations (which are masses of growth growing from the roof of the nasopharynx in childhood), but repeated colds in the head may also give rise to inflammation, which seals up the ends of the tubes; the drum membrane is then restricted in its movements and deafness results. If these forms of eustachian obstruction are treated by the surgeon sufficiently early (as for instance, when adenoids are removed in childhood) the hearing can usually be saved, but there are few cases which trouble the aurist so much as those of chronic eustachian obstruction where the tubes have been sealed up by repeated (and neglected) colds in the head; relief can be obtained if the case is not too far advanced by passing catheters up the tube through the nose, but they are difficult to cure completely.

The treatment of an acute otitis is really a purely surgical matter, and consists in making a small puncture through the lowest part of the drum head to evacuate the pus and subsequently keeping the ear as aseptic as possible by irrigations with weak antiseptic lotions; it is difficult to condemn too strongly the cookery book practice of dropping hot (and very septic) oil and so on into the delicate ears of a child, a performance which usually results in persistence of the subsequent discharge and not infrequently in meningitis or cerebral abscess.

Really the ear is a very delicate organ, and the rough methods of domestic medication are totally unsuitable for its ailments.

It is also necessary that any "syringing" of an ear should be done by a nurse or some other competent person, for it is essential not only that the fluid should run in but that it should also run out, and unskilled persons are apt to

perform this operation by simply putting the nozzle of a large syringe right into the ear so that the meatus is completely obstructed and then letting drive as hard as possible with the contained fluid, with the not infrequent result that the pus is driven upwards into the mastoid antrum and not outwards at all. "Syringing" should be done very gently and it is better to use an irrigating douche and not a syringe at all.

It is essential that all patients who are suffering from any form of aural disease should be seen frequently by the surgeon, if only because he is the only person that can inspect the interior of the ear and see what is already happening there.

Food and Feeding.

NOTES OF A LECTURE TO NURSES IN THE ROYAL INFIRMARY, EDINBURGH.

By Dr. CHALMERS WATSON, F.R.C.P.E.

In lecturing to nurses in the Royal Infirmary, Edinburgh, on Food and Feeding, in the Extra-Mural Medical Theatre, on February 8th, Dr. Chalmers Watson made reference to the products of normal fermentation of the food in the digestive tract, and to the influence of the liver and other glands in neutralising the harmful by-products of normal digestion; also to the rôle of bacteria in normal digestion.

The lecturer stated that many diseases are caused by abnormal fermentation or putrefaction of the foodstuffs in the digestive tract, under the influence of the intestinal bacteria (*auto-intoxication*). The diseases generally regarded as mainly of this origin include gout, chronic rheumatism, arterial sclerosis, some forms of kidney and heart disease, anæmia, various digestive disorders, and premature old age. Auto-intoxication is further a complicating factor of great importance in a number of diseases of other origin, *e.g.*, chronic bronchitis, heart disease, etc. In recent years increasing attention is being directed to this through the work of Metchnikoff on the soured milk (lactic bacilli) treatment of disease.

Dr. Chalmers Watson further referred to the products of abnormal fermentation (gases and acids) of farinaceous foods, and of abnormal putrefaction of protein foods (fætid stools) from excessive bacterial activity; also to recent researches on the influence of diet in changing the character and activity of the intestinal bacteria, and, in consequence, the primary importance of diet in the above conditions.

He gave the following *menu* as the standard diet for an adult man at work:—

Breakfast.—Two slices of thick bread and butter, two eggs.

Dinner.—One plateful of potato soup, large helping of meat with fat (about 6 ounces of cooked meat), four moderate-sized potatoes (4 lb.), one thick slice of bread and butter.

Tea.—Glass of milk and two thick slices of bread and butter.

Supper.—Two thick slices of bread and butter and 2 ounces of cheese.

He directed attention to the frequency of the meals and the relative proportion of farinaceous and protein foods. Under normal conditions, digestion, he said, occurs without pain, discomfort, or even sensation, and the state of the urine and motions is satisfactory. In diseases caused by auto-intoxication there may or may not be any subjective symptoms of digestive derangement, but there is always an alteration in the state of the urine and stools. The diet, therefore, must be arranged so as to modify the altered bacterial activity in the bowel, and the improvement will be shown by the *disappearance of the factor of the stools, and return to their natural form*, and by a return to normal of the urine.

The lecturer made reference to the two most common defects in the dietary causing auto-intoxication—excessive proteins, *e.g.*, red meats thrice daily over a long period, or excess of bread, farinaceous food, and sweets, *e.g.*, bread and tea 1 or 5 times daily. Contributory factors are lack of exercise, constipation, septic state of teeth, alcohol, and tobacco.

He also explained the undoubted value in certain cases of special diet cures, *e.g.*, Salisbury diet, a vegetarian or lacto vegetarian diet, skimmed milk cure, etc., and gave illustrative examples of the dieting of patients in various cases. The following is the diet suggested in chronic indigestion from excess of carbohydrates.

7 a.m.—Tumblerful of hot water.

8 a.m.:—*Breakfast*.—Tea, 1 cup without sugar, and milk, not cream. Good helping of fried bacon or fish, or eggs (plain, poached, or scrambled); or cold ham, or cold tongue, or grilled kidney. 1 slice of thin crisp toast, with very little butter.

11 a.m.—1 tumblerful of soured milk, with plain sweet biscuit.

1 p.m.:—*Lunch*.—(a) Fish, or chicken, or game, or chop, steak, or roast beef, or roast mutton. (b) Biscuits, or dry roll with cheese, and with butter; cup of coffee.

4.30 p.m.—Cup of soured milk, and half-slice sponge cake or biscuit.

7 p.m.:—*Dinner*.—Clear soup, unthickened. Meat as at lunch, without vegetables; dry toast, and a simple gravy. Pudding in form of custard, curds, jelly, cream, or stewed fruit, without added sugar; no coffee.

10 p.m.—Drink of hot water.

The Registration Reunion and Pageant.

The many friends of the Registration movement who have taken so much interest in the forthcoming Reunion and Pageant will hear with pleasure that the 700 tickets have been disposed of, so that we are sure of an enthusiastic audience, and that our kind champion, Lord Amptill, and Lady Amptill are to be with us and are both looking forward to the Pageant.

For the information of those who wish to know the exact position of the Connaught Rooms, Great Queen Street, they are close to the Holborn Restaurant, in Kingsway, and are easily reached from Holborn or Kingsway.

As we have been also asked by one or two of those taking part in the Pageant whether they are expected to come ready dressed for their part we beg to say that everyone should be dressed in costume on arrival, but that caps, aprons, crowns, and veils can be put on in the Green Room, and as some of the nurses appearing in uniform have inquired whether they should wear gloves, the answer is—no gloves will be worn in any of the Processions. Performers are asked to be in the Sussex Room, Connaught Rooms, by 7.15 p.m., as it is desirable to line up the various Processions in good time, and also for the sake of photographers, who are eager to take pictures for the press. We hope everyone who possibly can will therefore come early and thus facilitate the arrangements.

An interesting procession will be that of the Registration Press, led by the banner inscribed "Mightier than the Sword," carried by Miss Brey, Sub-Editor of the *BRITISH JOURNAL OF NURSING*. This Journal, founded as *The Nursing Record* in 1887, for many years stood alone as the only one edited by a trained nurse, and as the one advocate of the principle of State Registration for Trained Nurses from the nurses' point of view. In 1900 it had the great happiness of welcoming a sister journal in the *American Journal of Nursing*, which has played a splendid part in furthering the Registration movement, the nurses in no less than 26 of the United States of America having gained their legal status since 1902.

Unterm Lazaruskreuz, which takes its name from the great Nursing Order of St. Lazarus, was also instrumental in gaining the State Examination and Registration of Nurses in the German Empire, and indeed wherever a journal is found edited by a trained nurse that journal is steadfastly working for the uniform minimum of Nursing Education.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Emily Marshall, 123, New Bond Street, London, W., for her article printed below, on

THE NURSING OF ENTERIC FEVER.

The question set was:—"How would you nurse a case of enteric fever, what emergencies might occur, and how would you meet them?"

Miss Marshall writes:—

Room.—Temp. 60 deg. to 62 deg. Fabr.; well ventilated; draughts avoided by use of screens.

Bed.—Single spring sanitary, horsehair overlay, protected with mackintosh sheet; a smaller mackintosh and drawsheet is necessary.

Patient.—If a woman, arrange hair in two plaits; nightdress should be open at back; if woollen garments cannot be tolerated, a thin cotton-wool jacket, covered both sides with gauze, fastened in front, also on shoulders, and under arm seams with safety pins, and worn under nightdress or shirt, protects patient from chills, is easily removed, soft, warm, and comfortable, keep patient lying down, and roll from side to side for bed-making, etc. Use warm blanket and towels when washing patient, and hot-water bottles should be handy, covered with flannel. Use some spirit for back, hips, heels, etc., and dust over with starch powder to prevent bed sores. Keep the mouth scrupulously clean (boracic, glycerine, and lemon juice mixed is good for mopping out): use linen or cotton wool fastened to penholders; remove with forceps, and burn; finally rinse mouth with Eau de Cologne and water.

Food.—For about three weeks all fluids, principally milk, are given (strained through muslin), at intervals, two hourly. If nausea occurs give water gruel for a few feeds. A feeding cup and measure glass must be used.

Report-book to be kept for entering amount of food, sleep, medicine, stimulants, and every detail. A chart for temperature, pulse, respiration, etc.

Stools must be watched and kept for doctor's inspection if necessary, carefully covered, finally with a towel soaked in carbolic acid, or some reliable disinfectant, which must always be used freely, and all soiled linen disinfected. Nurses should wear rubber gloves, keep their nails short, and carefully carbolicise the hands, especially before meals.

Complications and Emergencies.—Any change for the worse in the aspect of patient regard seriously. Send for doctor immediately, and render first aid. Heart failure, hamor-

flaccid, and peritonitis are the chief complications.

Heart failure may suddenly occur. Invert patient by putting your arms under the head and shoulders, draw over side of bed low down, get someone to hold up legs, apply ammonia salts to nostrils, or break a trite of amyl capsule; hot sponge over cardiac region. Doctor may order hypodermic of strychnine or brandy when consciousness returns. Hot-water-bottles, and foot of bed raised, assist reaction. Blood in stools, pain, collapse, quick pulse suggest peritonitis; apply hot or cold applications to abdomen and raise foot of bed.

If a quantity of blood be passed after pain, with rapid pulse and collapse, suspect perforation. Give opium until doctor arrives; prepare for operation.

Enteric is a lengthy, exhausting illness, and the patient's strength must be conserved from the beginning. Stools and secretions are contagious, and if possible should be buried in lime—1 in 20 carbolic, used for drains.

While the doctor's instructions must be obeyed, nurses must use discretion during his absence. In a private house the responsibility is great, and much depends upon good nursing in enteric fever.

The nursing of enteric fever will always remain of the deepest interest to nurses, as it is *par excellence* the test of a nurse's qualities, nursing is of paramount importance, and without exaggeration it may be stated that the life of the patient often depends upon her skill, and upon her conscientious devotion to duty, that through ignorance and carelessness she may be responsible for the death of a fellow creature. From the papers sent in in reply to the above question, it is satisfactory to note how well instructed the majority of competitors are in the best methods of nursing enteric fever.

A most admirable paper was sent in by Miss M. K. Steel, but it greatly exceeded the limit of 500 words permissible in these 5s. competitions. Though disqualified for the prize, we shall have pleasure in publishing it as an independent article. The papers sent by Miss E. Barton, Miss E. H. Gibert, Miss K. Frost, and Miss E. Maenab are highly commended.

From 300 to 500 words only are permissible in reply to the questions set for the weekly 5s. competitions.

QUESTION FOR THIS WEEK.

How would you ventilate (a) a hospital ward, (b) the patient's room in a private house?

My Favourite Animal and Why.

(Concluded from page 109.)

We have been greatly interested as a devoted lover of animals in reading the little papers sent in for this competition, and rather surprised to learn how many people prefer animals useful to man, and not for their noble and lovable qualities. For instance, one prefers the domestic cow, "because of its universal use to man, supplying us with many daily comforts, viz., milk, cream, butter, cheese, to say nothing of the innumerable appetising dishes and foods made from them." We agree about its "beauty," and how it "enhances the landscape scenery," but—well, one never knows, and this gentle beast may love "Molly with the milking stool" the while it contentedly chews the cud, and it is proverbial that the breath of kine is sweet, but we prefer something a little more responsive.

With Miss K. Cook we agree that "my favourite animal is the dog, for reasons which to dog lovers must be obvious, as for sagacity, intelligence, companionship, and faithfulness, and all the good qualities which go to make up the character of a dear friend, the dog embraces them all. . . . The dog may show us in many ways the road to happiness, Christian living, and many virtues which would probably improve the character of many of us."

Miss E. C. Evans writes sympathetically of goats—in a happy childhood she and a beloved sister had each a goat as pets. "I recollect long expeditions on half-holidays to collect acorns, of which goats are very fond, for winter food; and I can see the Hampshire rustic still who advised us, 'Don't 'ee give 'em too many o' they things; it beyn't no more good for beasties to have too many than fur childer to 'ave all cake.'

"Goats are very particular not to eat anything at all soiled; but, given that it is clean, nothing comes amiss—a piece of soap—a basket of mushrooms—a straw hat—have all been seen to disappear.

"Then the little kids! What dear little soft, woolly animals they were! and how they appreciated a plank raised a foot from the ground, along which and over which they would jump, run and meet each other, fight, fall, and jump up again.

"Then came the milking. I had no idea that to milk was not a perfectly easy undertaking. I practised on the cows (who had more patience with the amateur), and after

that at 7 o'clock every morning (with a lantern in winter), and again in the evening, I went with my bucket and returned with the delicious, creamy product of the goat. Even now, when I see a jug with a pink band round it I somehow expect the milk from it to be sweeter and richer than any other. Such is the power of old association."

Miss Emily Marshall loves the horse—indeed she loves and admires horses of every description, "for they are beautiful creatures as a rule, and they are noted for obedience, patience, willingness to work, and are very clever, with wonderful instincts. . . . Horses are beautifully clean, too, and very particular about their feeding. . . . I once drove a white pony who always expected a glass of ale at the end of his journey before going home to his stable, and he would drink every drop out of the glass without spilling any if the tumbler was just held to his lips, but he would only take the ale out of a glass, which was very funny, and children used to ask to be allowed to see him have his drink. . . . Then we see some very beautiful carriage horses, who hold their heads so proudly, but it makes one turn sadly away at the sight of the bearing rein, which is so often used, and I am sure you, dear Editor, will agree that it is very, very cruel, and should be quite abolished, especially in dear old England, a free country, with all our societies for the prevention of cruelty to dumb animals. . . . I also had another experience which endeared horses to me. We were driving one evening in the country, and on our return home we encountered a dense fog. We could not lead the horse, as we did not even know the road well, and we were quite twelve miles from home, so the only thing to do was to let the horse go its own way, and although I was extremely nervous and frightened the dear old thing took us safely home. I cannot tell you how much I loved him for his good care and cleverness, and, needless to say, he was rewarded with a real good meal and some sugar. I am sure he knew quite well how very much he was appreciated. Dear horses, you are so sensible!"

"Baby Leo," St. Bernard, writes:—"Although man's power is supreme over all other animals, his love is boundless; his devotion to, and care of us in sickness and health is unparalleled. During my short life (I'm not two years old yet) the love that has been lavished on me from Queen Alexandra downwards could never be repaid."

Progress of State Registration.

MEETING AT THE NURSES' LODGE, COLOSSEUM TERRACE.

It is evident that Miss Hulme believes in and encourages public-spiritedness, and the righteous doctrine of co-operation and community of interests. Once again her kind invitation to nurses and others, to attend a meeting on State Registration was well responded to, and there was quite a representative gathering at the Lodge on the afternoon of February 10th to listen to Miss Cox-Davies, Matron of the Royal Free Hospital, Gray's Inn Road, W.C.

Miss Hulme, who was in the chair, introduced the speaker in a few well-chosen words.

Miss Cox-Davies first read a paper on State Registration of Trained Nurses, contributed by Mrs. Bedford Fenwick, to the Journal of the League of Royal Free Nurses, which was an excellent exposition. The salient points were, of course, what is involved in the demand for State Registration—namely, protection by the State: (1) for the sick from unskilled and unsafe nurses; (2) for the fully-trained nurse from unfair competition, and (3) that it would supply a guarantee to the public that the trained nurse was what she claimed to be—a skilled and qualified woman.

Miss Cox-Davies went on to give her own views upon the subject, and said that there was nothing the public was so ignorant about as trained nursing, and urged her hearers to work for this much-needed reform, and not to be apathetic in a matter of such vital importance. Her explanation of the Nursing Pageant and Masque, and its aims and objects, was listened to with great interest and attention, which has probably led to many more applications for tickets.

Miss Hulme afterwards entertained her guests to tea and coffee and dainty refreshments.

Judging from the comments which were heard, and overheard afterwards, the good lesson taught had been appreciated.

Miss Bella Crosby, who has succeeded Dr. Helen McMurchy in the editorial chair of *The Canadian Nurse*, publishes in the January number an Address on "Registration," which she delivered to the Alumnae Association of the Victoria Hospital, London, Canada, which is an able review of the position of the movement for State Registration of Nurses in different parts of the world.

In regard to Canada, Miss Crosby says:—

"Here in Canada we are not permitted to unite in a body and seek legal recognition from the Government of our Dominion. Educational

measures come under the control of the Provincial Government, and as registration for nurses is purely an educational matter, the nurses of such Provinces must seek legal recognition from each Provincial Parliament.

"We want to guard our professional standards, otherwise we lose our standing as a profession. Note how carefully the standards of the medical profession are guarded. That is the one which touches ours most closely. No person can invade the field of medicine who does not hold the prescribed credentials. And rightly so surely. But not so with us."

Co-operation in Ireland.

The idea of co-operation—a working together for the same end—is beginning to be recognised as a potent factor in the building up of any successful organisation. Each year makes the fact more apparent that the best result is obtained from individual labour when each worker is conscious of a personal interest in the concern for which he toils.

To work together for the formation of a well-ordered and well-organised community is good for the individual as well as for the body corporate. Character grows as individual responsibility is fostered, and a pride in what is in part one's own is a natural and desirable outcome of a share in a co-operative work.

The recognition of this fact accounts for the great interest which has been aroused by a new co-operative scheme in Dublin, which plans to draw together to a common centre the many activities of the nursing profession.

The inception of a new Hostel for Nurses is due to Miss Huxley, the pioneer of nursing enterprise in Ireland, whose scheme was warmly taken up and fostered by the Irish Matrons' Association. The Hostel is a co-operative concern. Nurses who invest money in the scheme will receive 5 per cent. on their investments, and will also share in the profits of the Hostel after the liabilities of each year have been discharged. Many nurses have already taken shares, which are issued at £1 each, and a company has been formed.

From all parts of the country there has been an eager demand from nurses of the Irish Nurses' Association, and it is believed that a part proprietorship in the Hostel will greatly tend towards the development of that sense of personal responsibility which goes so far towards the formation of a successful concern.

A service to the public which demands such a high standard of efficiency as that of a trained nurse also requires provision for its workers, that they may have rest and recreation, and

such a home as may make brightness and joy for its residents.

The Hostel Committee have been fortunate in securing one of the large Georgian houses in St. Stephen's Green. Built in 1770 by Sir Thomas Maule, Lord de Montalt, it came into the possession of the La Touche family in 1798, and was held by them until recent years. It is a fine house, with good accommodation, and possesses the solidity, comfort, and spaciousness characteristic of its period. Large, well-lighted rooms abound, and there is accommodation for a number of nurses, for whose use fresh and daintily-furnished rooms and cubicles are provided. The office, on the ground floor, is a charming room, with graceful decorative designs in stucco in the Adam style of ornament, and behind it is a very large room, reserved for nurses' technical lectures, lectures on massage, and meetings of an educational character. This room, which has a fine circular painting in monochrome over the fireplace, will, by its size and spaciousness, afford much comfort to lecturers and their audiences.

There is a work and reading-room for nurses in residence, and a dining-hall, where meals are served at separate small tables.

The walls of the staircase are panelled in plaster, in imitation of wainscoting, and an arched doorway with stucco decorations in high relief leads to a beautiful room on the first floor, which has been secured by the Irish Nurses' Association.

It is tastefully furnished, and contains a fine grand piano, presented to the Hostel by the kind and thoughtful generosity of Mrs. and Miss Maxwell Hulton. The three large windows of this room overlook St. Stephen's Green Park, and command a charming view. Mention must be made of a nice garden behind the house, and a laundry, which will prove a great convenience.

It is hoped that nurses visiting Ireland will apply to the Secretary of the Hostel, if they wish to meet their Irish colleagues, or to make the house their head-quarters.

Many nurses have already been accepted for work on the staff of the Hostel, and their services can be secured at any hour on application to the Secretary, 34, St. Stephen's Green, Dublin.

Miss Despard (authoress of Text Book on Massage) read a paper before the Irish Nurses' Association last week on "The Use of Electricity in Connection with Massage." There was a good attendance, and as discussion had been invited many of the nurses present discussed this matter in connection with cases they were attending. A warm vote of thanks was given to Miss Despard.

Practical Points.

Kissing the Shuttle.

Dr. John Brown, of Bacup, has done good service in calling attention to the habit of "kissing the shuttle" which obtains among weavers. In the process of threading, the shuttles are "kissed" hundreds of times daily, and the moisture of the mouth and lips adheres to the shuttle eye. No systematic attempt is made to cleanse or disinfect the eye, and in this uncleaned condition the same shuttle may be used by a succession of weavers until the shuttle actually becomes worn out. The spread of infection through the medium of a shuttle is thus almost inevitable, and steps should be taken to ensure that the risks involved are reduced to a minimum. As a first step the Town Clerk of Bacup has addressed the following communication to the manufacturers in the Borough suggesting the systematic disinfection of shuttles:—"I am directed by the Health Committee of this borough to inform you that they have had under their consideration a report of the Medical Officer of Health on the subject of phthisis (consumption) amongst weavers. They are informed that this disease is much more prevalent amongst weavers than any other class of cotton operatives, and it has been ascertained that three persons who all worked on the same looms have died from tuberculosis of the lungs and peritoneum last year; and in the same period no less than eight weavers have succumbed to phthisis. Tuberculosis is to some extent contagious, and the practice of weavers threading their shuttles by the mouth is a source of danger, and may tend to the spread of this and other diseases. The committee understand that weavers will not use a mechanical shuttle threader, and this being so, they would respectfully suggest, on the grounds of cleanliness and the prevention of the spread of infectious diseases, that shuttles should be disinfected by immersion for half-an-hour in a ten per cent. solution of izar, afterwards rinsed in clean water. The izar solution does not injure the shuttle, and is non-poisonous. This should be done at regular intervals, thus preventing the shuttle being a "disease carrier." No shuttle should be used by another weaver before it is disinfected, this being particularly important with regard to the "casual" or "sick-weaver substitute." Where two persons are using the same shuttles, especially as tenters of learners, a mechanical shuttle threader should be made compulsory."

The circular offers the services of a sanitary inspector who will, if desired, disinfect all the shuttles which have been used by weavers suspected to be suffering from phthisis or other infectious disease.

Camphor gum a charm against fleas.

Two men who travelled in Spain recently, where there are many fleas, tried wearing camphor gum about the neck in a bag. They had no discomfort from fleas, and were sure the camphor gum worked a charm.

Appointments.

SECRETARY AND HOUSEKEEPER.

The Nurses' Hostel, 34, St. Stephen's Green, Dublin.—Miss Annie Carson Rae has been appointed Secretary and Housekeeper. She was trained at Westminster Hospital, and the National Hospital for Paralysis and Epilepsy, London. She held the position of Matron of the Cork Street Fever Hospital, Dublin, for thirteen years, previous to which she held the positions both of Day Sister and Night Superintendent at the St. Marylebone Infirmary. Miss Carson Rae is also the Secretary of the Irish Nurses' Association.

MATRON.

District Hospital, Shepton Mallett.—Miss Effie E. Bale has been appointed Matron. She was trained at the Bristol General Hospital, and was for some years on the private staff of the Bristol Nurses' Institution, and subsequently, for a year, was Sister in a private nursing home in Clifton, and was for a year on the staff of the Queen Victoria's Jubilee Institute for Nurses, Sheffield, where she qualified as a Queen's Nurse.

Fever Hospital, Wellington, New Zealand.—Miss S. E. Polden has been appointed Matron of the new Fever Hospital, Wellington, New Zealand. She was trained at St. Bartholomew's Hospital, and has held the position of Assistant Matron at the Poplar and Stepney Sick Asylum, and of Matron at the Royal United Hospital, Bath, and was one of the two Matrons appointed to Number 1 General (City of London) Hospital, Territorial Force Nursing Service.

ASSISTANT MATRON.

St. Nicholas' Home for Crippled Children, Pyrtord, near Woking.—Miss Constance Johnson has been appointed Assistant Matron. She was trained at the Children's Hospital, Brighton, and at the London Hospital, and has worked at the Seamen's Hospital, Royal Albert Docks; King Edward VII. Hospital, Windsor; and the Birmingham Maternity Hospital. She is a certified midwife.

Royal Sea Bathing Infirmary, Margate.—Miss M. Kempson has been appointed Assistant Matron. She was trained at St. George's Hospital, London, where she has filled the position of Night Sister.

NIGHT SUPERINTENDENT.

Poplar and Stepney Sick Asylum, Bromley-by-Bow, E.—Miss L. Marsh has been appointed Night Superintendent.

NIGHT SISTER.

All-yr-yn Hospital, Newport, Mon.—Miss A. F. Miles has been appointed Night Sister. She was trained at the Bagthorpe Infirmary, Nottingham, and the Isolation Hospital, Norwich, and has held the position of Charge Nurse at the Isolation Hospital, Southampton.

SUPERINTENDENT NURSE.

Workhouse Infirmary, Bridgend.—Mrs. M. E. Wolfe has been appointed Superintendent Nurse. She was trained at the West London Hospital, Hammersmith, and has held the position of Sister at the Jossop Hospital, Sheffield; Nurse Matron at St. Leonard's Hospital, Sudbury; Night Sister at the Cossham Hospital, Bristol; and Nurse Matron of the Eden Hospital, Hatfield, Broad Oak.

QUEEN ALEXANDRA'S IMPERIAL MILITARY
NURSING SERVICE

Appointments.—The following ladies have received appointments as Staff Nurse:—Miss M. E. Evans, Miss M. Linaker.

Promotions.—The undermentioned Sister to be Matron: Miss J. E. Dooks. The undermentioned Staff Nurses to be Sisters: Miss A. C. Mowat, Miss M. L. Kaberry, Miss C. G. Lees.

QUEEN VICTORIA'S JUBILEE INSTITUTE
FOR NURSES.

Transfers and Appointments.—Miss Margaret Eggestorff, to East London (Stepney Green), as Superintendent; Miss Nancy Jones, to Pontardulais; Miss Sarah Crews, to Shotley Bridge; Miss Maggie Davis, to Rawtenstall.

LADY MINTO'S INDIAN NURSING ASSOCIATION.

Miss J. E. Pritchard has been appointed Lady Superintendent of the Bengal branch of Lady Minto's Indian Nursing Association. She was trained at St. Bartholomew's Hospital, and was a member of the Army Nursing Service Reserve from 1899-1906. She nursed in South Africa during the war, being mentioned in despatches. She subsequently held the position of Sister at the General Hospital, Birmingham, after which she went out to India as a member of Lady Minto's Indian Nursing Association. She has worked as a Senior Sister in the Bengal Branch.

PRESENTATION.

Miss Thompson, who has been connected with the nursing staff of the Children's Sanatorium, Southport, for nine years past, and has resigned on account of her approaching marriage, has been presented by the Chairman, Mr. Charles Heaton, J.P., on behalf of the Sanatorium Committee, with a watch bracelet as a wedding gift.

THE PASSING BELL.

The death of Miss Jane Ann Long, Matron of the Brackley Cottage Hospital, under sad and painful circumstances once again directs attention to the necessity for the greatest circumspection in regard to drugs. It appears that Miss Long, who was suffering from a headache, asked a nurse to get her some chloroform. This was done, and later the Matron fetched more for herself. She was last seen alive by the nurse at a quarter to eight on the day of her death. When the nurse returned half an hour later she was lying with her face in the pillow, and all efforts to restore animation failed. Dr. G. W. Stathers expressed the opinion that death had been caused by suffocation, he could not say definitely whether chloroform narcosis was the cause, the suffocation must have been accidental. Miss Long was the last person in the world to suffocate herself intentionally. She was one of the best nurses they had had in the hospital. The jury found that the deceased Matron met with her death through misadventure of suffocation after chloroform narcosis.

Nursing Echoes.



Mr. I. J. Ney, Bridge House, Ry. Stuss N., Organising Secretary in connection with the forthcoming visit of teachers from the four Western Provinces of Canada to this country, who is now in England for the purpose of making the necessary arrangements, states that at the special request of his Honour Judge Locke, a large number of trained nurses have been given the privilege of joining the party, and on their account he appeals to the heads of those institutions which they, as nurses, would be anxious to see, to make their visit pleasant and profitable. The tour is under the auspices of the Manitoba Education Department, and the Deputy Minister (Mr. R. Fletcher) is the acting secretary for the West, during Mr. Ney's preliminary visit to England.

Miss Catherine Henderson and Miss E. Maud Ellison, of the Registered Nurses' Society, have been selected to superintend an interesting institution shortly to be opened in London, for the treatment of patients by the injection of pure sea water diluted with sufficient distilled fresh water to make it isotonic with the human blood. This form of treatment is already much used in France, and before taking up the appointment Miss Henderson and Miss Ellison propose to go over to Paris to learn the most up-to-date methods of carrying out the treatment.

We refer to the suicide of a servant who had had a "difference" with her mistress as to certain duties she was required to perform, and was in consequence summarily dismissed because it appeared at the inquest that though there was a maternity nurse in the house, and the unfortunate woman was heard to be sobbing and moaning in her room after her boxes had been brought downstairs, no one went to her assistance, till the police were at last called in, when a doctor was summoned. The Coroner, commenting on the occurrence, said that the dismissal appeared to be very summary, and in a big establishment no one had the courage, or felt it a duty, to go to the woman's bedroom till the police came and did what anyone with ordinary intelligence would have done hours before. It certainly seems unaccountable that anyone with any knowledge of nursing should not have had more re-

source in emergency in the above circumstances.

Our portrait on this page is of Miss Rose E. Wallace, Matron of the Southwark Infirmary, East Dulwich, an institution which is one of the largest infirmary training schools in London, having 786 beds. Miss Wallace was for six years first Assistant Matron at the Camberwell Infirmary, and has also held the position of Sister and Superintendent of Nurses. She holds a certificate for medical electricity, and is a certified midwife, so that her qualifications for the responsible position which she fills are excellent. Miss Wallace was recently elected a member of the Matrons' Council of Great Britain and Ireland.

The story of the heroism of Miss Edith Reynolds, a nurse on night duty at the Bristol General Hospital, was told at an inquest on February 8th, and elicited high praise from the Coroner.

The nurse, who gave evidence, said the deceased was in a ward adjoining hers. The ward was on the first floor, on what is known as the "deck." On the 6th inst., at 4 a.m., she entered the ward where the deceased was, for another nurse had just come from there. Shortly afterwards, she heard some patients calling "Nurse, quick!" Hastening across the ward she saw the deceased in the act of breaking a window. She ran towards him while he was getting through the window. She stepped on the board outside the window and then on the edge of the glass roof, and caught hold of the deceased's shirt. He was standing on the glass roof, and it gave way.

Dr. Moore, house surgeon, testified of the great courage of the nurse. Had not the man fallen through the skylight he would most likely have got further along the balcony, and both he and the nurse might have been precipitated into the area. She took her life in her hands where the strongest man might well have hesitated.

The Coroner said the nurse had done a very gallant deed and deserved every praise.

At a meeting of the Hull Corporation Hospitals Committee last week, at which Alderman Askew presided, Dr. Lilley read part of a letter sent by Dr. Robinson to a local paper, in which the indictments were that a dance was held annually in connection with the Sanatorium two miles away, which cost the ratepayers £45 per annum, and ended in "a Corporation and outside officials' guzzle," and that on the last occasion the Sanatorium was left in charge of ward-maids—not nurses—for the night. He added that as a member of the Sanitary Committee he took strong exception at the time.

Dr. Lilley denied that the facts were as stated. The Medical Officer was on the premises the whole night, and several nurses who did not care to dance were at the Sanatorium.

Dr. Robinson, however, maintained his position, and said that as they had about 50 nurses the expenses worked out at nearly £1 a head. He also stated that he had it from two sources that the Sanatorium was left to itself. The matter then dropped. We hope the ratepayers will not allow it to drop, but that they will insist upon the full investigation of the serious charge that the patients were left in the charge of ward-maids while the nurses were dancing.



MISS ROSE E. WALLACE,
Matron of the Southwark Infirmary,
Member of the Matrons' Council.

The Cardiff School Management Committee recently considered a report from Dr. Walford outlining a scheme for the treatment of minor ailments by school nurses; acting immediately under the direction of the medical officers. Dr. Walford pointed out that the proposal involved no more than the renewal of the arrangements for attending to the health and physical condition of the elementary school children, and that the treatment would be, always had been, confined to those children whose parents had been repeatedly advised to obtain medical ad-

vice from a private medical practitioner, and had been unable to do so for various financial reasons.

The annual meeting of the Victoria Nursing Association was held in the Town Hall, Kirkcaldy, last week, Bailie Dishart presiding. Lady Helen Munro Ferguson, in submitting the annual report, said that during the past year the three nurses of the staff had visited 549 cases, of which 442 were nursed to convalescence, 26 were removed to hospital, 65 died, and 87 remained on the books. In compliance with the request of the Medical Officer of the burgh, steps have been taken to form a small band of health visitors to act in connection with the notification cases. Mr. Brewster, Hon. Treasurer, reported a total income of £323 18s. 5d., and an expenditure of £315 12s. 5d. The reports were adopted.

Speaking to a graduating class of nurses, as reported in the *Dietetic and Hygienic Gazette*, Dr. Gilman Thompson said:—

“My good friend, Dr. Richard Cabot, of Boston, in answer to the question, ‘What forces are there in the profession of medicine that tend to bring out the best in those who practice it?’ mentions five, all which seem to me to have equal application to the calling of the nurse. These are:—

- “1. The sense of obvious utility to others.
- “2. The inspiration of taking part in the progress of science.
- “3. The call for manual and mental adroitness.
- “4. The interest of the community in the profession and its aims.
- “5. The friendly contact with men, women, and children.

“If I were to epitomise the functions of the nurse which are of foremost importance I should mention three.

- “1. The knowledge and practice of anti-septic cleanliness.
- “2. The gentle art of making the patient comfortable in bed, and
- “3. A rational common sense view of such broad general principles as I have outlined.”

Miss van Lanschot-Hubrecht, who attended the Neo-Malthusian Congress, held at Gravenhagen, considers that the battle cry of the Congress may be summarised thus: Fewer children and better quality, better cared for, and more successfully kept alive. Incidentally, the economic inferiority of women was shown to be an obstacle in the way of a higher type of humanity.

The Hospital World.

THE LONDON LOCK HOSPITAL

An unique hospital in London, and one of very few in the country, is the London Lock Hospital, the women's hospital being in the Harrow Road and the men's in Dean Street, Soho, yet it provides for the treatment of diseases which are wide spread, which, in the interests of the community as well as of the individual, it is of the utmost importance to eradicate, and it does so in the most humane and wise lines, so that the institution has a strong claim upon the country, for the cases received are not restricted to London and come from all parts for treatment, including, saddest of all, those poor women suffering from no fault of their own from diseases hereditary or otherwise, and the little children who, instead of entering upon their rightful heritage of joyous, healthy life, are from birth the victims of sin and disease.

For some time the authorities of the hospital have desired to make more provision for the children, and also to provide a separate home for their nursing staff, and last week this desire was accomplished. The new Nurses' Home was, on Friday, February 10th, opened by Princess Christian of Schleswig Holstein, and every one who saw it was charmed at the way in which the work had been carried out. All nurses need a comfortable home in which to live if their duties are to be performed in the best manner, and none so much as those engaged in so arduous and heart-breaking a work as that of nursing cases of venereal disease. Setting aside the risk of infection, reduced to a minimum by the careful observation of necessary rules, to those who see under the surface, and realise in any degree the underlying causes of which the diseases treated in this hospital are the outward manifestation, life must press hardly at times, and the antidote is to get away into a different atmosphere, in order to keep that mental balance which, both for themselves and their patients, is so essential.

The Committee have realised this, and the Home they have provided for their nurses is sunny, bright, and charming, well built, and comfortably furnished. The walls in many instances are a delicate shade of mauve, a colour seldom seen in the utilitarian institution, but with comfortable furniture in excellent taste, and some good pictures, of which the Matron, Miss Garrett, is an excellent judge, the atmosphere is delightful. The nurses' bedrooms also are most comfortable, and the Committee has really found architects

who have provided for a liberal supply of cup-boards—Mr. Horace Porter, F.R.I.B.A. and Mr. Percy Newton, 8, Russell Square.

The nursing staff numbers twenty nurses, all of whom are accommodated in the new Home. It will interest our readers to know that the hospital receives probationers between the ages of 22 and 28 years of age, who are afterwards passed on to hospitals and infirmaries for general training. Unquestionably special gifts are required for this work, but for those to whom it appeals it offers a most useful career. Another interesting development of the work at the Lock Hospital in Harrow Road is that some months ago the authorities were approached as to whether they would receive ladies engaged in rescue work for a short period of training. (Was this a result of the interest aroused in the question at the meeting of the International Council of Nurses in London in 1909, and by the Conference of the National Union of Women Workers on Hygiene and Morality last November?) It is satisfactory to learn from the Matron that the Committee and Board of Governors have considered the matter, and are now prepared to receive ladies on special terms for three months' training for a fee of £10 10s. which covers everything including laundry.

The importance of this opportunity to rescue workers cannot be over-estimated, and it may be hoped that in the future some insight into this side of their work will be considered necessary for all rescue workers.

Passing from the Nurses' Home to the hospital under the kind guidance of the Secretary, Mr. R. E. Eddison, we arrived at the children's ward, where some 20 children can be received. The poor mites bore unmistakable evidences of the diseases from which they were suffering, but here, at least, they are in the best possible environment, and they are kept till cured, usually a period of three years, so, after all, the ward has its hopeful as well as its sad side. They are received from two to ten years of age, and the older children have their education continued in the ward by a specially appointed teacher, and are also taught needle-work. On the other side of the hospital, through a ward, appropriately called the Kinnaird Ward, for the hospital owes much to its chairman, Lord Kinnaird, one passes through a door of hope into the Rescue Home, where, under a most kindly Matron, the most hopeful of the patients, when cured, are trained in house and laundry work. Surely the claim of the hospital and its work is of the strongest.

M. B.

Reflections.

FROM A BOARD ROOM MIRROR.

At the opening of the isolation wing of the Norfolk and Norwich Hospital on Friday last, by Lady Leicester, the Chairman, Archdeacon Pelham, read the following letter from the King:—
"To the Chairman of the Board of Management. —On the occasion of the opening of the new block of buildings of the Norfolk and Norwich Hospital, the foundation stone of which was laid by my beloved father, the Queen and I, as patrons of the institution, offer our sincere congratulations on the completion of the building. We rejoice that this important addition will now be available for the work of the hospital."

The Queen will accept an address of welcome from women of Ireland on the occasion of their Majesties' forthcoming visit to Dublin.

Queen Alexandra has sent to the British Home and Hospital for Incurables at Streatham a cheque for £500, part of the proceeds of the sale of the facsimile of her Majesty's "Letter to the Nation" on the death of King Edward.

The Board of Education announce that hygiene and physical training will be included as an additional optional subject at the certificate examination for teachers in elementary schools to be held in December of next year.

Dr. Reginald Farrar, one of the Medical Inspectors of the Local Government Board, has been nominated to represent Great Britain on the International Plague Commission, and will proceed to China at an early date.

Sir Francis Galton, who is described as the founder of the study of eugenics, has left his residuary estate to the University of London for the purpose of encouraging the study of national eugenics.

Viscount Portman has sent a donation of £500 to the building fund of the Samaritan Free Hospital for Women.

Miss Pearl Jane Sproule, who recently qualified as a Licentiate of the Royal College of Physicians, has been admitted a member of the Royal College of Surgeons, having passed the required examinations and conformed to the bye-laws.

The Lannelongue Prize, founded by Professor Lannelongue, of Paris—a gold medal, together with a sum of £200—to be awarded to the person who had contributed most to the progress of surgery in the ten years before the date of the award, has been presented to Sir Victor Horsley. The prize is open to surgeons of all nations, and is awarded every five years during the annual meeting of the Société de Chirurgie.

Our Foreign Letter.



MR DEAR
EDITOR, — I
left England
2nd September,
and had a glorious
voyage out, re-
viewing my
lost youth
almost, and
enjoying a

long-needed rest. I arrived New Zealand 17th October and travelled up to Rotorua to my sister on 19th October; had a delightful time there. Rotorua is the *Wonderland* of New Zealand, its geysers, mud springs, etc., too weird for words; and then its trout scenery is grand also—lovely lakes full of silver—springs and rivers of wondrous beauty. I thought I had few new experiences left, having travelled all over India as a girl, and yet Rotorua was a revelation to me. I simply revelled in the long coach tours, motor tours, not to mention the idle, sunny days spent on the various lakes. Whilst there I registered myself as a nurse, wrote to the Governor, the Chief Health Officer, Dr. Valmaine (a charming man, and Bart's), and Miss Maclean (an exceedingly nice woman), Inspector of Hospitals, as you know. So whilst enjoying myself to the utmost I also had many irons in the fire. One day I had a wire from Miss Maclean to apply for this post. I did so. After many days I had another wire from the Board requesting an interview. Two days' journey to Wellington meant expense, as travelling is ruinous, but out of many candidates I was elected on 25th November, and took up my work here on 12th December, opened the hospital on 16th December, so that within two months of my arrival my adopted country had given me a matronship of £100 per annum; a gem of a new hospital; a lovely new nurses' home, over which I have full command; and further, an isolation block for "suspect" cases. The hospital is only for scarlet fever, and has six wards, divided by glass into wards 1, 2, and 3—first ward for acute, second ward for patients in the second and third weeks of the disease, and third ward for convalescents. Lovely deep verandahs, where, on bright, sunny days, our little patients live all day in their beds, which are quite easily moved about. The whole hospital is lit by electric light and thoroughly up-to-date. His Excellency was much pleased with it. It is situated on hills quite close to Government House; good grounds, in which our home is situated, quite close to hospital, on a hill, and approached by steps and terrace gardens (at least our landscape-gardener tells me he will have my garden in the near future). My sitting room is very pretty, with a glorious view "over the hills and far away," and already looks like home, as I brought out all my pictures, etc. Our disinfecting rooms for the nurses are well planned, and comprise rooms as follows:—Room 1, where all ward uniform is left, and they walk into the bath-room; from bath-room into third room, where they slip on their dressing gowns and can then go to their

bed-rooms, dress in all fresh clothes, and go out. They never wear uniform in the home or out. Of course I have my own bath-room, and the nurses, when disinfected, have a second bath-room upstairs, as also a basin-room. The main hospital, or Wellington Hospital, feeds me with nurses three months at a time, as fever training forms a part of their training. All cases of diphtheria are nursed at present in the hospital, but later I think I will have them in another block. I have a cook and house-parlour-maid (both lately out from home), and one porter for ward polishing, etc. So far the ménage is most comfortable. Is it not strange the Medical Superintendent is also a Bart's man?—Dr. Hardwick Smith. It is so nice. So far my impressions of New Zealand are very favourable, as I have met such kind people and have had such a good time. Wellington is very pretty on a fine day, when the atmosphere is clear beyond description, and the cloud effects wonderful, but when windy we are almost blown away, and a motor veil must be worn over one's cap even crossing to the hospital.

Now, dear Editor, I must really stop, but I felt you would be interested to hear about my doings. I had such a nice letter from the Queen Mother before leaving England. I wrote to her as I was anxious not to give up my Territorial medal.

S. E. POLDEN.

New Fever Hospital,
Wellington, New Zealand.

[Miss Polden has many friends in the nursing world, and they will, we feel sure, be pleased to hear of her happiness and good fortune. Her excellent work for the Royal United Hospital, Bath, will be long remembered.—Ed.]

THE TURIN EXHIBITION.

We are informed by the Board of Trade that in the British Section of the approaching Turin Exhibition chemical and physical apparatus will be shown in a practical and novel form, and arrangements are being made by which there will be on view at least two well-equipped chemical laboratories, with such work going on as will effectively illustrate various interesting processes. In addition there will be a large space available for the display in show cases of chemical products and apparatus not in use in the laboratories. A Court will be devoted to scientific instruments, and the equipment of a dark room is under consideration. The organisation of these exhibits has been placed by the Board of Trade in the hands of Dr. F. Mollwo Perkin.

THE NIGHTINGALE NUMBER OF THE "A. J. N."

The *American Journal of Nursing* for February appears as a "Nightingale Number." It is interesting to find facsimile reproductions of two letters from Miss Nightingale written to Miss Scoville, letters which have never been made public before. The speeches published are those delivered at the Carnegie Hall, New York, in May last, in honour of Florence Nightingale, and of the founding by her of the first training school for nurses.

Outside the Gates.

WOMEN.



The Conciliation Committee, which is furthering the interests of the Women's Suffrage Bill, which has been so fortunate as to win the first place in the ballot, held a largely attended meeting last week under the presidency of Lord Lytton. A request was sent from the meeting to the Liberal group formed to advance the cause, asking them to give their help in gaining facilities for the Bill. The members of the group assembled in large numbers in the Grand Committee Room of Westminster Hall, elected Mr. Cameron Corbett, an old and tried friend of the Women's Suffrage movement, as their chairman in succession to Sir Charles McLaren, who is not now a member of the House, and re-elected Mr. J. H. Whitehouse, Hon. Secretary.

After a full discussion it was resolved to send the following representation to the Prime Minister:—(1) That the group supports the Conciliation Bill, seeing that it is now to be introduced under a title which will admit of amendments being considered in Committee. (2) That the group requests the Prime Minister not to take the day which has been won for the Bill in the ballot. (3) That, in the event of the second reading being carried, the group asks the Prime Minister to give facilities for the further stages of the measure.

The following are the clauses which have been altered in the "Bill to confer the Parliamentary Franchise on Women" since last year. They now run—(1) Every woman possessed of a household qualification, within the meaning of the Representation of the People Act (1884), shall be entitled to be registered as a voter, and when registered to vote for the county or borough in which the qualifying premises are situate. (2) For the purposes of this Act a woman shall not be disqualified by marriage for being registered as a voter, provided that a husband and wife shall not both be registered as voters in the same Parliamentary borough or county division.

The Austrian Women's Union have petitioned the Chamber of Deputies in favour of a reform of the Law of Association which at present prohibits foreigners. "Frauenspersonen," and minors from joining political associations, and a Parliamentary Committee has reported in favour of such amendment.

Like their English sisters, Austrian women justly object to being classed with incarcerated criminals, paupers, lunatics, and minors. We wish them every success in their efforts.

Book of the Week.

IN THE POTTER'S HOUSE.*

It is always a delightful experience to happen on a book that is without any question above the commonplace, and readers who were previously convinced that there is nothing new under the sun, will have their hopes once more revived by "In the Potter's House." It will be impossible to do justice to such a work as this by merely giving extracts, but it is almost safe to say that from every page of this fascinating book there could be culled some gem of description that would surely whet the appetite for more.

Take the first chapter.

'Sartain sure they be scriptural fur they eat what is set before 'em.'

It was the ordination dinner spread in the prayer meeting room of Pandaram Meeting House. The tables were loaded with roast spare ribs, chicken pies, pork tenderloins, baked beans, mince and pumpkin pies, and great platters of brown crisp doughnuts that dropped of the fatness of the land.

"That's one that's off his feed," Deacon Buffington nodded as he spoke towards the table where the newly ordained clergyman sat.

"It's kinder flyin' in the face o' Providence to balk at such a meal as this," Blanket declared.

"You hain't temptin' Providence one mite, be you?" grunted Peleg Singleton.

Now the village slept under the stars. Pandaram had seen no other such day as that now closed, on which the Reverend Simeon Craig had been ordained to the ministry. While his flock slept he, the shepherd, watched, and God watched with him.

Amanda Seagrave, whose heart-breaking history occupies the greater part of the book, is "a tall slip of a girl quaintly and coarsely dressed, carrying a basket too heavy for her strength. A ray of sun stole under the broad rim of her hat of roughly plaited straw, and fell on a face that startled the younger man with a sense of intense sadness. Yet when he had looked again, the face was transfigured with a smile, so softly radiant that it was sacrilege to associate with it even the thought of sadness."

Her ruin, accomplished by the wild, lawless, handsome Ashgrave, is brought about more by his physical fascination than from any love she bears him, and the dramatic confession of her sin at the Communion service is one of the finest episodes in the story.

"Slowly Amanda awoke, stung with the sense of temerity under compulsion that was resistless in her state of nervous exaltation. In a voice low and pitiless she made confession of her sin."

Ashgrave's despicable conduct to her in consequence is explained as follows:—

"Ashgrave was at work in his fields, stilling by the anodyne of tremendous physical accomplishment the mental and spiritual conflict that was dominant in brain and soul.

* By George Dyre Eldridge. (Methuen and Co., London.)

With no subtle spiritual or physical function adequately developed, his suffering was as intense as his passions, and the scene in meeting the day before had set every chord vibrating with an agony that might as readily become repentance as brutality. "Our sin has made us one," she said, "and it is useless not to recognise it, I've come to live with you from now. I'm your wife, my place is here."

The torment of his soul, the smart of his public disgrace, lashed him to passionate brutality.

"What do I want of you now?" he cried.

"To her exalted mood the answer brought her pain nor abatement of purpose. She walked on into the house, and standing within the doorway repeated 'I've come to stay.'"

"For one moment he stood dumb with the greatness of his anger. Then he took her by the shoulder, and pushed her out on to the door step. Behind her the key was turned in the lock."

Though the phraseology of the writer at times amounts to coarseness, one never loses sight of the fact that it is that of a true artist, and as such must be accepted with thanksgiving.

H. H.

THE LITTLE SISTERS.

Again we are indebted to America for this selection:—

Six small sisters who live on a ball!

Listen, and soon you will know them all,

The six small sisters who live on a ball.

The ball floats about in the air so blue;

Listen, for all that I tell is true,

Of the six sisters small.

One little brown sister, she lives in the East,

Brown body and nose and little brown toes,

The little brown sister who lives in the East.

She needs no clothes and she feels no woes;

She lives among birds and she lives among flowers,

The sister of far eastern bowers.

One little fat sister who lives among snows,

She wears sealskin shoes like all Eskimos,

The little fat sister who lives among snows,

Jack Frost is her brother and gives her a kiss

On the rose of her cheek with never a miss,

The fat little sister who lives among snows.

And one little sister she lives among sand,

Away on a desert, a hot, sunny land,

The sister of deserts who live among sand.

Her food it is dates, and the camel stalks near,

A child of the desert, she dreams not of fear,

The sister who lives among sand.

There's a queer little sister who lives in the West,

Who wears tiny shoes and thinks rice is best,

The small, smiling sister who lives in the West.

She eats with two sticks birds'-nest soup and drinks tea.

Often sleeps on the floor. How I wish you could see

The sister who lives in the West.

A little black sister lives far, far away,

Where elephants live, and lions, they say,

Poor sister who lives far away

No hat, no shoes, she lives in the sun

And sleeps in a hut when the day is done,

The sister who lives far away.

One more little sister, and that one is—*you!*

And the ball is the earth, so old and so new,

So hot and so cold, so green and so blue.

Listen! for all I have told is true

Of the six sisters small.

—ALICE TURNER CURTIS

in *Youth's Companion*.

COMING EVENTS.

February 16th.—Lectures on Milk, with practical demonstrations. South Western Polytechnic Institute, Manresa Road, Chelsea, S.W., by Dr. A. Harden, F.R.S., 7.30 p.m. Fee for course of six lectures, 2s. 6d.

REGISTRATION RETURN.

February 18th.—A Reunion in support of the Bill for the State Registration of Trained Nurses, under the authority of the National Council of Nurses of Great Britain and Ireland, will take place in the Connaught Rooms, Great Queen Street, London, W.C., 8 p.m. to 12. Reception, 8 p.m.

A Nursing Masque of the Evolution of Trained Nursing will be presented at 8.30 p.m.

Music and Refreshments.

Tickets on sale at 431, Oxford Street, London, W. Reserved seats (limited), 10s. 6d. and 7s. 6d.; unreserved, 5s.; Matrons' and Nurses' tickets, 3s. 6d.; Performers, 2s. 6d. To be obtained from Pageant Secretary.

Matrons' and Nurses' Tickets, 3s. 6d., at the office, BRITISH JOURNAL OF NURSING (first floor), 11, Adam Street, Strand, W.C.

February 20th.—Course of four Lectures on "The Prevention of Destitution," by Mrs. Sidney Webb, Mr. C. F. G. Masterman, M.P., presiding. Caxton Hall, 8.30 p.m.

February 20th.—Men's League for Women's Suffrage. Demonstration, Queen's Hall, Langham Place, W. 8 p.m.

February 21st.—Princess Alexander of Teck attends a dramatic and musical entertainment in aid of the Babies' Home and Day Nursery, Brunswick Place, Hoxton, at Scatford House, Bolgrave Square.

February 21st.—Lectures on Babies, at the Infants' Hospital, Vincent Square, S.W. "Substitute Feeding," by Dr. Ralph Vincent. 5 p.m.

February 21st and 22nd.—Annual Central Poor Law Conference opened by the Lord Mayor, Guildhall.

February 25th.—Central London Sick Asylum, Cleveland St. Branch. At Home, 12a, Cleveland Street. 4-8 p.m.

March 3rd.—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. First of a course of Lectures to School Teachers, Women Health Visitors, and School Nurses, 7 p.m.

WORD FOR THE WEEK

"That which benefits human life is God."

PROVERBS.

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.

NURSES' MEMORIAL TO KING EDWARD VII.

DEAR MADAM,—Referring to my letter, to which you were good enough to give a place in your issue of February 4th, may I be permitted to make a correction in the list therein given. It is this. The name of the lady in Derby, to whom subscriptions may be paid, should be Darbyshire and not Alcock; and for "Durham—Miss Whitlock" should be read "Sunderland—Miss Thomson, General Infirmary."

Thanking you for your assistance in the matter, I remain,

Yours faithfully,

MABEL H. CAVE.

Westminster Hospital,

Broad Sanctuary, S.W.

[We have pleasure in publishing this letter. We noted in the list of ladies to whom subscriptions may be sent for the above fund that the representative at Derby was Miss Alcock, the Assistant Matron at the Royal Infirmary, who had just been appointed to the Matronship of the Royal Portsmouth Hospital, but published the list as we received it. Will our readers kindly note that in Derby subscriptions should be sent to Miss Darbyshire, Matron of the Royal Infirmary, and in the county of Durham to Miss Thomson, at the General Infirmary, Sunderland, not to Miss Whitlock, at Durham.—Ed.]

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I acknowledge with many thanks the receipt of cheque for five shillings as the prize for last week's competition.

Yours faithfully,

MEXA M. G. BIELBY.

Cranford, near Hounslow.

DISCIPLINE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I was very interested in your article on the subject of discipline, as I find it increasingly difficult to maintain the standard necessary for efficiency.

That is really, of course, what we aim at. Nobody wants to make arbitrary rules for the sake of making probationers' lives a burden to them, but in all large communities authority must be vested in someone, and there must be loyalty to that authority if the machinery is to run smoothly. Where would our army be without the enforcement of discipline? We might just as well be without one. And while I am on the subject I may say that grumbling is not

allowed in the Army. It is that which, to my mind, undermines discipline so much. The undercurrent of disaffection, not expressed audibly in words which can be dealt with, but the disaffection which is left, and the tacit depreciation of discipline, and of the Matron's authority (often, I am sorry to say, by members of the resident staff), which makes her position so difficult.

Everyone knows that probationers are like the proverbial flock of sheep, swayed this way and that by any chance leader. They mean no harm, but they do like to be with the majority, and they think it rather big to laugh or grumble at rules when a medical man says, "Is it true the Matron won't let you do so and so?" As they grow older, and in their turn have responsibility placed upon them, our pupils realise the value of discipline. Can't they take it on trust for a little while?

Yours faithfully,

MATRON.

NOTICE.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

Notices.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

OUR PRIZE COMPETITIONS FOR FEBRUARY.

A Prize of 5s. will be awarded each week during February to the writer of the best paper on the following subjects:—

In each of these competitions the answer should be from 300 to 500 words in length.

February 18th.—"How would you ventilate (a) a hospital ward, (b) the patient's room in a private house?"

February 25th.—"How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation?"

Rules for competing for our Prize Competition will be found on page xii.

The Midwife.

The Choice of Fit Persons.

BY A HEALTH MISSIONER.

With reference to the case of the district nurse who taught women how to bring on abortion, mentioned in your article, "The Choice of Fit Persons," in this week's issue, may I suggest that lack of necessary teaching is the chief cause of the failure of a vast number of women of all classes to recognise the moral and physical iniquity of this practice.

It is not generally realised that in regard to knowledge of sex and reproduction most girls and young women are utterly at the mercy of whatever influences they may chance to meet, and that these influences are often evil. They are allowed to go out into the world destitute of any intelligent principles on this subject. It is no wonder that so many succumb to pernicious teaching, not infrequently that of their own husbands.

In the special experience that has come to me by reason of my being a nurse, I have encountered facts in this department of life that would appear incredible to many—facts absolutely appalling. All spring from the same root, namely, the absence of teaching and training in the laws of sex and reproduction.

It is not only amongst the uneducated that perverted views are held. Cultured, refined women are equally sinners in this respect. I happen to know of at least one fully-trained nurse, working on a Co-operation, who helps women to procure abortion. She could not be described—apart from this—as an unprincipled woman. She has simply never been taught to look at the matter in its true light. And I have reason to believe that many other nurses are equally guilty.

I frankly admit that if I personally had not been born with a deeply-rooted tendency to range myself on the side of law and order, and I had learnt that to procure abortion is illegal, I should most probably have adopted the harmful views on the subject which fate presented to me through friends. That I did not do so was certainly not due to anything but respect for the law. As I was told by several friends (charming women socially), I knew *nothing* of such matters. It was for me to accept their superior knowledge! And this is the case with many girls.

A former patient of mine, a conscientious, well-bred woman, finding herself pregnant, and

deploring the fact, once wrote asking me if I would counsel abortion, and recommend a means. She had confidence in me, and if I thought it inadvisable she would not interfere. I explained the risks and dangers to her, and said as much as I dare concerning the moral aspect of the practice. She abandoned for ever any idea of obtaining abortion. Here, ignorance on the point was the chief factor in the suggestion.

Quite lately a woman whom I know well wrote—to my astonishment, for she knows me well—offering me a guinea for directions how to bring on abortion, for a young married woman who had appealed to her. They were too poor to afford another child was her plea. She knew the guinea would be welcome to me, and she assured me that my name would not appear in the transaction.

In this case my answer was that I had never been able to regard intentional abortion as otherwise than murder, and that my self-respect would never allow me to lend myself to anything criminal. Also I pointed out to her the physical dangers, and the grievous, life-long injury to the child which results when abortion is attempted and fails. I know such children. I insisted that nurses who even countenance this practice are dishonouring their profession. I begged her to use all her influence in urging her friend to relinquish her idea and to go bravely through the task she had incurred. I heard nothing more of the matter.

In most of these cases I find it is a perverted notion of kindness, the wish to "help another out of a hole" which leads educated women to assist others to bring on abortion.

I am convinced that there is urgent need for teaching private nurses regarding this subject. Many hear their *first* information on it, and accept that, from some patient or friend who is so charming that she disarm criticism. That is the danger. If all the exponents of vicious practices were uneducated, and repulsive to good and pure girls, there would be no problem. The evil is spread in a great measure by those reared in cultured homes. I could relate many such instances known to me personally.

It seems to me that hand in hand with scientific midwifery should go instruction in the ethics of reproduction. Such definite teaching as that given by Dr. Marion Linton in her recent address at Bath would prove a safeguard to many of those who have never yet given the

subject a thought; as well as an enlightenment to those who are the victims of the prevailing system of leaving all teaching on sex and reproduction—with the exception of midwifery—to be given by the ignorant or the unprincipled.

The Production of Pure Milk.

AN ACCOUNT OF THE METHODS EMPLOYED AT THE FARM OF THE INFANTS HOSPITAL.

On Tuesday, March 14th, at the Infants' Hospital, Vincent Square, S.W., Dr. Ralph Vincent gave the first lecture of a course of five on the Feeding of Infants, with epidiascopic illustrations.

He showed many interesting pictures of the farm when the milk is specially produced for the Infants' Hospital, including the large covered shed where the cows are housed in inclement weather, with its floor of hammered chalk which he explained had a great advantage over the ordinary concrete floor on account of its greater warmth and more yielding nature; the isolation shed, where any cow suspected of illness is immediately placed; the refrigerator; the milking shed, with its irrigating apparatus, which enables the cow to be thoroughly washed down before milking time, in order that no dust from the walls or elsewhere may settle upon the milk.

A diagram of a chum was also shown, so constructed as to form a double vessel, with the air circulating in between by which method the temperature of the milk is kept at from 34 degs. to 38 degs. Fahr.

Immediately after being drawn from the cow, before the temperature is reduced the milk is separated, and travels to London in the form of fat free milk and cream.

Dr. Vincent said he thought it would be interesting to explain the methods of the Milk Commission. This is composed of various persons competent to deal with the matter including Dr. Vincent himself, the veterinary surgeon, and the farm bailiff. A report is presented by the veterinary surgeon as to the health of the cows, when they had last calved, if any had been isolated, etc. From the bailiff as to the methods of milking, condition of the sheds, pasture, quantity and quality of the milk. This last is ascertained by what is known as the milk curve, a chart of the yield of each cow kept by the secretary. If the curve is persistently under the mean line, the cow is no longer retained for milking purposes. The amount of hay, mangels, crushed oats, allowed to each animal is weighed and recorded.

Dr. Vincent then presents his own report of the result of his experiments on the milk, made at the hospital. He examines this twice a week for bacteria.

The milk produced under ideal conditions has been kept for seven days in a cool room without curdling, and in a warm room 70 degs. Fahr. it has been kept forty-two hours without curdling.

The lecturer said that it was possible to form an opinion as to the character of milk produced under ordinary conditions from the size of the curd, and as to whether it fell to the bottom or rose to the top, and as to how long it took to curdle, but he intimated that he would have more to say on that subject at a later date.

Infants' Need of Water.

Dr. O. N. Hoyt, writing in *The Medical Council*, says:—

The following little experience may be of interest to your readers. It was an eye-opener to me. A few years ago I was called to see a six-months-old babe—the first in a Scandinavian family. It had fever, had slept little for the last couple of days, and was restless. The mouth of the little one was kept moving, and there was a queer expression on the face.

I felt anxious about the child, but prescribed the best I could and went home. Talking about the condition with Mrs. Hoyt, who is a practical nurse, I suggested that she go and see the child, and see if she could conclude what the trouble was, and what was best to do.

She went, and, observing the symptoms for a little time, said: "Bring me a glass of water and a teaspoon, I believe this child wants water." It was brought, and the babe drank eagerly all it was thought proper to give it. This babe was dying of thirst, the mother fearing to give it water, thinking it might hurt it.

The child was practically well the next day, and was not limited in its needed drinks of water afterwards.

The Examination of the Central Midwives Board.

The next examination of the Central Midwives' Board will be held on April 25th at the Examination Hall, Victoria Embankment, W.C. The Oral examination will follow a few days later.

Miss T. M. Menzies, Queen's Nurse, gives in the *Queen's Nurses' Magazine* an interesting account of District Nursing in Fair Isle, a remote island between Orkney and Shetland. The most important is the maternity work. There is no doctor near the Island so the nurse has to do her best. She can, however, telegraph to Kirkwall or Orkney for advice.

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XLVI

Editorial.

THE SPIRIT OF THE PAGEANT

No account of the Pageant on the Evolution of Trained Nursing would be complete without an attempt to give expression to the spirit which inspired all those who took part in it. The charm with which Miss Irene Fergusson played her part as Hygeia, the earnestness of Miss Cecilia Cecil, who entered so thoroughly into the Spirit of Nursing that she seemed its incarnation, and the skill of Miss Winifred Bridger as Science, were realised by everyone present. But in addition to the principal actors, the Pageant owes much to the large number of Matrons, Sisters and Nurses, as well as to the medical men, who took part in the procession, and demonstrated that the spirit of devotion to the sick is confined to no age, no country, and no creed, but that men and women of all ages have spent their lives in the service of their fellows.

To interpret this spirit, to honour the heroes and heroines of the past, to show what waste of life, and of service, result from lack of knowledge, and thus to demonstrate the justice of the demand for a uniform minimum educational standard for nurses, the attainment of which shall be followed by their registration by the State, was the task to which the National Council of Nurses set itself. And to this end everyone brought her best. Miss Mollett, her clever pen which produced a Masque of high literary merit, Miss F. Sleigh, her exquisite needlework in fashioning many of the beautiful banners which formed so notable a part in the procession, and hundreds of others the best talents which they could lavish.

Everyone who saw the procession on Saturday last, at the Connaught Rooms, must have realised that a wealth of thought and work had been expended on the various details to bring it to the perfection attained, for perfection of detail was perhaps its chief note, nothing tawdry, nothing garish found place in it. Nurses were there to do honour to their profession, and they brought the best they had to give. It was this which so impressed those present, and the description of the Pageant by the *Daily News* as a "beautiful spectacle in aid of a cause," characterised by "dignity, picturesqueness, and an atmosphere of indefinable charm," probably voices the feeling of everyone in the Hall.

In addition, there was an underlying electric current of intense earnestness, which found outward expression when the banner "State Registration" was acclaimed with manifest depth of feeling. The Pageant should be as perfect as possible, because it was in support of a cause of supreme importance to the sick, of supreme importance to trained nurses. This was the spirit which impelled nurses to spare no pains to make it a success, what matter though they encountered opposition and misrepresentation in so doing.

For more than twenty years men who oppose the petition of nurses for registration have used similar weapons in their unworthy and unmanly opposition to the just demands of a body of women, whose services are indispensable to the community and the State, but they have failed, as they must fail, because they cannot realise that the conviction with which they are confronted eludes such methods, and that the inexorable law of evolution will prove their Nemesis.

The Historic Pageant and Masque.

Trained nurses are proud of the traditions of their profession, and jealous of its honour.

and they were therefore keenly appreciative of the proposal, that the Evolution of Trained Nursing should be demonstrated by a Pageant and Masque, in which their aspirations should be represented by beautiful imagery, and some of the principal characters of the past represented in living pictures. No better method could be adopted of informing the public how throughout the ages illustrious men and women have served the sick, and handed down to their successors traditions of devotion and heroism which cannot be excelled, and which must inspire every nurse worthy of her calling to combine with the greater knowledge of the present the rare courage and self-sacrifice characteristic of a long line of predecessors whom she must ever hold in honour. Moreover, the Pageant was designed to support the Bill for the State Registration of Trained Nurses, and on that ground alone commended itself to the more intelligent.

The Pageant and Masque took place on Saturday last, February 18th, in the Connaught Rooms, Great Queen Street, W.C., and from beginning to end was an unqualified success—indeed, more than a success, a triumph. The guests were received by a Reception Committee, which included Lady Wynne, Mrs. Alec Tweedie, Mrs. Mackenzie Davidson, Mrs. Timbrell Bulstrode, Mrs. Walter Spencer, Miss L. V. Haughton, and Miss M. Huxley,

in the vestibule at the head of the stairs leading to the Grand Hall. The Reception was announced for 8 o'clock, but an hour before that time the guests began to arrive, and they poured in continuously in a steady stream until the Hall was filled by an expectant audience of nearly 800 people.

At the further end a dais decorated with choice white flowers and green foliage was erected, on which was placed the throne of Hygeia, and expectation was at its height when the picturesque Master of Ceremonies announced:

“My Lords, Ladies, and Gentlemen,—Pray silence for the Pageant and Masque on the Evolution of Trained Nursing and the Right of Life to Health. Hygeia, Goddess of Health, will now lead the procession of Immortals.”

Then the great doors at the end of the Hall were opened, and Hygeia, impersonated by Miss Irene Fergusson, appeared; a vision of loveliness in white archaic Greek draperies, her classical head and fair hair crowned by a wreath of golden laurels. Round her arm was twined a glittering green serpent, with ruby eyes, emblem of the wisdom of the healing art, and she carried its golden bowl. As she moved slowly up the Hall, attended by the elements, Earth, Air, Fire, and Water, she appeared the incarnation of health, life, and beauty. After her came the Spirit of Nursing, Miss Cecilia Cecil, in soft pearl grey, with a galaxy of Attributes—a

charming group, in the colours associated with their virtues. Every detail of their dress had been most carefully planned, and the result was most harmonious and effective.

Following the Spirit of Nursing, came Miss Winifred Bridger as Science, in an academic



Miss IRENE FERGUSSON,
Hygeia, Goddess of Health.

robe of brilliant rose colour, and an under-dress of black satin, her costume completed by a becoming cap and buckled shoes. She was attended by her Attributes, Truth, in palest blue, supported by Mental Purity and Moral Beauty in white and crystal, and Knowledge, in an academic robe of blue, supported by Observation, Diligence, Understanding, and Intellectual Discipline, all of whom wore academic robes and caps and blue stockings. When the Procession had entered the Hall the doors were closed, and Hygeia from the dais spoke the Prologue.

PROLOGUE.

"In obedience to infallible laws order issued from chaos, from confusion was brought forth organised life.

"The seething turmoil of elemental strife was stilled, and gave to mankind Earth and the fruits thereof, that all should eat their fill. Water, that all should drink and none should thirst; Fire, that none should miss light and warmth; Air, that all should breathe freely.

"If the children of the world pollute the pure elements, or withhold them from their offspring, and disobey the laws by which I, and they, and all the universe are bound, they break inexorable laws, and disease, deformity, and death are the inevitable punishment.

"Remember, O peoples! that those who sin against my laws sin against the laws of the universe that change not.

"Yet, throughout the ages, man, the eternal riddle, in his ceaseless quest for happiness and the fulfilment of his desires, breaks my laws and pays the penalty. By gluttony, filth, and greed, by sloth, ignorance, rapacity, and unchastity, he defiles the clean earth and his own clean body—pollutes the pure air and water, and shuts out the light and warmth of the sun. He breaks the great—the unanswerable law; he pays the penalty, and the people suffer.

"They suffer, ye know how they suffer, and how they have worn their knees and cried to the high heavens to release them from the result of their sins and their ignorance. And false prophets have lied to them: "Go to, it is your birthright to sin and suffer; none can deliver or help you. Dirt and disease, want and crime, neglect and deformity, ignorance and brutality; these have ever been, and ever shall be, the fruits of the earth. Go to—ye ask too much of life."

"And man bearken to the false prophets. He slow with a sharp sword; he huddled together on the earth till it was foul and noisome; he crowded in cramped close towns in narrow streets, in dwellings shut to the air of heaven,

where the sun could hardly penetrate. He poured with sewage and garbage the fair pure water, and when earth, air, and water were foul he held out pestilence that bred in filth—he died of the wound that festered; he died because the polluted earth bore no fruits, he died because the water bore him disease from afar, and he said: "It is the will of the gods, I have done naught amiss, they slay because they are an angry God." And he died, and he dies like a child in the dark.

"But, as he fell, there were surely those who aid I and succoured him, who fought, as best they might, with the ill man's folly and ignorance he had caused."

Turning to the Spirit of Nursing, the Goddess commanded: "Tell me, O Spirit! what didst thou, when thou heardest the wailing of those that suffered?"

THE REPLY OF THE SPIRIT OF NURSING.

In a voice vibrating with emotion, the Spirit of Nursing replied:

"I wept for pity, and I strove to ease where I might not mend; where they cried for me I went—no dungeon was too dark, no lizar house too noisome, no battle field too terrible. I found the wounds that festered; I washed the sores that would not heal; I spoke gentle words and ministered to the plague stricken multitude, nor knew that the hem of my garment bore death. Water I carried to these athirst with fever, nor knew that the source was polluted; milk tainted with disease I gave to walling babes, and none told me I erred. I served the sick and suffering, knowing; I gave my life and yearned over them as a mother over her babe. But I blundered and I stumbled and none set my feet in the right path. Oh, Mother! my children were grievously stricken and my help stayed them but little."

But Hygeia comforted the sorrowing Spirit: "Grieve not, my daughter; well and truly hast thou played thy part, let none count as thy crime the ignorance that was no fault of thine."

Turning to Science, she asked: "Tell me, bold Spirit, what earnest thou do? Counsel thou thy sister."

THE REPLY OF SCIENCE.

Eagerly Science replied:

"Tis I can aid her, Goddess; what she lacks I have. I may not own her great voice and tone; I cannot weep for pity, and the cry of suffering multitudes does not touch my heart.

"But I can reveal the germ that festers the wound, and teach how it may be killed, the wound may heal true and clean. I can

show how the water source may be preserved pure. I can build the dwelling that shall be clean, sweet, and wholesome. I can track the plague poison to its lair, and my skill can stay its course. O, Mother, can teach Man how to

stumble no longer: There is a knowledge and discipline that shall prevail over ignorance and prejudice, and equip her for her struggle with disease, and the dirt and folly that are its cause.



Miss CEDILIA CECIL.
The Spirit of Nursing.

repair the ravages his sin and ignorance have caused in despite of thy laws; and I can teach my gentler sister how her ministrations may be thrice blessed. She shall blunder and

“ Listen, I pray you, Goddess, to the mortals who wait to cry to you for help and aid.”
And Hygeia responded: “ Come forward, Mortals, I will hearken to what ye would say.”

PROCESSION OF SAINTLY WOMEN AND THE NURSING ORDERS.

Then there entered the Hall the Procession of Saintly Women and Members of the Nursing Orders of the past; slowly and impressively they passed up the Hall in dignified and fair array in the following order, till their leader paused before Hygeia. First came AGAMMI, THE FAIR-HAIRED (*The Blind*).

Miss Kathleen Banister

"Who knew all drugs, so many as the wide earth nourisheth."

followed by

PROBE OF CENCHREA,

1st Century Miss B. Kent

The first Deaconess; described by St. Paul as "a succourer of many and of myself also."

Deaconesses in the early Church were admitted to the diaconate by the laying on of hands. At their ordination they were vested with the stole by the Bishop, and received also a maniple, ring, and crown. Their duties were identical with those of the deacons, and they were the first parish workers and district visitors.

THE EMPRESS HELENA,

3rd Century Mrs. Staples

Widow of the Emperor Constantine Chlorus, and mother of Constantine the Great. Converted to the Christian faith in 311 A.D., at the age of 63, and 15 years afterwards made a pilgrimage to the Holy Land, the first woman to do so. Discovered the true cross at Jerusalem, a portion of which she carried to Rome. She built shelters for strangers and pilgrims on the way to Jerusalem.

MARCELLA, 4th Century Miss Elma Smith

A Roman Matron, leader of a group of Matrons who, under the free marriage contract, preserved their legal and personal dignity. They used their independent positions and great wealth to organise large foundations for charity and nursing work. During the sack of Rome she was cruelly beaten and injured by the barbarians. She died as a result of her injuries.

ST. BRIDGET OF KILDARE,

6th Century Miss V. Adams

An Irish Abbess who governed related houses of monks and nuns. She is usually represented as carrying the Gospels, and a lighted lamp to symbolise that she instructed the Irish people in the Gospel. She also carries a model of the Abbey which she built. She taught and preached, healing the sick, especially lepers, and restoring sight to the blind. She founded the first community of women in Ireland, now called Bridgetines.

ST. HILDA OF WHITBY,

7th Century Miss B. Cutler

A great grandchild of King Edwin, daughter of Heric and Gregoswida, and Abbess of Whitby, ruling over related Benedictine monasteries of men and women, a great educationalist, and counsellor of kings and princes. She was also adored by the people.

GRAND MASTER OF THE ORDER OF ST. JOHN OF JERUSALEM, 12th Century. Mr. J. S. Boddie

A hospital founded at Amalfi (1050 A.D.) was the cradle of the illustrious fraternity of the Knights Hospitaliers of St. John of Jerusalem, of Rhodes, and of Malta. Established in England in the year 1100 A.D. by some of the brothers on their return from Jerusalem. Their first house was the beautiful Priory at Clerkenwell, of which only one gate is now left, which is the headquarters of the Order in England.

RAHLER, 12th Century Mr. C. D. Kerr

A Court favourite in the reign of Henry I., where, "in spectacles, in feasts, in plays, and other courtly mockeries and trifles intending, he led forth the business of all the day." Repenting of his follies he determined to go to the Court of Rome, "coveting in so great a labour to do the worthy fruits of penance." While he tarried there he began to be vexed with grievous sickness. He avowed that if health God would him grant, that he might return to his country, he would make a hospital in recreation of poor men, and to them so thergathered necessaries minister after his power. Subsequently St. Bartholomew appeared to him in a vision, telling him that he had "chosen a place in the suburbs of London, in Smithfield, where, in my name, thou shalt found a Church." Returning to London, Rahere built, with the King's approval, the Priory Church of St. Bartholomew the Great, in which he is buried, and St. Bartholomew's Hospital, Smithfield. He was a member of the Augustinian Order.

QUEEN MATILDA,

12th Century Mrs. Netterville Barron

Wife of King Stephen, Founded St. Katharine's Hospital, originally on the site of St. Katharine's Docks, moved in 1825 to Regent's Park. The patronage is vested in the Queens of England, and forms part of their dower. When Queen Victoria founded the Queen Victoria's Jubilee Institute for Nurses she granted a house in the Close to the General Superintendent. Queen Matilda also founded the Hospital of St. Giles in the Fields, for long one of the most important leper hospitals in England, and established an Order of Poor Clares to serve in the wards, taking a personal share in the nursing.

SISTER OF THE ORDER OF ST. MARTHA,

12th Century Miss H. M. Smith

The Sisters of the Order of St. Martha belonged to the Beguines of Flanders. The date of their foundation is disputed, some attributing it to St. Begga, daughter of the Duke of Brabant, 685 A.D. The Beguinage at Bruges, still existing, was founded in 1184 A.D. The Beguines maintained hospitals and nursed the sick in private houses.

SISTER OF ST. ESPRIT,

12th Century Miss Hollyer

The Order of St. Esprit was identified with the rise and development of hospitals within city walls, whereas they had formerly been mainl

in the form of pest-houses outside the gates. The Order adopted largely the code of the Knights Hospitallers of St. John of Jerusalem, and women were admitted as nurses.

SISTER OF THE ORDER OF ST. JOHN OF JERUSALEM, 12th Century...

...Mrs. de Segundo
A female branch of the Order was as old as the men's, for the care of the sick and wounded made women's work necessary from the first. The women members joined the Knights at table and in church, and by the couch of sickness, and

ing her bending under the weight of her burden, asked: "What dost thou here, my Elizabeth? Let us see what thou art carrying away." She, confused to be discovered, pressed her mantle to her bosom, but he insisted, and opening the robe beheld only red and white roses, more beautiful and fragrant than any that grow on this earth even at summer tide, and now it was the depth of winter. Elizabeth built hospitals and herself ministered to the patients. She died at the early age of twenty-four.



A GROUP OF BLUE STOCKINGS.

Miss F. MANN, Knowledge.
Miss E. MATHEW-LANNOWE, Intellectual Discipline.

Miss E. FOWLER, Understanding.

Miss K. F. POWELL, Diligence.

Miss WINIFRED BRIDGER, Science.

Miss J. BRYMER, Observation.

attended strangers of their own sex. Before the siege of Rhodes these Sisters wore a red robe with a black mantle, afterwards all black.
ST. ELIZABETH OF HUNGARY,

13th Century..... **Miss H. F. MacCormac**
Landgravine of Thuringia. Devoted to works of charity from her childhood. Married at fifteen to the Landgrave Louis, with whom her union was ideal. The legend of the roses is that one cold winter's day she left her castle carrying in the skirts of her robe a supply of bread, meat, and eggs for a poor family. Her husband, meet-

A CHOIR SISTER OF THE AUGUSTINIAN ORDER.

14th Century **Miss G. B. Macvittie**
The Augustinian Order was founded in 597 A.D. by St. Augustine, who was the first Abbot. The first Abbess, Domneva, was appointed in 670 A.D. The Dames subsequently destroyed the monasteries and carried away the nuns. The Canonesses Regular of the Order of St. Augustine were established in 1340 A.D. The Choir Sisters of this Order had charge of the women patients at St. Bartholomew's Hospital, the brothers having charge of the male wards, under the

supervision of a Master, and the dissolution of the monasteries in the time of Henry VIII.

PHILIPPA OF HAINAULT, The 2nd Queen.

Philippa, 14th Century Mrs. Manson
Consort of Edward III. St. Katharine's Hospital, which was chartered by Queen Matilda, and again by Queen Elizabeth in 1273, received a further charter from Queen Philippa in 1357, and in the care of the sick within its walls there was added the express duty of the ladies of noble birth who served on it to visit and nurse the sick in their own homes.

A BROTHER OF MERCY.

14th Century Mr. R. S. Morshaid
The Brothers of Mercy are a volunteer body in Italy, who render first aid, nurse the sick, and carry the dead to their burial. They respond in turn to calls for aid. Up to the fifteenth century they wore a red habit, at which date they changed it for a black one, at the same time constituting their organisation in a form which has never since been altered.

ST. CATHERINE OF SIENA.

14th Century Miss M. A. Payne
A Tertiary of the Dominican Order. The legend is that the Christ appeared to her in a vision bearing in one hand a crown of gold and jewels, in the other a crown of thorns, and bade her choose between them. She took the crown of thorns and placed it on her own head, pressing it down hastily, and with such force that the thorns penetrated her brain and she cried out in agony. Though she died at the age of 34 she was a hospital nurse, preacher, prophetess, reformer of society and the Church. She was a Canon of the Siena Cathedral.

A PLAGUE ATTENDANT, 14th Century.

Mr. H. F. Creighton Starkey, M.R.C.S.
Wearing the costume worn by persons coming in contact with plague patients during the Black Plague in the 14th Century, and at Marseilles in 1720. A modified form is worn in Manchuria during the present epidemic.

AN ABBESS OF ROYAL BIRTH.

15th Century Mrs. Shuter
At the close of the 16th Century the dress of nuns was not different from that of the laity. Abbesses and nuns of royal birth wore gorgeous raiment for occasions of state, and the Abbesses of the seventh, eighth, and subsequent centuries held commanding positions. They attended ecclesiastical synods and attested their decrees, while in England four Abbesses were summoned to Parliament as Peers.

A KNIGHT OF ST. LAZARUS.

15th Century Mr. Ronald Burns
The oldest of the Orders of Hospitaliers, springing indirectly from the great hospital built by St. Basil at Cesarea in 370 A.D. Exact data begin with the time of the Crusades. It admitted both brothers and sisters, and it was obligatory upon them to choose a Grand Master of noble family, himself a leper. This rule was only abrogated in 1253 when, all lepers of noble birth having perished before the infidels, Pope

Leo XIII gave permission for the election of a non-leper.

ST. VINCENT DE PAUL.

16th Century Mr. F. H. Robbins
A Franciscan. Worked amongst the prisoners in Paris prisons, founded the Mademoiselle Hospital for girls abandoned in the streets of Paris, founded the Order of the Sisters of Charity, who to this day are a nursing order. Summoned from the bedside of the convalescing, and the sick in the hospital, to attend Louis XIII. in his last moments, founded the "Maison des Enfants Trouvés"; worked amongst the sick during the wars of the Fronde.

SISTER OF ST. VINCENT DE PAUL.

17th Century Miss Greenstreet
The Association of Charity was first founded in the provinces by St. Vincent de Paul, with Mlle. Baschet as President, in 1617, the ladies visiting in the hospitals to assist the poor corporally and spiritually. One of the most active was Mlle. de Gras. She became head of the rapidly-growing Association which St. Vincent was extending in towns and provinces. In 1631 the Dames de Charite were successfully launched in Paris at the house of Mme. de Goussault, but as the work developed it was found that the "ladies" did not cover all the ground. Often in Paris social obligations, fear of infection, and the husband's veto prevented high-born dames from personally making their visits to the sick, and they would send their servants to perform their vicarious duties. This induced St. Vincent to organise some specialised workers of humble grade but more reliable, so began the Sisters of Charity, or, as they are often called, of St. Vincent de Paul.

Mlle. JEANNE MANCE.

17th Century Miss G. Cowdy
Belonged to an honourable French family. Stirred by the example of the devoted woman who had given themselves so freely for the Jesuit Mission at Quebec, she knew that her own vocation was suddenly revealed to her. Mlle. Mance went to Rochelle where she met, quite unpremeditatedly, Jerome de la Dauversiere, to whom it had been revealed that he should found a new Order of hospital sisters at Montreal. He found in her the woman for whom he was looking, a woman of intelligence, courage, and devotion, to act as nurse and housekeeper for the entire company and colony. Arrived at Montreal they were harassed by the Iroquois, but the hospital was finished and surrounded with palisades. Jeanne Mance and her little band endured incredible hardships, and on the conquest of Canada by the English, and the revolution in France, all sources of hospital income ceased, and in the poverty and misery consequent on the unsettled state of the country the sisters shared fully. Her portrait still hangs in the entrance hall of the Hotel Dieu, Montreal.

FRIEDRIKE FLEIDNER.

19th Century Miss Isabel Carmichael
Founder of the Kaiserswerth Order of Deaconesses, first wife of Pastor Theodor Fliedner, and the immediate ancestress of modern nursing. T.



A GROUP OF SAINTS.

Miss GUTLER,
St. Hilda of Whitby.
Miss M. A. PAYNE, Miss V. ADAMS,
St. Catherine of Siena, St. Bridget of Kildare,

Mrs. STAPLES,
The Empress Helena.
Mrs. DE SECUNDO,
Sister of St John of Jerusalem.

Mrs. SHUTER,
An Abbess of Royal Birth.

Miss GREENSTREET,
A Sister of St. Vincent de Paul.

Miss MacCORIMAD,
St. Elizabeth of Hungary.
Miss C. B. MACVITTIE,
An Augustinian Sister.

Kaiserswerth came Elizabeth Fry, Florence Nightingale, and Agnes Jones to study the methods of nursing and administration adopted there with such success. The work founded with so much wisdom has grown and prospered, and to-day deaconesses trained at Kaiserswerth are to be found working in hospitals and other institutions in all parts of the world, while the mother nurse at Kaiserswerth is the centre of numerous activities, and here the Sisters are cared for during their declining years at the House of Evening Rest.

ELIZABETH FRY.

19th Century. Miss M. Heather-Bigg

Mrs. Elizabeth Fry (nee Gurney) belonged to a liberal and progressive Quaker family. A woman of wide sympathies and great force of character, she is chiefly renowned for her work among the prisoners in Newgate, but after a visit to Kaiserswerth, in 1810, she founded the Institution of Nursing Sisters in Devonshire Square, Bishopsgate, an institution which still exists, and which had the honour of sending nurses to Miss Nightingale in her last illness.

THE FLORENCE NIGHTINGALE BANNER.

Last of all came the beautiful purple satin banner, bearing the revered name of Florence Nightingale, inscribed in letters of silver, which received most respectful applause.

As the Procession paused before Hygeia, the Spirit of Nursing said: "See, Mother, these are my children of bygone days, they speak no longer with a human voice, but through all the ages, till time shall cease, their deeds shall cry aloud to humanity; heroism, loyalty, and courage were theirs, and in meekness and gentleness they served the unhappy with tenderest service and truest pity. They plead, O Goddess! for the cause for which they lived and died; they plead for those who follow, and they plead with a silence that is louder than words. Hear them, O Goddess!"

And Hygeia heard the silent Petition of the devoted workers of bygone centuries, and replied: "Spirit, we know; we have long known our faithful servants," and, addressing the Shades, said: "Pass on, ye are heard."

The Procession then passed, and was grouped to the left of the platform.

PROCESSION OF HOSPITAL MATRONS.

The Procession of Hospital Matrons, led by Miss M. Mollett, followed their crimson banner, on which was emblazoned the word "Education," and the bannerettes of their honoured leaders, "Isa Stewart," carried by Miss S. A. Villiers, and "Isabel Hampton Robb," by Miss A. Reeves, their daintily simple professional uniforms forming a striking contrast to the gorgeous robes of some of those in the previous procession. They paused before Hygeia, who, turning to Science, said, "I should know these mortals," and Science ex-

plained: "These are the children in spirit of those who have passed. O Goddess! I am would they follow in their steps, but they plead for a fuller knowledge to guide them on their way. Their lamps are but dim. Grant them more light."

Hygeia, having granted permission to the Matrons to prefer their request, Miss Mollett, from the platform, presented the following

PETITION ON NURSING EDUCATION.

"GODDESS,

"We are but mortals and speak with a human tongue. We are those whose duty it is to guide our younger sisters and to see that they be well and duly instructed in our art, so that they may aid our brothers, the healers, to succour these who have broken thy laws, or who are stricken by fate and who suffer. But we are hindered by our ignorance and oftentimes by the ignorance and indifference of others. Aid us, Goddess. For if thy servants are to work aright, they must be taught aright, yet often when they would learn, their teachers give them little aid, and much of their learning is but blind groping after the right path.

"We who are responsible for the practical training of the nurses who go forth to care for the sick and dying, greatly desire that they be fully and efficiently equipped for the duties they will have to perform.

"If sickness, misery, and disaster could be relieved by kindness and goodwill alone, then, indeed, would the world's heaviest tasks be made easy. But we know, none better, that only by stern labour, by honest work, and honest skill can real and true help be given to those who suffer. If the brain be not trained to rule the heart and hand, if the nurse cannot obey, obey implicitly, with intelligence and understanding, she will deceive herself and deceive others, and her aid may well be a curse instead of a blessing. See to it, therefore, Goddess, that the schools wherein the nurses are trained deal honestly by them and fulfil the duties they have undertaken for much so-called training is mere haphazard tuition, unworthy of the name of training. The battle, the great battle, that mankind wages forever against disease and death, must find the nurse well equipped to take her share; she must know how to use her weapons before she takes her place in the ranks. Ill fares it with the army where the officer has to instruct his private on the battle field how to hold his sword or fire his rifle, the battle is lost whilst the lesson is given, and hard it is for the doctor who has to fight the great fight of life against death, with only kindly ignorance to aid him.

"The needs of our Empire are wide, and those

of the sick are endless, and there is no call that the nurse must not obey, no matter where it lead her. It is sad for her it she fail, not from lack of goodwill, but from ignorance that is no fault of hers.

"Let it be a decree, therefore, O Goddess, that even as our brothers stand before the people and thee, ripe in knowledge, ere they go forth to heal the sick, so may also the nurses be per-

We ourselves are often ignorant of the work we should perform; we have not been taught to teach, guide, and control; we are often but blind leaders of the blind. Give us light, Goddess. Let the training and teaching of nurses be not doubtful, uncertain, useless, nay, often harmful, but let it be clear and well defined. Let the nurses learn to know and respect thy laws, to fulfil well and truly and



Miss HUNTER,
Betsay Prig.

Miss M. HEATHER BICC,
Elizabeth Fry.

Miss E. BIRCH,
Sarey Camp.

fect in experience and skill before they answer their call for aid to tend the helpless and afflicted, to nurse the nation's sick and dying, for presumption and ignorance go ever hand in hand with disaster and death.

"See to it, Goddess, that thy servants are well and truly taught the science and lore without which the service they can render is but poor.

humbly their duties as thy servants. Give us light, give us knowledge."

Miss Mollett then handed her petition to Science, and Hygeia sympathetically replied:

"Willingly have I heard you, and I will ponder your petition. Ye ask for much, but not too much if my people need you. Hard it is to build if tools be lacking."

The Matrons' Procession then passed away and Science appealed again to Hygeia.

"Hear those who follow, and thou shalt judge, Godless, if the people need thy servants."

PROCESSION OF NURSES.

Permission having been granted, the Procession of Nurses, preceded by the Banner "Nursing and the Community," and led by Miss Cox-Davies, passed up the Mall. Next came the bannerettes of the sixteen Leagues and Societies affiliated to the National Council of Nurses, specially made for the occasion. Some of them in beautiful colouring, and exquisite needlework were extremely fine.

There followed an interesting section, "Lay Nurses of the Past," headed by Edina de Rittle, who lived in the 13th Century, and whose appointment is recorded at St. Bartholomew's Hospital. A Sister of Rahere Ward in 1850 and a Ward Sister and a Nurse in 1870 were excellently represented. Also a nurse of St. John's House in its early days, in the cross-over shawl and neat bonnet worn at that period. Then came Saïrey Gamp and Betsy Prig, who were quite inimitable.

Next in order were groups of nurses representing the different branches of nursing—hospital nursing, maternity nursing, in which the nurse was attired in a midwifery overall, and a maternity nurse, both carrying babies, gained great admiration. Social Service Nursing was shown by nurses representing Babies' Welcomes, School Nurses, and District Nurses, wearing the letters "S.S." embroidered in white, on blue ribbon brassards.

Private Nursing was represented by nurses from St. John's House, and the Registered Nurses' Society, and Nursing Homes, by Miss L. M. Stower.

In the Mission Nursing Section a nurse in a beautiful silk embroidered Chinese dress, and another in native Indian dress, showed that the work of nurses extends over seas. Mental Nursing was represented by a Sister and Nurse from St. Luke's Hospital, E.C., and then attention was drawn to the fact that no less than eight Government Departments utilise the services of trained nurses.

In this section were two bannerettes, one bearing the name of Agnes Jones, pioneer in workhouse nursing reform, carried by Miss Marquardt, the other that of Catherine Loch, R.R.C., the first Lady Superintendent of the Indian Army Nursing Service, carried by Mrs. Maxwell St. John, R.R.C.

The Matrons, Sisters, and Nurses in this Section all wore rosettes of the national colours.

Arrived before Hygeia the Procession paused until the Goddess decreed:

"Come forward I will listen to your Petition."

Miss Cox-Davies then ascended the platform and presented the following Petition:

PETITION ON NURSING AND THE COMMUNITY.

GREAT GODDESS OF HEALTH,

"Thy Empire is worldwide, but thy rebels are everywhere to seek. We are those who fight them by day, and who do not rest by night. For the sick are scattered up and down the world, and those who are broken in earth's hard battles lie where they fall, and it is our duty to seek them where they lie; it is our high toil to minister to them.

"We have heard what our elder sisters have said, hearken to them, Goddess, for the fight is stern, and our weapons must be well forged if we are to prevail.

"We come from the Hospitals, where they dream great dreams of the future of science and her dominion over pain, from the camp, where brave men make light of suffering, from where the cheery sea-fighters rest unwillingly and dream of their ships; from the houses of rest for the poor, from where those unhappy ones are gathered who have lost the knowledge of things as they are, for the vision of things as they seem, and from the sombre houses of silence, where those who have transgressed the laws of the Realm greatly need our ministrations. We come from those Hospitals where lie the saddest victims of man's folly and ignorance, the children, who suffer and die for crimes that were not theirs, and of diseases that were the cruel gift of those who loved them; we come from the schools where we help those unhappy little ones borne down in their earliest struggles with the world, by the burdens that others have laid on them.

"We come from the Hostels where fever raves, from the moorlands and country lanes where the sick are scattered far apart, from the crowded towns, where they lie cramped and close packed in mean homes, or in lofty rooms in rich and stately houses encompassed with all the comfort and skill that wealth can buy. We come from the far lands where fever, plague, and cholera slay under a tropic sky.

"O Great One, wherever they know not thy laws, wherever they break thy laws, wherever the fight is too hard and men faint and fail, there is our place, and from thence we have come to cry to thee. To cry to thee, so that what we lack to fit us for our heavy task may not fail those who follow us.

"Let Science help them, that they have a more perfect understanding of thy laws and how best to teach them to others, and let Science grant them the knowledge that gives

skill, accuracy and confidence. But let not the gentler Spirit fail to dowder them with pity, love, and compassion; for those who fall by the way are unhappy and would fain be comforted as well as stayed.

"Lacking those gifts which thou bestowest only on those who obey thy laws, thy people lack so much, and we grieve often that we can help them so little. Aid us, O Goddess, that with greater knowledge we may serve them better. Teach us so to work for thy people that the world they live in may be a

tion "State Registration," the *raison d'être* of all that had gone before. This banner and procession received a splendid ovation. Heading the contingent was Miss E. M. Musson, wearing a broad purple ribbon, on which was emblazoned in letters of silver, "We want legal status," and following her were four nurses in white dresses, wearing similar ribbons, with their national flags, and knots of beautiful violets, representing the Nurses' Registration Bills of Great Britain and Ireland, Australasia, Denmark, and Finland:



Miss R. COX-DAVIES. Mrs. BEDFORD FENWICK. Miss M. MOLLETT. Miss E. M. MUSSON.

sweeter and cleaner world, and life for them less hard and bitter. So shall thy rule prevail."

Once more Hygeia spoke:

"Oh, the world of misery and wrong in which ye work is wide! Much is asked from you, much ye need to equip you for such a struggle. It is but bare justice. Pass on, ye are heard."

PROCESSION—STATE REGISTRATION.

So the Nurses also passed, and then the door opened for the last time to admit the Procession headed by the Banner bearing the inscrip-

tion "State Registration," the *raison d'être* of all that had gone before. This banner and procession received a splendid ovation. Heading the contingent was Miss E. M. Musson, wearing a broad purple ribbon, on which was emblazoned in letters of silver, "We want legal status," and following her were four nurses in white dresses, wearing similar ribbons, with their national flags, and knots of beautiful violets, representing the Nurses' Registration Bills of Great Britain and Ireland, Australasia, Denmark, and Finland:

Then came another section of nurses in white, representing the Nurses' Registration Acts already passed, wearing their national flags, and blue ribbons, emblazoned with silver stars. New Zealand, Miss Macbeth, a registered New Zealand nurse; the United States of America, Miss Bowden, a graduate of Long Island Hospital, N.Y.; Germany, and Belgium. The Procession ended with the representation of the thirteen national journals, which stand for Registration of Nurses, headed by Miss Breay, representing the *BRITISH JOURNAL OF NURSING*, and carrying the banner inscribed

"Mightier than the Sword." The nurses in this Section wore blue, pink, mauve, and green dresses, and large pinnac pens in contrasting colours, these were tied with knots of ribbon the same colour as the dresses, and suspended from them were miniature copies of the journals which they represented.

In the fight for legal status none have played a worthier or more diligently part than the journals which have so unanimoously voiced the interests of the sick, and of trained nurses, and no representation of the plea for registration would be complete without them.

Arrived before the Goddess, the Procession halted, while Hygeia, Empress of Science, said:

"And who are these?"

Science replied: "They bear the banner of a hard fought fight. But their toes waver, and Victory is in sight. Ad them, Mother."

And Hygeia joyfully proclaimed: "I will hear them."

PETITION ON STATE REGISTRATION.

Thus permitted, Miss Musson presented the Petition on State Registration of Nurses, afterwards handing it to Science.

"Goddess, we bend no knee to thee, for we stand here to voice the rights of those who have fought thy battles through good and evil days, and oftentimes with poor and blunted swords, but ever with courage—with the courage that suffers and dies for others. Speak thou for us to the great ones of this Realm, and say that we demand for thy nursing servants the scant justice for which they have cried to thee, and that it be given to them by law and statute of the Realm.

"Say to them that we desire that they appoint the wisest masters of the healing art and the wisest of the women who nurse, and the best of those who know and understand the needs of the people of this Empire; that they shall meet and have power to decree, that throughout this Realm a woman shall have so much skill and knowledge as they think proper ere she be a nurse to the sick, lest she harm those she would heal.

"Let Science aid, and let them see that none who offer teaching deny or withhold it; but in those hostels for the sick where they prepare the sisters for their work they be well and truly instructed, and let them have power to enforce true and just rules.

"And let them keep a scroll and enter thereon the names of those who are fit and worthy to be thy servants, to teach thy laws, and to minister to the sick. And let this be the law of the land."

Hygeia replied: "I have heard, and my answer shall not be delayed."

Then the list of the Processions passed away, and each of these grouped behind the platform. They waited patiently, while Hygeia rose, none but the one, and spoke the Epilogue.

EPITAPH.

"What ye all desire shall be granted. For ye have not asked for gold, or for jewels, or for selfish advancement; but ye have asked for knowledge and help, that ye may grow in wisdom and strength to teach others to keep my laws. And ye pray that ignorance, prejudice, and selfishness may no longer bar your path. For there be those who still hold that the earth is governed by the will of a few, and the ignorance of many. Woe to those who seek to keep my children from the light, who say: "I know, others shall not know," who sell knowledge at a high price, and who lock the door lest others enter. Let all my children know my laws; let them be written clear, that all who run may read. For, without that knowledge, no tenderness, no sympathy, no love, no gentleness will save the sick and suffering. If science guide not pity she may well harm those she seeks to save. But I will join them."

Then Hygeia laid the hand of the Spirit of Nursing in that of Science, and continued:

"Together ye shall go forth to fight the noblest fight man ever waged, and give again to the dwellers of this fair earth the pure, clean life that is their birthright. The birthright that their fathers have squandered ye shall return to them, and man—and woman—shall stand in the light of that perfect day—not gods—the gods forbid—but perfect man and perfect woman—to give again to the earth a noble race to rule a noble world."

At the close of the Pageant the applause was long, and sincere, and one realised keenly the value of the gift made to their profession by those who with so much pains had designed the Pageant, and written the Masque. The idea was wonderful, and it was carried out with a perfection of detail which left nothing to be desired. Of the Masque itself one felt that it contained not one word too many or too few, but presented the case for Registration with force and charm, never for a moment descending from the high plane from which the demand of nurses for their legal status has ever been preferred.

Then Hygeia, stepping from her golden throne to earth once again, and followed by the Spirit of Nursing and Science hand in hand, led the re-formed Procession down and out of the Hall, amidst prolonged applause, and, indeed, all the appreciation which could be lavished on the Goddess, and on a

the Spirit of Nursing and Science, was well merited, for each played her part with distinction and charm, and made the Masque a living thing, the memory of which is to be cherished with thanksgiving.

When the Procession had passed, Lord Amphil, gauging the feeling of the audience, called for three cheers first for Mrs. Bedford Fenwick, and then for Miss Mollett, and, right heartily they were given, and then the Pageant was over, but a very enjoyable part of the evening remained in the meetings which took place between old friends, some of whom had not met for over twenty years, but who then as now were enrolled under the Registration banner.

THE DRESSES OF THE PAGEANT.

Where all the dresses were so well designed, and so beautifully executed, it is difficult to single out any for special notice. Agamedé, in her classical Greek robe, with her beautiful hair unbound, falling below her waist, and encircled with a golden fillet, was deservedly admired; the simple white deaconess' robe of Phoebe of Cenchrea was most becoming and correct; the Empress Helena, regal in a golden robe, and white silk cloak, embroidered in gold, wearing a white veil, surmounted by a jewelled crown, and carrying a large cross, was a regal figure. Marcella, in a purple robe, with draperies of gold and rose coloured tissue, tiara of jewels, a serpent necklace, and gold bracelet of Roman design, looked every inch the Roman patrician matron. St. Bridget of Kildare wore a grey Franciscan habit, torsehead band, cap and wimple, and black veil, lined with white. She carried a scroll of the Gospels, which she taught to the Irish, and a model of the Abbey which she built.

St. Hilda of Whitby, a noble figure, was in the black habit of a Benedictine, with cap and wimple. She wore her royal robe of emerald green lined with rose colour, and ermine cape, and carried her pastoral staff as Abbess.

The group of men who took part in the Pageant added greatly to its distinction. The Grand Master of the Order of St. John of Jerusalem, in black habit, and black velvet hat, was greatly admired, and the Pageant would have been very incomplete without Rahere in the white habit and cowl of the Augustinian Order. Queen Matilda was regal in mauve grey velvet, emblazoned with golden fleur de lys, and wearing a jewelled crown, the Sister of St. Martha in her quaint blue habit and white veil, and the Sister of St. Esprit wearing the double cross of her Order, had carried out their costumes faithfully in every detail. St. Elizabeth of Hungary was in

white silk beautifully embroidered in gold, her hair being braided in two long plaits and surmounted by a veil and pointed crown. She carried the emblematic red and white roses of Paradise in her Royal blue robe.

The Augustinian Sister, in a white habit and scapula, torsehead band, kerchief, and barrette, and black veil lined with white, might have walked straight out of her convent. One of the most gorgeous figures was Philippa of Hainault in a petticoat of pink brocade, over which she wore an ermine trimmed velvet tabard, emblazoned with a crown, lions and unicorns, and jewelled headdress, a gorgeous dress, worthy of the great Queen, correct in every detail. St. Catherine of Siena wore the white habit and black veil of the Dominican Order, surmounted by a crown of thorns, and carried the lilies always associated with her, bound to a cross. The Plague Attendant in costume of Levantine leather, and headdress with crystal eyes inset, the long nose filled with aromatic drugs to ward off infection, was a notable figure, and one of the most beautiful dresses was that of the Abbess of Royal birth in a regal robe of cerise satin brocade embroidered with gold, a purple train lined with white satin, a magnificent jewelled cross, and a white veil on her head.

The Knight of St. Lazarus in armour was a splendid figure, and looked as if his sword would be at the disposal of every good cause needing his aid. The Brother of Pity in thread habit worn by the Order until the fifteenth century was a figure which could not be omitted from any Nursing Pageant, nor could St. Vincent de Paul, in his Franciscan habit, friend of prisoners, of foundlings, and of Kings. The Sister of St. Vincent de Paul was distinguished by a fine rosary, while Jeanne Mance was quite perfect even to her curls, reminiscent of the time of the Stuarts. A sweeter Friederike-Fliedner, in dark blue spotted print, with white frilled apron and cap, could not be imagined, and Elizabeth Fry in dove-coloured satin, soft muslin fichu and sleeves, and Quaker mob cap was perfect. No pains had been spared by anyone taking part to make the presentment of the character personated in every way worthy and dignified, and Mrs. Bedford Fenwick and Miss Mollett expressed themselves as deeply appreciative of the help and co-operation of everyone concerned.

THE BANNERS.

One result of the Pageant is that every League of Nurses affiliated to the National Council of Nurses will henceforth have its own banner, in many instances a most beautiful one. One of the most lovely was that of the

Irish Nurses' Association, the General Hospital, bearing the emblem of the shamrock, and the name beautifully inscribed in white letters. It was the gift to Mrs. Fenwick of Mrs. Hirschel, "in the name of my kind nurse and friend, Sister Elizabeth Thompson" (late of the Adelaide Hospital, Dublin). At Mrs. Fenwick's suggestion this banner is to be presented by Mrs. Hirschel to the Irish Nurses' Association—a lovely gift they will greatly value.

THE CONVERSAZIONE.

The Conversazione which followed was most enjoyable. A large number of Matrons and other influential supporters of the State Registration movement were present, and the support given to the Pageant by the presence of Lord and Lady Anghill was greatly appreciated.

Refreshments were served in the large drawing room, and a most lively programme of music was rendered by Mr. Algernon Clarke's Viennese Band, which he conducted in person.

Besides the large number of nurses who were present, many others would have attended the Pageant had their professional duties permitted, as the following telegram, received during the evening from nurses at the Union Infirmary, Kingston-on-Thames, shows: "We cannot all come to the Pageant, for some must be on duty. What we all want is State Registration, to distinguish those who realise the passport duty."

Will the Pageant ever be repeated, and those who were unable to be present on Saturday last have an opportunity of seeing it? Who knows?

But those who have had that opportunity appreciate that it was a rare privilege which they would not have missed for much.

BOOK OF THE WORDS AND PROGRAMMES.

Many of those present at the Pageant will be glad to know that a limited number of copies of the Book of the Words can be obtained from the Pageant Secretary, 431, Oxford Street, price 6d., or 6½d. post free, and programmes, price 2d., or 2½d. post free.

PHOTOGRAPHS.

The pictures published in this issue were supplied by the following agencies, from which copies can be obtained.

Hygeia, the Spirit of Nursing, and Elizabeth Fry, with Mrs. Gamp and Mrs. Pridg, from the Central News, Ltd., Illustrations Dept., 5, New Bridge Street, Ludgate Circus, E.C.

A group of Saints, for the block of which we are indebted to the courtesy of the *Daily Chronicle*, from the "General Press Photo

Company, Ltd.," 2, Bream's Buildings, Chancery Lane, E.C. Original photographs of this group mounted can also be obtained, price one shilling, post free, from the "Daily Events Company, Ltd.," at the same address.

The group of Science and her Attributes from "The Sports and General Illustrations Co.," 45, Essex Street, Strand, W.C.

A number of other excellent photographs are to be obtained from these firms, and those of Queen Philippe and Marcella are specially successful.

HISTORICAL INFORMATION.

The information as to the Saintry Woman and Nursing Orders in the foregoing pages is largely taken from "A History of Nursing," published by G. P. Putnam's Sons.

MARGARET BREVY.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Elizabeth H. Gilbert, of the General Hospital, Birmingham, for her article printed below.

THE VENTILATION OF (a) A HOSPITAL WARD. (b) A SICK ROOM IN A PRIVATE HOUSE.

There is nothing so important in nursing, either for recovery from disease, healing of wounds, or prevention of spread of infection as thorough ventilation, both in hospital and in the private sick room.

The nurse should, therefore, fully understand the chief means by which this may be obtained.

These are:—

By (1) Windows.

2) Doors.

3) Fireplace.

4) Ventilators.

5) Various mechanical systems used in different hospitals.

Remembering that hot air ascends, all windows of wards should be opened from the top, both for escape of foul air and admission of fresh, and according to the direction of the wind, some should remain open always, the patients having extra hot bottles or bed clothes if necessary.

After meals, offensive dressings, use of bed-pans, the windows should be widely opened to ensure a thorough change of atmosphere, and extra protection given to the patients when necessary. Doors should not be locked upon as a sufficient means of ventilation, but as a valuable assistance to it, a fire should be kept burning, if weather will permit, by which

means a constant current of air is drawn away from the ward or room, thus keeping the air continuously changing.

Ventilators both in wards and private houses should be placed above the level of the patients' heads, that the fresh air may be mixed with the warmer atmosphere before reaching them, to provide a ready exit for the foul air, and also to provide uncontaminated air for those working in the wards.

Various mechanical methods are employed in hospitals for ventilating purposes, and the nurse should acquaint herself as far as possible with the means of regulating these in her ward. The main object of all is the supply of fresh air, which should be warmed before reaching the patients.

The Plenum System, in use in a few hospitals, has not only the advantage of warming the air, but changing it once in eight minutes, especially useful in out-patient departments and on visiting days.

In a private house, a good deal of tact will be required by the nurse to induce the patient to realise the necessity of fresh air in the sick-room, and that this can be obtained without causing a draught or giving him a chill.

Much depends on the time of year.

In summer both door and window may be allowed to be open. In winter the latter must be opened from the top, and in both cases the patient should be protected by screens if necessary.

Twice a day the patient should be well covered up, and the windows widely opened, and the whole atmosphere thoroughly changed.

If the sick room leads into another room the latter may be filled with fresh air, and the communicating door opened to allow its free admission to the sick room: this, though inefficient in itself, is a help.

A fire should be kept burning, for reasons previously stated, and in summer a lighted stove placed in the grate will help to carry out the same principle.

The Papers sent by Miss M. Punchard, Miss E. A. Waterman, Miss F. Sheppard, and Miss E. Marshall are highly commended.

QUESTION FOR THIS WEEK.

"How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation?"

Rules for competing for this Competition will be found on page xii.

Appointments.

LADY SUPERINTENDENT.

Birmingham and Midland Homeopathic Hospital.—Miss Isabel Kemp has been appointed Lady Superintendent. She was trained at the General Hospital, Northampton, and has been Matron of the South-wark Infirmary, East Dulwich.

MATRONS.

Home for Incurables, Newcastle-on-Tyne.—Miss Wilkes has been appointed Matron of the Home for Incurables, Newcastle-on-Tyne.

Grief and District Cottage Hospital.—Miss Jessie A. Morison has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and has been Sister at Kirkealdy Cottage Hospital, Sister and Dispenser at Arbroath Infirmary, and Matron of Galashiels Cottage Hospital.

HEALTH LECTURER.

County of Gloucestershire.—Miss F. Williams has been appointed by the Gloucestershire School of Domestic Science Health Lecturer in the county. She was trained at the Woolwich Infirmary, and has been Charge Nurse at the West Ham Union, Staff Nurse at the City of London Hospital for Diseases of the Chest, Ward Sister at the Central London Sick Asylum, Hendon, N.W., and Queen's Nurse at Leeds, Leicester, and Rawten-stall. She has also done private nursing and is a certified midwife and a member of the Territorial Force Nursing Service (1st Southern Hospital).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Mary Warburton, Staff Nurse, resigns her appointment. Dated February 15th, 1911.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Mary Newbegin, to Southborough; Miss Dorothy Bennett, to Gateshead; Miss Isabella Muir, to Parkgate; Miss Frances Corneille, to Pemberton; Miss Emma Bizley, to Hull; Miss Emily Wilkiuson, to Barkstone; Miss Mary A. Johns, to Middlewich.

PRESENTATION.

Miss Bessie Leonard was presented on her resignation of the Matronship of the General Lying-in Hospital, York Road, S.E., with a silver tea-service on a plain plated tray as a wedding gift. Miss Whyte, the Secretary, made the presentation on behalf of the medical and nursing staff at an informal gathering of the staff. She voiced their sincere good wishes for Miss Leonard's future happiness. Many past midwives and monthly nurses trained in the school during Miss Leonard's term of office joined in the presentation.

LECTURES ON PLAGUE.

Dr. F. M. Sandwith, Gresham Professor of Medicine, who has been lecturing on Plague at the City of London School, dealt in the first lecture with the Great Plague of London. The medical men of those days seem to have been quite panic-stricken, and "only 27 heroic medical men remained to minister to the needs of 240,000 persons; all the others fled the town to their undying shame."

Nursing Echoes.



A meeting of the Council of Queen Victoria's Jubilee Institute for Nurses was held in the offices, 58, Victoria Street, on Wednesday, 15th inst. The reports from the Executive, Affiliation, Meetings, Nursing, and Finance Committees were received.

It was reported that affiliation had been granted to Nursing Associations in Cooper, Yorks; Dullingham, Cambs; Leos, Lams; Moulton Paddocks, Cambs; New Cherrylinton, Cambs; Parkgate, Yorks; Solam, Cambs; Gorsemon, Glam; Llandegla, Denbigh; Llangennech, Glam; Llantwit Major, Glam; Pantrevoelas, Denbigh; Pontardulais, Glam; Wick, Glam; Athy Branch of Women's National Health Association, Co. Kildare; Clifden Branch of Women's National Health Association, Co. Galway; Fairymount, Co. Roscommon.

The affiliation of the following Associations, to employ Queen's Nurses in connection with County Nursing Associations, was approved:—Boughton, through the Kent C.N. Association; Canterbury Maternity Charity, through the Kent C.N. Association; Hatch Beauchamp, through the Somerset C.N. Association; Shoreham-by-Sea, through the Sussex C.N. Association.

Reports were announced from the Inspectors on 376 districts, employing 576 nurses, and from the County Superintendents on 46 nurses working under 39 associations.

It was reported that gratuities of £5 each have been made to seventy-seven senior Queen's Nurses from the Queen's Nurses' Benefit Fund. Mr. Elwin Tate's generous gift of £1,000 having made it possible to increase the number of recipients this year.

Some interesting letters from the late Miss Florence Nightingale on health visiting in rural districts have been reprinted by the National League for Physical Education and Improvement, 4, Tavistock Square. These letters, written some twenty years ago, show that Miss Nightingale was even then keenly alive to the necessity for health teaching in rural no less than in urban districts.

Nurses interested in sociological questions should read "Woman and Labour," by Olive Schreiner, the authoress of the classic, "The Story of a South African Farm."

The Irish Nurses' Association has arranged a series of lectures during the spring, the first of which was given at the beautiful new home of the Association at 31, St. Stephen's Green, Dublin, on the evening of Tuesday last, when Dr. Stoney spoke on "Deficiency." Mr. Pearson will lecture on "Some Surgical Conditions of the Brain" on March 8th.

Central Poor Law Conference.

The 39th annual Central Poor Law Conference was begun on Tuesday, February 21st, in the Council Chamber of the Guildhall. The Right Hon. the Lord Mayor opened the proceedings at 10.50 precisely, and addressed a few general remarks to a crowded audience.

The President, the Earl of Strathmore, C.B., C.V.O., then took the chair, and after the report of the Committee was read, delivered an address, in which he pointed out that the drastic reforms suggested for the Poor Law should be treated with elasticity, as measures that would be excellent in the towns would be quite unsuitable for country districts with a wide area to cover.

Casuals practically all came from the towns; they had been increasing fourfold during the last three years, and he saw no sign of abatement.

Mr. H. Beaumont, Clerk of the Wakefield Board of Guardians, then read a paper on "Reforms from within." He said that "Degeneracy must be stopped at its source—that is, covered by the expression 'heredity.'"

Legislate how you will, call the institutions and the works of the guardians by whatever name you like, degenerates will still exist, their difficulties will be the same, and the difficulties of administration will be the same. . . . It was unnecessary to say to that audience that children, whether sick or well, should never be in a workhouse or a workhouse infirmary. They should be sent to Homes where they will not have to associate with adult paupers. . . . It goes without saying that under the Boarding-out Order, the Children Act, etc., the officer to be appointed should be a woman of experience and tact, of a class of education superior to those amongst whom she has to work, and where children are concerned, as unfortunately children must be concerned, in outdoor relief, female relieving officers could with advantage be employed.

The Guardians should also have power to compel their outdoor sick to come into the institution for nursing and treatment, only on the recommendation of the responsible medical officer.

At the risk, he said, of giving some offence, the speaker suggested that the *personnel* of public bodies, including Guardians, has not improved of late years. It was very advisable that the Poor Law should have the services of the best workers and most experienced citizens, but no legislation could secure it.

Mr. Leach, Clerk to the Guardians at Rochdale, opened the discussion. The proceedings were adjourned at noon, and the members of the Conference were then invited to visit the training ship *Ernouth*, where they were entertained by an exhibition of physical drill and exercises by the boys.

Our Foreign Letter.

FROM NEW YORK.



things you are deep in. I have not seen much of hospitals this winter because of absorption in woman suffrage work, but the other evening I found myself giving a talk on the Page Bill to the nurses at Bellevue, my old alma mater. I was greatly struck by the vast growth there; you remember Bellevue? For one thing, the school for men nurses has been discontinued. One trouble and vexation after another has attended it for some time past; there have been newspaper sensations and rumours, and finally, with the acquiescence of Mr. D. O. Mills, who had originally given the building in which the men's school was housed, it was decided to give up the school and replace the men students in the wards by women. This is rapidly being done, and now only a few men are completing their course. They will receive their diplomas and then their places will be taken by women pupils. In the men's wards, the training school will try to train some good orderlies.

This may be regarded as a failure for men as nurses, for in this school, as you know, the experiment has been made with the utmost care and goodwill. And there have been some excellent men, but not enough, and the best usually went on to medicine. The doctors were dissatisfied, and ward housekeeping was not good. Another thing that I found interesting was the composite character of the training school. For some time there has been a post graduate course of six months there—that is, a regular course for women who had taken their certificates in some other hospital, and this is still flourishing, but further there are now in large numbers what they call "affiliated pupils"; that is, women who are still in training in some other place, but who are sent by their training schools to Bellevue for certain branches not available in the affiliating hospital. It has long been usual for our hospitals to send their pupils thus for obstetrics, but at Bellevue they come for all sorts of services, principally children and medical work. Miss Noyes, the Superintendent of Nurses, who followed Miss Goodrich, is a Johns Hopkins woman, and most able and admirable. She told me that the school numbers now about three hundred and fifty, of whom only one hundred and twenty are Bellevue probationers. The rest, after excluding a large number of permanent paid head nurses, are all either post-graduate or affiliated pupils. The former come from all over the world; the latter, from the states near by, the most distant being Maine, and the Dis-

DEAR EDITOR.

Perhaps a little nursing gossip will not come amiss to your pages in the midst of all the more strenuous

trict of Columbia. This affiliation is the result of State Registration, and the general impetus it has given to a uniform, all-round training. In every state where registration exists efforts are being made in concert between hospitals to agree on a general plan of training, or, as the expression is, a uniform minimum. The new Bellevue is going to be very magnificent and perfect, but I did not have time to go into the one completed pavilion.

You will be interested to hear that Miss Linda Richards, whose retirement was announced some time ago, has gone back to work. Leisure was too dull for her, and an urgent plea from a hospital for the insane, where she had once been, found her back like an old warhorse at the sound of the trumpet. She will only be happy if she dies in harness, and as her only handicap is a lameness, her splendid head and heart being as good as ever, I think we shall hear no more of her retirement. She is preparing her reminiscences, but has not completed the book.

Miss Drown, however, has definitely retired. She is frail, and not long ago went through a serious illness. Miss Irene Sutcliffe, who sent so many splendid women out from the New York Hospital, and whose health failed utterly there, has grown quite strong since laying off the burden, and she is now abroad.

Two charming little Irish nurses whom I met in Dublin have come to New York to try their fortunes, Miss A. Brennan and Miss Kate Duggan. Each has a sister resident here, and both have gone into private duty and seem well and happy.

So many Johns Hopkins nurses are in New York that yesterday Miss Waters had a tea for them all at the Settlement. One is in charge of the new hospital attached to the Rockefeller Institute. It is another such hospital as that connected with the Pasteur Institute, only such patients being taken as belong in the class of infections being studied at the time.

I think I have written to you that our obnoxious prostitution law has been declared in so far unconstitutional, that the medical inspections in court have been stopped. We feel very happy over this victory, which was gained by a woman lawyer. Is it not a blessing that we have them? We hear, also, that the respectable supporters of this clause are weakening in their support, discouraged by the intense and widespread public indignation. There is now a general demand for the Board of Health to make venereal diseases reportable; this does not at all mean that it will arbitrarily isolate all cases. I know that in England abolitionists fear "notification" as just another form of regulation, but it will not be so here. A proof that the Board of Health ought to make venereal diseases reportable is that all regulationists, debauchees, and men of low standards generally, would rather have anything else adopted as a policy. It is the last thing they want to see done.

I am glad to tell you that Putnam's publishing house has agreed to publish the Third Volume of Nursing History at its own expense. This is almost better luck than I had hoped for, and though the terms are not quite so wonderful as those offered

In Sister Agness's publisher, yet we could not expect that in this land of high tariff, and on account of copyright laws, we could not have it done abroad. Putnam's contract will be made with the International Council of Nurses (Miss M. Brey, Treasurer), and they will give us ten per cent. on the retail price after the first one thousand copies, until three thousand have been sold; after that we shall get fifteen per cent. The Council will receive six free copies, and may buy for its own purposes at the rate charged to booksellers (usually one-fourth off).

I hope, therefore, that nurses will buy enough to keep our treasury nicely supplied.

L. L. DICK

IF—

If you can keep your head when all about you
Are losing theirs and blaming it on you;
If you can trust yourself when all men doubt you,
But make allowance for their doubting, too;
If you can wait and not be tired by waiting,
Or being lied about, don't deal in lies;
Or being hated, don't give way to hating,
And yet don't look too good, nor talk too wise;

Yours is the Earth, and everything that's in it,
And—which is more—you'll be a man, my son!

RUDYARD KIPLING.

COMING EVENTS.

February 25th.—Central London Sick Asylum, Cleveland St. Branch. At Home, 42a, Cleveland Street. 4—5 p.m.

March 3rd.—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. First of a course of Lectures to School Teachers. Women Health Visitors, and School Nurses. 7 p.m.

March 7th.—After Care Association for Blind, Deaf, and Crippled Children. Annual Meeting, Lord George Hamilton presiding. Bridgewater House, St. James's, 3 p.m.

March 8th.—Royal Infirmary, Edinburgh. Lecture on "The Nursing of Respiratory Cases," by Dr. Harry Rainy. All trained nurses cordially invited. Extra Mural Medical Theatre. 4.30 p.m.

March 8th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Some Surgical Conditions of the Brain," by Mr. Pearson. 7.30 p.m.

March 10th.—Association for Promoting the Training and Supply of Midwives. Seventh Annual Meeting, 24, Park Lane, W. Princess Christian will preside. 3.30 p.m.

March 10th.—South-Western Polytechnic Institute, Chelsea. Sir Alford Keogh, K.C.B., LL.D., Rector of the Imperial College of Science and Technology, presents prizes and certificates to students of evening classes and day college. Laboratories and workshops open to public inspection at 9.15 p.m.

WORD FOR THE WEEK

Mirth is God's medicine. Everybody ought to bathe in it. Grim care, moroseness, anxiety—all this rust of life ought to be scoured off by the oil of mirth. It is better than emery. Blessed is he who has a sense of the humorous. He has that which is worth more than money.

HENRY WARD BEECHER.

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.

OUR WEEKLY PRIZE

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Many thanks for the cheque, value 5s., for competition prize. I am delighted to find myself the winner. Entering fever nursing is so absorbing and interesting I found it very difficult to keep within the 500 words limit!

Yours very truly,

EMILY MARSHALL.

123, New Bond Street, W.

UNSELFISH SUPPORT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I must thank you for so kindly offering to keep me a seat for Saturday, the 18th, and am sincerely sorry I am not able to come to the Pageant. I have waited to see if I could arrange to do so. I regret very much I cannot under the circumstances. I take great interest in it, for I am sure State Registration is much needed, so please find enclosed 10s. in aid of the cause. I am only sorry I am not able to do more. My health broke down some time ago, and doctors suggesting that I should benefit by my native air, I came here, so I have to work up another connection, which I am pleased to say I am doing very nicely, but having to be at work Sunday morning I find it impossible to come. I trust the Pageant will be a great success, and if it is repeated later on, I hope to attend.

Having the BRITISH JOURNAL OF NURSING weekly, I see how things are going, and am sure it is my heart's desire to see the State Registration in force. Wishing you every success, and with very kind remembrance.

Yours faithfully,

Manningham, Yorks.

M. GEORGE.

SUGGESTIONS INVITED.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—We have in our English almshouse a woman who, in consequence of an operation, suffers from a chronic jerking of her whole body, worst at the head. She can nevertheless dress herself, clean out her room, and grind her coffee. I write this in the hope that some of your readers can suggest some form of occupation for the old woman (she is 64). It would be a great boon. She is not obliged to do anything, but I think she is wise to do what she can for herself, and I am sure that she would be much happier if something could be found to occupy her lonely hours.

Yours truly

M. E. F.

St. Petersburg.

The Midwife.

The Midwives Act.

In the House of Commons last week Mr. R. Harcourt (Montrose Burghs, Min.) asked the Prime Minister whether it had been brought to his notice that there was a growing feeling of opposition to certain provisions in the two successive Midwives' Bills introduced by the Government last session, notably the proposed importation, for the first time, of the machinery of the Poor Law, and the proposed annual renewal of the midwives' registration; whether, with a view to securing the much-needed amendment of the Midwives' Act, he would consider the desirability of omitting the provisions to which so much objection was taken; and whether it was intended to introduce any measure on the subject during the present session.

Mr. John Burns (President of the Local Government Board), who replied, said: I understand that the President of the Council has a Bill ready for introduction, from which it is proposed to omit what is known as the annual renewal of midwives' registration. The provisions of the Bill dealing with the payment of medical men called in at the suggestion of midwives were included in the Bill in order to give to the doctors some security for their fees, and I should expect that the omission of the provisions would cause disappointment to the medical profession.

The Examination of the Central Midwives Board.

The following is the examination paper set by the Central Midwives Board for the examination on February 14th, in London and the provinces:—

1. What are the causes of rupture of the membranes before the neck of the womb is fully dilated, and what complications in labour might you expect in such circumstances?

2. State fully how you would endeavour to prevent rupture of the perineum in a primipara.

3. How would you deal with a case of labour in which the cord is found to be round the neck of the child after the birth of the head?

4. Describe in detail how you would examine the placenta and membranes.

Why is this examination important?

5. A primipara is unable to suckle her baby. Write down in full all the instructions you would think it necessary to give her with regard to feeding the child artificially for the first ten days of its life.

6. Name three antiseptics in common use in midwifery. Give the advantages and disadvantages of each.

(a) for disinfecting the hands,

(b) for douching in special cases,

and state how you would prepare solutions of them.

THE ROYAL MATERNITY CHARITY OF LONDON.

In his Report of the Training School for 1910 the Secretary, Major G. Lionel B. Killick states that nine pupils have passed the C.M.B. Examination during the year. He adds that there has been a marked falling off in the number of pupils during the past year, directly traceable to the fact that the principal General Hospitals, all over the United Kingdom, have inaugurated training schools in midwifery, and also the C.M.B. are yearly adding to the list of practising midwives who are licensed to receive and train pupils.

THE ST PANCRAS SCHOOL FOR MOTHERS

The St. Pancras School for Mothers, which has done such excellent work for the poor in that locality has extended its activities so as to embrace the whole period from the expectancy of the mother to the compulsory school age of the child, and by association and co-operation with the day nursery and the nursery school has now become a comprehensive school of mothercraft and babe training.

THE MATERNITY HOSPITAL, NEWCASTLE-ONTYNE.

Lord Armstrong, who presided at the Annual Meeting of the Maternity Hospital, New Bridge Street, Newcastle-on-Tyne, in moving the adoption of the report, said that what had been accomplished was evidence of a great and good work, and of the wisdom of those who had stood for the hospital as a hospital. The hospital had more than justified the hopes of those who had organised it some years ago. He trusted that they would not only have an increase of subscribers, but also in the amount of money received.

Unfortunately there was a deficit of £56 on the year's working. It is interesting to note that of the total income for the year of £861, no less a sum than £383 was derived from the fees paid by students and nurses.

A ST VALENTINE'S MARKET.

A "St. Valentine's Market" represents the effort made last week in Leeds to diminish the debt on the Maternity Hospital, which is doing excellent work, but which, unfortunately, is hampered by a debt of £3,000. The Chairman, Mr. A. B. Baines, who presided, and who was supported by the Lord Mayor and the Lady Mayoress, Mrs. Currier Briggs and others, said that the Hospital was started a few years ago with a certain amount of opposition, but this had fallen through, because it had been found that such an institution in a great city like Leeds was increasingly necessary. "It is no use," said Mr. Baines, "talking about 'home, sweet home' when many people have not got such homes." In the hospital work was done on the best lines in an economical and beneficent manner.

The market was opened with a graceful speech by the Hon. Mrs. Albert Kitson.

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XLVI

Editorial.

THE PROBLEM OF THE FEEBLE MINDED.

The problem of the feeble minded, concerning which Sir William Chance, Chairman of the Central Committee of Poor Law Conferences, presented a paper, to which we refer in another column, at the Guildhall last week, is most important, and one in which the future health and efficiency of the nation are involved. Sir William Chance showed 1 That a really feeble-minded child will always remain feeble minded, 2 that feeble-mindedness is hereditary, 3 that 62.6 per cent of the inmates of homes for chronic inebriates, 10 per cent of prisoners, and over 30 per cent of the inmates of rescue homes are feeble-minded, and 4 that the class constitutes a considerable section of the unemployed.

The Royal Commission on the Feeble-minded reported that "there are numbers of mentally defective persons whose training is neglected, over whom no sufficient control is exercised, and whose wayward and irresponsible lives are productive of crime and misery, of much injury and mischief to themselves and others, and of much continuous expenditure wasteful to the community and to individual families." Even if special education is available for a limited section of mentally defective children, "it is supplemented by no subsequent supervision and control, and is in consequence often misdirected and unserviceable." Saddest of all perhaps is the Commission's statement. "We find large numbers of persons who are committed to prison for repeated offences, which, being the manifestation of a permanent defect of mind, there is no hope of repressing, much less of stopping, by short, punitive sentences." Surely we are not far advanced

in civilisation when we deal with defects of mind by punitive imprisonment. Again there are at large in the population "many mentally defective persons, adults, young persons, and children, who are, some in one way, some in another, incapable of self-control, and who are therefore exposed to constant moral dangers themselves, and become a source of lasting injury to the community."

All this has been made public in the Report of the Royal Commission, but it is not sufficient to know that these things exist. It is the duty of every person who is not feeble minded to see that the question is dealt with effectively.

The Commission suggest that there shall be one Central Authority for controlling every class of mental defectives. The Asylum Committees of County Councils have charge at present of lunatics, idiots, and imbeciles, and they consider that the feeble-minded and epileptics might well be added. They are led to this conclusion because they consider that "the mental condition of these persons—and neither their poverty nor their crime—is the real ground of their claim for help from the State."

Sir William Chance rightly points out that compulsory powers are needed to deal with the classes above referred to, and asks "Is it not almost hypocritical to talk of the 'Liberty of the Subject' in this connection? It is an abuse of the expression to apply it to them. Yet this is an objection raised by members of the House of Commons, who are engaged every Session in passing legislation interfering with the liberty of sane people, who are generally judged capable of looking after their own affairs."

Nurses can do much to help to form public opinion, and they should lose no opportunity of pointing out the urgency for legislation in regard to the feeble-minded.

Medical Matters.

THE PRINCIPLES AND LAWS OF HEREDITY.

Dr. G. Archdall Reid, author of "The Principles and Laws of Heredity," who was the principal guest of the Authors' Club, Whitehall Court, at a dinner at which the Earl of Ronaldshay, M.P., presided, said that everybody believed in evolution, which implied adaptation to the environment. Degeneration implied the contrary. The right theory of evolution and the right theory of heredity must fit in with this fact of adaptation. Only one theory of heredity fitted the facts—Darwin's theory of natural selection. Selection implied a selective mortality, that the fittest survived and the unfittest perished, as a general rule. Many people died young. Who were they? Those who were weak against various microbial diseases. Each disease would in its own habitat weed out the unfittest. One other source of elimination was alcohol, to which people varied in susceptibility. If the ill-conditions which affected the parent did not, as a general rule, tend to alter offspring then since the offspring did vary spontaneously the fit would be preserved and the unfit would be weeded out, and the race would undergo protective evolution. A very unhealthy condition was to be found in the slums of great cities. There were parents who were unhealthy and children who were puny. What was the connection between the puniness of the children and the unhealthiness of the parents? Were the children puny because their parents were unhealthy, or because they were reared under unhealthy surroundings? Since the fit would survive the race would go on getting more and more resistant to slums. Were children living in slums getting resistant to slums, or were they degenerate? The races most exposed to slum life were Jews and Chinese. Those races had not grown degenerate. There had been selection and the races had undergone protective evolution. The races longest exposed to consumption were most resistant to consumption. In every case it was not degeneracy but evolution. Taking alcoholic disease as an instance the English to-day were, he said, more temperate than their ancestors, and the most temperate of all were the upper classes, who took as much as they wanted, but did not want much. In every case, one got protective evolution. Offspring were not rendered degenerate by the misfortunes of their parents, but races underwent evolution owing to the fire to which they had been exposed. Sufferings did not affect a race; it was the deaths of the race that affected it; it was not the illnesses

but the illnesses which ended in death that changed the race. Nearly all microbial diseases originated in the Old World.

SANATORIUM TREATMENT IN PULMONARY TUBERCULOSIS.

Dr. F. Rufenacht Walters, F.R.C.S., Physician to the Crooksbury Sanatorium, writes in the *British Journal of Tuberculosis* on the above subject:—

The value of the modern methods can be much better gauged by clinical than by statistical evidence, and a few months spent in a good sanatorium will soon convince the impartial observer of the efficiency of these methods within certain limits. "The open-air treatment of phthisis, intelligently carried out, is an immense advance on former methods." Dr. Paget Tomlinson says: "Nothing in the whole range of medical practice has impressed me so much as the contrast between the impotent, not to say injurious, treatment of consumptives in the old days and the hopeful and satisfactory results of the present open-air methods wisely carried out."

It would be a great misfortune if the open-air treatment were only applicable abroad. Fortunately, on the testimony of many who have first-hand experience of it in this country, it can be employed here with the greatest advantage in many cases. For most patients the open air has no terrors here, provided they have sufficient clothing and protection against wind.

Whether treatment should be carried out in a sanatorium or not depends greatly upon circumstances, chief of which is the pecuniary position of the patient. Just as in a hospital more complete arrangements are possible for treatment at a lower cost, so in a sanatorium. Other advantages are, more systematic treatment, more suitable buildings and situation, and the personal influence and attention of one who is of necessity a specialist, and who is able to give his whole time to the problem. Sanatorium treatment is not merely stuffing and exposure to fresh air, but a graduated course of treatment and training designed to raise the resistance of the body to the disease. Sanatoria are, unfortunately, not all equally efficient, and it is to be feared that the inefficient have given a bad name to all. "If the value of any particular institution be educative rather than curative, we may justly infer that the cases it deals with are far too advanced; that it is under-staffed and the patients do not have the constant supervision which is essential; or that the sanatorium is controlled by a pessimist."

The Nursing of a Case of Enteric Fever.

By Miss M. K. STEEL.

POSITION OF PATIENT, IMMEDIATE SURROUNDINGS.

As many physicians differ in their treatment of enteric fever, the nurse who has had charge of cases under several of the well-known authorities on the disease is to be considered fortunate. All are, however, agreed as to the source of infection, and on the precautions necessary for the safety of the public and the nurse in attendance.

Should the patient be treated in hospital it is essential to have the bed as much apart from the others in the ward as possible.

Bed hangings to be dispensed with.

The bed, as is usual in institutions, to consist of japanned or enamelled iron of a simple pattern free from crevices or ornamentation.

A spring mattress, over which a well filled hair mattress (with cotton tufts which do not injure with baking), a long mackintosh of good quality, bottom sheet of full size to allow of firm tucking in at top, bottom, and sides, a short mackintosh, draw sheet, knee pillow, air ring or small water bed, metal cradles, preferably white enamelled of a large size.

Top sheet and light linen counterpane. At the foot of the bed a small table to hold hand lotion, mouth wash, and clinical thermometer.

If possible, patients should be so placed that the light from the window should fall from behind, the blind being readily adjustable, the ventilation to be formed by fireplace and top of window, a constant change of fresh air being necessary.

Feeding, washing, and all other utensils used for the case to be specially marked and kept in a separate place, with rubbers, tea cloths, etc., and if possible on a well ventilated shelf, one with an open grid is best.

NURSING TREATMENT.

Patient is nursed in the recumbent position throughout the course of the disease, being changed every two hours when constant attention is necessary to the part in contact with the bed.

Tepid or ice sponging (as ordered), any spots to be marked with pencil and reported.

Gown (opening down back) of thin material to be worn.

Temperature, pulse, and respiration to be taken and charted four hourly.

Feels to be given tepid 2 hourly, and as

much variety as is permissible to be carried out, ice, flavoured, etc.

Tongue, gums, and teeth to be attended to before each feed.

All excreta—stools, urine, sputum, etc., to be disinfected with 1 in 20 carbolic or saturated in Cylbin at least 20 minutes before putting down sink, and treated as highly infectious.

Stools kept for inspection to be placed in covered glass vessels in a solution of strong disinfectant.

Great care to be taken with soiled linen, all of which must be soaked in strong solution of carbolic before being sent to the laundry.

Any wool or dressing to be burned.

All instruments and appliances to be boiled when permissible or kept in carbolic apart from those constantly in use for ordinary patients.

Patient to be kept as quiet as possible, and not allowed to become excited.

DIET.

As ordered by medical officer in charge.

Fluids given two hourly, usual routine treatment. Milk may be flavoured with cocoa, freshly made tea, barley water added as a rule; no beef essence is given, and some physicians keep rigidly to diluted milk until all danger is over. Diet then may be gradually increased to milk jelly, calves foot jelly, junket, milk pudding, minced chicken, pounded fish, bread jelly, thin bread and butter without crust.

Patients complain of hunger, and often require much tact in managing until diet is increased.

ADMINISTRATION OF DRUGS.

These are as a rule small in comparison to most medical cases.

Formalin for the mouth.

Cyllin as an intestinal disinfectant.

Phenacetin for severe headache.

Brandy as a stimulant, are those most commonly ordered.

COURSE OF DISEASE.

Enteric runs a definite course with typical temperature chart, *i.e.*, gradual rise when patient's symptoms are somewhat indefinite, even temperature with slight variation in morning and evening temperature, and gradual fall which remains at normal as convalescence ensues.

From a nurse's point of view the chief points to always keep in view are:—

A. Careful handling of patient.

B. Change of position and attention to all parts where pressure is necessary.

C. Tact and firmness with feeds, indigestion to be watched for when milk forms chief diet.

D. Encourage sleep by sponging, etc.

COMPLICATIONS.

The chief of these are:—

(a) *Hæmorrhage*, which becomes apparent practically as soon as the artery begins to bleed. Absolute rest to assist formation of clot, and the administration of opium, are essential. An ice bag may also be hung over abdomen with good results. Blood pressure lessened by discontinuance of alcohol and full feeds.

(b) *Perforation*.—Surgical interference is at once necessary. Temperature falls (as a rule) suddenly, and patient suffers acute pain with frequent vomiting.

(c) *Peritonitis*.—Usually the result of former complication. Great restlessness ensues, and patient is in a semi-conscious condition.

(d) *Abdominal Distention, Earache, Bleeding from the Nose, Frontal Headache, Bedsores, Falling of the Hair* are all common complications which in some degree fall to the nurse for remedy.

DISINFECTION AND FUMIGATION OF SURROUNDINGS.

In practically all cases these are left to the nurse in charge of the case to superintend. In hospital, where baking can be carried out immediately, the nurse has simply to prepare mattress, bedding, personal garments in large sheet of special material to be carried away. In private work the Health Authorities will, on receipt of note, call, disinfect, and return same.

The bedstead should be scrubbed, carbolised, and, if possible, placed in the open air; all china, mackintosh, brushes, or any other article used for the patient must be soaked in carbolic 1 in 20 for at least 24 hours, and then well washed in soda and hot water.

All papers, books, etc., are best burned.

The walls, if painted, should be swept and washed. If in a private house the room to be fumigated with sulphur fumes, wall paper removed, and the whole room well scrubbed before used again.

CONVALESCENCE.

This is often a tedious time for the patient until strength is renewed again.

A thorough change of scene, with plenty to occupy the hands and mind are a great help both to nurse and patient.

Probably the nurse whose daily life is founded on the following well known words is better than any tonic:—

“It is a comely fashion to be glad;

“Joy is the grace we say to God.”

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Alice Simpkin, Sister, St. Bartholomew's Hospital, E.C., for her article printed below on

HOW WOULD YOU ALLEVIATE THE DISCOMFORT OF A PATIENT TO WHOM FLUIDS HAVE BEEN FORBIDDEN FOR A PERIOD AFTER AN ABDOMINAL OPERATION?

In dealing, subject to medical directions, with a patient to whom fluids have been forbidden after an abdominal operation—

(1) Give by the rectum injections of normal sterilised saline solution, that is 1 oz. of concentrated saline solution in 1 pint of sterile water.

(2) Pay particular attention to the mouth.

1. Method: Use a rubber catheter (No. 8 is a convenient size for an adult), a glass pipette to connect this with a piece of rubber tubing, which must be of sufficient length to allow of the patient being covered during the process, and a glass funnel. Lubricate the catheter, pass it from eight to ten inches up the bowel, expel the air from the tube, and very slowly pour in the saline solution.

Half an hour at least must be taken to give a pint, which is the usual quantity given. The flow can be regulated by a pair of bulldog forceps or by ordinary pressure forceps.

The solution must be kept at an even temperature, and must enter the bowel at 100 degs. to 103 degs. Fahrenheit. It must be remembered that the aim is to prevent thirst, which it will be impossible to relieve by drinks, so the first injection should be given as soon as possible after the operation, if the patient be unconscious 1 oz. of brandy in the first injection enables the patient to retain it, while the muscles are still in a state of anæsthesia and relaxed.

The injections may be given four-hourly at first, after the first twelve hours six or eight hourly will be found often enough to keep the patient comfortable, and the quantity absorbed varies considerably. The patient should not be disturbed at night for this treatment.

If the patient does not absorb the saline injected thus, it can be given almost continuously, syphoned in drop by drop, a pint in three hours.

For this method an apparatus like the one employed for giving saline into the tissues will be used, substituting the rubber catheter for the needle. The temperature of the solution must be watched, as it loses about 40 degrees in passing so slowly through the tube.

2. Method: The mouth should be rinsed

copiously (not swabbed out) with some pleasant antiseptic such as Listerine, followed by water at least every four hours, and the teeth must be well brushed. This will prevent parotitis, a most unpleasant complication that sometimes occurs in these cases.

Should the patient be too weak for the above treatment of the mouth, turn the head on one side and with a glass syringe gently syringe out the mouth with the mouthwash.

Our Prize Competitions for March

A Prize of 5s. will be awarded to the writer of the best answer to the questions:—

March 4th.—Who is your favourite character in fiction, and why?

March 11th.—What danger attends nasal douching?

March 18th.—What is dust? How should it be removed?

March 25th.—What is the function of the placenta?

The replies must range from 300 to 500 words.

See advertisement on page xii.

Memorials of Miss Nightingale.

Sir William Wedderburn, who received a legacy from the late Miss Florence Nightingale of £250 for any purpose of his choice, has made the amount up to 5,000 rupees (£333 6s. 8d.), and offered it as the nucleus of a Florence Nightingale Fund to be devoted to the practical promotion of village sanitation in India, in which subject Miss Nightingale took special interest. With additional subscriptions the amount in the hands of Sir Narayanao G. Chandavarkar is now 9,000 rupees, and when a sufficient amount has been collected a committee will be formed, in consultation with Sir William Wedderburn, to arrange a scheme for the appropriation of the Fund.

Through the good offices of the Marchese Torrigiani a mural tablet is to be placed in the cloisters of Santa Croce, Florence, in memory of Miss Florence Nightingale, and with the consent of the owner of La Colombaia, the villa where she was born, a tablet is also to be placed there.

All nurses will be glad to know that Miss Nightingale is to be thus commemorated in the fair Italian city from which she received her name. The necessary arrangements are being carried out by the British Consul General at Florence.

The Press and the Pageant.

Not one adverse criticism in the press of the Nursing Pageant and Masque has been brought to our notice. This fact, taken with the universally kind and appreciative letters received on the subject, must conclusively dispose of the calculated misrepresentations of the men who dominate the anti-registration party, expressed in their lay nursing press. To expect an apology for this form of intimidation is no doubt useless, but anyway their contemptible tactics have failed, and have been confounded, and may be treated with the contempt they deserve.

COMMENTS OF THE PRESS.

The Lancet.—"The last procession, representing Bills, Acts, Societies, and the Nursing Press, was intended to clinch the argument in favour of State Registration, and its arrival was greeted with loud applause.

"The words of the Masque, consisting of prologue, petitions, and epilogue, reach a high degree of excellence upon which the writer (Miss de Mollett) is to be congratulated, as are also those who took part in the production and arrangement of the pageant."

The British Medical Journal.—"Nearly 120 nurses took part in the spectacle, which demonstrated in a striking fashion the gradual evolution of the modern, highly-trained nurse from the humble, mediæval nursing sister, and the pious matrons and devout widows of early Christian times. . . . The Pageant, which was designed by Mrs. Bedford Fenwick and written by Miss M. Mollett, was enthusiastically received by a large audience."

The Medical Press.—"A most successful Pageant and Masque organised by the National Council of Trained Nurses of Great Britain and Ireland was presented to a large audience. . . . The spectacle was organised in support of the agitation for the State Registration of Nurses. . . . The characters illustrated in a striking way the whole history of attendance on the sick from the earliest ages to the present time, providing not only an extremely interesting historical display of costumes, but suggesting also the changes which came about from age to age in the methods adopted for assuaging the ills of suffering humanity."

Truth.—"The goddesses in 'high Olympus' must look to their laurels. They have a rival in Hygeia, who gave an audience in the Connaught Rooms on the 18th to a long procession of noble women who spent, or who are spending, their lives in doing her work. . . . Tall, fair, and queenly, in classic robes and sandalled feet, Hygeia in the person of Miss Irene Fergusson, headed a procession of twenty-four 'Immortals.' . . . Mrs. Bedford Fenwick, who designed the Pageant, and Miss Mollett, who wrote the words, must be very heartily congratulated on the brilliant scene. No pains had been spared to produce a spectacle as near perfection as it could be."

The Morning Post.—"The costumes worn were in every case both appropriate and artistic, and, with the banners carried, made up a very pretty

and suggestive spectacle. The procession of nurses embraced representatives of every branch of the profession, including those attached to the Services and Government Departments, County Councils, and Poor Law Authorities. The section devoted to Lay Nurses of the Past was, perhaps, the most effective picture of all to furnish a contrast, for it included Sairey Gamp and Betsy Prig. The plea for the State control and recognition of the nursing profession was well sustained in the lines spoken by some of the characters."

The Daily News.—"Dignity, picturesqueness, and an atmosphere of indefinable charm characterised the Pageant and Masque of Trained Nursing," held on Saturday night at the Connaught Rooms, Great Queen Street. The latest plan adopted by the nurses for interesting public opinion in the Bill now before Parliament for their State Registration was at once attractive and effective. Here is the theme, remarkable for its simplicity, of this propaganda play. Hygeia, the goddess of Health, receives petitions successively from the saintly women of the past and the hospital matrons of the present day. Draped in a snow-white robe of state, her hair bound in a circlet of gold oak leaves, tall, fair, and of statuesque beauty, Miss Irene Fergusson looked verily the incarnation of the goddess, the central figure in the Pageant. Round her, clad in long, trailing veils of silver grey, stood the Spirit of Nursing, 'Science'—in red and black—and various allegorical personages representing the elements and the attributes of nursing, such as Compassion, Courage, and Devotion. The groups were admirably arranged, the colour scheme of the dresses and the severe simplicity of the setting revealing the hand of a scenic artist of taste and skill. . . . The spectacle wound up with a procession of the nurses of to-day—missionaries in native Indian, and Chinese dresses, hospital, school, and district nurses, Navy and Army sisters, and other representatives of the great army of women living the 'nobly-planned life.'"

The Daily Telegraph.—"A large company assembled in the Connaught Rooms on Saturday evening was brought face to face with an illustration of the manner in which pageantry can be effectively utilised for purposes of educational propaganda. . . . To this end there was presented an interesting 'Pageant and Masque on the Evolution of Trained Nursing and the Right of Life to Health.'

This was obviously a comprehensive theme, but in the hands of Mrs. Bedford Fenwick, who designed the affair, and of Miss M. Mollett, who supplied the words, it was so concisely treated that the Pageant was brought within the playing compass of about three-quarters of an hour. Even if the Masque consisted to a considerable extent of a march-past of centuries, of personages, and of methods, it was well thought out; and at its close, the company, largely composed of nurses though it was, doubtless learned much about the history and development of nursing that they knew not before. . . . Of the various denominations of nurses, past and present, who figured in this part

of the Pageant, none seemed to attract greater attention than Sarah Gamp, with her bulky and venerable umbrella, and Betsy Prig, her 'frequent pardner.' These two, excellently made up, might have stepped straight out of Cruickshank's studio, and, playing their parts splendidly, provided the audience with an extremely agreeable diversion. In the fifth and last section of the pageant was symbolised the 'application' of all that had gone before—namely, the demand for State registration. To all the appeals made to her, Hygeia, of course, lent a ready and sympathetic ear, 'in proof whereof,' straightway placing the hand of the Spirit of Nursing in that of Science, she made the twain go forth to 'fight the noblest fight man ever waged.' The success of the Pageant was unquestionable, as the frequent and prolonged applause of the company clearly demonstrated."

The Standard.—"The idea of the Pageant was a very simple one, but the care which had evidently been lavished on the details made it wonderfully effective. . . . For the nurses,

Miss R. Cox-Davies was the petitioner. This part of the procession, consisting as it did of nurses from all parts of the Empire, from India and China, from the prisons and the Army, was as effective in its display of harmonious colour as any part of the Pageant. It even rivalled the historical procession which had passed before."

The Daily Chronicle.—"Miss M. Mollett, in presenting a petition on nursing education, said the great battle that mankind waged against disease and death must find the nurse well equipped to take her share. In a passage referring to State Registration the petitioner said she voiced the rights of those who had fought battles against disease through good and evil days, often with poor and blunted swords, but ever with courage."



Miss ISABEL CARMICHAEL,
Friederike Fliedner.

The Morning Leader.—The towns have had their pageants, and now, it seems, the professions may follow their example. Why not a pageant on the evolution of the doctor, or the statesman, or the printer? Certainly the Pageant and Masque given at the Connaught Rooms, Great Queen Street, on Saturday, to show the 'Evolution of Trained Nursing and the Rigat of Life to Health' was very picturesque.

The Pall Mall Gazette.—The various dresses, on which great care had been expended, were most striking. The procession contained a notable number of handsome women. Surrey Camp, a part played with great humour, gained great applause in company with Betsay Prig. The whole Pageant,

of a nurse may prove fatal. We also know that training, and training alone, can give that appreciation and understanding of cleanliness which was more than had the battle with disease. Now, without the guarantees given by Registration it is not possible to be always sure of qualifications and suitability. Where means do not allow one to go to the best source where skill and character are guaranteed, the best that offers must be accepted without much chance of making inquiries or learning the truth of the representations made especially when sudden illness strikes a home. How very thankful one would be in such a case for a list of registered nurses. What a safeguard it would be from the ignorant and incompetent woman, not to



FOUR NURSING ACTS.

Miss SCHULLER,
Germany.

Miss MACBETH, R.N.,
New Zealand.

Miss BOWDEN,
The United States of America.
(Graduate, Long Island Hospital, N.Y.)

Miss DUNSFORD,
Belgium.

which was an unequalled success, was designed by Mrs. Bedford Fenwick. The words, which ended with a moving appeal for State Registration, and included almost everything that could be said in favour of nursing, were by Miss M. Mollett."

T.P.'s Weekly.—Apart, however, from the question of a programme which provides a delightful evening's entertainment, the matter of Registration of Nurses is one which so intimately concerns women that a special effort ought to be made to support it all one can. We all recognise the thin line which in serious illness divides life from death, and how the very slightest error on the part

talk of the adventuress or semi-adventuress, who too often exploits the uniform. There are few households where there has been illness that have not tales to tell of nurses they have known—not bogey tales by any means, but just that chance had sent their way some of the hanger-on of the profession. Of course, it can be said that it is one's own fault not to make proper inquiries, but in an emergency the most businesslike will take the best to hand. I do not wonder that nurses have taken up the question of Registration with such energy and enthusiasm. In a profession where complete capability means long training and very hard work there should be

some means by which the fruits could be made known to the public. It would be a benefit all round. The handy woman who could take "a bit of nursing" as well as a bit of sewing or housework has had her day—and her dead. The community owes so much to her successor—the trained nurse—that everything which can be done to safeguard her profession should be supported by it."

Space will not permit of further quotations, but we have to thank the editors of dozens of papers and journals from all over the Kingdom for their support and approval of the Pageant—and incidentally of State Registration of Nurses. We hope that these publications will continue to educate the public, and also our legislators, on the importance in attaining a high standard of national health, of efficient standards of nursing education and discipline, and that they will help trained nurses in their just demand for reform.

The photographs from which our pictures of Miss Carmichael and the four Nursing Acts are reproduced are by the Sports and General Illustrations Co., 45, Essex Street, Strand, and the General Press Photo Co., 2, Bream's Buildings, Chancery Lane, E. C., respectively.

The Success of the Pageant.

At a meeting of the Pageant Committee, held at 431, Oxford Street, W., on Saturday, the 25th ult., Mrs. Bedford Fenwick in the chair, a very satisfactory report was presented.

Warm votes of thanks were passed to Miss Mollett, the writer of the Masque; to Miss Irene Fergusson, Miss Cecilia Cecil, Miss Winifred Bridger, and to all those who by a most generous expenditure of time and money combined to make this most interesting occasion such a splendid and undeniable success.

Gratification was expressed at the attendance of Lord Amphill, Chairman of the Central Registration Committee, and Lady Amphill, and his expression of opinion that the Pageant was "a most classical and beautiful spectacle" will be learnt with pleasure by members of the National Council of Trained Nurses, whose combined effort carried the function through with so much *clat*.

On all sides hopes have been expressed that the Pageant will be repeated, and the managers of the Festival of Empire and Imperial Exhibition, to be held at the Crystal Palace this summer, under the patronage of his Majesty's Government, have invited Mrs. Bedford Fenwick, the President of the National Council of Nurses, to put up a proposition whereby trained nurses would be able to take a prominent part in the Festival.

The Committee of the Pageant and Masque felt that it would not be quite suitable for such an occasion, although, in conjunction with the representation of other branches of woman's work, nursing might be included in the Festival of Empire.

The Association for the Promotion of the Registration of Nurses in Scotland.

ANNUAL MEETING.

There was a large attendance of members at the annual meeting of the Association for the Promotion of the Registration of Nurses in Scotland, which was held last Friday afternoon in the Medical Theatre of the Edinburgh Royal Infirmary.

Representatives were present from various parts of Scotland, and Lord Inverclyde, President of the Association, was in the chair.

In opening the proceedings, the Chairman, according to the *Scotsman*, said the Association was representative of the nursing profession in Scotland, and it had exercised a considerable influence in assisting nurses to secure a Registration Bill applicable to the United Kingdom, safeguarding the interests of trained nurses. The various societies interested in the question of registration of nurses were now formed into a Joint Committee under the chairmanship of Lord Amphill, and these societies unanimously agreed to support one Bill instead of each promoting a separate Bill. His Lordship expressed the Association's gratitude to Lord Amphill for presiding at the various meetings, and by his tact and firmness bringing all parties together, by which an agreement as to one Bill was arrived at. The Bill as drafted would, he hoped, be presented to the House of Commons without any great delay, but with Government business pressing to deal with, such as himself, it might be some little time before it was read, because by all present indications private Bills had little chance of consideration. It was a Bill of compromise all round, and there had been no difficulty in finding members of Parliament representing every shade of politics to back it. Since the last annual meeting a conference and a committee meeting of the Joint Committee to which he had already referred have been held in London for the consideration of details in connection with certain clauses which dealt with fever nurses. In the Scottish Bill formerly promoted by that Association a special register was provided for fever nurses, but Lord Amphill made it perfectly clear that there were certain details which must be left to the Council and could not be inserted in the Bill, and it was felt that the Council named in the Bill was sufficiently representative of all interests in the United Kingdom to deal with the matter.

Dr. D. J. Mackintosh, honorary secretary of the Association, submitted the treasurer's and secretary's reports. He said the draft Bill did not make provision for a separate register for fever nurses, but no principle had been sacrificed by the Association, who, however, felt in view of the consensus of opinion at the conferences that they must loyally support the Bill. The Bill might not be regarded as perfect, but any alteration which would in any way tend to lower the general standard of nursing should be strenuously opposed in

the interests of the public and the nursing profession. Over 2,000 nurses were members of the Association and 234 had been added this year.

Professor Glaister, in moving the adoption of the reports, said Mr. Munro Ferguson, M.P., had again consented to present the Bill. They wanted to keep their ranks closed meantime. He believed the movement would soon be completed.

Miss Gill, Lady Superintendent, Edinburgh Royal Infirmary, who seconded, made an appeal to nurses to support the Association.

The reports were adopted.

The Executive were re-appointed to watch the progress of the Bill, on the motion of Dr. Bramwell, and to the Chairman, Dr. Mackintosh, and Professor Glaister votes of thanks were moved by Dr. Affleck.

After the meeting the visitors and nurses, numbering 200, were entertained to tea in the Nurses' Dining Room by the kind hospitality of Dr. Affleck, after which detachments of visitors were taken round the Hospital, Nurses' Home, and kitchen, and much appreciation was expressed.

Special arrangements having been made for the Glasgow nurses, about 60 availed themselves of the reduced railway fare to visit the Royal Infirmary, Edinburgh.

The Nurses' Registration Bill.

The Right Hon. R. C. Munro Ferguson, M.P., introduced the Nurses' Registration Bill—drafted by the Central Committee for the State Registration of Nurses—into the House of Commons on Monday, the 27th ult.

The Bill has received the support of Members of all parties and nationalities in the House and is backed by Sir James P. Gibson, Bart., Sir Luke White, Dr. Addison, Dr. Rainy, and Mr. Annan Bryce (Liberals), Viscount Morpeth, the Right Hon. Charles Scott Dickson, K.C., Mr. Remnant, and Mr. George Younger (Unionists), Mr. J. Ramsay MacDonald (Labour), and Mr. Field (Nationalist).

The Bill has the support of the eight influential societies of medical practitioners and trained nurses affiliated together in the Central Committee, with Lord Amthill as Chairman.

League News.

AT CHELSEA.

The Chelsea Infirmary Nurses' League had a most successful social meeting on Tuesday in last week, at which several former members of the nursing staff were present. Archdeacon Bevan read a most interesting paper on the subject of "Our Northern Forefathers," which was greatly appreciated by all present. The lovely bannerette of the League, by which it was represented in the Nursing Pageant on

February 18th, which was on view, was a great feature, and was much admired.

AT BOURNEMOUTH.

A Sale of Work in aid of the funds of the Victoria and Bournemouth Nurses' League was opened at the Haverghill Hall, Bournemouth, last week, the Mayoress, Mrs. C. Hunt, being amongst those present. In the absence of the Mayor (Alderman C. Hunt), who had hoped to be present at the sale, the Rev. S. C. Lowry, who presided, expressed his pleasure at furthering so good a cause, and spoke of the incalculable debt owed by the public to the nurses of Bournemouth and other places for their help in sickness. He said that the Sale of Work was held for the purpose of supplementing a self help movement amongst nurses—for the support of a nurses' sick and invalidity fund, which had had some heavy drains upon it in the past year.

Mrs. Robert Thomson, in opening the Sale, also said that the public could never repay the debt they owed to trained nurses. The courage shown by soldiers, sailors, policemen, firemen, and others who freely risked their lives, was recognised, but little was said about the unflinching heroism of nurses who spent years of their lives in giving devoted attention to patients who were often suffering from repulsive, trying, or highly infectious diseases. The Sick Fund represented a spirited and plucky determination of the nurses to maintain their independence in times of illness and suffering. The nurses and their friends must have worked hard, for the result of one day's sale was £140, and the expenses will be under £8.

AT CLEVELAND STREET INFIRMARY.

A very pleasant At Home was held in connection with the Cleveland Street Branch of the Central London Sick Asylum Nurses' League at 42a, Cleveland Street, W., on Saturday last. Mrs. Roff Hooper brought friends who sang and recited. Mr. and Mrs. Pearson, who gave so much pleasure in "Sweet Lavender" at Christmas, also contributed to the afternoon's enjoyment, Miss Hathaway (Sweet Lavender) recited, and the gramophone once more made a welcome appearance. Miss Elma Smith, Matron, and Miss Trueman, Assistant Matron, with a number of nurses from Hendon, were present, as well as former members of the staff, some of whom had not met for over ten years. The beautiful banner of the League, which is of handsome cream brocade, on which the badge of the League is worked was greatly admired. The President of the League, Miss C. B. Leigh, is to be congratulated on a very successful afternoon.

Appointments.

LADY SUPERINTENDENT AND MATRON.

Royal Infirmary, Liverpool.—Miss E. M. Cummins has been appointed Lady Superintendent and Matron. She was trained at the London Hospital, and has held the position of Ward Sister and Assistant Matron at the Royal Infirmary, Bristol, and of Matron for the last seven and a half years of the Cumberland Infirmary, Carlisle.

MATRONS.

Isolation Hospital, Willesden.—Miss Katherine L. Keen has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has held the positions of Sister at the Royal Hospital, Sheffield; of Night Sister at the North Staffordshire Infirmary, Stoke-on-Trent; and of Sister and Assistant and Deputy Matron at the Shoreditch Infirmary.

Cottage Hospital, Nantwich.—Miss Katherine Elizabeth Gregg has been appointed Matron. She was trained at the Denbighshire General Infirmary, Denbigh, and subsequently held the position of Staff Nurse at the Isolation Hospital, Chester. She then did holiday duty as Sister and Matron at the Denbighshire General Infirmary, after which she held the post of Sister at the Hammerwich Hospital, Lichfield.

The Adelaide Hospital, Dublin.—Miss Hill has been appointed Matron of the Adelaide Hospital, Dublin. She was trained at the London Hospital, Whitechapel, E., and has held the position of Nurse-Superintendent at the General Hospital, Jersey.

Isolation Hospital, Gosport, Eison.—Miss Winifred Wallis has been appointed Matron. She was trained at the Mill Road Infirmary, Liverpool, and has held the position of Matron at the Borough Fever Hospital, Shrewsbury.

NURSE MATRON.

Isolation Hospital, Cainsborough.—Miss C. M. Lee has been appointed Nurse-Matron. She was trained at the Hull Sanatorium, and has held the positions of Charge Nurse and Assistant Matron at the Joint Hospital, Abingdon; Charge Nurse at the Woodstock Infirmary; and Matron of St. Helen's Home, Abingdon.

ASSISTANT MATRON.

Chelsea Infirmary, London, S.W.—Miss Margaret Riddell has been appointed Assistant Matron. She was trained at St. Bartholomew's Hospital, London, E.C., and was for a short time Theatre Sister at the Royal Free Hospital, E.C., and for the last two years has been Night Superintendent at the Royal Hospital for Sick Children, Edinburgh.

Royal Infirmary, Derby.—Miss Evelyn Ward has been appointed Assistant Matron. She was trained at Addenbrooke's Hospital, Cambridge, where she afterwards held the position of Sister. She has also been Temporary Matron at the Stamford Infirmary, and Night-Superintendent and Housekeeping Sister at the Royal Infirmary, Derby.

SISTERS.

Isolation Hospital, Willesden.—Miss Florence Read has been appointed Maternity Sister. She was trained at the Shoreditch Infirmary, where she subsequently held the positions of Ward and Theatre Sister. She is a certified midwife.

Miss Gertrude Richards has been appointed Ward and Theatre Sister in the same institution. She, also, was trained at the Shoreditch Infirmary, and the Sanatorium, Brighton. She is a certified midwife.

The Hospital, Much Wenlock, Shropshire.—Miss N. H. Grant has been appointed Sister. She was trained at the Royal Infirmary, Manchester, and the Rachill Fever Hospital, Glasgow. She has also had experience of private nursing.

Rotunda Hospital, Dublin.—Miss L. E. Irwin has been appointed Sister. She was trained at St. Thomas' Hospital, London, and at the Rotunda Hospital, Dublin.

SUPERINTENDENT NURSE.

Union Hospital, Sunderland.—Miss Helen A. Clark has been appointed Superintendent Nurse. She was trained at the Edmonton Infirmary, London, where she has held the positions of Sister, Theatre Sister, and Midwife. She has also acted as Deputy Superintendent Nurse. She is a certified midwife.

LADY HEALTH VISITOR.

Burton Health Committee.—Mrs. Margaret H. Wieher has been appointed Lady Health Visitor. She was trained as a nurse for three years at the Farnham Infirmary, and afterwards obtained special experience at the Royal Hospital for Children and Women, Waterloo Road, and the General Lying-in Hospital, York Road, Lambeth.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Lillie Hames to Gillingham as Senior Nurse, Miss Lizzie Boyd to Boughton, Miss Kate Heastie to Bolton, Miss Jenny Jones to Blaenau Festiniog, Miss Ellen Williams to Ystalyfera, Miss Ada Davison to Treherbert, Miss Louisa Longford to Sheffield, Miss Edith Constable to Hull, Miss Elizabeth McBride to Hastings, Miss Edith Berry to Hull, Miss Mary Richards to Hanley.

PRESENTATION.

Miss Rockett, Superintendent Nurse at the Union Hospital, Middlesbrough, who is resigning on the ground of ill-health after ten years' service, has been presented by the Charge Nurses with a silver-mounted timepiece. The presentation was made by Miss Williams, Charge Nurse, and Miss Archer also presented a silver inkstand and candlesticks on behalf of the probationers. A silver-mounted umbrella was the gift of the house officers.

THE PASSING BELL.

The death occurred last week, under sad circumstances, of Miss Catherine Dync, until recently a Ward Sister in an institution at Rotherhithe. She subsequently consulted a bone-setter, Mr. Rahey, who visited her on February 8th, manipulated her back, and subsequently applied plaster, ordering her to remain in bed for a week. A witness who gave evidence said she understood Miss Dync had a dislocated pelvis. A week later Mr. Rahey removed the plaster and helped Miss Dync to sit up in bed, when she had a seizure and Mr. Rahey sent witness for a doctor. When she returned Miss Dync was dead.

Nursing Echoes.



We have received the report of the recent Conference of Matrons on the Feeding of Nurses, to which Dr. Robert Hutchison, the author of the standard work on Dietsetics, has contributed a preface. The appendices contain letters from Sir Lauder Brunton; Colonel Warburton, and Miss Gill, of the Royal Infirmary,

Edinburgh; a table of food values; an article on hospital kitchens; and press comments. Copies may be obtained from the Secretary, National Food Reform Association, 178, St. Stephen's House, Westminster; price 7d. post free.

The notes by Miss A. W. Gill, Lady Superintendent of the Royal Infirmary, Edinburgh, on dietary in relation to the health of the nurses there, are of much interest, as being eminently practical. Miss Gill says that the nurses keep very well, are usually hungry (we do not wonder in the keen splendid air of Edinburgh), eat heartily, as a rule gain in weight, and cases of indigestion are rare. The dietary at the Royal Infirmary is, Miss Gill says, simple but good, well cooked and plentiful, many vegetables are used, also salad and fruit in season, butter and milk are practically unlimited, and each nurse infuses her own tea in the servery off the dining room, which Miss Gill thinks probably saves some cases of indigestion. Brown bread as well as white is provided, but toast is usually taken for breakfast and tea. Scottish nurses are very fond of broth and soup, and, though meat is provided for the Staff Nurses' supper, many will only take porridge night after night. Miss Gill lays great stress on (1) the dietary being planned out some time ahead, and thoroughly criticised by the Matron, and (2) the Matron taking her chief meal in the day with the Staff. If she dines late with the Sisters she should personally assist in the serving of the nurses' mid-day meal several days a week.

At the twenty-first annual meeting of the Hammersmith and Fulham District Nursing Association, which is to be held on March 10th, at Bishop Creighton House, Fulham, the chair will be taken by Cyril S. Cobb, Esq., L.C.C. The speakers will include the Lady Helen Munro-Ferguson, Dr. Seymour Taylor, F.R.C.P., Sir William Bull, M.P., etc.

From modest beginnings, fifteen years ago the Jewish Sick Room Helps Society and Nurses' Home, with its headquarters in Commercial Road, has now developed into a complete nursing organisation for the Jewish poor in the East End of London. The society maintains nurses for the sick, maternity nurses, and a staff of helps who attend to the poor in their own homes, and also a nursing home.

These helps really take the place of the mother in the home who is laid low through sickness. Last year the maternity and sick cases dealt with amounted to nearly 3,500. A nurses' home with maternity wards in connection with the society is now being built at Underwood Street, Brick Lane. The society spent £3,447 last year. Of this sum £1,000 was received from poor women in the East End who pay one penny per week.

The letters from Miss Florence Nightingale on Health Visiting in Rural Districts, originally printed in 1892, and which have been republished by the National League for Physical Education and Improvement, 4, Tavistock Square, with a preface by Sir Lauder Brunton, Bart., F.R.S., M.D., shows how keenly she felt the need of preventive teaching on health matters, as well as that the sick should be properly cared for. Thus twenty years ago Miss Nightingale wrote from Claydon House to Mr. Frederick Verney: "At your special request I have been making assiduous inquiries for educated women trained in such a way that they could personally bring their knowledge home to the cottagers' wives on a mission of health for rural districts.

Miss Nightingale reiterates that "to make the movement (to establish rural Health Visitors) a success we must find some gentleman apt to teach, and educated women apt to learn—in other words, we must train them for the purpose. And we must not mix up nursing the sick with Health in the Home." The Health Visitor must be trained to fight the giants she has to encounter. "She must create a new work and a new profession for women, and she must make her work acceptable to women of the labouring class." In this connection, as in nursing, Miss Nightingale insists on the importance of utilising the services of educated women, and of their being trained for their special work—that of waging war against national deterioration of health and vigour.

The open letter which she wrote to the village mothers to introduce the health visitor is a model of what such a letter should be, sympathetic, practical, and insisting that "health

and not sickness is our natural state," and again, that "there are more people to pick us up when we fall than to enable us to stand upon our feet."

The *Canadian Nurse* states that the different missionary societies are now calling for more than fifty physicians—men and women—and twenty-six trained nurses.

The Secretary of the Student Volunteer Movement for Foreign Missions for Nurses to carry comfort and healing to the sufferers in distant lands, says:—

"A trained nurse has a wonderful opportunity, not only along professional lines, but as a teacher of hygiene and ordinary care of the sick, as one who can train the natives to become nurses, and so help to overcome the stupendous ignorance and grovelling superstition that prevail so widely in Oriental lands.

"The medical missionary and the trained nurse, however, are needed on the foreign field not only in their professional capacity, but because they are able to overcome prejudice, to open doors for the message of Christ, and to incarnate that message in a way which is absolutely superior to that of the preacher or the teacher. There is a language which the whole human race can understand, and which carries a message that every one, sooner or later, desires to hear. The medical missionary is master of this unspoken tongue of the heart. He is welcome in the home of the stranger. The fanatic Mohammedan allows him in the innermost harem; the Mandarin calls him to his palace, and the Brahmin leads him into his home. For the Christian physician and the trained nurse there is no chance to invest life that can compare for a moment in influence and power with that on the mission field."

The Annual Conferences of the Association of Nursing Superintendents of India, and of the Trained Nurses' Association of India, held at Benares in December last, and which are fully reported in the *Nursing Journal of India* for February, appear to have been most useful, practical, and interesting. Two important resolutions were passed, one drawing the attention of the Bombay Presidency Nursing Association to the injustice done to Indian nurses under their proposed constitution, by which, after three years' training in the nursing of women and children, they can only receive a midwife's certificate of one year's training, and a second to be sent to the Secretary of Lady Minto's Indian Nursing Association, drawing attention to points in which private nurses suffer from the present working of their Association. The special points mentioned are (a) Acceptance by the nurses of the Lady Minto Association of hospital posts, which would otherwise be filled by independent nurses, and (b) Booking midwifery cases ahead to the exclusion of those in previous practice.

Reflections.

FROM A BOARD ROOM MIRROR.

Who is Mr. "Nemo"? That is just what all hospital secretaries would like to know. At the annual meeting of the Governors of the Cancer Hospital, Brompton, S.W., the Earl of Northbrook, who presided, referred to a mysterious anonymous gift of £5,000 received by the institution. His lordship said that a gentleman, who preferred to be known as Mr. "Nemo," went into Coutts' Bank; laid a sealed envelope on the counter, and requested that what it contained might be placed to the credit of the institution. When the envelope was opened it was found to contain five bank notes for £1,000 each.

The beneficent work of the Royal Berkshire Hospital extends far beyond the borders of that county, and brings relief to sufferers from Oxfordshire, Buckinghamshire, Hampshire, Surrey, and even Wiltshire, and to remedy the lack of accommodation several additions, which will cost £20,000, are to be made. The foundation stone of the new building was laid last week with full Masonic ceremony by Lord Amptill, M.W. Pro. Grand Master of England.

Returning thanks for the welcome extended to him and the Grand Officers, Lord Amptill said that he was indeed glad to be associated with a work which was largely a memorial to the late beloved patron of their Order, King Edward VII., and mentioned the interesting facts that the gavel with which he declared the stone well and truly laid was presented by Sir Christopher Wren to Charles II. when the Stuart King laid the foundation-stone of St. Paul's Cathedral; and that among the coins deposited in the new foundation was the first and only penny bearing the effigy of King George V. issued during the present reign. The latter gift they owed to the kindness of Brother Ellison Macartney (Deputy Master of the Royal Mint).

At the annual meeting of the Derbyshire Hospital for Women we are pleased to note the encouragement given to the able Matron, Miss Thomas, and her staff, to whose work, said Dr. Lochrane, the saving of life was due in no small degree.

The Committee of King's College Hospital are appealing for a further sum of £150,000 to bring the building of the new hospital at Denmark Hill to a stage when it can open its doors to the many poor people of South London. With a view of making known what has been so far accomplished the press were invited to a private view on Saturday. The administration block is almost complete, and it is hoped when the hospital is built that it will be the best equipped that has yet been erected in England. The arrangements for dealing with casualty cases of all kinds—both accidents and cases of sudden illness—seem to be most effective. X-ray, dental, and children's departments are also provided, and a large and commodious section is

allotted to baths of various kinds. King's College Hospital will, indeed, possess the most complete medical bathing establishment in London.

It is hoped to make the lives of the patients much brighter and happier in their spacious new surroundings—as gardens and open spaces will surround the new hospital. No new hospital should be built without so much open ground being compulsorily provided per bed. Every time we look at the lordly pile of St. Thomas' Hospital we realise the wisdom (condemned, of course, as wicked extravagance at the time it was built) of the choice of a site and the amount of ground which surrounds that magnificent institution. The expeditious recoveries—owed to the glorious breezes of old Father Thames—are incalculable.

We are asked by the Hon. Secretary, Mrs. Hotchkin, to draw attention to the Home for Gentlewomen, Woodhall Spa. Although hospitals for the working classes are numerous there are very few for the use of poor gentlewomen, and the object of this Home is to provide, at a small cost, rest and medical advice for a class of ladies who would otherwise be unable to take the mineral water treatment at Woodhall Spa, which is so useful in many cases of rheumatism, neuritis, skin diseases, and the diseases of women. Those provided with a subscribers' letter are admitted for four weeks at 15s. per week, which includes all expenses, but mineral baths and laundry, and four physicians, any of whom may be consulted, kindly give their services free of charge. Each patient has a separate room.

The Home is kept open all the year round, and when the rooms are not wanted for ladies taking the Spa water treatment, those desiring rest and change only can be received. It is now desired to raise funds to build a larger house, and an appeal with this object has the support of Mrs. Alce-Tweedie and other well-known ladies and gentlemen.

The Irish Nurses' Association.

On Tuesday, the 21st ult., Dr. Stoney gave a most instructive lecture on "Deformities" to the members of the Irish Nurses' Association at their rooms, 34, St. Stephen's Green, Dublin, at which Miss Despard presided. This subject being an interesting one for the members of the Massage Branch, nearly all were present.

Dr. Stoney confined his lecture to Talipes, and brought plaster casts illustrating the different forms of deformity which may occur in both children and adults, and he also spoke of the value of manipulation, massage or electricity in the separate cases. The lecturer was followed with the keenest attention, and a hearty vote of thanks was accorded to him at the close.

Central Poor Law Conference.

On the second day of the Central Poor Law Conference, in the Council Chamber of the Guildhall, on Wednesday, February 22nd the discussion on Mr. Beaumont's paper on "Reform from Within" read on the previous day, and which we reported last week, occupied the morning.

Mr. Bentham, a member of the Poor Law Commission, remarked that so much had been said against the Report of the Royal Commission that it was right something should be mentioned to its credit. It was intended to give Boards of Guardians an opportunity to express their opinions and to put down that which was unworkable and unfavourable to particular unions.

A great amount of specialisation was required. This could not be carried out in the smaller unions, but the Local Government Board might insist on a union sending its special cases to another, where they could have the necessary accommodation.

In the agricultural districts, where classification is difficult, the healthy child should never be kept in the workhouse. In some even of our large workhouses the children are admitted and are allowed to mix with the adult inmates.

Mr. Manton, of Birmingham, said he considered that out-relief was the primary duty of the Poor Law, and that it was sheer madness to attempt to force a family into the House.

The Rev. W. H. Taylor, of St. Albans, not only strongly upheld the view that children should be removed entirely from the workhouse, but said he would go further and have them removed from Poor Law Administration. He would insist on preventive rather than remedial work. Save a man from becoming a pauper. It was a fine thing to prevent a man falling into the vortex.

Mr. Holt, of Ingleby, considered that the introduction of ladies into Boards of Guardians was of the greatest value and that their assistance and efficiency could not be over-estimated.

Miss Henry, Guardian, Thatcham, made the interesting statement that from careful investigation of the tramps in her Union 70 per cent. were found to have been soldiers, there was not one from the Royal Navy. The system of way tickets worked well in her opinion.

Mr. Stone, Chairman, Canterbury Board of Guardians, urged the pushing forward of reform work. He thought that the outcry for the removal of the children was equally an argument for raising the tone of the Workhouse. More classification was necessary to separate the desirable from the undesirable, and it was in desperate earnestness that he said the most terrible spectacle, to his mind, was the women who had led well ordered, decent lives, and had preserved their moral character, being forced through poverty and no fault of their own, to associate with women of bad character. He considered this a great reflection on Poor Law management.

After the interval for luncheon, a paper was read by Sir William Chance, Bart. (Chairman of the Central Committee of Poor Law Conferences), on the "Problem of the Feeble-Minded." He

showed that over 62 per cent. of the inmates of the homes for chronic inebriates, 10 per cent. of prisoners, 30 per cent. of the inmates of rescue homes, are feeble-minded, and that the class constitutes a considerable section of the unemployed.

The Commissioners say, "Of the gravity of the present state of things there is no doubt. There are large numbers of mentally defective persons whose training is neglected over whom no control is exercised, and whose wayward irresponsible lives are productive of crime and misery, of much injury to themselves and others, and of much continuous expenditure wasteful to the community and to individual families." He (Sir William Chance) was of opinion that the feeble-minded should come under the Authority which has the control of the lower grades of mental defectives, and be removed entirely from the Poor Law authorities. "I am sure," he said, "that this Conference will not expect me to lend any hand in breaking up our present Poor Law system. Rather do I want to see it more consolidated and fortified. But I can see no good argument for leaving one class of mental defectives—and a very dangerous class—under a different authority to that which deals with other cases of mental defectives. The Colonies for that purpose had no compulsory powers and therefore nothing could be done, even where a feeble minded boy had been several times in prison, or a feeble minded girl had had one or more illegitimate children they had no power to force their parents to part with them."

Miss Baker (Holborn Union) said it was dreadful to draft little children of five years old into asylums. The Metropolitan Asylums' Board had done a great work. The feeble minded should be placed in colonies apart from imbeciles.

Mrs. Nott Bower (Richmond) was strongly opposed to bringing more classes who were not paupers under the Poor Law. The work was sufficiently great without undertaking more. Her advice was that they should deal with destitutes and leave other questions to other boards. She considered that the Poor Law was hopelessly inadequate to deal with this question, as it has no means of classification. She instanced a girl of good education suffering from epilepsy being put into the general ward of a workhouse.

After further discussion on this subject the Conference concluded with a vote of thanks to the Lord Mayor and Corporation for granting the use of the Council Chamber.

THE EVA LAVY MEMORIAL.

We are desirous to draw attention to the Memorial which it is proposed to raise to the late Miss Eva Lavy, a nurse trained at Guy's Hospital, and afterwards a worker at the C.M.S. Hospital, Baghdad. Miss Lavy was returning to her work after her first furlough by the s.s. *Kurdistan* full of enthusiasm, when the steamer foundered off the Scilly Isles, and her valuable life was thus suddenly cut short. It is suggested that the Memorial to her memory should be connected with the work to which she was devoted, and it is hoped to raise the sum of £200 to endow a ward which will bear her name in the new hospital to be built at Baghdad. Donations may be sent to the Organising Secretary, Medical Mission Auxiliary, Church Missionary House, Salisbury Square, London, E.C.

Our Foreign Letter.

FROM SCUOLA CONVITTO REGINA ELENA.
POLICLINICO, ROMA.



A detailed account of our taking over of the medical wards, and our Christmas festivities was sent early in January, but

has remained somewhere en route, as it never reached Mrs. Bedford Fenwick. Having failed to discover its whereabouts I must try to pick up the threads it contained to some extent, for the benefit of those kind readers of the *BRITISH JOURNAL OF NURSING* who follow the progress of the Italian reform of nursing with sympathy and interest.

It was decided to take over a Medical Pavilion early in December, as hitherto we had only had nursing of men and women's surgical wards. We had the honour of being desired by three different Professors, the greatest proof that improved nursing is becoming an accepted idea. The IX. Pavillon, with Professor Giuseppe Bastianelli as chief, was decided on, and through November extensive preparations for the advent of the "sisters e signorine" were made. The whole block was repainted and varnished, a quickly-drying medium being used so that patients' beds were moved to one half of the ward whilst the other was in the hands of the painters. But we went through much anguish of uncertainty as to whether the work really would be completed in time, and only on the 2nd December was it absolutely decided that the women's ward could be taken over on the 4th. A photo of this ward has already been published in the *BRITISH JOURNAL OF NURSING*, with Sister Weeden-Cooke standing by her flower table. The scheme of colour on the hospital walls is palest green and a sort of strawberry—so pale that any note can be struck in screens or bed-jackets. Miss Snell has kept to red and green so far, except in the sick-room, where a lovely old rose prevails. I still cannot realise the wonder of our having any colour at all permitted us, for black and white in beds, furniture, and patients' and nurses' clothing have been absolutely *de rigueur* ever since I have worked in Italy. But our wards have turkey-red screens, or lovely real green ones, and "nightingales" of pink also break the monotony which Italians, of all people, most loathe. Plants and flowers grace the ward tables, receiving enthusiastic admiration from patients and their friends.

The taking over of the women's medical ward was effected quite quietly. Miss Snell accompanied the day staff at mid-day, and the old inferniere then left the ward. Two days later the men's medical was taken over in the same way. The patients were somewhat astonished at the amount of washing and cleaning which went on, and one old lady vehemently declined to be enclosed by screens,

assuring the ward that she was "not yet dead." But the probationers were so sure of the work, which for so many months they had carried out in the surgical block, that it was smooth sailing in comparison to the taking over of the first wards when they know nothing, and Sisters, Staff Nurses, and even Matron helped them make beds, and learn the use of serena.

In December we also had photos taken, a group of the whole nursing staff, with our two Chiefs and their house surgeons and doctors, succeeding remarkably well, one wing of the little Convitto Home making the background.

Christmas we spent happily and with gaiety. The Mother Superior invited the nurses to hear the midnight masses in the Convent chapel. Miss Snell arranged for many of the staff and several probationers to be present, whilst she and I finished the framing and writing of quotations on little photos of Florence Nightingale which were our Christmas gift to the probationers.

Two superb cakes arrived from Queen Elena, each with a garden of preserved fruit in the centre; these we had on Christmas Day at afternoon tea and coffee—all the staff together, in the probationers' salone.

In the evening tables were decorated with the English and Italian colours, and many toasts were drunk. Amongst them was one to Florence Nightingale, implored for by the probationers. We drank to her memory therefore, and they "to her glory"—*alla sua gloria*. As we have a Dutch nurse on the staff, Miss Snell proposed "Holland's hope," which was also drunk to with enthusiasm, as were our respective monarchs, the ladies of the Committee, and, of course, ourselves of all degrees.

On the Monday after Christmas Day the patients had their party. We had wished to institute Father Christmas, and have some singing, but this was deemed too great an innovation for the first year by the hospital authorities, so the Sisters contented themselves with charming decorations, and presents for everyone tied up in coloured paper with name and number of bed on each parcel, so that there could be no mistake in giving to the right owner. Refreshments were also laid out on the centre tables, cakes, fruit, sweets, coffee, etc. Princess Doria and Mme. Maraini, with the two Signore Bastianelli and their husbands, went the round of the wards helping the nurses bestow the gifts and the food.

Altogether it was most successful, and women and children especially continued to pour out their gratitude for the happy festa till sleep fell on them.

In the Nurses' Home a party with theatricals had been arranged for January 2nd. A nice stage was lent by the American Club, and a friend promised to bring her violin. On New Year's Eve we had a dress rehearsal, and the nurses' friends and relations were invited. Two probationers acted a "quite correct" little comedy exceedingly well, aided by the brother of one of them. Others sang and played, and two English nurses gave us "a brown paper parcel," to the especial delight of the pros. Both at the dress rehearsal and the

real performance we had the dining room tables decorated with the "red, white, and blue," and "red, white, and green" of the Anglo-Italian alliance, and each evening terminated with the "Marcia Reale," "God Save the King," and "And Lang Svoe." The Direttore and his daughters, the professors and their wives, several doctors, and a few personal friends, linking hands with the nursing staff in approved British fashion.

But this already seems very far back in past history! We have since had a good deal of sickness, causing a shortage, both of nurses and probationers, which has entailed work at highest pressure. But this has only served to prove the metal of the English staff, who have risen superbly to the emergency, inspiring their pupils with admiration and affection, which is bringing forth the fruit of attempt at imitation, and will, Miss Snell trusts, enable several of the seniors to act as assistant staff nurses on the termination of their first year—the beginning of April.

M. A. TERROX.

THE LONDON NURSES' CO-OPERATION.

The twentieth annual report of the Nurses' Co-operation, 8, New Cavendish Street, W., states that there are on the staff 462 fully trained nurses on the general staff, 31 Asylum trained nurses for mental patients, and 24 eligible for election, working on probation for six months. The gross receipts have been £46,359 14s. 9d., of which the sum of £43,692 18s. 4d. has been paid to the nurses. The income derived from the commission on fees earned by the nurses, and as interest on investments, amounting to £2,856 14s. 5d., is dealt with in paying all working expenses of the Co-operation, with the charge in respect of the Howard de Walden Home and Vandeyck Mansions, after which there is an excess of income over all such charges of £256 16s. 9d. The Committee record their indebtedness to the Lady Superintendent, Mrs. Lucas, for her kindly and economical management, and to Miss Laura Baker, Sister-in-Charge of the Howard de Walden Home.

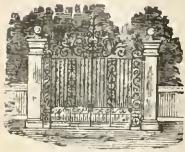
THE SMALL-POX OUTBREAK.

There are now some fifty cases of small-pox under treatment at the Joyce Green Hospital of the Metropolitan Asylums Board. Lecturing to sanitary officers at the Royal Sanitary Institute, Professor H. R. Kenwood said: "It is impossible as yet to say whether the outbreak will extend considerably or not, as the facts seem to be against the infection getting out of hand. But the medical officers of health of London have a very grave anxiety to face as to what the results may be if this infection which has cropped up is not very quickly scotched. If it should get fairly broadcast, as it did about nine years ago, we have no doubt that London will suffer a considerable outbreak of the disease, probably of larger dimensions than the last outbreak, and entailing more suffering."

THE PLAGUE.

The *Lancet* of February 25th contains an interesting article from the British Delegate to the Constantinople Board of Health, dealing with plague in Russia and in the near and far East.

Outside the Gates.



WOMEN.

The Parliamentary Conciliation Committee for Woman Suffrage has decided to ask the Home Secretary for a public inquiry into the conduct of the Metropolitan Police towards the Militant Suffragists on the occasion of their demonstration in November last, and the facts alleged in a memorandum forwarded to the Home Office accompanying the request afford ample scope for such an inquiry. The police were, the Committee understand, instructed to refrain as far as possible from making arrests. The Committee are satisfied that the usual, more humane, and regular course would have been to arrest the women who persisted in forcing their way to the House of Commons on a charge of obstruction. But the consequence of the order was that the women were engaged for many hours in an incessant struggle with the police. It is alleged that "they were flung hither and thither amid moving traffic, and into the hands of a crowd pernicked by plain clothes detectives, which was sometimes rough and indecent. . . . But there emerges from the evidence a much graver charge." The Committee proceed to say that they "cannot resist the conclusion that the police, as a whole, were under the impression that their duty was not merely to frustrate the attempts of the women to reach the House, but also to terrorise them in the process." They used in numerous instances excessive violence, which was at once deliberate and aggressive, and was intended to inflict injury and pain. Many of them resorted to certain forms of torture. They frequently handled the women with gross indecency. In some instances they continued to injure and insult them after their arrest." Specific instances in support of these charges are then given. The whole Memorandum forms an indictment of the very gravest nature, and, in justice both to the women and the police, a public inquiry is essential.

The Women's Social and Political Union are arranging a demonstration to be held in the Royal Albert Hall on March 23rd, at 8 p.m. Mrs. Pankhurst will preside, and the speakers will be Miss Vida Goldstein, President of the Women's Political Association of Victoria, Woman Voter and Leader of the Women's Movement in Australia, Mrs. Pethick Lawrence, and Miss Christabel Pankhurst. In view of the fact that the meeting occurs before the second reading in Parliament of the Bill to confer the franchise on women, which is down for the 5th of May, the organisers hope that the Hall will be crowded, and of this there is little doubt. Tickets may be obtained from the Ticket Secretary, W.S.P.U., 4, Clement's Inn, W.C.

The Swedish Cabinet has resolved to place before the Storting a proposal to extend to women the right of admission to all public offices except membership of the Cabinet, military, diplomatic, and Consular posts, and benefices in the State Church. The ministry and the consular service would be greatly benefited by the inclusion of women, and no doubt, as men grow less selfish and unjust where women are concerned, every post they are suited to fill will be thrown open to them. May we live to see it. The world will be a cleaner and happier sphere.

Book of the Week.

LEAVES FROM A GARDEN.*

These are not essays, nor are they stories, nor do they talk only of gardens, but of Love also and Death, and Life of sorrow and joy, and the whole is blended in an easy chatty style that makes pleasant reading. The book, too, is artistically got up, and there are a dozen and a half of illustrations all speaking of beautiful nature. There is so much that is ugly and sordid in life, and so many writers who seem to love to present this aspect to their readers, that it is refreshing at times to take up such a book as "Leaves from a Garden." It is written in the first person, and the writer asks at the outset, "What does one do when the world collapses about one's ears, and yet one still has to go on living?"

How kind old friends are, but even they after a time will not see why we cannot take up the old life, and be amused and amusing in the good old way. People tire of sadness; life is very short to some folks; it grows shorter every year now-a-days, for everyone, for there is so much to see and do, and so many ways of doing it. . . . Why not turn to the country, the real peaceful country, and see what it can do for a broken heart. . . . It was early June when we moved in, and oh! the joy of having clean wide space, and no rubbish in the house at any rate. No motor-cabs howling and hustling about; no whistling; nothing save real true silence, save when we caught the solemn wash of the sea on Broad Beach or an occasional move in the ivy where some uneasy sparrow had a bad dream. But neither shall I forget the fearsome noise of the early morning when every bird awoke; when the sparrows chattered and swore, really swore, in their beds, when the thrushes and black-birds tried to sing each other down, and when the chorus was so loud, the sun so brilliant, that I began to think London was quieter, and wonder whether we had done well and wisely after all. By the time autumn comes round "I live on from day to day, doing whatever turns up to do, and hoping for the best even if I do not think it will ever come. To even enjoy the beautiful weather, and to be amused at Marjorie, at the blackberry forays, and at the pickling and preserving that go on in the kitchen."

Still further on in the year "Curphey" (the gardener) is delighted with the frosts; they kill "the slugs and worms," and frost will sweeten the

* By the Author of "Leaves from a Life." (Eveleigh Nash, London.)

ground, the ground is hard, there is no mud, the very best leaves come down, and are swept away, and we are so truly I feel depressed. All the same given a real full moon, can anything be more exquisite than a late walk home about Christmas-time.

And so "Nature and the Garden have done their kindly work for me, and caused me to love the very life at which I have girded over and over again. I really do not want to die at all, and whenever Death calls for me I shall at any rate feel very much annoyed."

I can hardly believe I once adored London. Dear time of peace and rest! God planted a garden, says the old gardener in his *Paradisus*, and he put men and women there.

When we lie down to rest in our last bed, let us ask but one hour, "Que la terre soit légère."

H. H.

VERSE

The charities that soothe and heal and bless,
Are scattered at the feet of men like flowers,
The generous inclination, the just rule,
Kind wishes and good actions and pure thoughts.
No mystery here; no special boon
For high and not for low; the proudly graceful,
And not for meek of heart. The smoke ascends
To heaven as lightly from the cottage hearth
As from the haughty palace.

William Wordsworth.

COMING EVENTS.

March 2nd.—Nurses' Union Meeting, 5, Cambridge Gate, Regent's Park. Tea, 3 p.m. Lecture by the Rev. H. E. Gunson, 3.15. Nurses are invited.

March 3rd.—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. Lectures for School Nurses and Health Visitors commence.

March 3rd.—Territorial Force Nursing Service, City and County of London. Meeting, Executive Committee, Mansion House, 3.30 p.m.

March 7th.—Infants' Hospital, Vincent Square, S.W. Lecture on Babies, by Dr. Ralph Vincent. "The Treatment of Infantile Malnutrition," 5 p.m.

March 8th.—Royal Infirmary, Edinburgh. Lecture on "The Nursing of Respiratory Cases," by Dr. Harry Rainy. All trained nurses cordially invited. Extra Mural Medical Theatre. 4.30 p.m.

March 8th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Some Surgical Conditions of the Brain," by Mr. Pearson, 7.30 p.m.

March 9th.—Annual Meeting, Shoreditch and Bethnal Green District Nursing Association, St. Leonard's Parish Room, Shoreditch, 5 p.m.

March 10th.—Association for Promoting the Training and Supply of Midwives. Seventh Annual Meeting, 24, Park Lane, W. Princess Christian will preside. 3.30 p.m.

March 10th.—Twenty-first Annual General Meeting of the Hammersmith and Fulham District Nursing Association, Bishop Creighton House, 378, Lillie Road, Fulham, 5 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 SPIRIT OF THE PAGEANT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Once again the trained nurses of the United Kingdom have cause to thank you for your untiring efforts on their behalf. Indeed, we do thank you for the conception of a great idea, and the splendid method in which it was carried out under your very capable management. Also for showing the public by beautiful imagery the dire needs of the sick, as well as our long struggle under your leadership for higher educational standards and a just recognition of their profession for those who undertake the responsibility of nursing the sick and spreading the knowledge of the laws of health.

No one who saw the Nursing Pageant on February 18th, setting forth as it did in beautiful and picturesque form our needs and desires, could fail to be moved by the earnestness of purpose shown, as well as the public benefit which State Registration of trained nurses would confer.

To Miss Mollett we tender our grateful thanks for the simple and beautiful words in which our aims and objects were set forth. Also to those who so kindly personified your great idea, and gave of their time to make it a living reality, we are greatly indebted.

Words, however, are base metal to use when we know our indebtedness is so overwhelmingly great, but may they serve in this instance to show that there are those who do realise and appreciate the arduous task which you have undertaken in endeavouring to raise the standard of education and status of the trained nurse.

Yours faithfully and gratefully,

The Chestnuts, Ebford.

MARY BERR.

LOVELY, INSTRUCTIVE AND INSPIRING

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The splendid gathering held on the 18th inst in the Connaught Rooms proves the wonderful results of co-operation. I was delighted to be a member of the National Council of Nurses through the affiliation of the League to which I belong. One can only feel sorry for nurses who have no League, and who are not one of us, but no doubt in time every training school will associate its graduates together, and help us to make our National Council more and more influential. We are all hoping the Pageant and Masque will be presented again—it was lovely, instructive, and inspiring.

MEMBER BAPTIST LEAGUE.

[The Editor regrets several letters have had to be held over for lack of space.]

The Midwife.

The Dangers of Parturition in Elderly Primiparæ.

The question as to whether an elderly primiparæ incurs any extra danger in childbed on account of her age, says the *Lancet*, is one which has been much debated by obstetric writers from the very earliest times. Our contemporary continues: It has recently been submitted for our consideration by a medical correspondent. It would seem only natural that the greater rigidity of the soft parts which is supposed to exist in the older woman, and the partial ankylosis of the coccyx which may also be present, undoubtedly would increase the difficulty and the duration of the labour. Among the older writers—for example, Puzos, Smellie, Deventer, and Mauriceau—this view of the matter was generally accepted, and it was regarded as a true explanation of the assumed increased difficulty of parturition in women beyond their first youth until it was challenged by Madame Lachapelle. Her clinical experience did not tally with the current teaching on this matter, and as she pointed out, while it was quite true that difficult and prolonged labours occurred not infrequently in elderly women, she did not think that they occurred relatively more frequently in them than in women of a younger age. Her view of the matter found support from Cazeaux and Depaul; but, on the other hand, it was opposed as incorrect by Dubois, Wigand, Michaelis, and Nægele. In an endeavour to settle the question an appeal was made to statistics, and papers were published by various writers in favour of one or other side of the question. The figures collected by Cohnstein and Ahlfeld, and quoted by Varnier, seemed to show that not only was labour in elderly primiparæ attended with increased danger to the mothers and the children, but the duration of the labour was increased considerably and the frequency of bad tears of the soft parts was much greater. The supporters of Madame Lachapelle's view pointed out, however, that these conclusions did not settle the matter, since the investigators had not taken sufficient care to compare precisely similar facts, and in a considerable number of their cases there was either a contracted pelvis present or the labour was a complicated one. But statistics collected with greater care, so as to eliminate such errors, tended to confirm the views of those who maintained that with an increase of age is associated

an increase of danger, and there seems no doubt that such a conclusion represents the truth of the matter. On the suggestion of the late Professor Varnier, his pupil Dubé carried out an investigation on the subject, taking care to include in his tables only cases of perfectly normal labour. His figures show that while in the great majority of the labours there is no difference in the average duration at all at the various ages, yet in the small minority of the cases in which labour is unduly prolonged the number of elderly primiparæ exceeds that of young primiparæ by some 10 per cent.; and the prolongation of the labour affects both the first and the second stage. If the frequency with which the labours required artificial termination with the forceps is considered, there is a more striking difference. Thus, while among the young primiparæ the forceps rate was only 1.6 per cent., it rose to no less than 25 per cent. among the elderly primiparæ. These figures are the more instructive since in every other respect the labours were normal, the children were of average size, and there was no evidence of any undue rigidity of the bony outlet of the pelvis. The explanation, therefore, of the increased length of the labours in the minority would seem to lie partly in some extra rigidity of the soft parts and partly in some failure of the contractile power of the uterine muscle possibly associated, as Varnier suggested, with the presence of minute fibroid nodules in the uterine walls not recognisable by ordinary palpation. Not only is there then in a small percentage of elderly primiparæ a somewhat excessive prolongation of labour and an increased need for delivery by forceps, but this is associated with a definite increase in the fetal mortality, since in Dubé's cases it amounted to 5 per cent. in the elderly primiparæ as contrasted with a fetal mortality of only 1.32 per cent. among the young primiparæ.

A year ago the London County Council gave notice by public advertisement that under Sub-Section 2 of Section 1 of the Midwives' Act no woman, unless a certified midwife, may practice as such. As, however, infringements of the rule still continue to occur, and convictions to be recorded, it is proposed to again draw attention by means of public advertisement to the provisions of this sub-section, and to the number of persons who have been convicted of infringing it.

The Central Midwives Board.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on February 23rd, Sir Francis Champneys in the chair.

CORRESPONDENCE.

A letter was received from the Clerk of the Council stating that the proposals contained in Clause 7 of the Midwives (No. 2) Bill, 1910 (*i.e.*, that an annual payment of one shilling should be required from all certified midwives, failure to comply with this requirement involving removal from the Roll), will not reappear in any future Bill which may be introduced on the subject.

Letters were read from the Registrar of the Royal College of Physicians, the Secretary of the Royal College of Surgeons, and the Secretary of the Society of Apothecaries, announcing the re-election of Sir Francis Champneys, Mr. C. H. Golding-Bird, and Mr. Parker Young as their respective representatives for the year ensuing the first of April next.

A letter was read from the Home Office, enclosing a letter addressed to the Home Secretary by Ellen Peacock, an uncertified midwife, who was convicted and fined at Liverpool forty shillings and costs for acting as a midwife, asking for the observations of the Central Midwives' Board upon it. Mrs. Peacock, in her letter to the Home Secretary, detailed the teaching she had received, and said that she had applied to the Board to be enrolled, but had been refused. She appealed to the Home Secretary for the remission of the fine, which she stated that she was unable to pay, and also that she might be enrolled as a certified midwife, as otherwise she would be unable to earn her living, and be reduced to a state of destitution. The Secretary was directed to reply that the application of Mrs. Peacock had been the subject of careful inquiry, and that they had received a report from the Local Supervising Authority in connection with the application before arriving at a decision.

REPORT OF PENAL CASES COMMITTEE.

A letter was considered from the Clerk of the Council transmitting two letters addressed to the Home Secretary by Dinah Ann Peace (late No. 20558) with regard to the removal of her name from the Midwives' Roll on December 3rd, 1908, asking for the Board's observations thereon. The Secretary was directed to communicate to the Privy Council a statement of the circumstances under which the midwife was cited before the Board, and of the proceedings before the Board.

The Committee having considered the charges against 16 midwives, recommended that each of them be cited to appear before the Board, and a seventeenth subject to adequate evidence being furnished by the Local Supervising Authority.

It was agreed that the opinion of the Privy Council be sought as to whether a midwife guilty of a breach of the Rules when acting as a maternity nurse is amenable to the jurisdiction of the Board.

It was agreed that a Special Meeting of the Board be held on Thursday, March 30th, at 1.30

p.m. for dealing with all penal cases and applications then ready for hearing.

REPORT OF STANDING COMMITTEE.

A letter was considered from the Clerk of the Council in reply to the suggestion of the Board that Section 1 (2) of the Midwives Act, 1902, should be amended by the deletion of the words "habitually and for gain," pointing out that the proposed amendment might rise to more laxity of administration than it would prevent, as "emergency" would conceivably be more difficult to disprove than it would be to establish a practice which is habitual and for gain. The Chairman remarked that until a test case was carried through it was difficult to decide what the clause meant.

Letters were considered from the Medical Officer of Health for Manchester and the Medical Officer of Health for Ipswich in regard to cases in which the Local Supervising Authority had found *prima facie* cases of negligence and misconduct and negligence respectively in which the Board decided to take no action. The Board decided to reply (1) that it acts on the finding of the Local Supervising Authority of a *prima facie* case which it assumes would be adequately supported by evidence capable of proof at the hearing of the case, and (2) that the responsibility for the decision in any particular case must remain with the Board alone.

APPLICATIONS FOR REMOVAL OF NAME.

Application of nine midwives for removal from the Roll were received, and the Secretary was directed to remove their names and cancel their certificates.

SUGGESTED BADGE.

In regard to the suggestion that the Board should issue a badge as the distinguishing mark of a certified midwife, it was decided to postpone consideration of the matter *sine die*.

APPLICATION FOR RESTORATION TO ROLL.

The application of a midwife for restoration to the Roll after voluntary resignation was refused.

APPLICATIONS FOR APPROVAL.

The application of Dr. Edward Francis Herman Hardenberg for approval as a teacher was granted.

The applications of the following midwives for approval to sign Forms III. and IV. were granted:—

Ethel Maud Hansard (No. 32249), Elizabeth Louise Hill (No. 325), Mary Jane Mayes (No. 28087), Lillie Louisa Reeder (No. 11138), Edith Perpetua Rosier (No. 26276), Gladys Edith Tatham (No. 28208).

The date of the next ordinary meeting of the Board was fixed for March 23rd, in addition to the Penal Board on March 30th.

The next examination of the Central Midwives' Board will be held at the Examination Hall, Victoria Embankment, London, W.C., on April 25th, 1911. The Oral Examination follows a few days later.

At the Nottingham Summons Court, Eliza Ann Platts was recently convicted of practising as a midwife without being certified as such, and fined 20s.

The Union of Midwives.

This Society evidently does not intend to be "slothful in business." The office accommodation has already proved to be inadequate for the growing demands of the Union, and a whole floor of the premises at 33, Strand, has now been taken for its use.

Dr. Helen Greene, President of the Derby Branch of the Union, has been appointed on the Health Committee of the County Council of Derbyshire as a representative of the Union.

The Union, through its solicitors, have just offered a reward of £5 for the name and address of some person or persons who have been making slanderous statements in connection with one of their members.

The Union has also had the great satisfaction of recovering certain moneys due to several of their members.

The "coaching" class held on Friday afternoon is proving very popular.

The class for students preparing for the C.M.B. examination is held each Friday from 5 to 6 p.m.

Miss Gertrude Marks, a member of the Committee, and the authoress of "Maternity Nurses' Guide," and the "Pupil Midwives' Register of Cases," is to represent the Union at the Nursing and Midwifery Conference.

The Union is inaugurating an entertainment, particulars of which will be published shortly.

MIDWIVES OFF DUTY.

The Portsmouth Branch of the Union of Midwives held its first annual meeting last month.

Dr. Marie Grigsby was elected President, and Mrs. Guyther was re-elected as Hon. Secretary.

After the meeting a Social Gathering was held, which the members thoroughly appreciated, specially perhaps the dancing and singing.

TRAINED MATERNITY NURSES' ASSOCIATION.

By the courtesy of the Committee of the Union of Midwives the inaugural meeting of the above Association will be held at the offices of the Union of Midwives, 33, Strand, on Wednesday, April 5th, at 2 o'clock precisely.

Maternity Nurses who wish to become members of the Association or to speak at the meeting, or join in the discussion, should send their names immediately to the Editor, *Midwives' Record and Maternity Nurse*, 8, Henrietta Street, W.C.

ACCOMMODATION DURING EXHIBITION WEEK.

Midwives and Maternity Nurses wishing for accommodation at moderate charges during Exhibition week please apply, enclosing a stamped addressed envelope, to the Secretary, Union of Midwives, 33, Strand, W.C.

Babies and Mothering.

All babies need mothering, and the *Manchester Guardian*, referring to the infant mortality at the Withington Workhouse, says:—"One thing the babies suffer from is the lack of "mothering." They are placed altogether in a nursery, while their mothers are busy cleaning in the workhouse,

and though they get oversight they do not get "mothering." A fatherly guardian may, now and then, on a bright summer day, insist on their going on the lawn for a breath of fresh air, but they are never taken out for walks. Their mothers cannot leave the house without formally taking their discharge, and so the babies are kept prisoners too. It has been observed that babies which are strong and healthy on leaving the maternity wards pine away in the nursery.

The Working of the Midwives' Act.

The following criticisms of Dr. J. T. Hartill, Medical Officer of Health to the Short Heath District Council, in his annual report to the Council with regard to the Midwives' Act, are of interest.

"With regard to the Midwives' Act, 1902, and the section which came into effect on April 1st, 1910, by which no woman may habitually attend women in child-birth, except under the direction of a doctor, unless certified under that Act, the result of my inquiries is as follows: (1) There is no trained certified midwife in the district; (2) there is no evidence that doctors, apart from the district medical officer appointed by the Guardians, are attending more women in child-birth than they formerly did; (3) the district medical officer is engaged to attend more cases, but receives no extra fees for attending them; (4) all medical men consider it an injustice that certified midwives should be required by Statute to send for a doctor, whilst no provision is made by Statute for the payment of the doctor; (5) though they have the power, the Guardians refuse to pay the doctors; (6) the doctors, if they choose, may refuse to go to the midwife's help. When they do, very frequently they only get part of their fee, sometimes no fee. Under these circumstances who can reasonably blame them, let the consequences to the woman be what they may, if application is made to them by the midwife at an inconvenient hour, and they refuse to go? (7) If an order be first got from the Relieving Officer, the District Medical Officer must go to the midwife's help—but in that case the woman becomes a pauper, and doubtless often resents it, and who wants to make paupers of those who are not destitute? (8) The leaders of women resent the injustice of a woman who is not destitute being made a pauper. If Parliament will not immediately alter the Statute law and make payment to the doctors compulsory, by Councils or the Guardians of the Poor, Dr. Hartill asks his Council to consider the matter and get the consent of the Local Government Board to provide medical assistance in such cases, as Liverpool and Manchester have already done under the authority of Section 133 of the Public Health Act, 1875. He concludes, "the Council will infer from these remarks that in my opinion the Act has rather caused inconvenience to the poor locally than been a benefit to them, whilst one case of real hardship to the lying-in has come to my knowledge."

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Editorial.

THE VALUE OF HOSPITAL CERTIFICATES.

Probably no class of workers are more loyal to their Alma Mater than trained nurses, and it is equally true that no women are more patriotic than Irishwomen—Irish nurses therefore who have proved themselves fully competent to hold their own in comparison with those holding good certificates from hospitals in other parts of the kingdom, and who have shown that they are animated by professional ideals, and a strong sense of public duty, may justly feel injured when they are repeatedly passed over by hospital boards in their own country when making appointments to the higher posts; more especially is this feeling accentuated when candidates who are not in sympathy with their professional ideals, and whose views on professional questions are repugnant to Irish nurses, are imported to assume the position of Matron in Irish Training Schools.

Rumours of discontent have on more than one occasion reached us in recent years, and this feeling has been definitely expressed in a letter to the Dublin press by "An Irish Trained Nurse," who writes:—

"For some years now it has become the fashion whenever any important post in the Irish Nursing world has fallen vacant, to fill up the gap by importing a Matron or otherwise from one of the great training schools outside Ireland. This is constantly done, even when most capable and experienced Irish trained nurses, with the very highest professional qualifications, are also candidates for the post. In fact it is becoming a foregone conclusion at Dublin Hospital Elections for the higher posts, that no nurse with an Irish training need apply."

It is, of course, the duty of Hospital Boards to select the best candidate for a given vacancy, but they must bear in mind two things (1) that if they discount the prestige of their own certificates they cannot expect other Boards to have a higher opinion of these certificates than they have themselves, and (2) that if, in a long term of years, a school is unable to train a pupil ultimately capable of discharging a Matron's duties then they had better set their house in order, for the fact is evidence that their system has failed, and their methods of training need revision. We do not believe that the nurse-training schools of leading Dublin hospitals merit an impeachment of this kind, or that it could be proved that Ireland cannot find women, trained in its hospitals, to superintend its training schools, but if, as is alleged, no nurse with an Irish training need apply for the higher posts when vacant, it is inevitable that women with professional ambitions will elect to train in English or Scotch hospitals, and thus Ireland will be deprived of just the candidates whom it is most important to keep, and the quality of pupils who enter Irish training schools will inevitably deteriorate.

A great disadvantage to hospital committees, which are almost invariably composed of lay persons, is that at present there is no professional authority which defines standards of education for Nurses and Matrons, and they, therefore, depend mainly on testimonials concerning the qualifications of applicants. Inflated testimonials from hospital claimants and persons with social influence may be impressive for the moment, but their statements are not always justified by results.

The first essential in considering the eligibility of a candidate for the position of

Matron is that her practical training has been thorough and sufficient, and, secondly, that she has had special experience in administrative work. When a Nurses' Registration Act is placed upon the Statute book, the relative qualifications of candidates will be more thoroughly appreciated. Meanwhile, in a country where Home Rule counts for so much, it is strange for the principle to be ignored in local politics.

Medical Matters.

CAISSON SICKNESS.

Mr. Leonard Hill, lecturing last week at the Royal Society of Arts, said that the chief cause of caisson sickness was not excess of carbonic acid gas and deficiency of oxygen, but the solubility of nitrogen, not only in the blood but also in the fat of animals. If a diver were suddenly brought to the surface, or a workman were brought out of a high pressure caisson, the gas would come out of the blood in bubbles. These formed a froth and interfered with the circulation to such an extent that death might follow. At the first signs of the sickness caused by bringing a man too suddenly from a high to a low pressure he should be placed in a chamber where the high pressure could be restored. Fat food should be avoided by caisson workmen.

MALARIAL FEVER DURING THE PUERPERIUM.

The *British Medical Journal* draws attention to the two following cases from Hong Kong, recorded by Dr. Atkinson in a foreign contemporary, in which the puerperium was complicated by malaria. The first was that of an English primipara, at full term, who had been suffering from fever for some days prior to admission to hospital. The temperature, which was 101.6 degs. Fahr. on admission, was normal on the following morning, but as the blood showed simple tertian parasites and ring forms, 5 grains of quinine were ordered every four hours. Labour commenced the same evening and was normally terminated the following midday. In the evening the temperature was 104.0 degs. Fahr., due evidently to a tertian attack and not to sepsis, and the following morning it was normal again. The quinine was continued, although there was no more fever, and during the next three weeks no malarial parasites were present in the blood. The patient had only arrived in the colony a few months previously, never having had malaria, nor coming from a malarial country.

but since being in Hong Kong she had resided in a malarial locality. In the second case premature labour at eight months was induced by an attack of malarial fever, which began the day before labour commenced, and the day following birth benign tertian parasites were present in great numbers. Both cases might have been anxiously puzzling had they not occurred in a malarial country where all illnesses are so frequently complicated by malaria that it is the rule to give quinine to parturient cases whenever there is the slightest fever after labour. The author does not consider that quinine as a prophylactic should be withheld during pregnancy in women who are subject to attacks of malarial fever, as he regards the induction of abortion or premature labour as being more probably due to the malarial fever than to any ebolic action of the quinine. The general consensus of opinion points to the fact that quinine acts as a general stimulant and promoter of vital energy and functional activity, and that its ebolic action is very slight, if anything at all; and certainly, when administered during malarial fever, it expends its energy in killing the plasmodium, and does not produce any deleterious effect on the system.

INSECTS AND DISEASE.

Mr. H. Maxwell-Lefroy, in a lecture at the Imperial College of Science and Technology, at which he inaugurated a course of studies in the realm of practical entomology for the training of young students, after explaining the influence of insects on agriculture, said, in relation to disease, that the commonest blood-sucking insect of man, the bed bug, was under suspicion of carrying disease, the rat flea transmitted plague from the rat to the human being, and the big flies of the genus *Glossina* carried the dreadful and fearful disease of sleeping sickness and the allied diseases of cattle, horses, and dogs. In the early days of plague in India disinfectants were used to kill the germ. Now insecticides were used to kill the fleas and traps to catch rats. If these diseases were to be checked it would be by dealing with the transmitting insect, and thus entomology had become important. No one could say what the future held for us. Was sleeping sickness going to spread? With the warm weather was the plague flea in England going to become active and spread? Was plague going to spread in Europe as it had in India, where in fourteen years seven millions of people had died? He trusted we might never see plague or other insect-transmitted disease spreading in England, but no one could say that it would not.

Clinical Notes on Some Common Ailments.

By A. KEYVETT GORDON, M.B., Cantab.

NEURALGIA.

We will now take an ailment, or rather a set of ailments, which are not only very common but usually very painful also, namely, these affections of the sensory nerves which result in the transmission to the brain of sensations of pain, and which we are accustomed to group together under the name of neuralgia. Really neuralgia is a very complex and difficult subject, but I shall attempt in this paper to give some rough idea of what the pain is due to, and how it is usually treated: for the sake of clearness, it will be necessary to omit many details which can be filled in afterwards from any modern text book of medicine.

We must first see what a sensory nerve is.

As every trained nurse knows, the working of the whole body is controlled by a system of telephonic messages between the brain and the organs of digestion, circulation, locomotion, and so on, every part of the body, in fact, being in direct communication with the brain. When, for instance, a fly settles on the tip of the nose, a message is sent along one wire, which is called a sensory nerve, from the nose to the brain to the effect that a fly is there and that the tip of the nose does not want that fly. Then a communication is sent from the brain to the muscles of the arm telling them to move the hand to the nose and remove the fly, the latter message being sent not up a sensory nerve but down a motor nerve. Currents, in fact, are only sent along a nerve in one direction, the sensory nerves taking information to the brain, and the motor nerves taking directions from it.

When a sensory impulse is very strong it is felt as pain, and in health painful impulses are not sent unless there is something out of the common taking place in a part as, for instance, when we crush our finger in trying to shut a door, but if a part is diseased, painful messages are sent very frequently, as when our stomach is inflamed and we have colic.

Sometimes, however, in pulses come along a nerve when there is nothing the matter with the part to which the nerve belongs, and in that case the fault lies not with the part but with the nerve itself, and for our purposes that may be said to constitute a neuralgia, or, at least, one kind of it.

I have said that the nerves are wires, and that comparison is fairly accurate, for the structure of a nerve is almost exactly like that of an electric wire. If we take a piece of

heavy tinned copper wire and that it consists of a thin copper wire covered over with a wrapping of silk, were it not for this covering, the current travelling along the cord would escape into the surrounding air or go off into anything the wire happened to touch, and so would not reach its destination. It is so with a nerve, which consists of a fine central core, or nerve fibre, encased in a nerve sheath, which is itself impervious to the current or nerve impulse travelling down it. Now the nerves, like every other part of the body, are supplied with blood from some vessels which in this case run in the sheath, and these vessels again have the flow of blood through them controlled by little nerves running in their walls so that the vessels are constantly becoming wider or narrower according as much or little blood is required by the nerve they supply. If a nerve does not get its proper supply of normal blood, or if the blood sent to it is in any way impure, we get neuralgia in that nerve, or in other words, neuralgia is the cry of a (sensory) nerve for healthy blood.

So we can now investigate the causes of neuralgia. Firstly, the sheath of the nerve may become inflamed so that it swells and presses on the nerve fibre (or there may be a tumour pressing on the nerve sheath from without), or the blood may be impure so that the nerve does not get its proper nourishment, or again, the endings of the nerve may be irritated by something wrong in the part with which the nerve is connected.

Then we may divide neuralgias not according to their cause but with regard to the situation of the affected nerve. Thus the nerves in some part of the head may be attacked, and we get headache, or it may be the sciatic nerve in the leg, and we have sciatica, or the nerves coming from the teeth—toothache—or from the face—faceache—and so on. So, in any case of neuralgia, we have to consider, firstly, whether there is some local cause, either pressure on the trunk of the nerve from without, or something wrong at the ends of the nerve, which is causing irritation, and, if we cannot find a local cause, then (and only then) do we try to ascertain whether there is some disease which is causing impurity of the blood generally. Frequently, both local and general causes are combined in the one case.

Let us now give some illustrations of local causes. Take headaches for instance. We may have a tumour growing within the skull and causing pressure on one or more nerves, or the brain may not be getting its proper supply of blood owing to a poor acting heart, which is thus unable to pump the blood up to

the head at a sufficient pressure, and in any case of persistent headache we have to eliminate cerebral tumour and heart disease at least. Or there may be irritation, for instance, in the eyes or ears, and one of the commonest causes of repeated headaches is eye strain caused by some defect in the visual apparatus. The inflammation, or even an accumulation of wax in the ear, may give rise to headache. The Academy headache is a very good example of eye strain, combined it may be in some cases with interference with the cerebral blood supply from the donning of a particularly tight corset or collar in order presumably to assist the artistic sense to appreciate the pictures. Toothache, again, is a good example of local irritation of the exposed nerve endings in a decayed tooth.

Failing to discover a local cause, we investigate the reasons for an unsatisfactory state of the circulating blood, and we may say here that such general causes most often show themselves in headaches. The most common cause of disordered blood is undoubtedly the insufficient removal of its waste products from chronic constipation, and fortunately most people when they have a headache take an aperient, but they often neglect to go to the root of the matter and remedy the cause of the constipation whatever it may be.

Then there is anæmia, which we have discussed in a previous article—also accumulation of waste products from kidney disease, also poverty of blood from insufficient food. But another cause, namely, constriction of the small vessels in the head from the action of the poisons which produce high blood tension on the nerves which regulate the size of the blood vessels often escapes notice, and many headaches in practice are really due to high arterial tension.

Again, the poisons of the acute infectious diseases may give rise to headache, notably in enteric fever. Some headaches again are rheumatic. We might multiply examples of "poison" headaches almost indefinitely, but these common ones will suffice.

Coming now to the treatment of neuralgias and headaches, it will be obvious that this lies, when possible, in the removal of the cause whatever it may be: we treat eye strain by prescribing appropriate spectacles, toothache by stopping or extracting the tooth, and so on. But it often happens that we want to do two things, to remove the cause and also to relieve the headache or neuralgia for the time being, and until the cause has been or can be removed.

For this latter purpose we have certain drugs

whose names are legion, but which all resemble one another more or less in that they act on the nerves going to the blood vessels of the affected nerve (and other nerves also), and cause these vessels to dilate so that the nerve gets an increased supply of blood and the pain is relieved. But, be it noted, this is only a temporary expedient, and it has no effect whatever on the cause of the neuralgia so that the dose has to be repeated. This has two disadvantages: firstly, the relief which the patient is able to obtain from taking the remedy whenever he, or more usually she, has neuralgia or a headache prevents her taking advice for the removal of the original cause, and, secondly, a drug habit is quite easily established. Now these vaso-dilators after a time lose their effect, and larger doses have to be taken, until harm is done from the depressing action on the heart which all members of this group of drugs have more or less. As a matter of fact, nearly all of these substances are sold broadcast to the laity (nurses usually annex them from the dispensary or from the complacent house physician) in tablet form, and incalculable harm results from this pernicious practice. Nowadays, it is difficult to come across anyone who is not addicted to tablet taking in some form or other, and one often gets a disquisition on the virtues of her particular tablet between the soup and the fish at a dinner party. Formerly phenacetin and antipyrin were the favourites, but of late years, aspirin seems to hold the place of dishonour.

Personally, I wish that these things could not be made into tablets at all. Certainly there can be nothing more silly than a patient who takes phenacetin or aspirin tablets for a carious tooth or chronic constipation.

In intractable cases of neuralgia affecting a particular nerve relief can often be obtained by excision of the piece of the nerve, or by injecting alcohol or osmic acid into its sheath, and of late years many excellent results have been obtained from the surgical treatment of neuralgia. This does not apply to headaches because the nerves are not accessible, but there is a local cause for practically every case of chronic persistent headache, which shows itself sooner or later, that is to say, when it is not due to a general disease which requires recognition.

The regrettable outbreak of cases of small-pox in the Metropolitan affords an opportunity for a certain number of nurses to obtain experience in the nursing of this disease, an opportunity which at the present day is rare, and should therefore be made the most of.

Progress of State Registration.

The Nurses' Registration Bill was put down for a second reading in the House of Commons by Mr. R. C. Monro Ferguson on Monday, but this was only formal, as until the great constitutional question is settled education and social reforms will be put aside.

The Bill (price two pence) is now in print, and can be purchased either directly, or through any bookseller, from Wyman and Sons, Ltd., Fetter Lane, E.C.

Should the Women's Enfranchisement Bill become law this session, and there is every hope that it will, questions affecting the status and well-being of women, and incidentally the well-being of the whole community will then have a driving force behind them which can compel consideration. As an intelligent class of women, we should do wisely therefore to concentrate all spare effort on furthering the passage through Parliament of our Enfranchisement Bill.

League News.

It is with great pleasure that we welcome the first issue of the *League Journal* of the Hendon Branch of the Central London Sick Asylum Nurses' League, and offer our congratulations to the Editor, Miss A. S. Brown, on the excellent manner in which it is edited and produced. The members are also to be congratulated on possessing the fine portrait of Miss Elma Smith, President of the League, and Matron of the Hendon Infirmary, which forms the frontispiece of the Journal. By a happy inspiration a member has suggested that the initial letters inscribed on the badge of the League (which is reproduced on the cover, "C.L.S.A.") shall stand for Courage, Loyalty, Sympathy, and Action, and this has been adopted as the motto of the League. We rejoice that as stated in the Secretary's report, "the first year of the League's life which is just closing has been in all respects successful one, and full of promise for the future."

At the annual meeting of the School Nurses' League, recently held in the Library at the Education Offices of the London County Council, 56 members were present. After tea, which is always appreciated, the first business was the election of a President, Miss Pears' term of office having expired.

The chair was taken by the Vice-President, Miss Buxton, and Miss Masland proposed

the Miss Pears for President. Miss Pears was seconded by Miss Parkin, and carried unanimously. Miss Pears then took the chair. A list of thanks to her for her services to the League during the past three years was then proposed, seconded, and enthusiastically carried. Miss Pears thanked the members for re-appointing her, and spoke of the pleasure she always derived from the meetings.

The Secretary, Miss R. B. Downing, then read a short account of the year's work. The League is prospering and growing. It has a membership of 61, and 14 newly appointed school nurses have announced their intention of joining it.

Miss Parkman, the Treasurer, then presented the balance sheet, which showed the League to be flourishing financially.

Miss Layton, the Secretary of the Benevolent Fund, read a highly satisfactory report for the year. Two entertainments which had been held had added considerably to the funds. Several members had derived benefit.

Miss Pears then put to the meeting, and it was finally decided, that the League members' annual subscription should be reduced from 3s. to 2s. 6d., and the entrance fee from 2s. to 1s. This was made possible by the increase of membership, and it was thought desirable in view of the fact that nurses who, perhaps for the first time, were learning what it meant to manage their own income, might be kept from joining on account of expense.

The election of three extra members for the Executive Committee was the next business. Voting resulted in the election of Miss Layton, Miss Goodlass, and Miss P. C. Rangercroft.

Miss Pears then gave a most interesting account of the Nursing Masque and its object, and spoke most eloquently of the need of registration of nurses for both patients and nurses.

At the recent Sale of Work in aid of the sick and invalidity fund of the Victoria and Bournemouth Nurses' League, the well stocked stalls were in charge of the following ladies, under the general superintendence of Miss Ferrest, President of the League:—

Mixed Fancy Stall: Sister Dobbin and Sister Margaret.

Woolen Stall: Nurse Nelson Edwards and Miss Martin.

Fancy Work Stall: Mrs. Balston and Sister Ferguson.

Advertisements and Provisions Stall: Nurses McDonald and Miss Love.

Parcels Stall: Nurse Hobbs and Nurse Babbry.

Tea Stall: Miss F. H. Walker.

Two Striking Personalities in the Nursing Pageant.

MARCELLA.

Two most striking personalities in the Nursing Pageant were Marcella, represented by Miss Elma Smith, Matron of the Central London Sick Asylum, Colindale Avenue, Hendon, and Queen Philippa of Hainault, so successfully personated by Mrs. Manson.

Marcella's history as told for us in "A History of Nursing" by Miss Nutting and Miss Dock, is the record of a distinguished and honourable life closing in tragedy. Marcella, who lived in the fourth century, was one of a noble group of Roman Matrons, whose distinguished positions as descendants of the oldest and most patriotic Roman families, and whose learning and personal gifts of character, with the great deeds that they wrought in establishing Christianity, founding hospitals and convents, and forwarding education, have placed them high in the list of great women.

The names and histories of Marcella, Paula, and some thirteen other notable women have been preserved in the writings of St. Jerome. Their independent positions and great wealth (for they were of those who, under the free mar-

riage contract, preserved their legal and personal dignity) were wholly utilised to establish community life, and to organise large foundations for charitable and nursing work. Marcella was the chief and leader of this group of notable women. Her palace was on the Aventine, in the most exclusive part of Rome, and not long ago Lanciani stood on the recently

excavated site of the garden which once surrounded it, and recalled her tragic story. The accounts she had heard of the monastic life, far from repelling, attracted her strongly. Full of zeal, she turned her palace into a monastery, thus introducing the first example of monastic life in Rome. She was deeply learned, and when she became acquainted with Jerome he wrote 'All that I have learned with great study and long meditation she learned also, but with great facility, and without giving up any of her other occupations, or neglecting any of her pursuits.' Jerome, in one of his letters describes her life, her intellectual ability and her death. 'How much virtue and ability,' he



Miss ELMA SMITH,
Marcella.

writes, 'how much holiness and purity I found in her I am afraid to say.' She was often consulted by priests and bishops about obscure points in the Scriptures, and excited their admiration by the acuteness of her judgment. During the sack of Rome Mar-

cella's house was attacked by the Barbarians, and she herself was cruelly beaten and injured. She is believed to have taken refuge in St. Paul's Church beyond the walls, where her death occurred as the result of her injuries."

Miss Elma South, as Matilda, as she appears in our picture, which is from a photograph by the General Press Photo Co., Ltd., 2, Broadman's Buildings, Chancery Lane, E.C., wore a purple robe with draperies and gold and rose coloured tissue and appropriate ornaments, and looked her part to perfection.

QUEEN PHILIPPA

The title of Queen Philippa of Hainault, consort of Edward III., known as "the good Queen Philippa," to a place in the Nursing Pageant, in which she was so successfully represented by Mrs. Manson, is, primarily that in 1357 she granted a further charter to St. Katherine's Hospital—which received its original charter from Queen Matilda—and to the care of the sick within its walls, there was imposed upon the noble ladies who served in it the express duty to visit and nurse the sick in their own homes.

Edward III. reigned in stormy times, and his Queen shared his fortunes. In the course of his wars with France he visited Flanders to gain the support of the Flemish, and his Queen and Court went with him. That two of their sons were born there is evident from the names

of young King John, Duke of Burgundy and John of Gaunt, or Ghat. Later, when the King was absent in France, besieging Calais, and the Scots invaded the North of England, Queen Philippa raised an army and defeated them at Nevill's Cross, near Durham. Later, it is probably that she joined the King before Calais for, at its surrender after a siege of eleven months, the story is told that when Eustace, St. Pierre, and six other burgesses, came out of the town, with halters round their necks offering their lives in exchange for the safety of their fellow townsmen they were pardoned on the intercession of the good Queen. The authenticity of this story has been denied, but it is at least interesting as demonstrating the popular belief in Queen Philippa's kindness of heart. She was happily spared the sorrow which befell Edward III. in the death of her distinguished son, Edward the Black Prince, as she predeceased him by several years.

Mrs. Manson, representing Queen Philippa in the Nursing Pageant, was a regal figure in a

petticoat of pink trowade, a velvet tunic bordered with ermine, and encircled with the Royal emblems of the crown, sun, and unicorn, and a jewelled headdress.

Our picture is from a photograph by the Central News, 5, New Bridge Street, E.C.



Mrs. MANSON,
Queen Philippa of Hainault.

Our Prize Competition.

WHO IS YOUR FAVOURITE CHARACTER IN FICTION. AND WHY?

We have pleasure in awarding the 5s. prize this week to Miss M. K. Steele, Assistant Matron, St. Bartholomew's Hospital, Rochester, for her article printed below on

HANS ANDERSEN'S LITTLE MERMAID.

To remain young for ever one must be intensely human and appeal to young and old alike.

The Little Mermaid will never grow old. She holds me in her spell now even more than in the childhood days; her charm and mystery are as fresh and beautiful as ever.

To create an atmosphere is the greatest of all attainments. Hans Andersen's knowledge of women and children was immense, and of all his delightful creations the Sea Maiden stands alone.

She was a pioneer; she desired knowledge; she dreamed day dreams; she moulded ideals; her heart opened like a flower to the sun, and woman-like she gave of all her best, and in return got nothing.

One pictures her deep under the weight of the chill, restless sea, longing to be free, to see and understand the hidden mysteries of the land above, so she appeals to us with all her power. Freedom was offered her in the shape of suffering. She did not hesitate. What were the tears and forebodings of her sisters, the playfellows of her childhood? She forgot them all. Life called her and she followed. Poor little sea-maid. One almost hears her sob, in her effort to please the ideal, the Prince, and even now the sensation of sympathetic prickles for the bleeding feet is almost real. One wonders what her sensations must have been when she realised she was only a pleasant episode in the Prince's life. When she found that her sisters had been right, did she falter? Temptation hovered over her. How easy to kill and regain her immortality, and yet she did not.

Rising all glorious in her anguish, her love conquers; she prefers to float as a soulless bubble in the ether, hoping perchance to catch some fitting reflection of her master, the heartless ingrate, and keep it imprisoned for ever. Most exquisite and fragrant of fantasies, woven from a stray sunbeam and a restless sea; your story will never fade, your charm and beauty never falter.

For me you live for ever.

Miss Ména L. G. Bielby writes:—"I had just entered my second decade . . . when

from the green and white covers of three little books there came into the great loneliness of my inner life a group of friends who proved a godsend to me." These friends were the March family portrayed in Miss Alcott's "Little Women," from whom Miss Bielby gained encouragement "for my own passionate craving for a life of simplicity, truth, straightforwardness, softened by refinement, and enriched by culture. . . . Of all that merry party my favourite was Jo. . . . To-day, with the widened outlook the years have brought, my judgment is still the same. Jo March at forty would have been the 'strong, helpful, tender-hearted woman' whom her transcendentalist father foresaw in the ultra high-spirited girl of 16, whose sacrifice of her beautiful chestnut hair revealed her potentiality for unselfish service. Always enthusiastic for the right, ardent, generous, impulsive, ready to render homage to goodness in others, loyal to those who loved her, having abundant humour, and brimming over with energy, she would have been in the vanguard of every modern movement."

Miss Maria Woodward gives Arthur Wellington Moore, nicknamed "the Sky-Pilot," in Ralph Connor's well-known book of that name, as her favourite character, because he was "a hero in the fight against every kind of evil in mankind."

Miss Grace Robinson's favourite character in fiction is "Evangeline," of whom she writes: "Evangeline, tender, steadfast, unselfish, has always seemed to me the embodiment of all that is most desirable in woman. How far she influenced my adoption of nursing as a career I hardly know, but certainly her example has been an inspiration to me through a long, varied, and happy time in the service of the sick."

Miss M. Atkinson votes for "John Halifax, Gentleman," and Miss E. H. L. Dowd for Nell Trent, "Little Nell" in "The Old Curiosity Shop," "because of her noble life of devoted self-sacrifice." "Uncle Tom," the hero of Mrs. Beecher Stowe's novel "Uncle Tom's Cabin," is named by several competitors, and "Maggie" in "The Mill on the Floss," is also a favourite because, as Miss Greenwood remarks, "she is so human."

It is notable how almost invariably the favourite named is one who was the hero or heroine of the writer's childish days, to whom she has remained constant through adult life.

QUESTION FOR THIS WEEK.

"What danger attends nasal douching?"

Rules for competing for this competition will be found on page xii.

Territorial Force Nursing Service.

A meeting of the Executive Committee of the Territorial Force Nursing Service for the City and County of London was held at the Mansion House on Friday, March 3rd, at which the Lady Mayoress presided, when the Reports of the principal Matrons of the four general hospitals under its jurisdiction were received. Appointments to fill vacancies, subject to confirmation by the Advisory Board, were made in the various grades of the Nursing Service, including the nomination of a Matron to No. 1 General Hospital in place of Miss Polden, who has gone to New Zealand. Lady Dimsdale was nominated as a member of the Executive to serve on the Standing Committee of No. 1 General Hospital, and Lady Hanson on that of No. 2 General Hospital. Lady Wyatt Truscott intimated that later in the season she hopes to issue invitations to an *At Home* to members of the Service.

International News.

Miss L. L. Dock, Hon. Secretary, International Council of Nurses, writes:—

I have just had a most satisfactory interview with Dr. Yamei Kin, in regard to the chapter on Chinese Nursing for the Third Volume of the History.

Dr. Kin is a physician, one of the most distinguished students of the Blackwell Sisters, in whose memory a splendid meeting of tribute was held not long ago at the Academy of Medicine, Dr. Kin being present. She has come to this country for a visit of preparation for some very important medical and nursing work, of which she is to have charge in China. It is to be centralised work under the Government, and Dr. Kin already has a Chinese trained nurse, who went through at Guy's Hospital not long ago, ready to take the work of the nursing department. This nurse, who speaks English perfectly, is going to write an account of the projected work, and its bearing on the education of Chinese nurses, for the History. Will not that be delightful? The nursing work of Mission hospitals will be told from their own reports, but this new plan means the future training of Chinese women under Chinese direction. Dr. Kin has also brought to America a Chinese nurse, trained at home, who will take various courses of study here, ending with the Johns Hopkins Hospital nursing course of three years, and will then return to take a share in the national project.

I have also seen Miss M. C.umont, who has returned from the Philippines, and has promised to take charge of the Philippine chapter, rewriting her own article, and she also will secure a contribution from a Filipino nurse, so that we shall see how our profession looks through the eyes of our foreign sisters.

Lady Minto's Indian Nursing Association.

FAREWELL LETTER FROM THE COUNTESS OF MINTO, C.I.

The Annual Report of Lady Minto's Indian Nursing Association is always a very interesting document, excellently produced and illustrated. The report of 1910, just to hand, contains the facsimile of a letter from the founder, from Viceregal Lodge, Simla, in which her Excellency writes as follows:—

"As I shall not be present at the meeting of the Association when this report will be presented, I wish to take this opportunity of thanking most cordially all those who have so kindly and generously assisted me in this undertaking.

"I am under a deep debt of gratitude to the Presidents and Committees of the various branches, as well as to their capable Honorary Secretaries and Treasurers, for their unvarying help and sympathy, and I look with confidence to them to continue to uphold the high standard which the Association has now attained.

"To the Chief Lady Superintendent, to the Lady Superintendents, and the members of the nursing staff, I say 'Good-bye' with sincere regret, thanking them with my whole heart for their splendid services at all times.

"That the Association may grow and prosper, and continue to bring the inestimable blessing of skilled nursing to those unfortunately afflicted by illness, so far away from our homeland, is my very earnest prayer.

"MARY MINTO."

The report opens with an account of the farewell meeting at Simla, held prior to Lady Minto's departure from India, at which the Hon. Treasurer, the Hon. Sir A. M. Ker, C.I.E., reviewed the work carried on by the Association since its foundation, and proposed a cordial vote of thanks, which was heartily carried, from the Central Committee to her Excellency for all she has accomplished for the Nursing Association which she inaugurated.

REPORT OF THE HON. SECRETARY.

The report of the Hon. Secretary, Surgeon-Lieutenant Colonel Sir Warren Crooke-Lawless, C.I.E., whose departure from India is much regretted, and to whom a special resolution of thanks was passed, surveys the work of the various branches. It is interesting to note that the motor-car is an influence even on the north-west frontier of India. Of the Punjab branch we read: "At the close of the year it will be decided whether the present arrangement of keeping

two nurses in Kashmir during the season should be continued. With the advent of the motor-cars nurses can now be so speedily transported from Murree, the summer headquarters of the branch, that their location in Srinagar may no longer be deemed necessary."

The Home Committee reported that six nursing sisters were sent out at the beginning of the year and four more were selected in November. They further stated that a large number of nurses apply for vacancies when advertised, but only about one in ten are suitable. No nurse is accepted unless she has exceptional references from the Matrons under whom she has served, and even then those who have done excellent work at home do not always prove suitable for India. The Committee are now trying to get nurses who have had longer experience in private nursing.

REPORT OF THE CHIEF LADY SUPERINTENDENT.

Mrs. E. Davies, whose reports are always notable for their lucidity, is able to state that "at the close of another year the same familiar note of steady progress may again be struck, and that with no uncertain sound! During the past twelve months the Association has not only set its roots deeper throughout a wider foundation, but it has also enlarged its sphere of operations, which now includes Northern and Central India as well as Burma. Mrs. Davies also refers to the departure of Lady Minto from India, and says that "her unflinching interest and kindly encouragement will be sorely missed by those who have looked to her lead in all difficulties."

On the subject of broken contracts the Chief Lady Superintendent writes:—"In the past four years ten of the nurses from home have broken their five years' contract, and after tendering their resignation have demanded the privileges due to those who abide by their agreement. Some of the former have expected to be granted the usual yearly holiday, with full salary and travelling allowance." To protect themselves from unjustifiable loss the Committee propose in the future to retain the first month's salary, or, if preferred by the nurse, half of the first and second months' salary.

Presentation.

At the Swansea Hospital on Wednesday, March 1st, the medical, nursing, and secretarial staffs met together for the purpose of showing their regard for Miss Rees (Sister Penllergaer), and also their appreciation of her worth as a colleague, by presenting her with a solid silver James I. tea service, suitably engraved, on the occasion of her leaving the Swansea Hospital to take up the important duties of Matron of Llanelly Hospital. Sister Penllergaer, who goes away with the best wishes of her Swansea friends, has had charge of the men's medical ward for some years, where, by her kindness and anxiety for her patients, she has greatly endeared herself, and this was acknowledged in a very practical manner by the patients of her ward asking her acceptance of a pretty silver rose bowl. Miss Scovell, Matron of

the Swansea Hospital, also presented Miss Rees with a beautiful set of salts, and this, together with the other gifts, gave the recipient great pleasure. Miss Rees takes up her new duties this week, and is succeeding a former Sister of the Swansea Hospital.

Appointments.

MATRONS.

Hospital for Incurables, Newcastle-on-Tyne.—Miss E. Wilkes, who has been appointed Matron, was trained at the General Infirmary, Sunderland, and has since been Assistant Matron and Head Nurse at the Hospital for Incurables, Newcastle-on-Tyne and Matron of the Hospital for Incurable Children Hampstead.

Cottage Hospital, Thames Ditton.—Miss Catherine McLean has been appointed Matron. She was trained at St. Thomas' Hospital, London, subsequently holding the position of Sister in the Home for Paying Patients connected with that institution. She has also been Sister at the North Devon Infirmary, Barnstaple, and at the West London Hospital, Hammersmith.

The Hospital, Newington, South Africa.—Miss Alice M. Williams has been appointed Matron. She was trained at the Swansea General and Eye Hospital and the General Hospital, Bristol, and has held the position of Sister at the Swansea General Hospital, and of Theatre Sister and Assistant Matron at the Women's Hospital, Johannesburg. She is a certified midwife.

NURSE MATRON.

Infectious Diseases Hospital, Runcorn.—Miss M. O'Neill has been appointed Nurse Matron. She was trained at the Union Infirmary, Bellast, and has done Matron's duties at the Infectious Hospital, Wrexham.

SISTERS.

Hospital of St. Cross, Rugby.—Miss Constance L. Walter has been appointed Sister. She was trained at the Royal Victoria Hospital, Dover, where she held the position of Sister in the Out-patient and Ophthalmic Departments. She has also held the position of Sister in the Out-patient Department of the Hospital, Gravesend.

NIGHT SUPERINTENDENT.

Royal Infirmary, Derby.—Miss Margaret Page has been appointed Night Superintendent. She was trained in the same institution, where she has held the position of Sister.

THE ORDER OF ST. JOHN OF JERUSALEM.

His Royal Highness the Duke of Connaught, Grand Prior of the Order of the Hospital of St. John of Jerusalem in England, has, amongst others, made the following appointment on the recommendation of the Chapter-General:—Lady Perrott, Lady of Justice of the Order, to be Lady-Superintendent-in-Chief of Nursing Corps and Divisions of the St. John Ambulance Brigade.

Nursing Echoes.



Mr. Arthur Lucas, Chairman of the Hospital for Sick Children, Great Ormond Street, W.C., and Mr. John Murray, Vice-Chairman, draw attention in the press to the fact that in connection with the fire in Guildford Street, W.C., on Friday night, "a fearful catastrophe was narrowly averted by the prompt action of the Matron of this Hospital (Miss Gertrude Payne) and the Fire Brigade, helped by a merciful change in the direction of the wind. The Matron happened to observe the fire about 10 p.m. She immediately telephoned to the Fire Brigade and called all the resident medical staff to fire-quarters." In order to emphasise the risk incurred, the writers point out that "adjoining the walls of the hospital is a large wood-yard, stored to a great height with dry timber. Next to these timber stacks are the sheds in which the fire broke out. Had the wind been blowing continuously from the east nothing short of a miracle could have saved the hospital. As it happened, the wind changed after the fire had broken out." The nursing staff, who are trained in fire drill, acquitted themselves bravely, a number of them, from the roof of the Out-patients' Hall, pouring water from the hoses placed there on to the timber.

It is announced that the holding of a meeting at the Mansion House is under consideration, to receive and consider a report as to what form or forms the Memorial to Miss Florence Nightingale shall take. One thing is certain, that the universal desire for a statue in the Metropolis as part of the Memorial, is too strong to be gainsaid.

In the early months of the year a large number of annual meetings of hospitals and nursing institutions are held, and they are now in full progress. As regards the nursing reports are almost invariably the same, emphasising the good work done by the nursing staffs and the absolute necessity of skilled nursing as the complement of modern medicine. At the same time, we regret to say, especially in the case of district nursing associations, the financial question is often one of anxiety. When fully-trained nurses are employed we are of opinion that the philanthropist can nowhere get better value for his money than by the support of the

work of district nurses, and it is presumably because that work does not attract attention through costly buildings, but is carried on unseen in the homes of the poor that its claims are so often overlooked by the benevolent.

Take, for instance, the work of the Society for the Providing of Nurses for the Sick Poor in Belfast. The Lady Mayoress, Mrs. R. J. M'Mordee, stated she did not think there was any charitable institution in the city that deserved more support than the Nurses' Society. They had a great many hospitals, but they did not altogether meet the requirements of the public, for, when a case came in, the patient had to soon give way to a more urgent one. Such patients had need of nursing, and they could not get it except for the society's existence. It was with a distinct pleasure that the patients looked forward to the daily or weekly visit of the nurse. The visits of the nurses into poor houses were of great educational value. The members of the household could see simple remedies applied, and could learn the advantages of cleanliness and other things. She felt a sympathy for the mothers who did not like to leave the homes to go to hospital. It was not always a foolish or sentimental objection, for they wanted, not for their own especial benefit, to see after their homes, and to keep control of the monetary affairs of the household.

Miss Wood, who has been district nursing in Bishop Auckland for the last seventeen years, in presenting her annual report of her work and that of her staff, made a novel proposition, as follows:—"Instead of a jumble sale, I propose we have a "May Day rag day," so that on May Day, or any other day, about spring cleaning time, more convenient to donors, I shall be pleased to receive any old rags, such as old white quilts, sheets, pillow cases, bolster cases, toilet covers, bath and hand towels, old flannels, handkerchiefs, underclothing, stockings, dressing gowns, nightgowns, shirts, night caps, tablecloths, serviettes, and, in fact, any old rags we shall be most grateful for. Any old clothing, boots, etc., would also come in useful for giving away. The smallest scraps of anything will be made use of. Miss Wood records with regret the loss through death during the year of a member of the staff. She had had eldest trouble through asthma for some years, and after a drive in the middle of a bitter cold night and two previous nights on duty she was attacked with broncho-pneumonia and succumbed within a week.

It is proposed to found a nursing scholarship as a county memorial in Lincolnshire to the late Miss Florence Nightingale, and by this means to train the nurses for the Lincolnshire Nursing Association. At least £1,500 is required, and £300 had already been raised.

Dr. G. M. Robertson, Physician-Superintendent, Royal Edinburgh Asylum, and a warm advocate of the employment of nurses with general training in the care of the insane, in presenting his report of the year 1910, refers to the nursing staff as follows:—

I take this opportunity of thanking the entire administration and nursing staff, both male and female, for their loyal and most efficient services during the year. After all, the most valuable curative agent we possess in the treatment of insanity is a kind and skilful mental nurse or attendant. There is no doubt, too, that the demands made upon him or her in the management of a mental case are much greater than those usually made upon a hospital nurse in a case of bodily sickness. The mental nurse requires to be more alert, observant, and resourceful than the latter; she requires as well to exercise greater tact and patience, and it is essential that she should win the confidence of her patient. The very ablest women are needed for the responsible posts in an Asylum, and there is no country in the world which is so fortunate as Great Britain in respect of the education, social position, and intelligence of many of those who adopt the vocation of nursing. Their services are also secured by our public institutions for comparatively small salaries. For these advantages we are largely indebted to the interest taken in nursing as a consequence of the good work done by Florence Nightingale in the Crimean War. Her death last year, full of years and honour, should not pass unnoticed by those who are interested in the welfare of the insane.

Speaking at the annual meeting of the supporters and friends of St. Patrick's Nurses' Home, Dublin, for supplying trained nurses to the sick poor, Lady Plunkett advocated special training of nurses in infantile feeding and life.

Dr. Grenfell, of Labrador, who last week had an audience of the King before returning to his post, stated subsequently that his Majesty was greatly interested in the fact that so many American and Canadian nurses were working in connection with the mission there. The King who asked for a full account of their work for which he expressed admiration, appears to have

been impressed by the fact that the nationality of the patients was immaterial to the nurses so long as they needed their services.

Mrs. M. Reynolds contributes to the *Canadian Nurse* a short note of her work as Welfare Nurse. She writes:—

"It is now over a year since the McClary Manufacturing Company engaged me as Welfare Nurse, and during that time I have found my work very interesting. There are 1,080 men and women employed at the factory, and it is my duty to visit or care for any sick member of the families of these employees, and to report any unhygienic conditions in their homes. These people are allowed to call on me any hour during the day, and in very urgent cases at night. I have regular hours for visiting outside patients and the factory. There is a small emergency hospital connected with the factory, furnished with everything needful for emergency work. I have reported since November, 1909, 26 major accidents, others being slight cuts; 197 house calls, and 575 cases at the factory."

A meeting influentially attended by Matrons, Sisters, and nurses, including Miss Creal, Matron, Sydney Hospital, Miss Newell, Matron, Royal Prince Alfred Hospital, and Miss Watson, Matron, Coast Hospital, was held recently at the Sydney Hospital, New South Wales, the object being to afford full information as to the proposed formation of a Nurses' Club in connection with the Australasian Trained Nurses' Association. The Provisional Committee hope (1) that the club will in no sense be deemed in opposition to or in unfriendly rivalry with existing nurses' residential homes. (2) It is provided that shareholders being members of the A.T.N.A. shall be eligible for membership, either residential or non-residential. (3) That the club register (for use of medical men, hospitals, etc.) shall include nurses resident in the club and nurses, being members, resident elsewhere. (4) That the annual subscription of membership would probably be £1 1s., a weekly charge being made to boarders (or residents). When absent a fee of 5s. per week is proposed, with use of allotted space in wardrobe, etc. (5) That the shareholders (nurses) shall elect their own committees, officers, etc., form their own rules and regulations for club government, subject to the confirmation of the directors of the public company constituting the club. The shares applied for represented the sum of £982, while £350 debenture capital had also been subscribed. It was stated that it would be necessary to acquire further share capital to the extent of, say, £18, and debenture capital to, say, £1,750.

Reflections.

FROM A BOARD ROOM MIRROR.

It is the King's intention to entertain 100,000 of the London children at a fête at the Crystal Palace on Friday, June 30th, in celebration of the Coronation.

The Lord Mayor, Sir T. Vezey Strong, has accepted the position of President of the British National Committee for the International Hygiene Exhibition, Dresden, 1911, as he regards it "to be the duty of every patriotic Englishman to support this committee in upholding the reputation of Great Britain as the pioneer and leader in hygiene."

Reporting to the London County Council on the subject of the present outbreak of small-pox, the Public Health Committee state that it is impossible to forecast with any certainty whether the measures which are being taken will suffice to bring the outbreak to an end, and it is quite possible that a further extension of the prevalence will manifest itself, especially as there have been several cases concerning which the source of infection has not been discovered, and the present outbreak is occurring at a period of the year which is not unfavourable to such extension. If necessity arises the committee will be prepared to advise the Council as to any further steps it should take for dealing with the outbreak.

The Cremation Society of England, in their report for 1910, give the names of a number of distinguished persons cremated during the past year, and say: "Although cremation may not seem to have made much appreciable headway amongst the general public the increasing number of intellectual people who express their preference for it proves that it is only a question of time for the advantages of cremation to be perceived by the majority, and for it to be eventually adopted by all classes."

The 131st annual report of the Board of Management of the General Hospital, Birmingham, shows that this busy, and up-to-date hospital is maintaining and indeed increasing its activity in its many departments. The increase of the nursing staff has proved to be of great benefit to the nursing staff and to the work of the hospital, and in order to give a still further reduction of working hours, and to increase the time allowed for meals, an additional seven nurses have been sanctioned, increasing the total nursing staff to 127. The Board express their very hearty appreciation of the services rendered to the hospital by Mr. Howard J. Collins, the House Governor, and his staff, and their cordial thanks are offered to Miss Musson (the Matron) and the nursing staff.

The proprietors of *Jeyes' Fluid* have had the honour to receive the only Warrant of Appointment for Disinfectants to Her Gracious Majesty Queen Alexandra. Messrs. *Jeyes'* also hold the Royal Warrant to His Majesty King George V.

Criminal Statistics.

The *Monthly Record of the Penal Reform League* for March, to be obtained for 1d. stamp from the Hon. Secretary 7, Holly Village, Highgate, London, discusses the late Blue Book on Criminal Statistics, and Mr. Simpson's introduction.

It points out that the statistics do not show that crime is increasing. It seems to be now decreasing again.

There are, however, various causes which hinder progress in efficient dealing with crime, such as the inefficiency of present methods, and resulting distrust on the part of the public, who are beginning to awake to the facts. The complaint of the Secretary of the Howard Association of the disastrous treatment of degenerates and delinquents is corroborated, especially of the treatment of boys and young men who are given short sentences in prison. No doubt there is ill-balanced sentimentalism on the one hand and brutality on the other. Both are hindrances to progress. But there is probably a growing endeavour on the part of the community to gain some understanding of the criminal and of the causes of crime, without which it is impossible to deal with them effectively.

It is urged that an intelligent public opinion will demand:—

(1) Thorough examination of the physical, mental, and other conditions of offenders, and of their antecedents and circumstances before sentence is passed.

(2) Adequate provision, under proper safeguards, for those incapable of satisfactory self-direction, so as to afford them the most useful and happy life they are capable of.

(3) Adequate training for those who require it, and are capable of becoming useful citizens, either under probationary supervision or in segregation.

(4) The contriving of measures by which offenders, whether rich or poor, shall be required to make some attempt, involving sustained personal effort on their own part, to make amends for goods stolen or injuries inflicted.

Borstal Methods for Female Offenders.

Sir E. Ruggles-Brise, speaking last week at a meeting at Devonshire House in behalf of the Dalston Refuge for Women, spoke of the present methods in operation, so far as the prison authority was concerned, for the rescue of young female offenders under the operation of the Borstal system, and pointed out how inadequate existing methods were for grappling with the magnitude of this social difficulty and danger.

In the case of offenders constantly committed, discharged from, and re-committed to prison for petty offences, he thought that a career such as that described should be broken by the acceptance of the principle of "indeterminate" sentences in the case of the young, even when the particular offence is trivial, but one of a sequence or chain, showing perverse tendency—when, unless arrested by Borstal methods, must inevitably culminate in a life of habitual crime.

Our Foreign Letter.

SOME INTERESTING CASES OF SMALL-POX IN THE EAST.



As "there is a special providence in the falling of a sparrow," so surely there is a special care over those who tend the sick, and I venture to think that anyone who may chance to read this letter will agree with me; it is also interesting to note while writing of the East that the first medical works ever written on the subject of small-pox were written by Orientals, Avron, a physician in Alexandria, as early as the 7th century, and Rhazes, of Bagdad, during the 10th century, and it is the Arabs who are credited with the introduction of this terrible disease into Europe at the commencement of the 8th century, though some writers say it was prevalent in our continent long before the invasion of Spain by the Saracens. Be that as it may, the cases of which I am writing to you occurred in an Eastern hospital, and that year, about nine years ago, there was an epidemic of this malady in the town and surrounding villages. The Arabs attacked by this awful scourge were often very callous about it, and went in and out among their friends and neighbours quite gaily, and it was not until death had made its ravages in their homes that they could be made to understand the very contagious nature of the disease. During this wide-spread epidemic much was done for these poor people by taking them nourishing food and by teaching them in a measure some little lessons in cleanliness, but the task was almost beyond human strength or skill. For instance any precautionary measures taken on our part with regard to our own health were looked upon as cowardice and a fear of the disease, and often the women and children, though grateful, would laugh at us for our pains, and say: "Are you afraid, ladies? There is nothing to fear; this is only the *jadari*, and it is *min ullah* (from God)," and before one was aware of it, some young girl with outstretched arms, literally covered with sores, would almost suffocate one with kisses. And then, oh, when very tired—just for a moment—what a sense of utter loathing succeeded our efforts! Yes, it was only for a moment, for with more pity came new strength from Him, our Master, who "had compassion on the multitude," and we could once more feel in those beautiful words of Christina Rossetti: "Yea, Lord, I will see in every sufferer. *There.*"

One of the cases that came directly under my notice and care for a time was that of a woman in whom we had in a previous year been much interested. Her name was Nitfidgy, and she was admitted to Hospital on the supposition that she was suffering

from malaria or influenza. She brought her child with her, a boy of 16 months, who, curiously enough, had been born in the hospital after his father's death, and had been christened in the English Church under the name of Yohanna, which, being interpreted, is simply John. Nitfidgy was devoted to her small boy, and declared that only death should separate her from him. They were all the world to each other, and had no one else belonging to them, but just each other, so Johnnie had to be taken in too, and was soon quite at home in his birthplace, playing with other children, and feasting away at bread and milk or rice and gravy. He did not fret for his mother, but Nitfidgy was like one possessed without her precious baby, and, taking advantage of the few minutes the nurse was absent, she, with a temperature of 103.6, got out of bed and wandered to the balcony where the children were playing; finding Johnnie among them, she snatched him up and carried him back to her own bed. This was done in less than three minutes, and on re-entering the ward I found them in each other's arms. It was useless to protest, the only way I could pacify the mother was by putting the child in a small swivel-chair in the corner of the ward, with a broad knitted handkerchief tied to the top of it so that Nitfidgy with the other end could swing her baby to and fro. Ah! this was very trying to one's patience, more especially so as there was a big query as to the nature of this case: it was neither typical influenza nor malaria. Several cases of influenza accompanied by scarlatiniform rashes had been treated this season, which increased the difficulty in diagnosing Nitfidgy's case, as in some respects the symptoms were the same. The malaise, frontal headache, severe backache, rigors, high fever, nausea, were all present, some delirium also. One felt uneasy and suspicious over this uncertain malady, and daily hoped, as the French King used to say, "les choses s'arrangeront," which, Heaven be praised, they very shortly did, for on the third day the disappearance of the scarlatiniform rash and the appearance of a small-pox eruption removed all doubt as to the nature of the case. The patient was at once isolated, and as I could not be spared to be "special" our faithful ward-attendant, Im Saleem, was promoted to this honour, and told off to nurse Nitfidgy under the doctor's very special guidance and direction. And here followed such a cleansing and disinfecting of the rest of the patients, and nearly all the wards that I shall not soon forget. Johnnie had a carbolic bath, and returned quite happily to the other children, and his mother at last realised that if she wished to get well she must do her share by being quiet and obeying the doctor's orders. It was fortunate she was isolated directly the disease declared itself, for it proved to be a very severe case of confluent small-pox. Had Johnnie been able to see his mother he would not have recognised her, her face being swollen to twice its ordinary size, and from a comely, good-looking woman, she was now a picture of hideous disfigurement, to which there is no parallel in any other infectious disease. But the great thing to be done was to get her well, and every means was

advised to give her the best chance of recovery. I had a great liking for Im Saleem long before this, but since then she has meant more to me than most of us who witnessed the passing of this case. She won respect and admiration from everyone, for she did her work bravely and well, never once complaining through those long weeks of isolation from her own children and numerous friends in and out of the hospital. Hers was no easy task, for she did both night and day nursing, but she was kind by nature and had learnt to obey every order from the doctor was carried out faithfully and so Nitfdgy made splendid progress. The room in which the patient slept was kept cool and fresh, though this is not always easy in semi-tropical countries, fortunately this was not the hottest time of the year, and there were no siroccos blowing. Some physicians advise that the rooms in which such patients are nursed should be kept dark, but we adopted in this case the Continental plan, which is to have red light, so red linen blinds were put up in these two rooms. It is said that this treatment not only affects the course of the disease but prevents pitting of the skin. To alleviate the thirst, always more or less present, soda water and lime juice were given in large quantities, and the diet was chiefly milk, clear soups, lightly boiled eggs, and later on the favourite boiled rice, boiled coosa (aubergines stuffed with little bits of meat and rice), chickens, etc. One does one's best at these times in the way of diet: European dainties would be utterly wasted on Arab patients; nothing was induced them to take any of these luxuries, but without them the patient made progress every day. To allay the irritation which attends the eruption carbolic oil—1 in 40—was used, and in the earlier stage to separate the pustules linseed poultices sprinkled with iodoform powder spread on lint and smeared with vas-line were used with very good effect. Nitfdgy's baths were postponed till almost the end of her convalescence, and then a daily warm bath was given, a little bi-carbonate of soda being added to the water.

It was difficult to keep Im Saleem supplied with old soft linen for the cleansing of her patient's mouth, etc., all of which she faithfully burnt after use. I often watched her from the balcony lighting her fire for this purpose on the open space which surrounded her temporary abode, and she would wave her hand to me quite cheerily to show that all was going well, and some weeks after, when the doctor considered Nitfdgy quite well, and she and Im Saleem had been quarantined quite long enough they received a huge welcome on one of the balconies. We thought it still just as well to hold our reception in the open air while Nitfdgy, full of gratitude, was, in true Oriental fashion, embracing us all even down to our feet, till she espied her little son, who toddled up to her and put his arms round her neck as she knelt beside him. "Immy," he murmured softly, in his dear baby voice, "Hathy immy" (It's my mother). Their joy was complete. Nitfdgy has her good looks back again, there is no pitting of any sort.

MARIE TELFER.

(To be continued.)

Outside the Gates.

WOMEN



Miss Ruth Young, and Mr. Rowland Prothero are also announced to speak. Many of the supporters of the Association have invited guests to dine with them at the hotel before the meeting.

In view of the reply of the Home Secretary in the House of Commons last week to Mr. Snowden, M.P. for Blackburn, inquiring whether he had received a memorandum accompanying a request for a public inquiry into the conduct of the Metropolitan Police on the 18th, 22nd, and 23rd of November last, and what reply had been given to the request and Mr. Winston Churchill's answer, a letter in the *Times* from Mrs. Solomon is of great interest.

— It will be remembered that Mr. Churchill stated that his reply was (1) to the effect that the proper course would be to prefer the charge in a police court in the ordinary way, (2) that he had made inquiry of the Commissioner with regard to certain general statements included in the memorandum and found them to be devoid of foundation; (3) that of the 200 women arrested not one complained at the time of being hurt, or brought any charge of undue violence or misconduct against the police; and (4) that he was "not prepared to order an inquiry into vague and general charges collected in response to advertisements in *Votes for Women* and brought forward by irresponsible persons long after the event."

Mrs. Solomon in her letter states that her name and evidence are referred to in the memorandum of the Conciliation Committee. She writes:— "I should like to state that I was not only assaulted myself by uniformed members of the police force at Westminster, but saw others assaulted. In consequence of the shameful brutality which I experienced at their hands, I was confined to bed, and was too ill to deal with the matter at once. But as soon as I was able to write—namely, on December 17th, 1910—I addressed a letter to Mr. Winston Churchill as Secretary of State for the Home Office laying the facts before him of what I had personally experienced and had seen others suffer. I received a formal acknowledgment of this letter and nothing more."

In her letter to the Home Secretary, Mrs. Solomon stated: "The methods employed to us were those used by the police to remove the pugilistic antagonist, to fell the burglar, to maim the hooligan, or to reduce to ignominy the semi-barbaric and

dangerous rough. If further personal evidence be required, I may add that I was gripped by the breast—by no means an exceptional act, for heart-breaking to relate, I am medically informed that younger women, women of an age to be my own daughters, were also assaulted in this and other repellent and equally cruel ways." These are not vague charges collected in response to advertisements in *Votes for Women* long after the event.

The Bishop of Southwark (Bishop-Designate of Winchester), who presided at the annual meeting of the New Hospital for Women, Euston Road, said that it was of special interest that the institution had been, since its beginning, a work of women for women. Sir Thomas Barlow congratulated medical women connected with the institution upon the position they had attained by their own efforts in regard to recognition in medicine. Mrs. Creighton urged the claims of the mission fields of the East upon medical women.

Book of the Week.

BEYOND THESE VOICES.*

"She is called Vera. Her father was a poet, and he gave her the absurd name of Veronica because the Italian hills were blue and white with the flower when she was born. . . . She went all Grammie's errands; she walked beside her bath-chair, and read her to sleep in the drowsy, windless afternoons when the casements were open and the sea looked like a stagnant pond. It was a dismal life for a girl on the edge of womanhood—a girl who had little to look back upon and nothing to look forward to. It seemed to Vera as if she had never lived, and as if she were never going to live. Companionless and hopeless she paced the promenade and looked over the tideless sea."

And so, when the middle-aged Mario Prooana, the multi-millionaire, tells her of his love, she takes him gladly.

After six years of marriage, six years of unlimited wealth and unconscious extravagance, Vera had begun to discover that most things were stale, and some things woary, and all things unprofitable.

For relief from ennui she turns to her cousin, Claude Rutherford, and for the satisfying of her spiritual craving to Francis Symeon, the Spiritualist. Between the two she spoils her life.

She thought the blame was with Mario Prooana. "He thought he was in love, but he could not really have cared for me," Vera reasoned, sitting in her lonely sanctuary, while on the other side of the wall there was a man of mature age, a man with a proud temper and a passionate heart. . . . He had lavished upon this unsophisticated girl all the force of strong feelings long held in check. . . . Now he was sure of nothing about this girl whom he had clasped to his breast in a passion of triumphant love on the hill above the Mediterranean. Who could say precisely what had made the separation? He only knew he could no longer recognise his child wife of their

* By M. E. Braddon. (Hutchinson and Co., London).

Roman honeymoon, in the fragile *ennuyée* whom Society had chosen to adore.

Miss Braddon is never at ease without a murder, and we are not, therefore, surprised when Mario Prooana is found shot through the head behind the door of his wife's boudoir.

To the end of the volume the reader is kept in ignorance of the perpetrator of the crime, and though suspicion points to Claude, this is allayed by the fact of his marrying Vera two years later, though in fact he was the assassin and she was aware of his guilt.

"Early on their wedding journey, leaning against the side of the boat, locked hand in hand, they had sworn to each other that all the past should be forgotten. 'Come what, come might, in unknown Fate they would never remember. But conscience is not silenced at will.

Her friend, Lady Susan, tells her after two years of marriage:—

"You are growing too horribly morbid, Vera. I am afraid you have taken up religion. It's very sweet of you, darling, but it's the way to lose your husband."

To Francis Symeon, the Spiritualist, she turns when the fire of remorse had burnt out the trail body. "I had a friend whom I offended, cruelly, dreadfully," she said, slowly, as if with an effort. And he died before I had begun to be sorry. . . . Thoughts went on like a relentless iron mill, grinding, grinding, grinding the same dead husk by day and night."

Vera dies after seeing a vision of her first husband.

"Kind eyes that told her of his love—a love that Fate could not change nor diminish."

H. H.

COMING EVENTS

March 9th.—Annual Meeting, Shoreditch and Bethnal Green District Nursing Association, St. Leonard's Parish Room, Shoreditch, 5 p.m.

March 9th.—Nurses' Union Meeting, 5, Cambridge Gate, Regent's Park. Tea, 3 p.m. Address by the Rev. W. J. Conybeare, 3.15 p.m. Nurses are invited.

March 10th.—Association for Promoting the Training and Supply of Midwives. Seventh Annual Meeting, 24, Park Lane, W. Princess Christian will preside. 3.30 p.m.

March 10th.—Twenty-first Annual General Meeting of the Hammersmith and Fulham District Nursing Association, Bishop Creighton House, 378, Lillie Road, Fulham, 5 p.m.

March 10th.—South-Western Polytechnic Institute, Manresa Road, Chelsea. Sir Alfred Keogh, K.C.B., LL.D., presents prizes and certificates to students of Evening Classes and Day College. 8 p.m.

March 15th.—National Union of Women's Suffrage Societies and London Society for Women's Suffrage. Public Reception and Meeting in support of the Conciliation Committee's Women's Suffrage Bill. 4 p.m.

WORD FOR THE WEEK

"A poor man served by thee shall make thee rich. A sick man helped by thee shall make thee strong."

E. B. BROWNING.

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.

OUR WEEKLY PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR.—I was very pleased and most surprised to see the result of last week's competition in the BRITISH JOURNAL OF NURSING, and desire to thank you for the cheque (5s.), which came this morning.

Yours truly,

E. H. GIBERT.

General Hospital, Birmingham.

[This letter was unavoidably held over last week.—Ed.]

THE NURSING MASQUE.

To the Editor of the "British Journal of Nursing."

MADAM.—I feel I must thank you for printing so much of the Nursing Masque for us who could not see it. I think it must have been beautiful—like the chapel of good women at Liverpool Cathedral come to life. I hope it will be repeated more than once. I should like all committees to see it—especially my late one.

Again thanking you for all you do for nursing,
Yours faithfully,

E. E. PLEASE.

Dorking, Surrey.

SWEDISH MESSAGE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I am not a nurse, but I have been much interested in the perusal of various numbers of the BRITISH JOURNAL OF NURSING, and especially in the report of a paper read at the International Congress of Nurses in London, July, 1909, on "Massage and Mechanical Therapeutics, as practised in Sweden." The author of the paper was, I believe, a Stockholm doctor.

I should be extremely grateful if you could give me the address either of that gentleman or of any person or institution in Stockholm qualified to give me information as to where, and at what cost, such treatment could be obtained in that city.

I am, dear Madam,

Yours truly,

AN INQUIRER.

1, Clarefoot, Moffat, N.B.

We should advise our correspondent to communicate with Miss Estrid Rodhe, Editor of the *Swedish Nurses' Journal*, Tunnegaten 25, Stockholm, Sweden.—Ed.]

THE L.C.C. AND SLAUGHTER-HOUSES.

To the Editor of the "British Journal of Nursing."

MADAM.—Why do not social reformers bestir themselves to induce the L.C.C. and other local

authorities to take action in regard to the numerous dens of private butchery which exist in the Metropolitan area, a considerable proportion of them being antiquated, insanitary, and unhygienic, and a cause of demoralisation, physical and moral, in thickly populated districts? The cruelties and cruel manner in which our slaughter-houses are conducted led the Admiralty Committee on "Human Slaughtering" to make some drastic recommendations for the humanising of the present system, or rather want of system. Slaughtermen are made up of all kinds of people who have no proper training, and the appliances which they use are inefficient and out of date—a perfectly disgraceful condition of things. There is indeed urgent and widespread need that municipal slaughter-houses, under a proper system of veterinary inspection and medical supervision, should be established in London; yet, owing to the unaccountable apathy of the general public, the realisation of a rational method of slaughter is apparently no nearer coming to pass than it was twenty-five years ago, when the late Sir B. W. Richardson first urged its adoption. We still remain the only civilised people in Europe without a proper abattoir system. Is it not time that a public sentiment existed vigorous enough and insistent enough to demand that the slaughtering of all animals used for human consumption shall take place only in thoroughly efficient abattoirs in the quickest and least painful way.

I remain,

Yours faithfully,

JOSEPH COLLINSON.

Animals' Friend Society

Comments and Replies.

Miss M. A. Hurwick.—Pleased to get your letter and that you appreciate the professional tone of this journal. Building in the United States is on a very magnificent scale, and the new hospitals now correspond with State and Municipal buildings. Washington promises to be the most splendid modern capital in the world. Looking down upon it by moonlight from a balcony of the Garfield Memorial Hospital it presents a dream of beauty calculated to banish sleep.

Enquirer, New Zealand.—We consider that your training would qualify you for registration in this country, during the period of grace provided for, whenever a Nurses' Registration Act comes into force.

Notice.

OUR PRIZE COMPETITIONS FOR MARCH.

A Prize of 5s. will be awarded to the writer of the best answer to the question:—

March 11th.—What danger attends nasal douching?

March 18th.—What is dust? How should it be removed?

March 25th.—What is the function of the placenta?

The replies must range from 300 to 500 words.

See advertisement on page xi.

The Midwife.

Substitute Feeding.

HOME MODIFICATION.

Dr. Ralph Vincent took for the subject of the third lecture of the course of Lectures on Babies, which he is at present delivering at the Infants' Hospital, Vincent Square, S.W., "Substitute Feeding: Home Modification." He pointed out the essential properties of milk—fat, whey, proteins, and caseinogen. The kind of fat is of great importance, and that is a thing quite ignored by some inventors of patent foods. The first function of fat is to maintain animal heat, and is of the first importance in relation to the brain, teeth, and epiphyses. Marked rickets, with its attendant nervous conditions—screaming, convulsions, etc.—could always be traced to the fact that the fat in milk had been deficient over a considerable period.

Lactose is a form of sugar quite by itself, and not to be found anywhere else but in milk; it is incapable of alcoholic fermentation.

Streptococci are present in all natural milk-ducts. The cleaner the milk the greater number are to be found. A great part of the lactose is converted by their action into lactic acid; this acid protects the milk from those organisms associated with putrefactive changes, but in dirty milk these organisms overcome the delicate streptococci.

Many patent foods contain a large amount of carbohydrates, the presence of which can be detected by the addition of a little iodine, which will stain them a deep blue. It is quite a fallacy to suppose that whole cows' milk is a suitable food for infants, and it has been proved by experience that boiled milk is more indigestible than raw. By the ordinary method of dilution the fat is reduced to an insufficient amount; this is supplemented where it can be obtained by the addition of cream, which may contain anything between 20 per cent. and 50 per cent. of fat. The difficulty in consequence arises that it is impossible to estimate by this means the amount of fat, and infants have from this manner of feeding developed fat intoxication.

Dr. Vincent showed that the only rational method of substitute feeding was the separation of the essential properties of the milk. He acknowledged that the prescriptions given to the little in-patients were very delicate and complicated, and could not be carried out outside the hospital. But the treatment of out-

patients is not on this account abandoned, for there is given to each mother a paper with a valuable prescription for making whey, to which she is directed to add milk in the proportion ordered by the doctor, suited to the need of each individual infant.

Dr. Vincent showed a specimen of whey produced by following this recipe, which had a thick layer of cream lying on the top. The secret of this result was the stirring of the mixture so that the fat should not be entangled by the curd. Out of one pint of milk the waste is only one and a half ounces.

THE RECIPE.

Add four drops of special rennin supplied, to one quart of milk. N.B.: The milk must be quite fresh. It must not be boiled, sterilised, or pasteurised, and must not have any preservative in it. After adding the rennin, warm the milk in a clean jug surrounded by water in a saucepan. When the milk is at blood temperature (100 degs. Fahr), remove the saucepan from the fire. Stir the milk in the jug till the curds are well formed. At the same time press them to the bottom of the jug with a spoon. When the curds are formed into a solid mass at the bottom of the jug, place the saucepan again on the fire, and boil the water round the jug for one minute. Pour off the whey for use.

Schools of Midwifery.

THE LEICESTER MATERNITY HOSPITAL.

At the annual meeting of the Leicester and Leicestershire Maternity Hospital, the report of the Council of Management stated that until June 30th the hospital was carried on as a branch of the Provident Dispensary: since that date it had been established as a separate institution. It had been fully occupied during the year, 314 patients having been admitted. The additions of new wards, etc., to the hospital were completed in August, and 23 patients could now be received instead of 17 as formerly. Twelve pupils were trained during 1910, and eleven of these passed the examination of the Central Midwives' Board. In order that pupils might attend a certain number of cases in the homes of patients, Nurse Fisher had been engaged as a district midwife. An appeal for £500 in donations had met with a gratifying response, but the request for an annual subscription list of £500 for general purposes had not received so satisfactory a reception.

The Central Midwives Board.

LIST OF SUCCESSFUL CANDIDATES

At the examination of the Central Midwives Board, held on February 14th, in London, Provincial and Welsh centres, 502 candidates were examined, and 466 passed the examiners. The percentage of failures was 17.

LONDON

British Lying-in Hospital.—E. L. Bailey, E. W. Ellis.

City of London Lying-in Hospital.—H. H. Balesin, H. Cumming, E. E. Haynes, L. M. Lysley, W. M. Porch, A. Turnbull, E. A. Watkins, E. M. Wedderburn, K. C. Wright.

Clapham Maternity Hospital.—W. M. Hawkins, M. I. Laake, A. Mott, M. W. Newton, O. J. Pike, J. Smith.

East End Mothers' Home.—E. M. Farquharson, K. E. Foucar, E. A. Gurling, I. L. M. Goss, G. A. Hetherington, H. C. Hunt, M. Parker, F. E. Salter, E. M. Sharp, B. D. Sprott, E. C. Swigg.

Fulham Union Infirmary.—I. M. R. Ansaldo, M. G. Easter.

General Lying-in Hospital.—A. Allard, K. E. V. Ashworth, C. M. Barrett, A. Box, W. L. Brenton, V. Chater, I. B. Clark, A. G. Collins, I. B. Cunningham, M. E. Davies, M. Denney, N. Dryhurst, E. L. Ennis, A. J. Filberton, A. M. Hilton, F. J. Hough, C. M. King, D. Leonard, M. L. MacColl, M. McLatchie, M. M. McLay, I. M. Mawby, S. A. Maxwell, M. J. Mays, I. P. Mitchell, F. Murray, M. F. Paterson, M. Preston, H. C. Shaw, A. Stringer, E. M. Stringer, F. E. Westbury, B. S. Whitehouse.

Guy's Institution.—A. M. Beesley, A. Blair, M. Foley, A. B. Howe, C. M. E. May.

Lambeth Parish Workhouse.—F. F. Catton, K. R. Maggs.

London Hospital.—E. B. Boynes, M. E. Brazier, A. M. Buckley, W. D. H. Burdett, G. M. Carrick, R. C. Chappell, G. G. King, A. Langridge, A. G. Nash, B. G. Turner.

Middlesex Hospital.—E. I. Bryan, O. E. Horton, G. M. Lewellen, M. Skull.

New Hospital for Women.—N. R. Hunter, A. K. Wallis.

Poplar Union Workhouse.—A. J. Hickman.

Queen Charlotte's Hospital.—M. E. Ballance, A. C. T. Barter, M. T. Barter, D. A. Brooker, M. R. Butler, C. F. Cooper, H. C. Fraser, M. Graham, M. Hickey, E. K. Hobday, A. M. Mead, E. Priestley, E. Stafford, M. Stevens, A. V. Taylor, J. F. P. Vincent, A. M. E. Whiting.

Ormond Home for Nurses.—H. G. T. Thompson
"Regions Beyond" *Missionary Union*.—E. E. Bush, J. Dietrich, C. Howarth, E. N. Whitmore.

Salvation Army Maternity Hospital.—E. A. Howard, A. S. Smith, B. A. Spencer.

Shorditch Union Infirmary.—C. Dwyer, M. E. Fitch, R. Goodman, H. Gower, G. M. Richards, K. I. Tupper.

St. Marybone Workhouse Infirmary.—V. Robey.
West Ham Workhouse.—M. E. Cartwright, E. Plumb, L. E. Richards, C. M. Spinney.

Whitechapel Union Infirmary.—K. Brett, H. M. Dool, A. O. Laurie, A. C. Matthews.
Workchouse Home for Mothers and Babies.—M. G. Davis.

PROVINCES.

Aldershot, Louise Margaret Hospital.—L. B. Bond, C. Kingston, E. S. Macpherson, G. Wilson.
1st St. Union Workhouse.—J. M. Hurst, H. Williams.

Birkenhead Maternity Hospital.—C. Cannell, M. A. Carrington, M. Richardson, M. A. Roberts.

Birmingham Maternity Hospital.—L. Atkinson, A. M. Batson, E. Betts, M. A. Howatson, E. M. Hollies, E. C. Humphreys, E. K. Leigh, E. E. A. Neal, M. Ramster, J. Robinson, E. J. Ross, M. E. Russell, E. M. Sims, D. M. E. Wilcox, F. Wilton.

Birmingham Workhouse Infirmary.—E. Davies, A. E. Fisson, E. A. Owens.

Brentford Union Infirmary.—G. A. Blackwell.

Brighton and Hove Hospital for Women.—M. M. Campbell, M. Cawte, D. Fisher, D. A. Grigg, M. E. Hall, T. A. Leverett, A. M. Seppings, L. Ward, F. A. Wood.

Bristol General Hospital.—C. F. Gough, H. R. Mitchellmore, A. Moses, O. Perkins, M. Stokes, M. J. Welber.

Bristol Royal Infirmary.—M. Cooper, K. E. May, E. A. Rossiter, A. Stanley, M. M. Timpson.

Bristol, Eastville Workhouse.—F. M. Doble.

Cheltenham District Nursing Association.—E. M. Hewer, A. K. O'Connell, A. A. E. Welch, K. M. P. Williams, H. H. Wyatt.

Chester Benevolent Institution.—A. Driscoll, S. J. Jenkins.

Divon and Cornwall Training School.—E. Carey, E. Cook, A. Irvine, S. B. Jordan, W. M. Mousse, M. M. Newton, A. B. Ritchie, M. E. Russell, A. Werran.

Dunbury Union Workhouse.—F. Brabyn.
Epsom Union Infirmary.—B. S. Fox.

Gloucester District Nursing Society.—L. Haines, C. P. Phillips, E. E. Pratt.

Hull Lying-in Charity.—E. Noddell, K. Pickering, L. C. Smart, R. Spittel.

Ipswich Nurses' Home.—E. M. S. Symonds.

King's Norton Union Infirmary.—E. T. Thom.

Kingston-on-Thames Union Infirmary.—M. B. Bathgate.

Leds Maternity Hospital.—M. E. Armit, C. Baker, E. A. Bentley, S. I. Daphne, S. A. Dowse, E. D. Mallinson, E. Walker, L. Veardley.

Leds Union Infirmary.—R. Blyth.

Leicester, North Evington Infirmary.—M. E. Joyce.

Liverpool Maternity Hospital.—M. Anderson, M. T. Briggs, H. Cockburn, M. Cunningham, R. Dalzell, M. Dodson, E. E. Goode, A. Graham, E. H. Grindley, A. M. Howard, E. A. Hunt, E. Leigh, L. E. M. Peake, E. A. Rees, K. Rowland, M. R. Taaffe, M. E. Thomson, A. Walters, L. J. B. Williams, M. J. Woods.

Liverpool, West Derby Union Infirmary.—A. M. Letcher, M. A. Owen, A. H. Tarbuck, M. J. C. Telford.

Liverpool Workhouse Infirmary.—M. Hall, A. Newhouse, M. C. Roberts.

Manchester, St. Mary's Hospitals.—E. J. Bar

croft, M. A. Bentham, A. Berry, H. Birtles, W. Broadbent, M. Campbell, M. A. Chell, M. T. Cooper, M. Corrin, J. Ellis, P. Guthrie, H. Halsall, M. K. B. Horstall, A. Howarth, L. Jessop, C. Key, F. I. Overmann, H. Peel, L. Potts, C. Prescott, J. Ramsay, M. W. Saunders, A. A. Shore, E. Sanger, M. H. Tattersall, E. A. Tomlinson, J. Trot, M. E. Welch, F. A. M. Wild, L. Wright.

Manchester Workhouse Infirmary.—D. K. Butcher.

Township of South Manchester Hospitals.—A. A. Ewatt, O. M. Lister, E. A. A. Renny.

Mansfield Union Workhouse.—N. Banks.

Monmouthshire Training Centre.—B. M. Boranman, G. S. Cadogan, S. E. Cooke, K. L. Everett, J. A. Pethard, M. A. Whitmore, J. Williams.

Newcastle-on-Tyne Maternity Hospital.—A. Baron, M. Gibson, E. M. Roden, A. K. Shirley.

Newcastle-on-Tyne Union Hospital.—M. J. Brown.

North Bierley Union Workhouse.—M. A. Jackson.

Norwich Maternity Charity.—C. E. Fox.

Norwich Maternity Hospital.—E. M. Brunson, J. Sharp, A. M. Sumser.

Nottingham Workhouse Infirmary.—A. A. Bullock, L. Widdows.

Plaistow Maternity Charity.—A. Baldwin, A. R. Bridden, S. H. Burbidge, B. Butler, E. Chard, A. E. Coy, R. H. Evans, G. A. E. Hardy, E. E. Horn, C. R. Jackson, A. E. Jones, S. J. Lenton, A. C. V. Morant, A. Percival, L. Perry, A. Priestley, F. G. Sale, R. B. Smythe, L. Taylor, E. Webb.

Preston Union Workhouse.—M. A. E. Dunn.

Portsmouth Workhouse Infirmary.—L. M. M. Oaks, K. Willins.

Royal Derby Nursing Association.—J. A. Dunn, A. J. K. Richards, E. M. Walkinton.

Stoke-on-Trent Union Hospital.—E. A. Reeves.

Sheffield, Jessop Hospital.—C. Elcoat, H. E. Hickling, R. Levers, W. S. Robinson, M. L. Turner.

Sheffield Union Hospital.—H. Constable, N. K. Gearing, I. M. Johnson, M. J. Jones, J. Russell.

Windsor, H.R.H. Princess Christian's Maternity Home.—C. Collins, R. L. Goodall.

Wolverhampton, Q.V.J.N.I.—M. Attwood, E. A. M. Banham, M. Cursiter, M. Poxon, L. A. Tonks.

Wolverhampton Union Infirmary.—L. Cureton, F. Winwood.

York Maternity Hospital.—S. A. V. Hornby, E. E. Marris.

WALES.

Cardiff, Q.V.J.N.I.—M. Z. Clark, G. Edwards, E. G. Jenkins, S. A. Millard.

Cardiff Union Hospital.—M. A. Snell, C. Walsh.

Merthyr Tydfil Union Workhouse.—N. Burwood, M. K. Thomas.

SCOTLAND.

Dundee Maternity Hospital.—E. A. Brown, M. K. Granger, M. E. Gray, R. C. Hendrie, A. M. Locke, M. B. Todd, E. Carrick, S. Taylor.

Edinburgh Royal Maternity Hospital.—E. Beakbane, A. McQuarrie, E. B. Robbie, E. S. Robson, J. H. Scotland, M. Stevenson, A. W. B. Wallace.

Glasgow Eastern District Hospital.—M. Laurie.

Glasgow Maternity Hospital.—M. D. Bruce, S. B. Dargarvel, M. R. Foster, J. S. Gellady, E. L. McLaren, M. A. Pithie, J. Smith, J. C. Smith, E. I. M. Steven, S. Wighton.

Glasgow Western District Hospital.—D. Maclean.

IRELAND.

Belfast Incorporated Maternity Hospital.—R. A. Finnigan.

Belfast Ulster Hospital.—M. F. T. Blythe.

Belfast Union Maternity Hospital.—M. T. Carr, A. Kelly, M. McFarlane, A. McGowan, M. C. Mahood.

Curragh Camp Military Families' Hospital.—M. Hamilton.

Dublin, National Maternity Hospital.—M. A. Cadogan, E. Tobin.

Dublin, Rotunda Hospital.—H. J. Campbell, F. J. McAteer.

Lurgan Workhouse Hospital.—A. Casey.

PRIVATE TUTION.

R. M. Alibone, S. M. Alves, M. Barclay, L. R. Barrett, A. Bown, A. Briggs, L. M. Briggs, M. Bromham, E. W. Burchall, W. Bury, B. Buxton, R. H. Castledine, H. M. Chawckley, F. J. Coates, M. D. Cole, M. Collins, A. Davidson, E. Davies, A. Dell, H. L. Dolton, E. A. East, I. A. Graham, L. C. Grooby, M. A. Harman, E. Harrison, M. Hawkins, E. H. Hay, E. Holden, D. Hopkin, C. E. Hopton, H. R. Howard, M. S. Hurl, S. Hutchinson, E. M. Johnson, A. Jones, E. R. Kitching, E. Langdon, H. L. Lawrence, M. A. Lewis, E. McFarland, E. B. Mackenzie, M. A. Mann, M. E. Marks, F. M. Marsh, H. S. Marsh, M. R. Masson, A. Miles, A. E. Nicholes, J. L. Owen, L. A. Payne, L. Radford, M. Rees, K. A. Roberts, E. Robertson, M. J. Rowlands, M. W. E. Shaw, A. Snape, A. L. Snow, E. P. Sprintall, L. F. Steel, F. F. Stewart, M. Stewart, E. Tarry, M. Taylor, M. M. Thomas, M. J. Thomas, E. Turner, M. Turner, E. A. Underwood, D. M. Uttridge, F. Wance, M. L. Wardale, A. Willetts.

Infantile Mortality.

On the subject of infantile mortality, the Sanitary Committee of the Court of Common Council recommended last week that, by way of experiment, they should be authorised to incur an expenditure not exceeding £40 for one year in providing a supply of pure milk to mothers residing in the City who were unable to obtain the necessary nourishment for the proper breast feeding of their children.

A Practical Method.

The trouble so often experienced in getting the new baby to nurse is suddenly overcome by first pumping a little milk from the breast. Have ready a little of the milk in a medicine dropper, and as the nipple is put into the infant's mouth drop some milk into his mouth, and what he has tasted will be an incentive to work hard to obtain more, and he will go at his task with a will.

A. J. N.

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XLVI.

Editorial.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

A REGISTRATION BILL.

The current issue of *The Canadian Nurse* brings the news of a Special General Meeting of the Graduate Nurses' Association of Ontario convened for the purpose of considering "legislation and the necessary steps towards legislation." Miss Bella Crosby, the President, who was in the chair, explained that the object of the Association was to place the profession on a better basis, and to secure legislation for that end. Ever since May, she said, the Executive Committee had been considering the question, and eventually it was decided to obtain the services of a solicitor, explain to him what was desired, have a Bill drafted in legal form, and to call a meeting of the Association to decide upon the next step, meanwhile, Miss Crosby informed the meeting, that, by desire of the Executive, she had visited as many of the Associations as possible, to get them to voice their ideas about registration and legislation. She visited quite a number of the Associations, and in every instance there was a good gathering of nurses, all who spoke were anxious that some steps should be taken to secure legislation. "If," said Miss Crosby, "we are going to do any work that will tell in the building up of our profession, we must give our best thought to the subject. We must have high ideals, and try to get a vision of what we can accomplish as members of a profession, as responsible women."

The President then invited Mrs Pellatt, Convener of the Legislation Committee, to present its report, which was that having been given authority by the Executive to make preparations towards obtaining a Registration Bill, the Committee wrote to

all the Secretaries of the State Boards of Registration, asking for copies of their Bills, and for comments on the weak and strong points, together with reports of the operation of the laws in the different States. The answers received were very satisfactory. They then interviewed Mr. Ludwig, K.C., whose firm had done much work of a similar kind, and since then had worked under his advice. In order, added Mrs. Pellatt, to obtain funds for the work, the Committee got out a Florence Nightingale calendar and post card, both of which had sold well.

Mr. Ludwig then went through the Draft Bill clause by clause, explaining its provisions. "You," he said "as an Association are seeking the right to use a certain name or form of letters indicating that you are qualified graduate nurses. That is the substance, I understand, of what you want. If the public thoroughly understood what your aims are I believe you would not meet with very much opposition to your proposed Bill."

"I suppose there are persons who think they should be allowed to practise medicine or one of the other professions without special training, although, I suppose, it will not be disputed by any person that a special training is desirable to properly qualify to practise any profession."

"Your Bill does not prevent any person from nursing who wishes to nurse. It simply provides, among other things, that no person shall have the right to use the letters or degree you intend to adopt as evidence that you are trained and qualified according to the standard of your association."

"Your Bill, roughly speaking, must deal with two matters. It must incorporate you as an Association, and give you an existence

as a Corporation apart from the members."

The Association is asking for powers "to promote and increase by all lawful ways and means the knowledge, skill and profession of its members in all things relating to the business or profession of nursing, and to that end to establish classes, lectures and examinations, and prescribe such tests of competence, fitness and moral character as may be thought expedient." It proposes that the Council of the Association shall consist of fifteen graduate nurses. We cordially congratulate Miss Crosby and the Graduate Nurses' Association of Ontario on the progress they have made, and hope that their efforts will soon be rewarded with success.

Medical Matters.

PLAGUE IN HARBIN.

A letter contributed by Dr. W. H. Graham Aspland, F.R.C.S., Edin., to the *British Medical Journal*, dated from the "Anti-plague-car, Harbin," and evidently written with much difficulty, under pressure of a great stress of work, is of great interest to nurses, any of whom may be called upon to nurse cases of plague.

Dr. Aspland says in part:—

After delay, which seemed inevitable in organising a work so totally new to the Chinese mind, a little fear gradually gained hold of the usually stolid Chinese, and to a limited extent the people began to assist. Quarantine was effectually established, and the city divided into four main sections, each with its staff of doctors, students, sanitary coolies, stretcher bearers, search parties, dead removers, police, and messengers, numbering between 300 and 400 for each section. Each main section was again subdivided, and under the charge of junior doctors, and all sections linked up to the Administrative Bureau by telephone. Every individual in the streets had to wear a Government badge, the colour of the section in which he lived, and no one was allowed out of his section without permit. A military cordon round the city, which has no wall, prevented ingress and egress. By the time this was all arranged the deaths numbered nearly 200 a day; about half of these deaths only occurred in our already organised plague hospitals; the remainder were collected on the streets by the sanitaires and police. In order to escape quarantine, the dead were thrown into the streets at night, or in hundreds of instances the sick

were forced out of doors in a staggering condition, to drop in the street and probably freeze to death before killed by the plague. With the institution of the military cordon, the police doing cordon duty were liberated for city work, and in a short time bodies ceased to be thrown out; but, worse still, the people were hiding them in crevasses, boxes, rods, ceilings; this added greatly to the duties of the search parties. The greatest difficulty was the disposal of dead. Graves could not be dug; the thermometer stood constantly in the neighbourhood of 20 degrees Fahr. below zero; so after a long half-mile of bodies and coffins had collected, the Government rose to the occasion and sanctioned what in the Chinese eyes is an unwarranted desecration—namely, burning. In three days over 4,000 bodies were burnt, and since then every few days, as a few hundreds would accumulate, similar burning.

Our quarantine section was composed of 100 railway trucks, each holding about 20 persons, a plague hospital for 30 people, a suspect hospital for 30, and a disinfecting station, together with administration building and kitchens. The advantage of railway trucks for quarantine work could be much enlarged upon.

When the administration got well to work, a few days saw the beginning of a decline in the number of deaths. It hung for a week or more at 170 to 180 a day, then gradually fell to 140, and with a few rises and falls, as I write to-day, after six weeks of Western scientific administration, the deaths number only seventeen. This is the Chinese side. The Russian city work, assisted by special professors of Moscow, and Dr. Paul Haffkine in charge of the plague hospital, will be more ably reported on by the conference. A few medical details in closing.

First, the plague is absolutely pneumonic and septicaemic in type, not a simple instance of bubonic.

Secondly, not a single case of undoubted plague has recovered (our statistics in the Chinese city are well over 6,000).

Symptoms are unreliable during the maximum intensity of the plague. In the quarantine daily examinations we picked out on first examination all fast pulses and then took the temperature. If the case was septicaemic, the temperature was mostly subnormal; if pneumonic, there was a slight rise, but positively nothing to indicate the severity of the condition. Patients, laughing, talking, and joking, were in scores of cases dead in a few hours. Finally, in the rush of work, as our suspect hospital converted itself into a plague hospital by the rapidity of death, we simply relied

on the evening, febrile symptoms, cloudy expectoration, first moderate then tinged with blood, then the temperature rises as ordinary pneumonia, finally on blood-red when death was only a few hours' journey.

Heartbeats were more or less constant, and during the last few hours staggering, yet the arterial normal.

I am sorry to say that most of the same patients will not trace to Dr. Paul Haffkine's form, with 90% risk of organisation, and the nurses to deal with pneumonia have had time for laboratory work. I therefore, judging from various variations, that:

1. A very large number of cases were pneumoniae, showing no prominent symptoms, and died very rapidly.

2. That nearly all pneumonic cases became septicaemic if they lived over twenty-four hours after diagnosis.

3. All bodies became a dark purple colour patches before local and general after.

4. Many without prominent symptoms were mainly yellow, or purplish yellow—and the Chinese skin converted the yellow into almost an orange tinge, and such cases were not subject to further examination, but diagnosed by appearance.

5. Age incidence confirms the reports of bacilic plague—under 20 and over 50 rare, but in a place like this, made up of coolies, it would not be worthy of a fast line. Women very rare, but there is one woman. Children, next to no deaths, although attended and nursed by their mothers until within a few hours of death.

6. I think the conference will reveal, as the result of Dr. Paul Haffkine's work, that there is a negative stage following inoculation with Haffkine's vaccine lasting from five to seven days; and while there have been deaths amongst all classes of workers, Chinese and foreign, *not one* is known, amongst these, successfully inoculated, who had passed the negative stage before any being plague were.

7. Some cases, bodies being septicaemic, showed an intestinal tone with diarrhoea. Dr. Wu has a pure culture of *B. pestis*, which was simply a portion of the reaction passed.

8. That the plague reached its maximum about three months from the beginning, and bacillus began to show evolution forms at this time.

9. That this is an epidemic covering North China will be the high epoch of Western medicine, for, with all the vaunted powers of the old-time practitioner, here he failed completely, and Western science, in the minds of the officials, has now received an indisputable precedence.

The Nursing of Respiratory Cases.⁶⁰

By Dr. H. HAINY, F.R.C.P., Edin.

I do not intend to discuss a formal lecture, but rather to talk over a few practical points in regard to the nursing of respiratory cases, giving you some indication of the underlying scientific basis, and this, I hope, may help you to act, and plan work, with greater definiteness and purpose. I shall arrange my remarks with a view to those important respiratory diseases, all of which are well known to you, in order that you may have a better opportunity of remembering the points I shall emphasize, by linking them to facts you will find already familiar.

These three diseases are Bronchitis, Pneumonia, and Pleuritis. The first is essentially a disease of the respiratory organs; the second an acute fever which affects the whole body, though more or less of the stress of the illness falls upon the lungs, and the third is a chronic infection where the changes in the lungs give rise to many of the most important and urgent symptoms.

BRONCHITIS.

Though bronchitis is ordinarily considered a mild or minor gravity, yet, in certain cases, circumstances arise which demand the utmost care if the patient is to escape serious damage. Thus, the disease may attack a patient with a weak heart, who has enough to do to keep alive under the ordinary stress of life, and who quickly sinks beneath the additional strain. Again, bronchitis sometimes involves the smaller tubes instead of affecting the larger and medium bronchi; this is particularly apt to happen in young children, and aged people, the seriousness then depends on the fact that the air channel in these terminal tubes is greatly narrowed by a very moderate amount of swelling of the bronchial walls or increase of bronchial secretion, and thus the patient is in constant danger of becoming asphyxiated. It is clear, therefore, that old people and those with weak hearts must be very carefully guarded against the attacks of bronchitis, which may develop so seriously, and in a comparatively short time, they must be prevented from breathing air which by its coldness and dryness will start irritation in the respiratory organs. Nature has herself provided a device for warming the inspired air in the lower passages, which is evaded by the ordinary means in the case, when a patient has only a slight cold, as they would be. The air has not reach-

⁶⁰ A lecture delivered to nurses at the Royal Infirmary, Edinburgh.

the more sensitive parts until it has been well warmed. Many persons, however, are habitual mouth breathers, and others, in their desire to talk, keep their mouths open, even when they are coming home from a meeting through the night air. In such cases a useful expedient is to make the bronchitic individual wear an invisible respirator, which can be held between the teeth and lips. Lauder Brunton suggests that a suitable one might consist of half-a-sovereign, which, from a desire not to lose it, would strongly influence the patient to keep his mouth shut.

With regard to the treatment of bronchitis itself, it must be remembered that the disease passes through three stages. During the earliest of these the mucous membrane is dry, and there is considerable arterial hyperæmia. During the second stage the arterial congestion lessens and free secretion becomes established, whilst, during the third stage, the secretion gradually dries up and the parts return to their normal stage.

This, however, does not always happen, for, when the sufferer has a weak circulation, a condition of chronic venous congestion is apt to supervene, and the disease then continues for an indefinite period. In the earlier stages the dry and inflamed mucous membrane is apt to be still further irritated if the air which passes over it is either too cold or lacking in moisture, as a result the hyperæmia is intensified, the mucous membrane exposed to the dry air becomes itself less moist, and so the cough grows more distressing and less effective. It is, therefore, desirable that in the sick room the air should be maintained at a suitable temperature, whilst, at the same time, a sufficient amount of water vapour must be present in it. The hotter the air the more water vapour it can contain before it becomes saturated, and so, if one takes cold air from outside into sick-room and merely heats it, it will inevitably become much too dry for the patient's comfort, and this is why it is so important to use a steam kettle in all cases where the patient is troubled with dry and ineffective cough. At the same time, it is quite possible to overdo the amount of moisture and make the air too damp. The patient then becomes less comfortable, his perspiration will not readily evaporate, and the room has the clammy feeling which one associates with a damp hot-house. This state of affairs should never be permitted. The simplest remedy is to use some form of hygrometer (an instrument that shows the dampness of the atmosphere) to guide one in adjusting the humidity of the air; the most convenient form is that which is known as the

"wet and dry bulb thermometer." The wet bulb is covered with muslin, which is kept damp with distilled water, and from which evaporation takes place the more rapidly as the air of the room contains less moisture; the result of the evaporation is that the temperature of that thermometer falls, and one finds a difference in reading between the ordinary thermometer and the one with moistened bulb.

It is desirable in bronchitis to keep the humidity of the air at something between 60 and 80 per cent. of total saturation; if, for example, the room temperature is 60 degs. Fahr. and the humidity desired is 70 per cent., the steam kettle should be kept going as long as the wet bulb thermometer shows a reading below 54 degs. Fahr., but should be removed when the reading rises above that temperature.

In cases where children are being nursed inside tents with steam kettle there is a great risk of the humidity of the air becoming excessive, and in such cases the use of the wet and dry bulb thermometer is specially important. It is also important to secure a sufficient supply of fresh air within the tent, and for this purpose a steam kettle fitted with a nozzle through which air passes as well as steam is very desirable, such can be obtained under the name of "ventilating steam kettles."

A nurse can often help a patient whose breathing is difficult by attending to the position in which the patient is placed in bed. Many will be found to breathe better when they are propped up into a sitting posture. The reason of this is that in this attitude the descent of the diaphragm is assisted by the descent of the abdominal viscera, whilst if the patient lies down the contracting diaphragm has to raise them against the action of gravity. In extreme dyspnoea a patient may have to leave bed altogether and to kneel or sit on edge of bed or chair, so that his thighs shall not be flexed on his abdomen.

With regard to drugs, it is important to remember the different stages of bronchitis which have already been referred to, because the drugs which are most efficient and helpful in one stage may be positively injurious in another. In general, it may be said that the group containing ipecacuanha, antimony, iodide of potash, and alkaline carbonates, is likely to be serviceable in first stage, whilst those drugs that are included under the title of stimulating expectorants, such as squills and carbonate of ammonia, are never desirable until free secretion has taken place, and patient already advanced somewhat through the second stage of the disease. Where a doctor is in regular attendance he will prescribe; it often

happens that a nurse may have to decide whether one of these groups should be continued or replaced by others.

There are several points nurses should bear in the outlook for in order to report them at the earliest opportunity to the physician or duty.

Of these the principal are—

(1) Signs of cyanosis or pulsation of veins at the neck, which may be the first signs of impending heart failure.

(2) Irregular, quick, and small pulse, developing rather suddenly in old people. This also indicates a weakness of the circulation, due to cardiac exhaustion.

If the patient sinks down in bed and efforts at expectoration cease, this indicates that the respiratory centre in the medulla is becoming blunted and is a sign of extreme danger.

(4) Signs of mental wandering or delirium, especially if associated with clammy perspiration are of grave importance.

PNEUMONIA.

We may now pass to the case of pneumonia. In this disease the symptoms change rapidly, constant watchfulness is called for, and the nurses' attention should always be directed to the following points:—In the circulatory system watch the state of the pulse, for here one often has the first indication of the commencement of some grave complication. For instance, a small and irregular pulse with increased dyspnoea frequently heralds pericarditis, whilst changes in the ratio that exists between the rate of the pulse and the blood pressure may be of far-reaching importance. Near the time of the crisis it often happens that the pulse rate falls: this is a good sign provided the blood pressure rises at the same time, but a rising pulse rate associated with a falling blood pressure occurring at this period is an almost certain sign of a fatal termination to the disease. On the other hand, if the blood pressure rises decidedly whilst the pulse rate diminishes one is justified in giving a favourable prognosis. In order to determine the blood pressure the simplest way is to place two fingers of left hand upon patient's wrist, using one of these fingers to block any return pulsation that may pass through the hand from ulnar artery, whilst the other feels the radial pulsation. The index finger of the right hand is then applied a shade higher up the arm, and pressure is gradually increased on the artery until the middle finger ceases to detect a beat. The pressure thus determined can be compared with the pressure of the nurses' own pulse, and so a standard of measurement is readily available.

The following are the symptoms and signs of pneumonia:

- 1) Pain in the chest during the day, aggravated during the night.
- 2) Stuporiness.
- 3) Twisting of the tendons, especially those of the wrist and fingers.
- 4) Persistent hiccough.

There are several signs in the abdomen which also demand serious attention; the first is persistent vomiting, the second tympanites, and the third, any indications of peritonitis. On the other hand, many patients who suffer from jaundice or from diarrhoea seem to get on perfectly well in the end.

In the respiratory system cyanosis and shallow breathing, with absence of all effort at coughing, has the same grave significance which has already been noted under bronchitis. Changes from the typical sputum of pneumonia are also causes of anxiety, especially if the expectoration becomes somewhat of the appearance of "green-jelly," for this means that the lung changes have reached a very advanced stage; or, if it presents a "prune juice" aspect, as this often, though not always, indicates commencing gangrene of the lung. Bleeding from nose is usually serious in aged people, especially if frequently repeated.

(To be concluded.)

The Alleviation of Thirst after Abdominal Operation.

Our Prize Competition on the question, "How would you alleviate the discomfort of a patient to whom fluids have been forbidden for a period after an abdominal operation," brought many excellent papers in addition to that of Miss Simpkin, which gained the prize.

Miss Emily Marshall considers:—"The very best friend we have in alleviating discomfort and thirst after abdominal operations is the normal saline solution injected per rectum, prepared by using ordinary table salt (not Cerebos), about 80 grains to a pint of water previously boiled, and cooled down to a temperature of 100 degs. Fahr. This is not only useful to lessen thirst, but to combat shock and in cases of collapse the temperature of the normal saline solution should be 105 degs. Fahr. . . . The skin also is always ready to receive moisture, and so we may sponge the patient with warm water (if no collapse). Even the palms of hands and the face and neck sponged at intervals is of great comfort, and will do much towards

alleviating thirst after abdominal operations, when fluids are forbidden."

Miss E. H. Gibert is of opinion:—"It is difficult, except for those who have actually experienced it, to realise the discomfort to the patient caused by the doctor's order, 'Nothing by mouth.' The nurse should therefore be well acquainted with various means to relieve this. Some of these may be used at her own discretion, and according to the suitability for each particular patient, while for others she must consult the surgeon. Amongst the former may be mentioned frequent attention to the mouth, for which several methods may be employed. Penholders, or the nurse's finger, round which a piece of wool or lint has been rolled (sufficiently tight enough to prevent it being left in the patient's mouth, and not too tight for easy removal after use), should be dipped into a mixture of boracic lotion, lemon and glycerine, and passed all round the teeth and over the tongue, to keep them clean and moist. . . . The nurse should endeavour to do everything to add to the general comfort of her patient."

Miss E. Schembeck suggests that the patient may be advised to make the movement of sucking in order to stimulate the salivary glands to stronger action.

Miss E. C. Evans writes:—"The first feeling of thirst after the operation I should relieve by wetting the tongue, teeth, roof of the mouth, and inner sides of lips with a piece of wool dipped in warm water. Later, if the mouth were very dry, and the patient not vomiting, I should use lemon, glycerine and lemon, or glycerine and borax. . . . I should also bathe the patient's face and hands with hot water, apply eau de Cologne (if liked by the patient) to the forehead, brush the hair, dry the sides and legs with a hot towel, etc., not that doing so would directly relieve thirst, but would indirectly decrease the discomfort of it, by making him comfortable in other ways. . . . One must bear in mind all the time that the patient is very weak in mind as well as in body, and a little cheerful encouragement goes a long way. One can remind him that the thirst is one of the disadvantages of the ether, far exceeded by its advantages—the painless operation; also that he is just at his most uncomfortable condition, and if he can manage to endure during the next few hours he will feel the comfort of returning strength."

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Annie E. Waterman, Islington Workhouse, St. John's Road, Upper Holloway, for her article printed below on the subject—

WHAT DANGER ATTENDS NASAL DOUCHING ?

Great gentleness is required in douching the nose, as too much force may cause the discharge or mucus in the nasal cavities to be carried into the passages leading to the ears, and set up septic trouble, also into the frontal air sinuses, causing disease; fragments of diseased bone may also be carried along and cause an abscess. Roughness may also cause laceration, which may set up erysipelas. A case of this kind has recently come under my own observation. A nurse cannot be too careful when using a nasal douche.

The douching of the nasal cavities is unpleasant from the patient's point of view, and often provokes much resistance. It is best, if the patient is a child, to wrap him up in a blanket, and to carefully pin this round neck and chest with stout safety pins, so that the arms are controlled. If the patient is forbidden to sit up he must lie with his head over the side of the bed, but, if a sitting position is permissible, the nurse should fix the head under her left armpit while she holds a bowl below the chin with her left hand. In her right hand should be the barrel of a glass syringe with tubing attached, by means of which the lotion to be used is gently injected up one nostril. If the patient will be still, and breathe quietly with the mouth open, the lotion will return by the other nostril, but at first, at all events, it is apt to run into the mouth and cause the patient to choke and splutter. By bending the head down over the basin, however, it will run out of the mouth.

An essential point in giving a nasal douche has not been mentioned by any competitor, namely, that the nurse must remember that the direction of the nasal passages is horizontally backwards. A novice, unless specially warned on this point, is apt to hold the nozzle of the syringe at too vertical an angle, with the result that the nose is syringed in an upward direction and the fluid strikes the roof, causing pain and headache without accomplishing its cleansing object.

Mr. Macleod Yearsley, F.R.C.S., surgeon to the Royal Ear Hospital, Dean Street, Soho, W.C., in a paper contributed to this journal,

advocates the use of a Higginson's syringe in administering a nasal douche. The principal points which he emphasises are: (1) Warm the fluid. (2) Use no force. (3) Let the head be kept upright, or inclined gently forward. If the head be tilted too much toward or back, the fluid may enter the frontal air sinuses or the Eustachian tubes with bad results. (4) The patient should breathe through the mouth and avoid swallowing or coughing. (5) Syringe through the side which is most obstructed. (6) When first beginning do not use more than half a pint, at subsequent applications more may be employed. (7) Clear away superfluous fluid by *gently* blowing the nose.

QUESTION FOR THIS WEEK.

What is dust? How should it be removed?

Rules for competing for this competition will be found on page xii.

Progress of State Registration.

ONE MORE STAR.

The Nurses' Journal of the Pacific Coast reports that the Oregon State Nurses' Association have entered upon a campaign to secure a law governing State Registration of Nurses. State Senator J. K. Locky, a physician from Portland, will introduce the Bill in the Senate. It is hoped very little opposition will be made. The fate of this Bill is awaited with sympathetic interest by nurses in many States. Should it pass another link will be forged in the chain that may one day unite under a national standard of nursing all the States in the Union.

The Irish Nurses' Association.

Mr. Pearson gave a lecture on Wednesday evening, March 8th, to the members of the Irish Nurses' Association, at their Rooms, 34, St. Stephen's Green, Dublin. Miss Pate presided, and there was a good attendance of members, who followed the lecturer with the closest attention. The subject was "Some Surgical Conditions of the Brain," and Mr. Pearson very clearly instructed his audience as to the symptoms and signs to be looked for in the different conditions of brain trouble, and what these indicated. He brought a complete set of models of the brain, etc., also an apparatus for testing the pressure of blood, and at the close of his lecture gave a demonstration on how to use this instrument. Many of the nurses had not seen this before, and were greatly interested. Mr. Pearson was accorded a very hearty vote of thanks for all the trouble he had taken and the time he had given.

The Small-pox Epidemic.

It is not always recognized what risks nursing, and cheerfully taking, of contracting infectious diseases, but a case in point is afforded by the present small-pox epidemic, in which out of nearly sixty cases five have been nurses, one of whom, Miss Madeline Jones, has unfortunately succumbed to the disease. Nurses are peculiarly exposed to infection for the reason that they are brought into close contact with patients admitted to a hospital for one disease, who may subsequently develop another. In this way small-pox found an entrance into the Metropolitan Infirmary and the London Hospital.

Conference of Q.V.F.F. Superintendents.

A Private Conference of the Association of Queen's Superintendents in the Northern Counties was held in Birmingham last week, on the invitation of the Birmingham and District Nursing Society. It met in the morning at the Imperial Hotel, Mrs. W. Kendrick presiding, and in the afternoon at the Council House. The members of the Conference were subsequently entertained at tea by the Lady Mayoress.

A Home of Rest.

It will be remembered that the late Miss Hughes bequeathed her beautiful residence, Bryn Menai, on the banks of the Mersey Straits near Bangor, with its spacious grounds, to the Queen Victoria Jubilee Institute for Nurses, together with a substantial endowment, as a home of rest and convalescent home for Queen's Nurses. The trustees have now taken formal possession of the property, and the work of preparing the house for its future purpose will be proceeded with at once. It is hoped to have it ready for occupancy this year.

Lady Minto's Indian Nursing Association.

Her Excellency Lady H. Minto, of Peshawar, presided recently at a meeting of the Central Committee of the above Association at Government House, Calcutta. The Annual Report of the Association, to which we made reference last week, and the financial statement, were presented, and adopted as satisfactory.

Practical Points.

Practical Points from the "American Journal of Nursing."

To move a patient from one side of the bed to the other with pillows, have the patient lie on the back with knees flexed. With the right hand lift the patient enough to place one pillow under the head and shoulders, with the closed end of the pillow on the side toward which the patient is to be drawn. Then, with the left hand under the hips, lift the patient enough to place pillow under the patient with the right hand, having the closed end on the same side as the first pillow. Taking hold of the two closed ends of the pillow, draw the patient. This method is practical in moving emaciated patients with tendencies to bed-sores.

Treatment of Favus.

As a result of the medical inspection of schools a serious attempt is being made in all parts of the country to treat favus, which in some districts affects large numbers of children. We reproduce below notes regarding two cases treated and recorded in the St. Bartholomew's Hospital Reports:—

Case 1.—An ill-nourished boy, aged seven years. The disease was of long standing; on admission a large area of the head presented the appearance of the rind of old Stilton cheese, being covered with a crust of porous friable matter about three-quarters of an inch thick. No typical yellow cups; mousy odour not marked. After removal of the crust with oil and poultices, numerous areas of baldness were found, with reddened patches where the hair still existed. The favus fungus was found in abundance. Treatment: Epilation, various parasiticide ointments (including oil of cade), tonics, cod-liver oil, liberal diet. After six months no gain in body-weight; the favus still existed. After a further lapse of time (apparently four months or so) the boy began to gain in weight. A solution of izar in glycerine and water was next applied constantly to the scalp, and the strength increased till nearly pure izar was tolerated. Marked improvements then began; the spores became less abundant, the hair commenced to grow. After fifteen months in hospital the boy went to the convalescent home cured.

Case 2.—A sister of No. 1. A healthy girl, aged eighteen, who had apparently caught the disease from a third member of the family—viz., a sister with whom she slept. The disease was of long standing; there were scattered bald patches all over the scalp; in places several sulphur-coloured cups; a mousy odour. Occiput covered with thick scabrous crusts. Parasite readily detected. Treatment: Tonics and liberal diet; locally, after detergent measures, shaving, and epilation, izar was applied as an ointment, composed of equal parts of izar and lanoline. Improvement began in a few weeks, and after three months no more spores could be found. Discharged, after twenty weeks in the hospital.

Legal Matters.

A CASE OF SHOPLIFTING.

Maud Sibley (28), of Poplark Street, Islington, described as a nurse, was charged on remand at Marlborough Street Police Court recently with the theft of goods from S. J. J. and Co., and convicted. The Magistrate, Mr. Dorman, in passing sentence, said he was sorry that lenient methods towards persons of this sort had not been successful. In this case there was clear evidence that the robbery had been deliberately planned, and not committed under the stress of sudden temptation. The prisoner would be sentenced to three months' imprisonment in the second division. Apparently no evidence was offered that this woman had had training as a nurse, but there is no Register of Trained Nurses by which the above assertion could be proved or disproved, nor can she be prevented from taking up private nursing, as a trained nurse, at the expiration of her sentence.

Queen Victoria's Jubilee Institut. to for Nurses.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES. MARCH 9TH, 1911.

1.—(a) What might lead you to suspect that the drains of a house were out of order? (b) What measures are employed to prevent sewer gas from escaping into a house through the water closet?

2.—Give a short account of:—(a) An ideal feeding bottle; (b) The method for reviving an asphyxiated infant; (c) The reasons for and against babies' comforters.

3.—What are the chief points to remember in nursing a case of typhoid fever in the patient's home?

4.—What are considered suitable and unsuitable foods in cases of:—(a) Diabetes; (b) nephritis (acute); (c) rickets.

5.—If you could not get the thing itself what might you use instead of:—(a) Cradle (surgical); (b) feeding cup; (c) mackintosh; (d) steriliser; (e) gutter perch tissue.

6.—Give some illustrations of the working of charitable agencies with which you are familiar for the relief of poverty and distress.

TRANSFERS AND APPOINTMENTS.

Miss Helen Wenne Edwards, to Hastings, as midwife; Miss Mary Lizzie Jones, to Morriston; Miss Gertrude Evans, to Skewen; Miss Sarah Hoad, to Norton Fitzwarren; Miss Isobel Murray, to Widnes; Miss Maud Macdonald, to Redditch; Miss Hannah L. Llewellyn, to Christ Church, Malvern.

THE ORDER OF ST. JOHN OF JERUSALEM.

The King has been graciously pleased to sanction the following appointments to the Order of the Hospital of St. John of Jerusalem in England:—

AS LADIES OF GRACE.

Miss Beryl Carnegie Joseph.
Sybil Frances Lady Eden.

Appointments.

MATRONS.

Rous Memorial Hospital, Newmarket.—Miss Ann Gillingham has been appointed Matron. She was trained at the London Hospital, E., where she has been Night Sister, and Matron's Assistant.

NURSE MATRONS.

Cottage Hospital, Driffield. Miss A. Muriel Duncan was on an appointment as Matron. She was trained at the Victoria Lying-in, Gloucester, and has held the position of Charge Nurse at the Oculic Hills Sanatorium, Knaross. She has also been Sister at the Royal Hospital of Sick Children, Edinburgh, the Royal Victoria Hospital, Belfast, and the Ashington-Lyne District Infirmary. She has also had experience of private nursing.

Isolation Hospital, Luton. Miss R. Ives has been appointed Nurse Matron. She was trained at the Portsmouth Infirmary, and has held the position of Sister in the and other institutions.

HEAD NURSES.

North of England Children's Sanatorium, Southport.—Miss Florence Vass has been appointed Head Nurse. She was trained at The Hahnemann Hospital, Liverpool, and for two years has worked at the Children's Rest, Penny Lane, Liverpool.

RESIGNATIONS.

The news that Miss M. Mollett, Matron of the Royal South Hants and Southampton Hospital, has resigned that position will be received with the greatest regret by past and present pupils of the school, who have had the advantage of receiving their training under her direction, and others connected with it, and by the numerous colleagues with whom she is associated in the professional societies in which she holds office, the welfare and honourable traditions of which she has done much to promote. Amongst these are the International Council of Nurses, of which she is a Foundation member, the Matrons' Council of Great Britain and Ireland (a Vice-President and Hon. Secretary), the Society for the State Registration of Trained Nurses (a Vice-President), and the Royal South Hants Nurses' League (President). We are sure that her many friends will unite with us in wishing her happiness in the comparative leisure before her, when no one knows better how to use to the best advantage.

Miss K. Wintarsale, Assistant Matron at the Royal South Hants Hospital, has also resigned her appointment. She received her training in that hospital, and has ably assisted Miss Mollett in her efforts to maintain a high standard of nursing, and the prestige of the nursing school.

THE MATRONS' COUNCIL.

Members of the Matrons' Council of Great Britain and Ireland will be glad to know that arrangements are being made to hold the April meeting of the Council at Leicester.

Nursing Echoes.



The General Meeting of the Society and Bethnal Green District Nursing Association, always met in London, at the residence of the Secretary, in the rich atmosphere and enthusiasm for the Association, which is such a source of sweetness and light and healing in its midst. The Rev. H. V. S. Eck, Rector of Bethnal Green, and Chairman of the Association, presided last week at the meeting held in St. Leonard's Parish Room, and the adoption of the Report was eloquently moved by Mrs. Lillian Paget, wife of the Bishop of St. Peter, who told the story of Ambrose Paré and how he watched and noted, and by using tincture to his hand in the treatment of wounds on the battlefield, discovered that wounds were soothed by a mixture of yolk of eggs, oil of roses, and turpentine, while those barbarously treated with boiling oil, the orthodox remedy of his time, were inflamed and irritated. Mrs. Paget further referred to the barrier between the public and infection, kept there by the fidelity of nurses.

Dr. Merry, who followed, in seconding the adoption of the report, said he spoke with the sympathy born of experience, and referred with dismay to the prospect of a reduction of the staff for lack of sufficient financial support, rather it needed increasing. The nurses were welcomed and beloved throughout the district for their sympathetic help to the patients. It was a peculiar pleasure to him to second the adoption of the report, and to say from personal experience that the nurses were doing a good and blessed work which could not be retrenched without infinite loss. The Rev. H. W. G. Kendrick, Vicar of Holy Trinity, Hoxton, also spoke warmly of the value of the work. He had just come, he said, from visiting a man with terrible cancer of the face. For months he would allow no district visitor to go near him, but the nurses had succeeded in establishing herself and was welcome.

The Chairman spoke of the grateful words to Miss Böge, the Superintendent, for all her work. Without her they could not make meals meet, and another speaker commented on the very small amount paid in salaries. The nurses had a smaller salary than the cookman, and the Committee could not get lost.

Simply that for many who would help to

relieve the Committee from anxiety if only they could once be brought into touch with the Association.

The Mayoress of Fulham presided at the 21st annual meeting of the Hammersmith and Fulham District Nursing Association, held at Bishop Creighton House, Lillie Road, Fulham, on Friday, March 10th, when an excellent report of the year's work was presented, reference being made to the fact that on the 25th of October last the Association completed its twentieth year of busy life under the able direction of its original Superintendent, Miss Curtis,

vertisement and brought home to individuals the importance and duty of health. The children of to-day would realise that though by taking thought they could not add a cubit to their stature by taking exercise they could add several inches to their chest measurement, and aspire to the attainment of a physical ideal which would be the best check to physical deterioration. In connection with the medical inspection of school children it had been revealed that some 40 per cent. of the children suffered from dirty heads and from many ailments which were the result of the neglect of most ordinary attention, of ignorance, and



A GROUP OF BLUE CROSS NURSES,
Ospedale Gesù e Maria, Naples.

and the Committee also state that they are fortunate in retaining the services of the Senior Nurse, Miss Young, whose zeal and initiative meet a ready response from the staff of nurses, six in number.

In moving the adoption of the report, Lady Helen Munro Ferguson said that the value of nurses as social workers, in reducing infant mortality, and preventing infection from phthisis, could be proved from the dulllest and most official of Blue Books. Besides caring for the sick, district nurses acted as a health ad-

apathy. Nor did a not unfrequent British bill of fare, "tough meat, pale potatoes, and discouraging greens," compare favourably with that provided by German housewives, and it would seem that while our artisans and business men are second to none in the world, the British woman, in her sphere, is inferior to her Continental sister. We must remove that reproach, and trained and educated nurses, who were a refining influence in the homes of the poor, and who were always welcome because they went to help and not to criticise, could do much in this direction.

Dr. Seymour Taylor, who seconded the motion, spoke warmly of the work of nurses, and said that the amateur nurse was no more comparable to the trained nurse than the amateur doctor to the fully qualified man. The report was adopted. Other speakers were the Rev. H. Vincent, the Rev. F. W. Bryan, and Dr. J. J. Edwards. Sir William Bull, M.P., who from three o'clock on the previous afternoon until five that day had been in his place in the House of Commons, in moving a vote of thanks to the speakers, said that he had known and loved the Association since its foundation. He was, he said, anxious about the future, and

was struck in Naples six or seven months ago, under the supervision of Miss Grace Baxter, an American graduate nurse, and has an excellent record of work to its credit, including the invaluable services it rendered at the time of the earthquake in Sicily. It has as its Patroness Princess Strongoli, Lady in Waiting to the Queen Mother.

The second picture is that of the Nursing Staff of the Scuolo Convitto Regina Elena, at the Policlinico Hospital, Rome, in which Queen Elena takes a deep interest, and of which much is hoped. Miss Dorothy Snell, as our readers



THE NURSING STAFF,
Scuolo Convitto Regina Elena, Policlinico, Rome.

pleaded eloquently for a fund of £2,000 or £3,000 to buy the freehold of Camforth Lodge and so secure it as the home of the nurses who did such magnificent and splendid work. Dr. Davidson, who seconded, also proposed a vote of thanks to Miss Wickham for allowing the meeting to be held at Bishop Creighton House, to the Mayoress of Fulham for presiding, and to those ladies who had so hospitably provided tea.

We have great pleasure in publishing in this issue two pictures which will illustrate the evolution of the lay nursing movement in Italy. The Blue Cross School for Nurses

are aware, is the Matron, and has in all her efforts the support of Miss M. A. Turton, who for many years has done invaluable work for Italian nursing.

The trained nurse, Mrs. E. T. Powell, a member of a Nurses' Co-operation in the Riviera, brutally attacked and nearly murdered in the train between Cannes and Nice, will receive widespread sympathy. Apparently the object of the outrage was robbery, as Mrs. Powell's handbag, which apparently had been hurriedly thrown down, was found in one of the streets of Nice.

The Hospital World.

ST. LUKE'S HOSPITAL, OLD STREET, E.C.

St. Luke's Hospital, Old Street, E.C., for the treatment of the curable insane, was founded in 1751 for their humane treatment. It is curious, therefore, to learn that amongst its possessions is a "whizzing chair" in which obstreperous patients were placed and whizzed round and round with the object, apparently, of inducing rational behaviour, and that staples are also to be found in the walls to which tiresome patients were fastened!

Few of those who pass constantly up and down Old Street and obtain their impressions of the hospital from its unprepossessing exterior, can guess at the homelike atmosphere characteristic of its wards. Somewhat on the plan of Bethlem, the wards are of corridor form, and into these the single bedrooms and small wards open. The corridors are carpeted and furnished most comfortably. The hospital which is intended for the reception of those who can afford to pay something towards their treatment, has 200 beds, 125 for women, and 75 for men. The reasons for the larger number of beds being devoted to women are, apparently, that men can to some extent rough it better in the larger asylums, where it is impossible to give such individual attention, and further that as the man is usually the breadwinner, the means to pay for his care in sickness is less often forthcoming. The men's hospital is in charge of a head attendant, under the direction of the medical officers, and the Matron of the hospital, responsible for the women's side, is Miss Head, who has the double qualification of general and mental training, and also extensive mental experience. The patient's fees do not cover the cost of maintenance and treatment, and about 20 per cent. are received free, but the hospital has also an endowment. It is interesting to learn that the ground on which it is built belongs to the Governors of St. Bartholomew's Hospital, and if St. Luke's were diverted from its present use it would revert absolutely, and unconditionally, to St. Bartholomew's Hospital. There is a large recreation ground at the back of the hospital where tennis and croquet can be played at the same time, space for a laundry, and a large chapel in addition to the hospital buildings, so the site must be extremely valuable. Supplementary to the hospital are two convalescent homes, one in Buckinghamshire and the other near Ramsgate, and here voluntary boarders can also be admitted without being certified as insane. The need of such institutions is great. Probably the public

scarcely realises the scarcity of institutions in which mental patients can be received before they are certifiably insane, when, of course, the disease has made considerable progress, and the chance of recovery is thereby lessened. Indeed, it was reported quite recently that a former patient at the City of London Asylum near Dartford, Kent, feeling an attack coming on, went down to the Asylum, seeking admission. He arrived there evidently confused, but could not be certified as insane, and therefore to his own, and his wife's great disappointment, had to be refused admission.

The hospital boasts of a Beaulieu Room, calculated to arouse feelings of envy in those less fortunate, with a lovely white marble mantelpiece, and steel grate, handsome table, a set of fine Chippendale chairs, which are carefully covered up when not in use, and excellent portraits of bygone benefactors. The only means of lighting it are by lamps or candles, for neither gas nor electricity is installed.

In regard to the present humane system of treating the insane, that, one learnt, is only a reversion to the method practised in ancient Greece. The dark and barbarous period really has its place in history between the ancient and the modern humane systems of treatment.

As regards the nursing staff, the women's hospital has now working under Miss Head a day staff of 27, including three Sisters with general training, eight Staff Nurses, all of whom hold the certificate of the Medico-Psychological Association, and the remainder probationers in various stages of training. The Night Staff consists of a Sister, Staff Nurse, and probationer; the acute cases are collected on one floor, and the others are kept under observation every hour during the night. Probationers are received after three months' trial on a three years' agreement, and on the satisfactory completion of their training are awarded a certificate. They are received at the age of 21, and Miss Head is therefore in favour of their taking this training before entering a general hospital, but she also regards as ideal the establishment of a system of reciprocity between general hospitals and hospitals for the insane.

The patients appear as happy and comfortable as it is possible for persons so afflicted to be. Some are confined to bed, but the majority are up, playing games, painting, doing needlework, or otherwise occupying themselves. Dancing is a favourite pastime, and each week dances or entertainments are given for their amusement. The Medical Superintendent is Dr. William Rawes, F.R.C.S.

Reflections.

FROM A BOARD ROOM MEMBER.

The Majesty the King has graciously consented to be the patron of the new Bristol Hospital for Sick Children, valued at £200,000, which will be situated at Park Road, Bristol. On May 16th her Royal Highness the Duchess of Argyll will open a branch of the Victoria Hall, Ealing, in aid of the new hospital.

The King has been graciously pleased to condescend to be the patron of the Sussex County Hospital, Brighton, which shall henceforth be known as the Royal Sussex County Hospital.

The King and Queen have consented to become Patrons of the Bristol Royal Hospital for Sick Children and Women.

The Queen has become Patroness of the Royal Aberdeen Hospital for Sick Children. It is hoped to erect a new hospital worthy of the City of Aberdeen, as a memorial to King Edward VII., and a gratifying response has been made to the appeal for funds.

The Professor to be appointed at London University in connection with the Garton Professorship of Eugenics, is to be charged with the duty of pursuing the knowledge and furthering the study of natural causes, and of the agencies under social control that may improve or impair the racial qualities of future generations, physically and mentally.

With his assistants he is to collect materials bearing on eugenics; discuss such materials and draw conclusions; from a central office provide information, under appropriate restriction, to private individuals and to public authorities concerning the laws of inheritance in man, and to urge the conclusions as to social conduct which follow from such laws; and extend the knowledge of eugenics by other ways.

The Visiting Committee of the City of London Hospital for Mental Diseases reports that at the close of the twelve months there were 305 private patients in residence, that the nurses' home cost £6,245, and that money had been paid entirely out of the profits from private patients, which had also provided the pension of the late Superintendent.

The 61st Annual General Meeting of the London Homoeopathic Hospital will take place in the Board Room of the Hospital on Friday, March 17th, at 3.30 p.m., John Pakeman, Surgeon, Esq., J.P., Chairman of the Board of Management, presiding. The new Sir Henry Tyler Ward extension will be open for inspection by the Governors, donors, and subscribers from 3.30 to 5.30 p.m.

Mr. Mervyn King has been unanimously elected Vice-President of the General Hospital, Bristol.

It is proposed to rebuild the Princess Alice Memorial Hospital, Eastleigh, on a new site in commemoration of the late King.

The South-Western Polytechnic Institute.

An extract from the proceedings of the Society, and the constitution of the prizes, and a notice as to the formation of the Institute Committee and Day College at the South-Western Polytechnic Institute, Chelsea, by Sir Alfred Keble, K.C.B., LL.D., Rector of the Imperial College of Science and Technology, on March 10th, when the chair was occupied by Mr. W. Mayo Fisher, M.P.

After the presentation ceremony, Sir Alfred Keble addressed the meeting, commencing the prize-winners must be petty, while commending those students who had not won prizes not to be discouraged, for many qualities other than the making of ultimate success. The successful students had, he said, shown a splendid capacity for taking prizes; they might have been pattons, but they had shown themselves eagerly thirsting for knowledge, and possessed by a determination to succeed.

Continuing, the speaker said we must recognise that at the present moment education was in the crucible. A Royal Commission was now sitting to inquire into the University education of London. That was a current event which very directly concerned his hearers, many of whom were concerned with pure science and its application.

Technological education was also in the melting pot; there were those who affected to look down upon it, and thought that directly science concerned itself with technology it soured itself. He and his colleagues of the Imperial College had very definite views on the subject. They held that a Technological Faculty should be established, consisting of teachers in the various departments concerned, and that they should do all they could to dignify technology, as worthy of a University degree.

Other speakers were Mr. S. L. G. Hoare, M.P., and Mr. W. Whitaker Thompson.

THE LEMCO AND OXO CATTLE RANCHES IN RHODESIA.

The Lemco and Oxo Company have now selected the whole of their 1,200,000 acres of land in Rhodesia, necessitated by the constantly increasing demands for the Lemco and Oxo products.

Situated three thousand feet above sea level, in a delightful climate abounding with luxuriant pasture, the Lemco and Oxo ranches in Rhodesia will enable the Company to continue their policy of open-air breeding. Experience has proved that this ensures practical immunity from tuberculosis, which is impossible where cattle have to be housed in sheds as in this country. Most of the ranches are on flat land, bordered by the picturesque Rhodesian hills, which form an efficient shelter for the cattle, and act as cloud emitters, affording a rainfall above the usual average of the country.

It is the proud boast of the Lemco and Oxo Company that it is entirely independent of outside sources of supply for raw material. All beef and comes from the Company's own cattle, controlled by expert veterinaries immediately before slaughter and immediately after. It is thus a practical impossibility for anything but healthy beef to be used in the Lemco and Oxo products.

Our Foreign Letter.

SOME INTERESTING CASES OF SMALL-POX IN THE EAST.

(Concluded from page 195.)



But I have another case of small-pox to tell you of, with a less favourable ending to it. This patient was a German woman whose husband kept a restaurant in the German colony. She had been a patient in our hospital several times on previous occasions, chiefly when suffering from malaria or rheumatism. She was a very charming person, and we were all very fond of her. I have never met anyone with such clever fingers. She could do the finest embroidery with the most beautiful coloured silks, mend the patient's uniforms, or the nurses' stockings, and could even make her husband's boots. Directly she got well on each of those occasions the request always came, "Now, Sister, give me something to do, for anybody, only give me some work." She was a delightful patient, and we were always sorry to say goodbye to her though we knew we should often see her galloping about on her horse, at such a rate, as if her life depended on it. Riding was her favourite amusement when the house-work was done, such a horse! always clean and pretty.

Imagine my distress when one evening a patient was carried into the ward during a torrent of rain and I was told it was Frau Schmidt, who was very seriously ill, so ill that her doctor had said, "You must go to the English Hospital to-night, in spite of the rain; get there as fast as you can." Her husband and a friend came with her, and she was so covered with clothes that at first she looked like a polar bear, as on the top of numberless garments her husband had put a sheep-skin. I lost no time in undressing her and putting her to bed, and fortunately, as will be seen later, in a ward by herself. Her teeth were chattering, and she complained of feeling cold and shivery, and implored me not to leave her, saying how glad she was to be with us again, but that she felt so ill and thought she was going to die. I had no intention of leaving her, for I felt sure she was indeed very ill. One of the foreign doctors came up to tell me about the case, and said: "This may be influenza with a rash; there are some reported cases of this sort in the German colony, like those two years ago. I have just heard a report of a different case also, and only hope this is not S.P. (small-pox); it is just possible it may be the climacteria." I took the temperature, and on looking at the thermometer saw that it was covered with blood. The temperature was 100 degs. Fahr. Blood was freely oozing from the back of the throat and nose, there was also very severe uterine hæmorrhage, and on a very gentle but thorough examination large bruise-like patches

were discovered in the groins, flexures of joints, buttocks, etc. It was then seen how very grave was the nature of the disease; it was unmistakably a case of purpura variolosa (malignant small-pox), and as is well known, these cases are nearly always fatal. Night came and the doctors came and went, doing all they could, and I ought to have gone off sitting beside this poor woman with her hand on mine. I had promised her I would not leave her. There was nothing else to be done, for there was no one to take my place. "And if I know you are there, and won't leave me, I might drop off to sleep, and then how nice it would be," said the poor woman in her pretty foreign way. She dozed a little and then talked again very slowly. "Strange, isn't it, Sister?" she said, "since I gave refreshment to the baker boy, who came thirsty to my door, I have felt ill like this? Someone said he'd had some illness, too, it may be."

And then she dozed again. The mind when awake was quite clear, as is nearly always the case even to the end. The hæmorrhage became more profuse, the dark violet patches deeper and larger, Ergot and hazeline were tried, but with very little benefit in the way of checking the hæmorrhage, which was often so great I feared the patient would sink from exhaustion. It was very difficult to give nourishment, which was limited to little sips of champagne, dissolved Brand's essence, a little milk and soda-water, and small pieces of ice. Morning dawned, and with it came the doctors. There was nothing to be done. "Just go on the same," they said. They did not know I had been on duty all the previous day and all night, and it was impossible to spare two nurses for this contagious case, so I prayed for strength to be able to "just go on the same," knowing it could not be for very long. And that day passed with very little change in the patient, only that she was getting weaker. The German Pastor came to the ward door in the afternoon and just said a few words of comfort to the poor woman. I looked at him in, I suppose, an astonished sort of way, and he said: "Yes, I must not go near the bed; I have my family and all my flock to think of. Do you not know what it is, Sister? One of the worst cases of black small-pox. God protect you!" And then he went on his way. Night came again and Frau Schmidt grew restless, but was very quiet, only saying every now and then: "You won't let me die, Sister? I couldn't leave my Paul; he has no one but me." "I shall do all I can, dear," I replied; and as she looked frightened added, "God is greater than our fears."

Her husband came about 9 o'clock, and I made him up a sort of sofa in one of the corridor recesses, where he could rest all night and come to the ward when his wife wanted him. There wasn't much to do; only to keep awake now was the difficulty, so I made very strong coffee, which I had on a table just outside the ward where poor Frau Schmidt lay, and early in the morning I found someone had put tea ready for me, just when I seemed to need it most, for I was very sleepy. Herr Schmidt came to the ward and said: "Oh, I am sure my dear one looks a little better to-day," and hearing his

voice the patient opened his eyes and answered: "Yes, my dear one, I am better. Come and sit beside me, my Paul!" I gave him my seat and went to the window to watch the sunrise. What a relief it was to feel the long night was over! But what would the morning bring to those two? I could hear them talking to each other in German of their great love for each other, and of the Fatherland they spoke. Did they know, I wondered, how near to them was the Valley of the Shadow, which must so soon be crossed by one of them? I could not tell, for neither spoke of death. For a time the voices ceased, and I thought the patient was sleeping, when suddenly she called me. "Sister," she said, "what is it? There is something. Oh, is it—is it—death? Don't let me die! Oh, the sunshine, the beautiful sunshine. I will ride to-day. Paul, mein geliebter Paul, kiss me." No great change had come over her, only she was restless and very distressed, and suddenly raising herself from the pillows she sat up and put her arms round me and kissed me on both cheeks. "Sister, dear Sister," she said; "so kind you've been. Auf-aufwiedersehn. . . ." And with her arms still round me, her face close to mine, she died, her head resting on my shoulder.

Oh, the pity of it! And there was still that last office to be performed, and this, too, must be done alone, lest the contagion should spread. Strong antiseptics were used, and when all was finished the door was locked and strict injunctions given that no one was to pass the carbolic sheet which separated this ward from the rest, nor go on the balconies on that side of the Hospital.

It was 7 o'clock, the doctor came. "Take a carbolic bath and go to bed at once," he said. "I'll send you some breakfast, and don't get up till you have my permission to do so." I was too sleepy to answer; as to a bath, I should have slept in it. I could not even undress, but threw myself on the bed, and in less than five minutes was fast asleep and dreaming. Oh, how good it was to be sleeping, and I was to sleep on and on until I was called, and that might not be till to-morrow morning! Had I not earned this rest? But, alas! no such blissful slumber was in store for me, for before very long I was suddenly awakened by the sound of voices in the corridor near my room. Someone was saying, "I will not wake the Sitt, she has been on duty two whole days and nights without sleep," and a man's voice answered, "Then I will do nothing, I will go back to the colony if she herself will not give me the measurements." Was I dreaming? I jumped up quickly, looked at the clock: it was only 10 o'clock. I had slept two hours. Still I heard voices outside, so I unlocked my door and there stood Nurse Färede. "Oh, Sister," she exclaimed, "I am so sorry to disturb you, but it is the German undertaker, and he will not go in to the ward, and I have been forbidden to, so we had to come to you." I am afraid I looked at the man with something like scorn. "No, I will not go in that ward," he said. "I have a wife and six children, and this patient died from the very worst form of black small-pox. The German doctor told me so, you take the measurements, I will then make the coffin, but that is all."

One could not blame him. So this also had to be done. I gave him the necessary information, and went back to bed. At 3 o'clock I was again disturbed by a tap at my door, and on opening it saw the nurse, who came in apologetically for rousing me. "But you see, Sister," she said, "it is here, and the man has gone." I wondered what would happen next! "It" the coffin, was just outside my door, with not even a sheet over it! I hurriedly snatched a blanket from my bed, with which I covered it, and hastily and I carried it as far as the ward out of everybody's sight. The doctors, nearly worked to death, so much illness was there at the time, were all at their clinics or visiting patients in the town or in distant villages that afternoon, so I should have to wait, but it was not long before Dr. F., who had attended this case, returned and came to help me. We needed all our courage, and when the sad work was finished felt sick and weary. It was useless to go to bed again, as the funeral was at 5 o'clock, and poor Herr Schmidt, half dazed with grief, had begged us all to attend, so I took a very hot bath, changed all my clothes, and aired myself on the balconies for an hour, in order to be ready to start with the rest. How good the air seemed, coming straight from the sea, how soothing the soft murmur of the waves! Everyone who could be spared from the Hospital went to the service held over Frau Schmidt's last resting place, near the cypress trees, in the little cemetery in the German colony. It was of a very simple character: just a few words of comfort at the grave, spoken by the German Pastor, and a hymn sung by the German Sisters, our Lord's Prayer in German, in which all joined, and then the Benediction, and we returned to the Hospital. It seems extraordinary when one thinks of it all, at this distance of time, nine years ago, how wonderfully we all escaped the contagion of this most contagious disease, for nothing happened; the ward and corridor were fumigated and whitewashed, and there were no subsequent cases. We realised the truth of that beautiful promise: "He shall give His angels charge over thee."

SISTER MARIE.

THE COMMUNITY'S DUTY TO ITS CHILDREN.

Speaking last week at a meeting of the Church Socialist League, at Stion College, on "The Community's Duty to its Children," Sir John Gorst said that the first reason for attending to the children of the poor was mere self-preservation. It was among these children that arose those epidemics and diseases which cost the lives not only of the poor but of the rich as well. The community had taken upon itself to deal with some diseases the ravages of which had been lessened, but one disease was at present omitted from the list of notifiable diseases—measles—the most fatal of all children's diseases to the children of the poor. It should be realised that in Germany they had absolutely exterminated small-pox because they paid so much attention to measles. German doctors had to come to England to see small-pox. Tuberculosis had its origin among the children of the poor, and the rich had never had it reduced to what it was not generated among the poor.

Outside the Gates.



WOMEN.

The decision of the Queen that her train, at the ceremony of the Coronation, shall be carried by members of her own sex has given unqualified pleasure. Her Majesty has nominated the following ladies

to be her train-bearers:—Lady Mary Dawson (daughter of the Countess Dartrey), Lady Mabel Ogilvy (daughter of the Countess of Airlie), Lady Victoria Carrington (daughter of Countess Carrington), Lady Eileen Butler (daughter of the Countess of Lanesborough), Lady Eileen Knox (daughter of the Countess of Ranfurly), and Lady Dorothy Browne (daughter of the Countess of Kennmare).

At a Conference convened by "The Friends' Social Purity and Abolitionist Association," and held at the Friends' Meeting House, St. Martin's Lane, W.C., on March 10th, Mrs. Bramwell Booth gave an earnest address in the morning on Rescue Work.

At the afternoon session Mr. Maurice Gregory, Secretary of the Association, gave an account of his recent visit to Gibraltar, which revealed the depths of degradation to which women there are exposed.

"I felt I was both in heaven and hell," was his succinct way of expressing the combination of good and evil which exists there. To give a clear idea of these opposing forces it would be as well, perhaps, in a limited space, to catalogue them as described by the speaker.

Evil.—Gibraltar is, he said, under martial rule, practically no civil Government, therefore no political enfranchisement—no vote—Great Britain, of course, responsible.

Vice is State regulated, but the preots are out of sight.

One street is entirely given up to vice.

There are between 4,000 and 5,000 soldiers and 10,000 sailors stationed at Gibraltar, and—one shudders to write it, because of its awful significance—150 licensed women! Even allowing for those men who live straight lives—and one authority has put them at 50 per cent.—the significance remains awful. Mr. Maurice Gregory alleges that there is no place of greater temptation for young men, and strongly deprecates the long period of five years' service, which he likens to five years' penal servitude. He considers the dullness of the life a great incentive to vice. There are twenty-three thousand civilians in Gibraltar, and they say this sinful traffic cannot be abolished.

Good. There is a great deal of private philanthropic endeavour at work in the port. Two Scotch ladies at spending their lives in doing splendid work among the men there—probably much in the same way as Miss Agnes Weston is working for the sailors at home. There is also a certain captain who, by his example and work, is an infinity of good.

No girl under 18 is allowed in a house of ill fame, and English girls are not allowed to be imported for immoral purposes. These regulations can only be called negatively good.

The hope of the future seems to be principally in-arousing the consciences of the civil population to a proper sense of corporate responsibility. So long as they affirm—with folded hands—that the evil is incurable, the evil is likely to remain without a cure.

Nevertheless, the very fact that these things are known, and spoken about by earnest-minded people, is an initial step in the path of reform. It is essentially work in which women should participate.

B. K.

Book of the Week.

DEFENDER OF THE FAITH.*

Miss Marjorie Bowen has given us another of her fascinating historical novels, and even those of our readers who would vote history dull reading will gladly swallow a pill that is concealed in such delightful jam.

Like its predecessor, it follows the fortunes of William of Orange and the De Witts. Its opening chapters touch on the brilliant Court of Charles II., and describe the negotiations, conducted by Bab Mompesson, with the Stadtholder for the hand of Mary Stuart.

"Mr. Mompesson," said the King, serenely, "to you believe in God?"

The young man answered evenly: "Most assuredly, sir."

"Any particular form or manner of God?" he asked, holding his olive-hued hands to the fire blaze.

"I am of the Church of England, sir, and zealous for the Reformed Faith."

The King's gaze searched him intently.

"My Lord Arlington went to offer my niece's hand to my nephew and it was refused." He paused a moment and then added, in an authoritative tone: "This is the mission I will send you on—and this time the hand of Mary Stuart must not be refused."

Mr. Mompesson, striving to repress a flutter of excitement, tried to leave the palace as carelessly as he had entered it. A girl in a mutch and cloak of grey satin was waiting by the rewel post.

"Mr. Baptist Mompesson," she said, sternly; "I wish to speak to you."

"Madame," he began, with a stammer. But she gave him no time for more.

"O Lud!" she cried, angrily: "there is a silly mappet."

A childish laugh from behind the stair-rail showed Bab that his enemies were two. . . . The girl in the grey hood gave him an impatient shake.

"Come with me," she commanded. "I am Mary Stuart."

The Princess darted an impatient glance over Bab's tall person and good-tempered face.

* By Marjorie Bowen. (Methuen and Co., London.)

"You are a proper envoy," she said, scornfully, "to carry the hail of a Princess to be lunkstered about."

"Do you hear me, sir? I will never marry in Holland. It is the dirtiest place in the world. I cannot leave England, can I, Anne?"

The short-sighted eyes turned an appealing glance to the Duchess.

"Why, if you must," the lady made reply, "you can give some trouble first."

Of course, the marriage was accomplished, and with no pretension of affection on either side. Puritanical, cold, grave, and absorbed in the affairs of his country, William of Orange was a strange mate for the childish Princess, educated and brought up in one of the most frivolous Courts ever known. The description of her stolen visit to the fair is charmingly told.

"I have been so cooped up I have been like to die of spleen," said the Princess, "and I should dearly love to see a fair on the ice, and Anne, what shall I wear?"

She was very splendidly dressed, her clothes were the one pleasure left her, and she took a great joy in them.

Not until the purple of the evening was staining the clear sky did they turn home. They returned to the drawing room and laughed at each other.

"Oh, la, what a hoyden you are," cried Mary, "I should be dead of daintiness without you, Anne. Look what I have brought home."

She opened her pink silk skirts, and showed them full of silly trifles, bags of nuts, little wooden dolls, and horns of sweets.

But the frivolity of her nature was on the surface only.

William of Orange, defeated, humiliated, misunderstood, even by his friends, finds at last fresh inspiration from Mary.

"I do believe she said you will accomplish your task. If God hath appointed you his captain how could you be discomfited?"

"Why, what is this?" said William Bentinck lightly. "What are you going to do, Prince, now peace is signed?"

"Plan another war," said the Stadtholder, still looking at his wife.

H. H.

COMING EVENTS.

March 16th.—Nurses' Union Meeting, 5, Cambridge Gate, Regent's Park. Tea, 3 p.m. Address by the Rev. Cecil Bardsley, 3.15 p.m. All nurses invited.

March 17th.—Annual Meeting, Irish Nurses' Association, 31, St. Stephen's Green, Dublin.

March 17th.—London Hæmopathic Hospital, Great Ormond Street, W.C. 61st Annual Meeting, 3.30 p.m.

March 17th.—Annual Meeting of Women's Local Government Society, Lady Strachey presiding, Council Chamber, Caxton Hall, Westminster, 5 p.m.

March 23rd.—Monthly Meeting, Central Midwives' Board, Caxton House, S.W., 2.45 p.m.

March 23rd.—Women's Social and Political Union. Meeting at the Royal Albert Hall. 8 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.

OUR WEEKLY PRIZE COMPETITION

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—It was a pleasant surprise to learn that the prize for the Competition on the alleviation of discomfort in a patient to whom fluids have been forbidden after an abdominal operation, had been awarded to me. Thank you for the cheque received yesterday.

Yours faithfully,

ALICE SIMPKIN.

Hops Ward, St. Bartholomew's Hospital, E.C.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Many thanks for cheque (5s.) received to-day. I am very glad to have won this week's competition.

I am, yours faithfully,

MARGARET K. STEELE.

St. Bartholomew's Hospital, Rochester.

THE NURSING PAGEANT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I have heard many eloquent speeches, I have read the literature, I have attended two International Congresses, all setting forth, and demonstrating the same great purpose, comprehended in the potent term—*Stab Registration for Nurses*—but the classical beauty of the Pageant, with its inspiring idealism and symbolism, has made the truest appeal to my imagination.

It was beautiful throughout, and surely must have stirred the minds of all the spectators. We must not forget, however, that hard work and genius were the essential ingredients of it, and for this we are deeply indebted to you and Miss Mollett. I should like, therefore, through the medium of our Journal, to offer the tribute of my individual thanks for so fine a thing, and the pleasure of it. I cannot but think that a second presentation of the Pageant would still further advance our cause, and would be still better understood and appreciated.

One good result upon me has been that I have been impelled to buy Miss Dock's and Miss Nutting's admirable book, "A History of Nursing."

Yours very sincerely,

BETRIE KENT.

THE TRAINING OF NURSES IN INDIA.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Will you kindly allow me to correct a few of the errors in the Foreign Letter by "Anonymous" in your December 21st issue, which

has just reached me in my Government hospital? "Anonymous" allows that her knowledge of Indian hospitals is very small, apparently limited to the nursing of an occasional patient within their walls, almost certainly in a private room. It would, therefore, it seems to readers, have been wiser to confine her remarks to a subject with which she is conversant.

First of all, by no means are "the hospitals practically all built, and more or less provided for, by Government"; a great number are, but also a large number are built by Hindu, Parsee, or other private donors, and the Government entirely, or in part, supports them. I could give numerous instances for nearly all the large, and some small, hospitals in Bombay are thus built the Sir Jamsetjee Jeejeebhoy, the Dinshaw Petit, the Bai Moribhai, the Cama, the Allmess, the Adam-Wylie—I could fill a sheet without stopping to think. Then again there are very many mission hospitals absolutely independent of Government aid, and some to whom Government has given the site.

I wonder in what British hospitals "the new probationers try their hand on convalescent patients"?

"After six months she is generally considered fit to take her place at intervals on the private staff." It is very hard, Madam, for us who are bearing the heat and burden of the day in the organization of nursing in India on lines as advanced and as sound as is consistent with the requirements of the country and the material we have to work on, and fighting the constant battle of improvement and progress in the face of appalling ignorance and blank walls of caste, prejudice, and utter lack of understanding of the beauty and nobility of service, to have such a statement printed in a Journal such as ours, circulating to all parts of the globe, and giving to our fellow workers such an erroneous idea of training in India, and of our efforts which are, as a rule, ably supported by Government.

Nearly all Training Schools in India insist on three years, mostly demanding another six months for midwifery, although until lately many included that branch in the three years, to meet the awful neglect and most insistent demand of the country. If we trained nothing but midwives we should be rendering an untold benefit to the country, and to the millions of poor, shockingly ill-used women at their confinements. I do know of a hospital such as "Anonymous" mentions—in the hills, and only open six months of every twelve, where the nurses stay for a so-called term of three years—really three seasons of six months each—and where they are at liberty to do what they please each intervening six months, no provision whatever being made for them, and naturally they take private cases at full fees. Who can prevent them? But this is in no sense of the word a training school; the beds are 30 to 40, there is no curriculum, no lectures, no recognised certificate. The Trained Nurses' Association, of course, does not admit them to membership. This hospital, with probably some others in the hills, is an exception, rendered necessary by the exigencies of the country, and the trouble of its pupil nurses would be overcome by employing only certificated

nurses, a boon to the patients, for here the new pros. must certainly *do* try their hands on the patients, desperately ill often with enteric or other serious malady; but then, pros. are so much cheaper!

Moreover, the Indian Government is already doing what all the exertions of the highly-trained nurses of Great Britain cannot make—their Government (one large Presidency already has, and others are preparing to follow suit), with uniform curriculum, length of training, standard of education, examinations, and the one and only certificate for the whole Presidency—larger than England and Wales. This certificate carries with it State Registration. Moreover, until the rest of this great Continent follows suit no trained nurse (trained in India) will be admitted to a post in the hospitals, etc., of that Presidency, unless, giving proof of sufficient education, length of training and experience, she sits for, and passes, the final examination of the Board, for the simple reason that training in India is not what it ought to be; it is in its infancy, and the want of moral backbone in the inhabitants bar progress far more than ignorance, lack of education, caste, or all put together, and the pioneer Presidency is unable to recognise the certificates of individual hospitals, the holders having time and again given proof of inadequate training. When the provinces which maintain large hospitals and training schools also demand a sufficient minimum universal standard, their certificates will, of course, be accepted if that standard is sufficiently high.

Is not this a somewhat different picture? I trust, that, in justice to our Indian hospitals, where so many British and American Lady Superintendents—there are 74 on the roll of the Association of Nursing Superintendents of India—are working as they never worked in their greenest "Pro." days, or anywhere else, to give the people of India the help and succour so much appreciated by our own English men and women in their hour of sickness, and where Government so whole-heartedly furthers their endeavours, you will find space for this correction.

Yours sincerely,

MATRON.

Comments and Replies.

The Enquirer.—Will "An Enquirer" send the Editor her name and address, not for publication, but in conformity with our invariable rule.

Notices.

OUR PRIZE COMPETITIONS FOR MARCH

A Prize of 5s. will be awarded to the writer of the best answer to the questions:—

March 18/11.—What is dust? How should it be removed?

March 25/11.—What is the function of the placenta?

The replies must range from 300 to 500 words.

Rules for competing for our Prize Competition will be found on page xii.

The Midwife.

The Treatment of Infantile Malnutrition.

Dr. Vincent prefaced his fourth lecture of this session at the Infants' Hospital, Vincent Square, S.W., on "The Treatment of Infantile Malnutrition," with some remarks on bread. He said that pure white flour made into bread, together with butter, contained only everything desirable for food. Referring to the question of the nutriment in the germ of wheat apart from the berry, he said that the purpose of the material around the berry is to protect what is inside. There is very little nourishment in it at all, and what there is is extremely indigestible, and very bad for young children. The whiteness of the best flour is obtained by sifting it, and cleansing it from dirty matter.

Passing on to the subject of Infantile Malnutrition, Dr. Vincent said that the length of an infant at birth was of great significance, anything below 21 inches showing defect.

He showed an infant, now convalescent, admitted for malnutrition, which was the result of a complete breakdown of the digestion. Its weight had been falling heavily, the motions whitened and offensive, in the absence of digestive secretion, and that putrefactive organisms were at work in the lower part of the intestine. The infant was so restless that bromide had to be administered. Such cases outside the hospital were frequently diagnosed as tuberculosis or as meningitis.

The next infant shown was a case of ileocolitis on admittance. Age 9 months. Weight 11 lbs. 8 oz. Swollen, pot bellied, sweating, beaded ribs. The colon was regularly irrigated, and for more than a month the child was fed on the following prescription: Fat 0.50, dextrose 6.00, whey proteins 0.50, caseinogen 0.50. The weight chart showed a V curve, indicating a great drop owing to its reformed diet, and then gradually ascending as its tissues were rationally built up.

Dr. Vincent said that when an infant had once lost the power of fat digestion, it was very difficult to get it back. Atrophic enteritis from too much fat was much more difficult to cure than protein indigestion. An infant had been known to die from fat intoxication in twenty-four hours. He instanced the case of an infant to which he was called in consultation, diagnosed as tubercular meningitis, which had

been fed on cream containing 16 per cent. of fat. It was suffering from severe intestinal toxæmia, quite unconscious, with its eyes turned up. The child was treated with a large dose of castor oil, and a diet of sugar and water.

He next showed a case of extreme atrophy. The history showed the child had been fed on patent food; it was sleeping badly, was very nervous, and screamed a great deal. After admission this infant gained an extraordinary amount of 1 lb. in the first week. Its tissues simply acted as a sponge. It was now gaining weight slowly.

The last case shown was a baby which was one of twins. Though it was under 21 inches at birth this was not of such significance as if it had been a single child. The lecturer concluded his remarks by adding that owing to the careful instruction of the mothers, and continued supervision in the out-patient department, infants after their discharge from the hospital continue to do very well indeed. The invariable rule as to food was *raw milk*, with the addition of a prescribed amount of water.

Radiography of the Fetus in Utero

The *British Medical Journal* observes that the radiography of the fetus in *utero* has been attempted ever since Roentgen's discovery, but until quite recently it was only the eye of faith which could discern in a radiograph more than an image of the fragment of the fetal skeleton in the living mother. Fabre, Burjon, and Trillat, of Lyons, now come forward to say that many of the difficulties have been surmounted, and that fetal radiography is ready to enter the domain of practice. Radiographs have been obtained at the Hôpital de la Charité in which the fetal skeleton has been reproduced with great clearness in the larger number of its details. The fetal head is obvious; it is even possible in some cases to discern the orbits and the inferior maxillæ. The cervical, dorsal, and lumbar vertebrae, with the ribs, are easily to be made out; the iliac bones are visible, and the lower extremities are rendered with special distinctness. Altogether, the image of the whole fetus is obtained, clearly detached from the image of the maternal pelvis, and in such a manner that the presentation and position may be readily determined.

The Association for Promoting the Training and Supply of Midwives.

The seventh annual meeting of the Association for Promoting the Training and Supply of Midwives was held on Friday, March 10th, at 24, Park Lane, W., when H.R.H. Princess Christian of Schleswig-Holstein presided. The meeting was conducted by Mr. H. Cosmo Bonsor, President of Guy's Hospital. The re-election of Princess Christian as President of the Council, of His Grace the Archbishop of Canterbury as President of the Association, of Vice-Presidents and other officers, was moved by Mr. Cosmo Bonsor and seconded by Mr. Bryden Glendinning. The re-election of the Executive, Finance, and Advisory Committees was moved by Lord Brassey and seconded by the Duchess of Montrose. The latter stated that only a few days ago, in connection with a home in Glasgow for training midwives, of which she was President, a request had been received from one of the distant islands of the Hebrides for a midwife. There was no nurse in the island. It seemed best to train the local women, as Gaelic was spoken on the island and English was regarded as a foreign language. Both these notions were carried unanimously.

Mrs. Wallace Bruce, Chairman of the Executive Committee, moved the adoption of the Annual Report, which was in the hands of the meeting. She said that all through the country there was a vast growth in the organisation of midwifery nursing, which could never be cheap because it was good. Midwives still practised independently, but the development of organised midwifery was very striking. The attendance of a trained and certified midwife meant a healthy start in life for the baby, and, owing to the lessons inculcated, increased sanitation in the homes visited.

Mrs. Wallace Bruce referred to the amending Bill brought into the House of Lords by the late Viscount Wolverhampton when Lord President of the Council, and a further one by Lord Beauchamp. While the first amending Bill was before the House of Lords the Executive Committee sent a memorial to the Privy Council with regard to certain technical clauses. She also mentioned that the Association had memorialised the Privy Council on the subject of the necessity for the payment of doctors called in in cases of emergency to the assistance of midwives.

Unquestionably the labourer is worthy of his hire, but there appears to be no danger whatever of this fact being overlooked in the case of medical practitioners and the Midwives' Act. It is strange, however, that an Association dealing with midwives, when pressing the claim of medical practitioners to adequate remuneration for services rendered, should apparently have entirely overlooked the fact that certified midwives summoned in an emergency to a lying-in case have equally a right to a guaranteed fee.

The adoption of the balance-sheet for 1910 was moved by Mr. Arthur L. Leon, J.P., I.C.C., the Hon. Treasurer, who remarked that out of 100

candidates who presented themselves to the Association only some 20 proved suitable for training. He expressed the opinion that until adequate remuneration of midwives, when trained, was more certain they would never get the right kind of candidates. They would not come forward until there was a prospect of a living wage. He predicted that if associations were not able to offer proper remuneration, or something were not done to raise the payment of midwives, the sanitary authorities would have to step in. Trained women were necessary, and to get them proper pay was a necessity.

Sir Francis Champneys, who seconded the adoption of the annual report and balance-sheet, said that when he received it the previous evening, and found the strictures it contained on the action of the Central Midwives' Board in admitting a certain number of women to the Roll in 1910 without examination, he doubted whether he ought to second its adoption, naturally he was not going to move a vote of censure on his Board. He then explained that a certain number of women who, but for their failure to apply during the period of grace, would have been enrolled before April, 1905, had, after most careful investigation, with the consent of the Privy Council, and the approval of their Local Supervising Authorities, been so enrolled. Many were cases of undoubted hardship. Women, for instance, had forwarded applications to their Local Supervising Authorities, and they had been forgotten, or the medical man through whom they were forwarding them had died. With the reservation of his dissent from the clauses to which he alluded he seconded the adoption of the annual report and balance-sheet.

The meeting seemed entirely to accept and approve Sir Francis Champneys' explanation, but curiously enough no one moved the deletion of the clauses to which he took exception, and the report was unanimously adopted as it stood.

Miss Lucy Robinson then presented the report of the East Ham Home, in connection with which 1,209 births have been attended during the year, and 20,339 visits paid, 5,000 of these by the staff, the rest by the pupils. The average number of deliveries attended by each pupil had been 40, just double the requirement of the Central Midwives' Board. In that poverty-stricken neighbourhood they had to learn to make nothing do the work of everything.

Miss Amy Hughes, General Superintendent of Q.V.J.L., then gave a most interesting address, emphasising the educational side of the work, and the fact that not only the very poor needed educating in matters of hygiene, but all the working classes. She described also the excellent standard of midwifery training adopted throughout Australia, and gave details of her visit to that country in connection with Lady Dudley's scheme.

The meeting concluded with a cordial vote of thanks to H.R.H. Princess Christian, to Lord and Lady Brassey, and to the speakers.

The Princess, in acknowledging the resolution, said that she took a warm and deep interest in this work more and more every year. She had a little native home of her own, which she was glad to say was very successful.

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XLVI.

Editorial.

HOSPITALS AND PRIVATE NURSING DEPARTMENTS.

Now that so many hospitals committees maintain private nursing staffs it is a question of considerable importance on what financial basis such staffs should be managed. Are the trained nurses who compose them a legitimate source of revenue to the hospital, or should these nurses benefit by their own work? We are strongly of opinion that the nurses connected with any private nursing institution should receive in salary, bonus or fees, whatever they may earn after the cost of management has been defrayed and it is ethically quite as unsound to utilise a proportion of the earnings of private nurses for the upkeep of a hospital as it would be to levy a tax on the incomes of registered medical practitioners who have been students in a hospital, for a similar purpose. It is true that students pay for their training, which nurses as a rule do not, but if the latter do not pay in cash they pay in kind, for if the members of the nursing staff did not perform a large amount of domestic work in the wards, hospital committees would have to spend large sums of money on service. Further it is worth while for medical students to pay for a well-organised education, leading to a registrable diploma, and a definite, dignified, and legally protected position in the body politic. On the other hand, the professional instruction given to probationers in training is undefined, and often inadequate, and, when trained, unlike doctors and midwives, they have no State Register, and no assured position.

It is, however, very usual for hospital committees to run a private nursing staff for gain, and the Board of the General

Hospital, Cheltenham, recently informed the subscribers in their annual report that there was a further considerable diminution in the amount received for the services of the private nurses. They attributed this to the number of nursing homes in the town which had seriously affected the demand for the hospital nurses, and rendered that branch of the institution unremunerative. They added, "The Board have, therefore, reluctantly determined that the private nursing department should be discontinued from July 1st next." The President, Colonel Croker-King, referring to, and supporting, this clause at the annual meeting, said that the Board found that when they had trained nurses they would not go on the private staff. They said that patients went into nursing homes to be operated on, and if they joined the private nursing staff they did not get experience in surgical nursing.

Dr. Wilson, who moved the deletion of the afore-mentioned paragraph, further moved that the Board be requested to enquire into the causes of the alleged failure of the private nursing, and report to a subsequent meeting of subscribers. He alleged that the first severe blow the private nursing staff received was in 1902, when "nine of the best nurses on the staff were dismissed, simply because the Board were not pleased with the terms of a remonstrance they made about something which had gone on at the hospital."

Dr. Wilson, who carried his point, said that it would be a great advantage to the hospital to continue the department if it only just paid its way, and we agree with him that it is not merely a financial question. The Committee would probably find their private nursing staff more popular if they guaranteed to pay the nurses their full fees after expenses have been defrayed.

Medical Matters.

THE IODINE METHOD OF STERILISING THE SKIN.

Mr. Philip Turner, F.R.C.S., Assistant Surgeon, and Mr. H. C. Catto, M.R.C.S., Assistant Bacteriologist to Guy's Hospital, have contributed an interesting article on the above subject to the *Lancet*, in which they say in part:—"The iodine method of preparing the skin before operation has now been widely adopted, and undoubtedly gives excellent results. Whether the skin is really sterilised by this means can only be determined by bacteriological examination. One of us (P. T.) has employed this method for over two years. At first tincture of iodine was used only as a final application immediately before the incision, the skin having been prepared and compressed in the orthodox manner on the previous day. For about the past 12 months, however, the preliminary compressing has been omitted, the solution of iodine being the only antiseptic used in the preparation of the patient's skin. In certain of the present series of cases the B.P. tincture (2½ per cent.) has been employed for this purpose, and in others the following solution: iodine, grms. 30; potass. iodid., grms. 40; aq. dest., 500 c.c. Before using this is diluted with an equal volume of methylated spirit, so that the strength of the solution is 3 per cent.

"There is some difference of opinion as to whether preliminary shaving of the skin is desirable. Personally, I think it is better to do so, at any rate in adults, when the incision is to be made in the groin, the abdomen, or where much hair is present." In thirty-two cases bacteriologically investigated, "the skin was shaved, and it is interesting to note that of the three cases that were not sterile one was very indifferently shaved, while in another a hair about half an inch long was attached to the minute piece of skin sent for bacteriological examination. It is here necessary to emphasise the fact, which has been insisted upon by other writers, that for the satisfactory action of the iodine it is essential that the skin shall be dry. Shaving should thus be carried out with a sharp razor without lathering the skin or, if soap and water are used, the skin must be subsequently dried with a pad or towel and then washed over with ether and again dried before the iodine solution is applied.

"In acute cases the whole process is carried out on the operating table after the patient has been anaesthetised. In ordinary cases, to avoid a mess in the theatre, the preparation

is carried out in the ward. The iodised area is then covered with a pad or towel. Before commencing the operation a second application of the iodine solution is made, the skin being now in a thoroughly dry condition."

SPOTTED FEVER.

The *Morning Post* correspondent at Athens reports that "spotted fever" has been prevalent in that city for the past two months. The disease attacks all classes indiscriminately, but communities such as schools, garrisons, etc., are especially subject to its ravages. In spite of all the efforts of the sanitary authorities the disease is increasing alarmingly. The provinces are pretty generally attacked and the islands are now losing their immunity. The schools have been closed for some weeks and still remain so, and each tram is disinfected. The very severe and rigorous cold which has been felt in Greece this winter has aided the propagation of the disease, and the general insanitariness of Greek towns and the uncleanly habits of the lower classes are all factors in its rapid progress.

EUGENICS AND ALCOHOL

Dr. C. W. Saleeby, in a letter explanatory of a lecture given by him, addressed to a contemporary, points out that "temperance societies often describe as a sin what in many cases is really a symptom of nervous degeneracy; and the law similarly treats it, i.e., the inebriety of the defective-minded, as a crime."

He adds, "I am now satisfied, especially in the light of the physiological advances of the last decade, that alcohol is a necessity for none, either in health or disease, and that the balance of its activity in the living organism is always mortal, occasional appearances notwithstanding. As regards the feeble-minded inebriate, my teaching, as for many years past, but with much more variety and certainty of warrant, is that these persons should be treated as all the feeble-minded should be, as patients, not criminals, and as demanding life-long care apart from the rest of the community, certainly without the use of alcohol in any form; this primarily in their own interest, secondly in our interest, and thirdly in that of the future, since the children of these persons are like unto them. Indeed, there is no better illustration of the thesis which I have for long been attempting to impress upon social reformers of all parties—that the association between parenthood and alcoholism is disastrous in all respects, and that the wise motto for all who wish England well is 'Protect parenthood from alcohol.'"

The Nursing of Respiratory Cases.*

By DR. H. RAINY, F.R.C.P., Edin.

(Concluded from page 205.)

PNEUMONIA

Many patients during the height of the disease run serious risk of asphyxiation owing to the large amount of lung tissue which is thrown out of use by consolidation, and in cases when the disease is passing from one part of the lung to another the patient may frequently have a race for life; his recovery or death depending on whether the recovering lung clears swiftly enough to meet the air requirements which the freshly affected lung is no longer able to supply. To tide over such conditions nothing is more valuable than the use of oxygen, for, although theoretical objections have been urged to its use, and it has been said that the blood can receive as much oxygen from the air as it possibly can in an atmosphere consisting of the pure gas, clinical experience fails to bear this out, and indeed accurate scientific observation will be found to support the clinical view, for, in addition to the amount of oxygen which the hæmoglobin of the blood can absorb, a certain amount is dissolved in the plasma. This amount is equivalent to about one half per cent. in an atmosphere of oxygen, and this may just turn the scale in the patient's favour, as the oxygen in the plasma is as available as that in the hæmoglobin for the needs of the tissues of the body.

The indications for giving oxygen are those of imperfect aeration of the blood, and the nurse should further watch the lobes of the ears, the lips, and the finger nails of the patient, turning on oxygen when any blueness appears in these. Oxygen is now supplied in cylinders under considerable compression, and it is important to remember that when a compressed gas expands its temperature is materially lowered; hence, before it is given to the patient it must be warmed, otherwise the lung may be chilled by the coldness of the gas, and since the gas is supplied very dry it must receive a certain amount of moisture to prevent undue abstraction of water vapour from the lungs. This can be done by passing the gas through a wash-bottle with warm water, but as the expanding gas rapidly cools the water in the bottle means must be taken, either by frequently changing the water or by immersing the bottle in a bucket of hot water.

to maintain the temperature of the oxygen. From the wash-bottle the oxygen is led by an indiarubber tube ending in a funnel which should be placed above the patient's mouth and nose in order that the oxygen may readily reach to the patient. Unless care is taken when the oxygen is first turned on, the sudden rush of gas may blow out the cork of the wash-bottle or blow on the indiarubber tube from the nozzle of the cylinder; in both cases, a somewhat alarming noise is produced, and the patient, in his weak state, may be unnecessarily agitated. It is wise, therefore, to adjust the whole apparatus in an adjoining room, and then to carry it in already at work to the room in which the patient is lying.

Another point of some importance in the treatment of pneumonia is the relief of pain in the chest. This may be accomplished either by ice or a poultice. If the application of cold is the means decided on it must be remembered that the application must be continuous, otherwise, when the ice is removed, an increase of congestion may occur. If a poultice is used it is very important that it should be made light and so applied as not to interfere with the patient's respiratory movements, as very serious harm can be done if the patient, who is already labouring for breath, has the work of the respiratory muscles increased by the weight of the poultice or the tightness of the bandage which holds it in place.

In cases where sleeplessness is prominent, the nurse should be careful to see that the patient's feet are kept thoroughly warm; often tepid sponging, followed by a change of night-dress and pillow, with the head kept raised and the room kept dark and quiet, will induce sleep without the necessity of employing hypnotics. It should be remembered that sleepless patients are very sensitive to slight noises, and that a whispered conversation in the room may do more to keep the patient awake than even loud speaking.

Patients suffering from pneumonia often complain of great thirst, and there seems to be no harm in gratifying their wishes in this respect, provided it is remembered that the liquid should only be given in small quantities at a time, and that, if given merely for the relief of thirst, the liquid should be water rather than milk. Milk is not so much a drink as a food, and in serious illness, where the stomach secretions are impaired, the patient may be quite unable to cope with the large amount of curd which is produced by copious draughts of milk. Various prepared foods are often recommended for patients suffering from acute disease. Some of these may be of value

* A lecture delivered to nurses at the Royal Infirmary, Edinburgh.

for their stimulating qualities, and others contain a certain amount of nourishment, though in the great majority of cases the amount of nourishment which they provide is quite disproportionate to the cost of the food.

PHTHISIS.

The third disease to which attention must be directed is phthisis, and here the treatment centres in the use of means which will increase the vitality of the patient, and so enable him to throw off the illness. These means consist in improving the environment and regulating the periods of rest and activity, and controlling the diet in every detail. As to environment, it is of the first importance to secure the maximum amount of sunlight and also of absolutely fresh air to a patient so clothed that he will not be chilled by it. It is necessary, therefore, that the patient should have his extremities maintained warm when he is lying out on the couch, and this can be done by supplying hot bottles for the feet and warm gloves for the hands. It is sometimes necessary, if the couch is a canvas one, to make sure that a sufficient amount of warm blankets are placed upon it before the patient lies down, otherwise the cold will penetrate through the couch itself and chill the patient from below. In such climates as ours it is desirable to have means of sheltering the patient from strong winds and rain, and outside shelters should either be capable of being turned on a pivot, so as to protect the occupant from the weather, or else several shelters should be provided with varying aspects.

Patients who are feverish should be kept absolutely at rest, and this is especially important if the temperature reaches 100.5 degrees, or the pulse is over 90 per minute. Even amongst patients whose temperature has returned to normal it is well that they should rest for some time both before and after the principal meals of the day.

With regard to diet, the chief points that require consideration may be summarised as follows:—

An allowance should be made in the case of a phthisical patient of at least 30 calories per diem per kilogram of patient's weight. This is approximately equivalent to 14 calories per lb., or 200 calories per stone, and this minimum allowance should be increased to as much again, if the digestion permits.

A diet which has an energy value of 3,000 calories should contain at least 120 grammes (1½ oz.) of proteid, and, in cases of phthisis, not more than 250 to 300 grammes (9 to 10½ oz.) of carbohydrates, the rest of the energy being supplied by fat. It should be recollected

that vegetable proteids are less fully utilised by the organism than animal ones.

It is convenient to have tables which give the food values of various articles of diet of the ordinary kind and weight, so that the day's diet may be readily worked up to an approximate value without elaborate calculation.

In planning such diets it must always be remembered that, whilst carbohydrates and fats are able to supply energy to the body, proteids alone contain the material which is essential for the reconstruction of the tissues themselves.

At the close of the lecture lantern views were shown of various sanatoria at home and abroad. These served to illustrate the actual conditions under which the treatment of bronchitis and phthisis are most favourably carried out.

The Isla Stewart Scholar.

Miss M. S. Rundle, the Isla Stewart scholar at Teachers' College, Columbia University, New York, writes:—"The time is going so quickly, and my home coming feels as if it were quite near, for I have booked my passage.

"I leave Quebec in the *Lake Champlain* on June 8th. I expect to be free to leave New York on the last day of May, so I shall have a short time to see a little bit of Canada. . . . I cannot realise that soon my American experiences will be a thing of the past. They have been happy ones indeed, and I hope I may be able to do something with them for my own country."

Scottish Matrons' Association.

The quarterly meeting of the Scottish Matrons' Association was held in the Board Room of the Royal Victoria Hospital for Consumption, Edinburgh, on Saturday, March 11th, when there was an attendance of twenty-nine members, Miss Gill, President, being in the chair. All the Honorary Officers were re-elected for another year, and Miss Guy (Matron of the Royal Victoria Hospital) was elected to fill the vacancy of a Vice-President created by the death of Miss Duff. Four new members were also elected, making the number enrolled during the past year eighteen, and the total number of members one hundred and five. After the meeting Miss Guy conducted the members over the Hospital and the Administrative Block. This proved very interesting and instructive, and was greatly enjoyed. The bright sunny wind-swept wards, and open shelters, occupied by patients, were especially interesting. Afterwards Miss Guy entertained the members to tea.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Sylvia Parker, the General Hospital, Nottingham, for her article printed below on the subject—

WHAT IS DUST? HOW SHOULD IT BE REMOVED.

"For dust thou art, into dust shalt thou return."

These words are familiar to us all. Let us see from a physiological point of view what is meant by the "dust" of the human body.

All organic substances are prone to decay. The human body is an organic structure. Daily and hourly the oxygen of the air enters into our bodies, burning up the various tissues.

And what is produced by this burning? A few gases and a little dust.

The time comes when the body is no longer able to repair its used-up tissues. Death ensues. A few months later and what is left? A few bones and a little dust.

As with the human body, so with all organic substances. Wherever there is movement, dust is produced.

Wherever heat is generated, dust results. The oxygen of the air burning up the carbon in our fireplaces, produces dust. Dust is, therefore, a waste substance, a product of chemical action.

Combined with the dust that we see lying in our houses and on our furniture is a certain amount of "duff," produced by the wear and tear of these same organic substances, but incomplete in its condition of decay.

Dust acts as a harbinger for innumerable germs. Therefore, from a hygienic point of view, it is desirable to remove it as effectually as possible.

There are certain forms of employment which are spoken of as "dusty occupations."

Amongst these may be mentioned coal mining, road mending, the making of pottery. The air in these mines and factories becomes impregnated with minute particles, which cause a special kind of dust produced from the pulverisation of substances contained in these mines, or used for manufacturing purposes. This dust may be either organic or inorganic. II.

Our chief object in removing dust is to prevent its dispersion.

Where floors and corridors are tessellated or made of some washable substance, it is a good plan to disperse with the ordinary sweeping (by which a large amount of dust is merely transferred from one place to another), and wash them over with a damp cloth. Should

this be impracticable, the floor may be sprinkled with saw dust, which has been moistened by some antiseptic. This will prevent the dust from rising. The same plan may be adopted for a polished or carpeted floor, and tea leaves may be adopted as an alternative.

In this class of many inventions, various appliances have been produced to minimise dust. Amongst these, at the institution in which I am working, a sweeping brush has been used, with very good results, containing a little reservoir of kerosene oil, which lubricates the bristles, and not only moistens the dust, but binds it together, leaving behind a very clean surface. Walls of a washable texture should be washed over with a damp cloth. All articles of furniture and ledges of a non-washable character should be dusted first with a damp duster, then well rubbed with a dry duster.

The papers sent by Miss A. M. Welchman, Miss L. Aronovitch, Miss E. Marshall, Miss M. Bello, Miss C. Ramsdell, and Miss E. H. Gilbert, are also highly commended.

Miss M. Atkinson observes:—

The air is always more or less loaded with comparatively harmless germs, which cause the putrefaction of dead matter, and which, if allowed to fall upon a wound, may manufacture in the secretions a poison which may be taken into the blood, and cause septicaemia. . . . Unless their production in the wound be arrested enough may be formed to kill the patient, or they may irritate the wound and prevent it healing, and cause it to pour out pus.

In relation to the removal of dust, Miss Atkinson writes:—All dust, in whatever way it is collected, should be burnt to make sure of all microbes being destroyed.

Miss C. Ramsdell defines dust as "a fine dry particle of earth or other matter that may be easily raised and wafted by the wind." In regard to the removal of ordinary household dust, she says:—Some people use a slightly damp cloth to dust with, but it spoils the brightness of most articles. I prefer a soft cloth slightly damp with methylated spirit, with a soft cloth to polish after. It not only kills the microbes and removes the dust, but makes the articles look like new.

QUESTION FOR THIS WEEK

What is the function of the placenta?

Rules for competing for this Competition will be found on page xii.

Progress of State Registration.

Cordial congratulations to the Oregon State Nurses' Association, whose Registration Bill, introduced by Senator Locke, and read first on January 10th of this year, has passed through both Houses.

Miss Linna G. Richardson, who was delegated to look after the interests of the Bill at the capital, reports in the *Nurses' Journal of the Pacific Coast*: "The Oregon Bill for Registration passed through both Houses during the first week of February, without suffering mutilation in any way during that process. Dr. Locke, who introduced the Bill, did splendid work for us, and Representative Deal notified us when breakers appeared ahead. Two Sessions with the Committees, one in each House, with copious correspondence and personal work among senators and representatives, explained away all prejudice, and pacified opposition. As Governor West has given his word not to veto the Bill, it is only a question of time until Oregon is on the map in State Registration."

The Bill provides for the appointment by the Governor of a State Board of Examination and Registration of Graduate Nurses, whose duty it will be to enforce the provisions of the Act, from a list of names submitted by the Oregon State Association of Graduate Nurses. With the exception of the Board first appointed, all the nominees must be registered under the provisions of the Act.

The members of the Board are to meet in the City of Portland as soon as organised, and to elect from their number a President, who shall act as Inspector of Training Schools for Nurses, and a Secretary who shall act as Treasurer.

In enclosing subscriptions of a number of members of the Society for the State Registration of Trained Nurses, the Lady Superintendent of a private-nursing institution concludes her letter: "One of our married members writes from India, saying how great is the need there for some system of Registration. Her husband is a medical man, and the other day a lady, who had lived in India for 50 years, said to him, 'Cannot you doctors do something to stop those unqualified women from pretending they are all nurses, and doing so much harm?' She did not know his wife had been a nurse, and proceeded to tell her of a girl who had had two weeks' training in one hospital and three in another. From both places she was sent away as most undesirable, and she is now doing private nursing in hill stations, and

asking, and getting, seven rupees a day. She is one of many whose training has been as short."

The Irish Nurses' Association.

The Annual General Meeting of the Irish Nurses' Association took place as usual on St. Patrick's Day, March 17th, at 7 p.m. This was the first large gathering in the new home of the Association, at 34, St. Stephen's Green, and everyone was delighted with it. The large lofty rooms, lighted with electricity, and shaded in different colours, looked charming, and with the many bright uniforms of the nurses, made a most picturesque scene. Several hundred attended, chiefly from Dublin and suburbs, while Miss Haughton, Guy's Hospital, London, and Miss Long, Forster Green Hospital, Belfast, made a special point of being present.

THE BUSINESS MEETING.

Miss MacDonnell, R.R.C., President, was in the chair, at the business meeting. Before giving her Presidential address, the President said:

"As a mark of respect, before commencing this meeting, I ask you to stand while I refer to the death, at a ripe old age, of Miss Florence Nightingale, the Foundress of Modern Nursing. It is probably due to her influence that we are gathered here this evening. She was the most influential and noble woman of her age."

The President then addressed the members, and gave a hearty welcome to all present, congratulating them on the beautiful new rooms they had secured.

The following office bearers for the ensuing year were elected:—*Vice-President*, Miss Sluiter, "Ivanhoe"; *Hon. Secretary*, Miss Butler, Sir Patrick Dun's Hospital; *Finance Committee*: Miss Huxley, "Elpis"; Miss Lamont, Queen Victoria's Jubilee Institute; Mrs. Kildare Treacy, City of Dublin Nursing Institution. The following six nurses were also elected to serve on the Executive Committee: Miss Chadwick, Miss Haire, Miss Kerr, Miss O'Donnell, Miss Potter, Miss Thornton.

Miss Haughton then proposed a vote of thanks to Miss MacDonnell for the interest she had taken in the Association, and the work she had done during her year of office.

Miss MacDonnell, having suitably replied, then vacated the chair, which was taken by Miss Keogh, President for the ensuing year.

After a few remarks, Miss Keogh proposed an adjournment to the tea rooms, and a pleasant social evening followed the business meeting.

THE SOCIAL GATHERING.

Tea was served in two rooms, and after it had been thoroughly enjoyed, the nurses adjourned for the entertainment of the evening, in which was included an excellent programme of music, singing, and step dancing in character costume. The last item was much appreciated and loudly enjoyed. Dancing was kept up with great spirit till about 11 p.m. The nurses all seemed particularly bright and happy, and looked as if they enjoyed every minute of the evening.

Practical Points.

We have much pleasure in directing attention to various appliances which must prove most useful to nurses and midwives in their work, supplied by Messrs. Ingram and Son, the London India-rubber Works, Hackney Wick, London.

THE "AGRIPPA" BAND TEAT AND VALVE.

We have in a former issue described the excellent points in connection with the "Agrippa" Band Teat and Valve, and are glad to know that during the past year there has been a great increase in this Teat and Valve trade, and that Messrs. Ingram anticipate even better results during the present year. As will be realised from our illustra-



THE "AGRIPPA" BAND TEAT AND VALVE APPLIED TO A FEEDING BOTTLE.

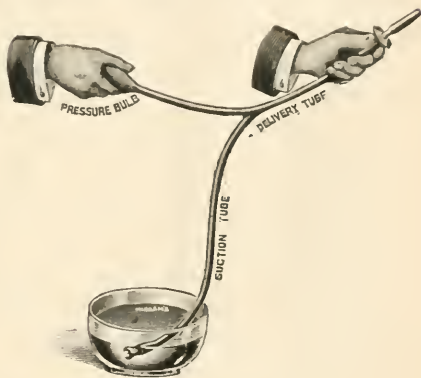
tion, the "Agrippa" Band Teat is a most admirable and well thought out appliance, which has the great advantage that it will fit any shape feeding bottle. The band comes down well over the neck of the bottle, and when in place grips it tight (whence its name) so that it is securely fixed, by no means a certainty with many teats; it is easy of adjustment, easily cleaned, and perfectly hygienic, for the rubber of which it is made has been subjected to a special process, so that it is uninjured by frequent boiling. It has all the requirements of a model teat including the shape which is most carefully designed to simulate the natural nipple. The valve also is designed to regulate the even and natural flow of food.

A free sample of the "Agrippa" Band Teat will be sent to trained nurses, maternity homes, and nursing institutions on application to Messrs. Ingram, mentioning this journal.

ENEMA SYRINGES

The firm also make a speciality of enema syringes. We refer our readers especially to "Ingram's 'Stordendam' Enema, fitted with glass plungers, no metal parts whatever being used in connection with this syringe. The whole can thus be easily boiled ensuring its sterility. The rectal and vaginal tubes and valve are made of specially toughened glass, so as to render them unbreakable.

"Ingram's 'Adaptable' Enema has the distinctive feature of a separate tube, with bulb attached, for bringing about a continuous action of suction and injection. The bulb instead of being in the



THE "ADAPTABLE" ENEMA.

centre of the tube, as in an ordinary syringe, is at the end of the separate *pressure tube*, this tube uniting with the *suction tube*, to form the *delivery tube*. It is easily manipulated, and has the advantage of a continuous flow.

"Ingram's 'Mollusca' Enema.—Lastly, we must mention the "Mollusca" Enema syringe, made in one piece with sucker end for fixing the suction tube at the bottom of the bowl, thus avoiding the risk of air injection, and leaving the hands of the nurse free to manipulate the syringe.

RELIABLE RUBBER FOR HOT CLIMATES.

All nurses who have worked in tropical countries know the constant vexation, and expense, of rubber goods, many of which "perish" with the heat, and are likely to be found untrustworthy, or unusable when wanted in emergency. It is, therefore, a real boon to know that Messrs. Ingram and Son specially prepare and guarantee goods made with "Ingram's Export Quality" rubber as suitable for the tropics, and nurses who are working, or proceeding, abroad should make a point of securing goods branded with the words "Ingram's Export Quality."

Appointments.

SUPERINTENDENT.

District Nurses' Home, Holbeck, Leeds.—Miss Gibson has been appointed Superintendent. She was trained at the General Infirmary, Gloucester, and at the General Lying-in Hospital, York Road, Lambeth, S.E., and is a Queen's Nurse, having received her district training at Brighton. She has held the position of Staff Midwife in the Hastings District Nursing Home, of Assistant Superintendent at the Ardwick Home, Manchester, and of Temporary Superintendent at Hastings.

MATRONS.

North Wales Counties Lunatic Asylum, Denbigh.—Miss Mollie Jones has been appointed Matron. She was trained for three years at St. Mary's (Islington) Infirmary, London, and has been Staff Nurse and Holiday Sister at the National Hospital, Bloomsbury, W.C.; Sister at the General Hospital, Wolverhampton; Night Superintendent at the Durham County Hospital; Sister in the Male Infirmary, Roxburgh District Asylum; and Assistant Matron at the Stirling District Asylum, Larbert. She is also a trained masseuse.

Victoria Hospital for Sick Children, Park Street, Hull.—Miss Dora Lyon has been appointed Matron. She was trained at the London Hospital, and has held the position of Assistant Matron at the Polyclinic Hospital, Philadelphia.

Cottage Hospital, Aiston.—Miss Emma Schofield has been appointed Matron. She was trained at the County Hospital, York, and the Scarborough Sanatorium, and has held the position of Charge Nurse at the Fever Hospital, Selby, and has also had experience of private nursing.

ASSISTANT MATRON.

St. Olave's Infirmary, Rotherhithe.—Miss Ethel Mary Williams has been appointed Second Assistant Matron. She was trained at the Camberwell Infirmary, and has held the positions of Sister, Theatre Sister, and Night Superintendent at St. Luke's Hospital, Halifax, and of District Midwife at Wolverhampton. She is a certified midwife.

SISTERS.

St. Bartholomew's Hospital, E.C.—Miss M. Nuttall has been appointed Sister Colston. She was trained in the same institution, and has held the position of Sister of Casualty Ward.

Miss E. G. Clowes has been appointed Sister in Casualty Ward. She was trained in the same institution, and has held the position of Night Superintendent.

St. Mary Islington Infirmary, Highgate.—Miss Jessie Forrest has been appointed Sister. She was trained at St. Olave's Infirmary, Bermondsey, and has held the position of Staff Nurse at the Hospital for Women, Soho Square, London, and of Sister-in-Charge of the Military Families Hospital, Woolwich. She is a certified midwife.

Swansea General and Eye Hospital, Swansea.—Miss Gertrude Catt has been appointed Sister. She was trained at King's College Hospital, London, and has held the position of Nurse at the Cottage Hospital, Herne Bay.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned ladies, on their retirement, are granted permission to retain the badge of Queen Alexandra's Imperial Nursing Service, in recognition of their specially meritorious and devoted services: Miss Elizabeth A. Dowse, R.R.C., and Miss May Russell, R.R.C.

Appointments.—The following ladies have received appointments as Staff Nurses:—Miss V. L. W. Bird, Miss A. Bradley, Miss C. V. E. Thompson.

Transfers to Stations Abroad.—**Sisters:** Miss E. Foster, to Malta. **Staff Nurses:** Miss G. H. Sellar and Miss K. F. G. Skinner, to Egypt. Miss C. Macrae, to Gibraltar.

Promotions.—The undermentioned Sister to be Matron: Miss F. M. Hodgins.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Esther Corlett, to South Wales, as Assistant Superintendent (temporarily); Miss May Parsons, to Buxton; Miss Kate B. Williams, to Pentre Voelas; Miss Louisa Harding, to Skewen; Miss Sarah Radcliff, to Houlton Paddocks.

PRESENTATION.

Miss Juliet A. Curtis, Sister Colston at St. Bartholomew's Hospital, who entered the hospital for training in 1887, and with the exception of two years spent elsewhere, has remained in its service ever since, being appointed Sister in 1894, has, on vacating this position, been the recipient of several gifts.

Dr. W. P. Herringham, Physician to the Hospital, for the nursing care of whose male cases Sister Colston has been responsible, presented her with a silver teapot, and the Sisters chose as their gift a silver cream jug, sugar basin, and hot water jug to correspond, engraved with the Hospital shield, as well as a gold bracelet; the nurses gave a silver muffiner.

We sincerely wish Sister Colston enjoyment of the rest and leisure which she has thoroughly earned by a quarter of a century of conscientious work for the sick.

RESIGNATION.

Many members of the Nursing Profession will read with regret of the resignation of Sister McLaren, after 38 years of work. Miss McLaren entered the Wolverhampton and Staffordshire General Hospital as a probationer in February, 1873, and in June, 1877, was promoted to be Sister. For the past 4 years she has been in charge of the Outpatient Department. Miss McLaren will be greatly missed in the Hospital where she has done splendid work as a loyal and devoted nurse. She retires with the good wishes of the Board of Management, the medical and surgical staff, and the nursing staff, who trust she may be spared for many years.

THE PASSING BELL.

We regret to record the death, at Gillingham, Kent, at the age of 81, of Mrs. Mary Heath, one of the nurses who worked under Miss Nightingale during the Crimean War.

Nursing Echoes.



A public meeting is to be held at the Mansion House, the Lord Mayor presiding, on Friday, March 31st, in support of a memorial to Miss Florence Nightingale. The joint committee, formed of representatives of the committees chosen at the meetings held at St. Thomas's Hospital and at Grosvenor House towards the end of last year, of which Lord Crewe has acted as Chairman, have decided that a statue should be erected in London, and that an annuity fund should be established for the relief of destitute nurses.

By the invitation of Lady Pearce Gould, a number of nurses were present at a drawing room meeting at 10, Queen Anne Street, W., on Tuesday last. Tea and coffee were first served, after which Mr. McAdam Eccles took the chair at the meeting, and Miss Dashwood and Miss Wilbraham Taylor explained the aims of the Nurses' Union, which has now 72 branches. It was aptly remarked by the latter speaker that a nurse in a private house has usually either to live up to a reputation or to live one down. The closing address was given by the Rev. Prebendary Webb Peplow. The meeting concluded with votes of thanks to Lady Pearce Gould, the Chairman, and the speakers.

A correspondent writes:—

It was my privilege last week to attend the conference held by the Friends' Social Purity Association. The impression I carried away with me was that we in hospital might do more to aid in the crusade against one of the greatest evils of the day.

There is, I am convinced, a great deal of ignorance prevalent amongst nurses completing their training in regard to specific diseases. Surely this might be overcome if, in a Matron's course of lectures, one at least was devoted to this subject.

I have found Miss Brodriek's article on "Morality in Relation to Health" a great help in teaching nurses; it is so clearly and simply written.

In children's hospitals and convalescent homes too much stress cannot be laid on the importance of a nurse thoroughly understanding how to detect and deal with a child addicted to bad habits.

Few people have better chances of turning such knowledge to good account as nurses, so let that knowledge be given in a plain and straightforward way, and not lightly passed over.

We fully endorse the views of our correspondent. In the past many nurses have passed

through their training and gained their certificates without having received any instruction on the above subject.

At a meeting of the Council of the Queen Victoria Jubilee Institute for Nurses, re-appointed by Queen Alexandra for the ensuing three years, held at 58, Victoria Street, Lord Goschen presided, and others present included Lord Aberdare, Sir Dyce Duckworth, Mr. Ernest von Glehn, Mr. Edmund Owen, I.L.D., F.R.C.S., Dr. Arthur Shadwell, Viscount St. Aldwyn, the Hon. Mrs. C. A. Egerton, and Lady Dunsdale. Mr. Harold Boniton was re-appointed hon. treasurer, and Mr. W. G. Rathbone, Mr. D. F. Pennant, and Mrs. George Byron were re-elected hon. secretaries for the ensuing year.

Miss Amy Hughes, General Superintendent Q.V.J.I., has been speaking in various places of the work of district nurses in Australasia and Canada. In an address given at Exeter Castle to the members of the Devonshire Nursing Association she remarked that they were passing through a process of evolution and alteration. Up to a few years ago it was comparatively easy to have a district nurse. There was the fully-trained hospital woman, and there was the village nurse working on certain established lines, but now the whole thing practically had come within the scope of legislation. The direction and scope of the work had been altered by the operation of such Acts as the Midwives Act and the Act providing for the medical inspection of school children. Her experience of Australia and Canada had shown her that it was necessary for district nurses to be, as Florence Nightingale said they should be, "health visitors," teaching people the plain and simple principles of hygiene. They should use their influence with the mothers, and do what could be done in the interests of the children, so that young lives could be given a fair start, and a strong, healthy race be assured.

When State Registration is in force no doubt a district nurses' curriculum will be defined to which all those accepting the great responsibility of teaching others the hygienic law will themselves have to attain. Unfortunately this is not now the case.

The Liverpool Queen Victoria District Nursing Association, which held its annual meeting, over which the Lord Mayor presided, last week, and has a staff of 6 Matrons and 62 nurses, is doing admirable work for the sick

poor of the city, and is worthy of all support. It is therefore regrettable to learn that there is a constantly increasing deficit, expenditure having overtaken income to the extent of £500 to £600 per annum, the deficit on December 31st, 1910, being £1,669. In addition to purely district nursing work the Association, under agreement with the Liverpool Education Committee, has provided four school nurses who, together with other nurses on the staff, have given about 191,000 attendances to children. The Lord Mayor said that he did not know what Liverpool would do without its Queen Victoria District Nursing Association, and Sir Archibald Williamson assured the meeting that the work done by their school nurses was much more useful than perfunctory examination of the children. Their aim was to follow them up in their own homes and see that the necessary attention was given them. He reported that the amount subscribed for the new "Florence Nightingale Memorial Home" was £5,829. They had to bear in mind, however, that every year they were spending more money than they received. That could not go on indefinitely.

Mr. C. B. Hare, J.P., who presided at the Annual Meeting of the Royal West of England Sanatorium, emphasised the enormous debt which all concerned with the institution owed to the Hon. Superintendent, Miss Edith Mawe. The services she rendered were known to them all, and they realised that practically the Sanatorium was—a one woman's show. And they were no less proud than fortunate it should be so, for without Miss Mawe they did not well see how the Institution could be maintained in anything approaching such efficiency as at present. Miss Mawe's work was by no means confined to the internal affairs of the institution for she obtained a host of subscriptions from quarters unknown to the Committee and the first thing they heard of it was that donations had come in from altogether unexpected quarters—sometimes 50 or 100 miles distant.

The Cupar Sick Poor Nursing Association has decided to affiliate with the Scottish Branch of Queen Victoria's Jubilee Institute as they find that each year it becomes more difficult to find a suitable district nurse outside the ranks of the Jubilee Nurses, as the majority of nurses who wish to take up this branch almost invariably join the Q.V.J.I., where, after their three years' training, they obtain six months' experience in district nursing, including the care of the nursing of mothers and infants after childbirth.

Miss C. E. Eastwood, Superintendent of the Victorian Order of Nurses, Toronto, writing to a contemporary, says:—"I have been deeply troubled by the number of Old Country nurses who have called on me, and who have most distressing tales to tell of their failures to obtain work. They seem to come out to our country sure that almost as soon as they land they will find all the employment they require. So sure are they that numbers of them bring only enough money to last them a few weeks. If you will permit me through your paper, I should like to sound a note of warning to nurses thinking of coming to Canada."

A warm measure of appreciation is accorded by *The Canadian Nurse* to Dr. Helen McMurphy, who consented to become Editor of that journal, with the understanding that a trained nurse would be found as soon as possible to take it over, and who has completed her sixth volume before vacating the editorial chair in favour of Miss Bella Crosby. The Editorial Board are glad to retain her as friend and adviser, for they know that her interest in the nursing profession will always be warm and true.

Miss W. R. Hawkins, writing in the *Nursing Journal of India*, remarks that it is said the great preventative for insanity is to relieve the monotony of life. "Theu," she says, "let all who feel that the jog trot life at home weighs on them burst their bonds and join us out here. Assuredly the monotony will be broken." After giving some typical instances, she says: "One feels the thrill of battle. Difficulties which only those who know what it is to try to train those who have no desire, no joy in nursing, can know."

"Sometimes we Sisters have to hear she is not up to the standard for a student, let her do nursing, and how our hearts rebel. We need the best, the very best we can have for our work, and more than that; we will conquer in the battle, and have the best too, even though in this generation we may have our monotony hourly relieved, and live in the midst of the unexpected—through all the difficulties which assuredly will come—what is our hearts' desire, fully trained, whole-hearted Indian nurses, and we! Oh, we shall never be insane."

The Peking correspondent of the *Times* reports that the hospital under native doctors, in Kwangtchengtze, has been closed because four nurses and two doctors have died.

Reflections.

FROM A BOARD ROOM MIRROR.

Princess Christian of Schleswig-Holstein, President, presided at the Annual Court of Governors of the Royal Free Hospital, when the Chairman of the weekly Board, Mr. Holroyd Chaplin, in moving the adoption of the Annual Report, stated that a chapel was needed, and it was intended to erect one as a memorial to the late King. Mrs. Scharlieb, Consulting Physician to the Hospital, spoke of the need for maternity beds. Dr. Harrington Sainsbury said an observation and isolation ward would be an incalculable benefit, and Mr. James Berry urged the necessity for a new out-patient department.

Earl Cathcart, presiding at the annual meeting of Governors at University College Hospital last week said that the "so-called people's Budget" had not helped the hospital authorities much. The duty on proof spirit had been raised by 3s. 9d. a gallon, and alcohol was much used in the preparation of the drugs.

Dr. D. L. Thomas, the Medical Officer of Health for the Borough of Stepney, reporting on the outbreak of small-pox, says that he does not anticipate any fresh cases as a result of contact with the patient at the London Hospital, as all the patients and nurses in the ward were immediately vaccinated, as well as the doctors and students who visited the ward. He is visiting all suspicious cases at the hospital.

After the Annual Meeting of the London Homœopathic Hospital, on Friday in last week, the new Sir Henry Tyler Wing was on view. When it is opened the hospital will have an additional sixty-two beds, a number of which will be for paying patients in single wards.

An ambulance for disabled horses, named "The Venture," has been presented to Our Dumb Friends' League by Mr. Alfred G. Vanderbilt. It has a padded stall, and runs on rubber tyres. It is to be kept at the stable of Messrs. Wall, in Cromwell Road, Kensington.

A second large edition of the "King's College Hospital Book of Cooking Recipes," first published in 1907, and by means of which about £450 has already been raised for the removal fund, is now being issued, the first edition being completely sold out. The book is entirely made up of recipes contributed by the many friends of the hospital. Notable amongst the recipes are several in which a Hindoo chef deals with his native dishes.

The second annual Simple Life Conference and Exhibition, now being held at Caxton Hall, was opened on Tuesday, March 21st. Many interesting exhibits illustrating the principles of the Society were on view. In the entrance hall a stall illustrated a dietary for three days at the cost of toupence per head, and, of course, consisting entirely of fruitarian diet, lentil cutlet, jam roly-poly, oat cake, stewed

fruit, and many other dishes showing great ingenuity and variety. Footwear made of vegetable substances was a feature of the Exhibition.

Sir Victor Horsley presiding at a discussion at Clifford's Inn on the medical inspection of school children, said that the people of the metropolis had a very great complaint against the London County Council, which had done so little work in the past five years with respect to medical inspection. Merely to take selected schools, and, by inspecting the few children, arrive at an idea of what was happening in the mass was not the intention of the Act of 1906. The organisation of this medical inspection was hopelessly ridiculous from the medical point of view. The organisation was inadequate, the staff was inadequate, and the result was that the work done was inadequate. The only rational way to carry out medical treatment was to establish school clinics.

Chicken-pox for a period of three calendar months will be a notifiable disease within the Administrative County of London.

The 138th Annual Report of the Leicester Infirmary states that the work of the year has been performed under very great stress and pressure. The number of in-patients treated has been 3,358, an increase of 125 on the previous year, and the average daily number has been 216.3. This larger work was rendered possible by the occupation of the "Gertrude Rogers" Ward on the top floor of the new wing on being vacated by the nursing staff when they took up their residence in the "Edward Wood" Nurses' Home.

COUNSELS TO NURSES.

Messrs. Mowbray, of 28, Margaret Street, Oxford Circus, W., have just published a small book of "Counsels to Nurses," by the late Bishop of Lincoln, Dr. King, being his addresses and letters to the Guild of St. Barnabas for Nurses, edited by the Rev. E. F. Russell, Chaplain to the Guild, who contributes to the volume a preface and a biographical note on Bishop Sailer. The frontispiece is a delightful picture of the late Bishop of Lincoln and the Bishop of London, while the portrait of Bishop Sailer, taken from a picture presented to Bishop King by the Guild, is full of dignity and charm.

Referring in his preface to the first years of the Guild, Mr. Russell writes: "The nursing institutions gave us little encouragement; they looked with suspicion upon what seemed to them an invasion of their kingdom. One Matron was actively hostile to us, and warned her nurses that to join the Guild would mean instant dismissal." It was much that the Guild should have Bishop King's interest and confidence. "One of the kindest men by native temperament, his long communion with God had touched his genial face with a light, a sweetness, and a spiritual beauty that charmed all who saw him."

Many nurses will realise their indebtedness to Mr. Russell for collecting and preserving the great Bishop's teachings for them in so charming a form.

Professional Review.

A QUIZ BOOK OF NURSING.

A most useful book for Teachers of Nurses as well as for their pupils is "A Quiz Book of Nursing," by Miss Amy Elizabeth Pope, Superintendent of the Insular School of Nursing, San Juan, Porto Rico, and Miss Thirza A. Pope, a Supervisor of Visiting Nurses in New York, which is published by G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., price 6s. net. The questions cover a wide range of subjects, and any pupil nurse who, in combination with practical training, intelligently masters its contents, will have a very useful knowledge of the things which it is necessary for her to know. In addition, it is a most handy book of reference, and the authors are to be congratulated on having compressed into so small a space so large an amount of information. This covers a wide range of subjects of a very practical nature. For instance, in regard to the restraint of patients, it is suggested that the following points should be emphasised by the instructor: "That when patients are inclined to be delirious restraint will often irritate them and so cause delirium; that delirium, by making the patient restless, will increase the strain on the heart, and thus lessen his chance of recovery." Special reference is also made to the following facts, "the symptoms of delirium tremens, and the rapidity with which the condition sometimes develops; how patients have been injured, and escaped from a ward because restraint was ineffectual; that when a patient is very restless even restraint that is perfectly applied can become either tightened or loosened, and that therefore all delirious patients must be constantly watched."

Then take the chapter on "Symptoms," in which the authors say, "Unless the first symptoms of an adverse change in a patient's condition are observed he may become so much worse that it will be impossible to save his life. Unless symptoms of over-dosing are recognised patients will be poisoned. By observing and reporting intelligently symptoms occurring in the course of disease, and those following the use of drugs, nurses can often assist the doctor in forming a diagnosis in deciding how best to treat the patient, and in forming an opinion as to the value of the medicines used."

The chapter on the giving of medicines, as well as that on materia medica, will be of great use to many nurses, for instruction on these questions is often very scanty. (We wonder how many nurses could give off hand a definition differentiating between materia medica and therapeutics.)

The chapter on "Disease" is very valuable, as it gives in concise form the symptoms of, and nursing in, the more common diseases. Thus, in regard to malaria, we read that the cause is the *plasmodium malariae*, a unicellular animal. After entering the blood the malarial organisms make their way into the red blood-cells; each one takes possession of a different corpuscle. Here they grow, and as they become larger they separate, forming spores. These spores, at regular intervals, break out of the corpuscles into the blood, where they remain for a short time and then enter other red blood-

corpuscles. It is when the spores break loose that the chill occurs. The special particulars to consider in nursing malaria are to apply external heat during the chill, to do everything possible to ensure comfort and coolness during the subsequent high temperature; to screen the patient *carefully* with a mosquito net in order to avoid the infection of others."

In the chapter, "Special Senior Quizzes," the duties of a head nurse, private nursing, and methods of teaching nursing, are considered. Amongst the talents a nurse must cultivate if she wishes to be successful as a head nurse the following are enumerated:—"To understand people; tact; to be able to reprove without causing anger; dignity; a keen observation; sense of order; a good memory. Concerning private nurses we read that the most frequent complaints made against them are: "Their unwillingness to take certain cases, even in emergencies; not being ready to respond to calls after they have notified the registry or doctors that they are; extravagance in their use of bed linen and supplies; unwillingness to do anything that they do not consider 'a nurse's duty.'"

An instance given of furniture often spoiled by nurses is the table by the patient's bedside. This can be avoided "by covering it and putting a smooth pad under the cover; if the table is a costly one the danger of its being spoiled by medicines, hot trays, etc., should be explained, and a less valuable one asked for."

Concerning teachers, we read that amongst the things a teacher must know are "her subject or subjects, the principles of pedagogics, the capabilities and characteristics of her pupils." It is specially important that one teaching nurses should be interested in her work because "without interest it is impossible to put sufficient enthusiasm and force into a lesson to rivet the attention of the pupils and thus bring their retentive faculty into play, and as nurses, more often than not, come to class tired, and thus unprepared to concentrate their attention, they are very dependent on the magnetic influence of the teacher."

Hygiene and Bacteriology and Food are other matters dealt with in the same practical way.

The concluding chapters are on visiting nursing, hospital planning, construction, and equipment, and hospital book-keeping and statistics. Concerning the purpose of visiting nursing, Miss Margaret A. Bewley, R.N., gives the following definition: "Visiting nursing is the care of the needy sick in their own homes, and should include instructing them in the laws of hygiene and sanitation, and rooting out and destroying the unwholesome conditions which cause the spread of disease. The visiting nurses' function is threefold: they are nurses, teachers, and inspectors; their skill and training are not used for their patients alone; they must teach other members of the family, and report to the proper authorities every condition that menaces public health; their duty is to the community, as well as to the individual."

The interesting topics dealt with are by no means exhausted in this brief review. The book is one which should have a place in all nurses' libraries.

M. B.

The Page Bill in New York.

The women, including the trained nurses in America, are conducting their campaign against the obnoxious Clause 79 of the Page Bill in New York, by taking the unassailable position that it is not only monstrous but unscientific to compulsorily detain and treat the persons of one sex who have contracted a contagious and communicable disease, and to hope by this means to eradicate the disease, while no control is exercised over the members of the opposite sex, by whom it is originally communicated to the women compulsorily incarcerated.

At a great public meeting held in New York, under the auspices of the societies allied to secure the repeal of Section 79 of the Interior Courts Law, the following resolutions were adopted:—

RESOLUTIONS.

I.

Whereas, the germs causing the venereal diseases are no longer matters of uncertainty, but have been perfectly and conclusively demonstrated by medical science; and

Whereas, the favourable breeding conditions and modes of transmission of these germs are also thoroughly understood by the medical profession; and

Whereas, the method of attempting to check the spread of venereal diseases by systematically hunting down certain classes of women only has survived from a period when the specific germs were yet undiscovered and their mode of transmission therefore not certainly demonstrable; and

Whereas, a legislative mandate to continue so crude and barbarous a method of attacking any infectious or contagious disease is an offence against scientific truth and an indignity to the medical profession, an insult to women, and a slur upon the intelligence of the public; therefore be it

Resolved: That the Board of Health is hereby requested to take steps looking toward placing the venereal diseases upon the same status as all other contagious, infectious, or communicable diseases, to be made reportable and dealt with accordingly, irrespective of age, class, or sex; and that it shall at once institute the same policy of instruction of the public as to the preventability of these diseases as is now pursued in regard to others; and be it further

Resolved: That public authorities are hereby requested to make ample provision for the full and sufficient free, voluntary treatment of patients suffering from venereal diseases.

II.

Resolved: That this meeting assembled protests against the enforcement of any law which provides for the compulsory examination and treatment of women convicted of prostitution and demands of the Legislature the repeal of Section 79 of the Interior Courts Law.

THE ALLIED SOCIETIES.

The societies allied to obtain the repeal of the law are as follows:—

Women's Prison Association, Women's Medical Association of the City of New York, Women's Society for the Prevention of Crime, Women's

Henry George League, Women's Political Union, Philanthropic Committee, Friends' Monthly Meeting, Women's Christian Temperance Union, State of New York, Women's Trade Union League, Equality Suffrage League of New York, American Federation of Nurses (including the American Society of Superintendents of Training Schools for Nurses, and the Nurses' National Associated Alliance), Assembly District 22, Women's Suffrage Party, National Young Women's Christian Association, National Women's Suffrage Party, Council of Jewish Women, Brooklyn Auxiliary of the Consumers' League, Brooklyn Heights Branch Women's Municipal League, Hygiene Committee of the Women's Medical Association, American Purity Alliance, National Vigilance League.

In the forefront of the ranks of gallant fighters is Miss L. E. Dock, the Secretary of the International Council of Nurses, who gives an account of the campaign in a recent issue of *The Call*, from which we quote freely:—

The experience of those women who attacked Clause 79 of the Page Bill has been an enlightening one. Familiar with the abundant history of evidence as to regulated vice in other countries, in the vain attempt to make sanitary and safe what is by nature decreed as fatal to health—they recognised instantly in Clause 79 the hateful features of State regulation of vice, called also the sanitary supervision of prostitution, and, knowing well its character as a social blight based upon superstition, cowardice, and lust, they answered instantly the call for organisation to oppose it.

The clause itself, and its passage through the Legislature, had come with stealth and suddenness. The Page Commission had almost finished its work when this clause was inserted into its place. It has been characterised as a "blounding," a term used to describe legislative provisions that have been surreptitiously brought in, having had their birth no one quite knows where.

The women, rallying, gathered their forces, cast about for weapons, and reckoned their possible allies among men. The Governor was a high-minded citizen and austere moralist; he might be induced to veto, and call for a revised version of the Bill. A mistake. The Governor, reflecting, decided that the whole Bill was too good to risk for one clause (which only marked the decline of American men's respect for womanhood and the degradation of the latter), and "left it to the women of the State" (whose right to the ballot he does not concede) "to change this provision, if they did not like it."

Disappointed there the women turned to the leading philanthropists among men. Here they would surely find help. Instead, another cold rebuff. "You are not public-spirited," they were now told. "This is not regulation; it is a humane precaution and care of the public health. It does not really aim at singling out the woman, but they are the worst offenders, and, besides, there is no way of reaching men who may equally need this beneficent care. But we shall go on to get compulsory treatment for all prisoners." (Note this:

Not preventive treatment for people who are not yet prisoners, not "a fence at the edge of a precipice," but compulsory treatment for prisoners—another "ambulance in the valley.")

Leaving the philanthropists the women sought eminent counsel. But their emulcences were well on guard. "Here is no sex discrimination, only wise State interference with certain wage-earners engaged in carrying on a dangerous trade. Their wares must be inspected and certified. Moreover, it is an error to assume that two persons of different sexes are equally involved in this industry, for, before the law, there is no such thing as a male prostitute. The woman who sells or offers to sell is the prostitute; the man who buys or offers to buy is not one."

Other eminent counsel were less intrepid; they, in short, crawled away with amazing rapidity when approached; visits could not find them, nor letters reach them.

Fortunately there are women lawyers. One had been retained from the first, and presently, going forth alone like the stripling David, she met the giant and overthrew him in the first round in the courts. From England the women wrote: "How glorious that you have women lawyers. Had it been our case, no such salvation had been possible. Here women may study, but may not practise law."

I think it will be correct to say that, before this first legal victory was gained, the men of importance whose open support could be relied on might easily have been numbered on the fingers of one hand. History repeated herself; it had been so in England during her twenty-year experiment. The clergy were no braver; to seven hundred letters to the men of God, asking moral aid, came—how many replies? Not so many as would need two figures to record them. A strange pusillanimity seemed to seize upon most men, and also upon some women, conventional women (as a rule, those who denied the right of a self-poised life, the justice of the ballot, the capacity for independent thought, to their sex) at the very mention of the subject.

Fearless and outright on the contrary were the self-respecting majority of women. From club and league, from city, state, and national associations came protests and resolutions denouncing the outrageous measure and demanding its repeal. In all, some forty odd organised groups of women have shared in one way or another, either by donations or resolutions, or some kind of service in the work of opposition to the odious clause, and such testimonials came from all over the country. The *Woman's Journal*, published in Boston by Alice Stone Blackwell, brought its whole strength to the cause. That journal, with *The New York Call*, waged active war upon Clause 79.

It has been an inspiring and a profoundly stirring evidence of the loyalty possible from woman to woman, as the evidence of wrongs done to women and permitted, heretofore, by women, comes to light in to-day's fuller knowledge. And, it money talks, there are volumes in the fact that, so far, of the birds collected as sinews of war, ten dollars

have been contributed by the men of New York.

Judge Bischoff's decision acted potently in crystallising wavering opinions. Thereafter, in their crusade the women found readier response, and more numerous allies among men. They carried their appeal to the trades unions, and right brotherly and frank was their reception. They had counted upon this being so. In foreign countries working men have often declared for one single moral standard, and in England during the struggle to repeal the Contagious Diseases Acts it was the working men who lined their thousands into the fight against legalised prostitution. The Counsel for the Page Commission said publicly in the Courts that Clause 79 was designed to benefit the poorer classes of men. May all working men resent this lying imputation that they agree to the ruthless destruction of girl life that is called prostitution.

Although the case is still before the courts it may be said that the regulation of prostitution has been condemned by public opinion.

Treatment based on a prison sentence is not humane; civic degradation is always inhumane. Humanity is outraged at the sight of young girls dragged by policemen into a night court, and, before the jeering eyes of curious onlookers, pronounced diseased and branded by the shameful fingerprint. Humanity despairs to see healthy victims replaced upon the streets, there to remain until their inevitable doom of disease overtakes them. These at least might have been saved if any purpose really obtained except a cynical care for the interests of profligate men.

Those few medical men who still teach the doctrine of "physical necessity" will soon be classed among the curiosities of medical superstition, of which the shelves are full. The simple truth is that promiscuity of sex relation is an abuse of the reproductive organs just as gluttony is an abuse of the digestive tract. What medical man prescribes gluttony?

Self-respecting ones will not even treat gluttons unless they first agree to give up their indulgence. Excessive sexuality affects the mind, and gives a cast of craziness to much of men's discourse on sex matters. I have read medical dicta that are evidently not sane; pretending to be scientific, they are really only monstrosities of thought.

The political inferiority of women is the most immediate and cruel handicap in her struggle to escape from sex degradation. She is now doubly handicapped, for she not only suffers the economic disabilities of men, but has her own special form of slavery as well. The immediate effect of the ballot will be to give her a potential dignity. She will rise in popular respect and her new capacity of self-protection will be recognised. She will inevitably move more decisively and more swiftly toward our common goal, the extinction of poverty, than men have done, because her natural instinct for the guardianship of life will lead her there. Give her the ballot, and let her rise to her destined place in the care of that higher human type that will evolve when economic slavery and sex subjugation shall have been relegated to the dark ages of the past.

Outside the Gates.

WOMEN.



At the Annual Meeting of the Women's Local Government Society, held last week at Caxton Hall, at which Lady Strachey presided, Miss Dondy, M.A., moved, and Miss Allen, L.L.C., seconded, the

following resolution, which was carried, strong reasons being advanced in its support:—

"This meeting is of opinion that there is a pressing need for the participation of women with men in the administration of the law with regard to persons certified as insane, and with regard to all other persons who are 'mentally defective,' and recommends that the Lord Chancellor be memorialised to appoint a woman as Lunacy Commissioner."

Mrs. Greenwood then explained the present position of women in the Public Health Service, and the following resolution, moved by Mrs. Maitland, was also carried:—

"This meeting is of opinion that, with a view to securing the continued efficiency of women employed officially by Public Health Authorities, all women appointed for the work of health visiting should have the qualification and status of Sanitary Inspectors, as well as suitable local accommodations."

A Bill "to enable Local Authorities under the Notification of Births Act, 1907, to appoint Health Visitors," has been introduced into the House of Commons by Mr. John Burns. The year seemed to be entertained that the Health Visitors to be appointed would have only an advisory position, whereas Women Sanitary Inspectors have the power and responsibility of enforcing laws.

Miss Anna Rogstad, the first woman to take her seat in the Norwegian Storting, was appointed a "deputy" according to the Norwegian custom in 1909. The first representative being absent on leave last week Miss Rogstad took his place. The *Daily Mail's* correspondent reports that after the opening of the session the President (Speaker), Mr. Halvorsen, made a speech, while all the members stood. It was, he said, one of the most important days in the history of Norway.

For the first time, he observed, a woman was sitting in the Storting, and though the members were not unanimous that this was the right moment for such an innovation, he was convinced that posterity would regard it as a reform which brought honour to the country, and, further, that the progress of the country would benefit by it. The Premier and a number of other members then greeted Miss Rogstad. Her house is filled with flowers sent by political admirers, and she has received numerous telegrams from many parts of the world.

MEDICAL AID FOR NECESSITOUS GENTLEWOMEN

A meeting in support of the Medical Aid Society for Necessitous Gentlewomen was held by the kindness of Lady Hillingdon at 6, Park Place, St. James's, on Tuesday, March 21st. Sir Anderson Critchett presided, and the speakers included the Bishop of London, Mrs. Waggott, and Mrs. Maurice Glynn.

The Chairman said that he had had the privilege of belonging to the medical staff of the Society for several years, and could bear testimony to the gratitude of many of these poor ladies, who through ill health and poverty had sunk into a slough of despond, but had been rescued through its intervention.

Some had had serious surgical operations, and were provided for comfortably in nursing homes during their illness, and lately it had been decided that where the patients lived far from London, to provide them with medical assistance in their own neighbourhood.

The Society tried its best by kindness, courtesy, and consideration to assist every case that came under its care. He said, if only it could be more widely known, he was sure they would not lack funds. The organisation was splendid, owing to the efforts of their Hon. Secretary, Miss Green.

Mrs. Maurice Glynn then presented the reports of the Committee and Physician. One of the Society's most useful efforts seems to lie in the dental treatment, many patients having been provided with artificial teeth, and thus virtually cured of indigestion and its kindred troubles.

Several ladies during the year have been enabled to obtain much needed rest and change in convalescent homes.

The Bishop of London, in moving and eloquent words, urged the claims of the Society upon his hearers. He said that suffering humanity was all around crying for help, and those who did not know it were living in a fool's paradise. He gave illustrations of two distressing cases of sick and almost destitute gentlewomen, which had lately come under his own notice, and said that, thanks to the help of some benevolent people, one of them was now enjoying the benefit of two trained nurses, and that unless help had been forthcoming she must certainly have died. He said, "We come out to a principle that goes down very deep. Why are there rich and poor?"

The only satisfactory explanation to his mind was, that the minority held their possessions in trust to pass them on to others. Otherwise they could not defend their position as Christians. He imagined that one of the first questions at the final judgment would be, "Where is your poor sister?" "Let us not be driven or forced," he said, "for it is a lovely work." Let us remember nothing belongs to us by right, and give not in pity or as charity, but as a right demanded from us. Riches were perhaps given to some that they might learn unselfishness, and withhold from others that they might know the power of love.

Mrs. Waggott said that while the "magic words" "East End" were sure of a sympathetic response,

it was very difficult to evoke any sympathy for a Society like their own. People complained of poor ladies being *difficile* and ungrateful, and generally were disposed to leave them alone. She spoke of the hardship it was for a gently born woman to wait in the out-patient department of a general hospital. The poorer people, as she rather humorously remarked, had a not unpleasurable time there, as they enjoyed a veritable carnival of complaints.

Information as to the Society will be gladly furnished by Miss M. E. Green, 7, St. Katherine's Precincts, Regent's Park, N.W.

Book of the Week.

THE PATRICIAN.*

Mr. Galsworthy excels in character study, and it is to the exquisite finish of his personages, from the greatest to the humblest, that he owes his popularity.

Thus "Little Ann Shropton, child of Sir William Shropton by his marriage with Lady Agatha, had a broad, little face, and wide, frank, hazel eyes over a little nose that came out straight and sudden. Encircled by a loose belt placed far below the waist of her holland brook, as if to symbolise freedom, she seemed to think everything in life good fun.

"Here's a bumble bee, William. Do you think I could tame it in my little glass box?"

"No, I don't, Miss Ann. And look out, you'll be stung."

"It wouldn't sting me."

"Why not?"

"Because it wouldn't."

"Of course—if you say so—"

"What time is the motor ordered?"

"Nine o'clock."

"I am going with grandpapa as far as the gate."

"Suppose he says you're not?"

"Well, then I shall go all the same."

"I see."

From the doorway a lady said:—

"Come, Ann."

"All right! Hallo, Simmons!"

The entering butler replied, "Hallo, Miss Ann."

"I've got to go."

The door banged faintly, and in the great room rose the busy silence which precedes repasts.

We already know Ann well.

And again, "Old Lady Casterley was that inconvenient thing—an early riser. At Ravensham she walked regularly in her gardens between half-past seven and eight, and when she paid a visit was careful to subordinate whatever might be the local custom to this habit.

When, therefore, her maid Bandle came to Barbara's maid at seven o'clock and said, "My old lady wants Lady Babs to get up," there was no particular pain in the breast of Lady Barbara's maid, who was doing up her corsets. She merely answered: "I'll see to it. Lady Babs won't be too pleased." And ten minutes later she entered that

white-walled room, which smelt of pinks—a temple of drowsy sweetness, where the summer light was vaguely stealing through flowered chintz curtains."

Audrey Nod, the woman living apart from her husband, beautiful and fascinating, captivates the somewhat austere and fastidious politician, Eustace Miltown, and too late he learns of the insurmountable obstacle in the pathway of his love.

So he had really never known about her. A surge of bitter feeling towards the man who stood between her and Miltown almost made her cry out. The man had captured her before she knew the world or her own soul, and she was tied to him till by some beneficent chance he drew his last breath—when her hair was grey, and her eyes had no love light, and her cheeks no longer grew pale when they were kissed; when twilight had fallen, and the flowers and bees no longer cared for her.

The struggle, dumb and pitiful, seemed never to be coming to an end in the little white room darkened by the thatch of the verandah, and sweet with the scent of pinks and of a wood fire just lighted somewhere out at the back. Then, without a word, he turned and went out. She heard the wicket gate swing to. He was gone."

Though in our opinion "The Patrician" does not approach the merits of its predecessors, "Fraternity" and the "Country House," it is undoubtedly a book to read, and though some of its characters are not in themselves admirable, notably Miltown, they are all admirable works of art. H. H.

COMING EVENTS.

March 23rd.—Monthly Meeting, Central Midwives' Board, Caxton House, S.W., 2.45 p.m.

March 23rd and 24th.—Simple Life and Healthy Food Conference and Exhibition, Caxton Hall, Westminster.

March 23rd.—Women's Social and Political Union. Demonstration at the Royal Albert Hall, 8 p.m.

March 25th.—Annual Meeting, South London District Nursing Association, Canon Erskine Clarke presiding, St. Mark's Vicarage, Spencer Park, S.W. 3.30 p.m.

March 28th.—Trained Nurses' Annuity Fund. Princess Christian receives purses of £1 and upwards from children, at 47, Brook Street, Grosvenor Square, 3 p.m.

March 28th.—Women Writers' Suffrage League. At Home, Richeieu Palace Hotel, Oxford Street, 3.30—5.30 p.m.

March 28th.—Annual Meeting, Sick Room Helps Society, 3, Hamilton Place, W. 3.15 p.m.

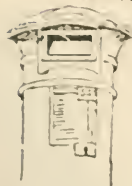
March 30th.—Chelsea Hospital for Women. Annual Meeting of Governors, 4 p.m. Viscount Castlereagh, M.P., M.V.O., President, in the chair.

March 31st.—Public Meeting at the Mansion House, the Lord Mayor presiding, in support of a memorial to Miss Florence Nightingale.

April 1th—April 7th.—Fourth Annual Nursing and Midwifery Conference and Exhibition. Noon to 9 p.m.

* William Heinemann, London.

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.

OUR WEEKLY PRIZE COMPETITION

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—With much pleasure I received your cheque for 5s. to-day for the competition on 'Nasal Douching.' Thank you very much.

Yours faithfully,

ANNIE E. WATERMAN

Islington Workhouse,
St. John's Road,
Upper Holloway, N.

THE VALUE OF HOSPITAL CERTIFICATES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Your editorial on the "Value of Hospital Certificates" has given me more than pleasure. It rouses so exactly what I have been feeling very deeply, and trying to explain to the Dublin people for some time; but being myself an Irish Trained Nurse, all I said was only put down to jealousy and self-interest. That is not the case, but I hate to see the training schools degenerating, as they undoubtedly must do; and that is what you have pointed out so clearly and concisely in your article.

There was a great deal of indignant writing to the Irish Press, and some very absurd correspondence in a lay nursing paper a year ago on the subject of "English Matrons in Irish Hospitals" that only stirred up a lot of bad feeling and ill-will, and quite missed the point altogether. As I have always said, let the best candidate be chosen by all means, irrespective of nationality, even a Chinese (the most foreign person I can think of) if she were the best qualified for the post. But why give the preference to a candidate just because she is English, regardless of previous experience, as was done admittedly twice in the past two years, and a very good and experienced Irish candidate passed over? It is not now that the mischief will show, it is in a few years time, when the hospitals will find that their nurses are not what they were, and that the tone that we have so prided ourselves on, is already fast fading. It seems such a pity, and I hate to think of it! I have not a word to say against the English Matrons, after a few mistakes, and a period of unrest, until they have learned to understand their Irish staffs, and the Irish patients, they have usually found their feet, and have turned out excellent Matrons. But that is not the point, we must think of the future, and it is so stupid of the Dublin directors not to see that they are discrediting their own hospital certificates.

I feel that I must write and thank you for having written so exactly what I have been wanting to write myself, only I lacked the courage, and coming from you it is worth fifty times more!

Believe me,

Yours truly,

AN IRISH TRAINED NURSE.

P.S. There is another point that I forget to mention, and that is the result of the fuss and letters in the *Irish Times* and other papers was to raise up a very better spirit on the part of our English sisters, who justly complained of the rudeness and inhospitancy of the remarks (and Dublin has always been noted for its hospitality), while Irish nurses are cordially received and welcomed in England (but they don't get the points!). The splendid reception given to Miss Haughton on her appointment to Guy's Hospital was held up as an example; but then she was not an Irish Trained Nurse, but was one of their own graduates, and that is where the trouble lies. It is not the Irish nurses who are passed over, but the Irish Trained Nurses.

THE SCOTTISH SOCIETY OF TRAINED NURSES

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—For a considerable time the need for a national union has been strongly felt by many trained nurses throughout Scotland. It has now been resolved by those in favour of such a course to form the above-named Society.

In every profession organisation is a powerful aid to unity and progress; interest is stimulated, activity increased, and strength combined. With the exception of "The Scottish Matrons' Association" there has, up till the present time, been no organisation in Scotland composed of trained nurses. Two associations were formed in 1900. "The Association for the Promotion of Registration for legislative purposes." "The Scottish Nurses' Association" recognises as eligible for membership medical practitioners, nurses, probationer nurses, and "others." For legislative purposes mixed organisations have advantages, but nurses' associations which include within their scope other objects than legislation have been found—for good and obvious reasons—to be most useful when composed of nurses. These facts have been widely recognised by the nurses of other nations.

For the efficient care of the sick it is desirable that nurses should keep themselves in touch with all movements at present affecting their profession; and it is essential that they should keep themselves abreast in the many and frequent changes which medicine and surgery demand in theoretical and practical nursing.

In the interests of nurses it is necessary that they be able to take counsel together with the object of obtaining and giving expression, to their opinions, and it is desirable that they should keep themselves informed as to all national and international nursing movements.

At the completion of training let us what is often the "higher education" of nurses. Many nurses' work in isolated positions, so far as intercourse with

their fellow nurses is concerned, and to such a society which offers mutual help and encouragement should provide a healthy and powerful stimulus. The branches of trained nursing are now so numerous that it is widely felt that a society which can bring all branches into touch and communication with each other is an imperative need.

Through corresponding members it is hoped that the society will become useful to nurses going to Europe or the Colonies, who are often at a loss as to where they should turn for advice.

The objects of the Society are: To promote the interests of Scottish nurses, and nurses working in Scotland, to encourage a spirit of mutual help and unity among nurses, to encourage and promote the consideration and discussion of questions connected with the training and work of nurses; to promote by every means in its power the efficient nursing of the sick, and the honour and welfare of Scottish hospital training schools, special hospitals, and kindred institutions.

With these objects in view the success of such an organisation—already influentially backed—is secure, and its promoters feel confident of the support of a large section of the nursing profession, and the cordial approval of the medical profession and all those who are responsible for, or in any way interested in, the nursing of the sick.

Nurses who desire to become members, or work in the interests of the Society, will oblige by sending to me at the under-mentioned address their names and addresses; also stating their qualifications, and to what (if any) nurses' organisations they belong.

I am, yours faithfully,

E. A. STEVENSON,

Secretary, *pro tem.*

The Valley, Trinity,
Beechm, N.B.

THE JOURNAL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—On the 21st I sent my year's subscription to the Manager of the BRITISH JOURNAL OF NURSING. At the same time I wish to thank you for the Journal, and for all the care and trouble you must take to make it what it is—the Journal with the highest ideals (if only we could live up to them), and the best aims it is possible to teach, the most up-to-date, and also the greatest protection we nurses have in the press.

Wishing you and all connected with our beloved Journal the greatest success.

Yours faithfully,

A SEVENTEEN YEAR READER.

Beverly, Simla, India.

THE BLACK PLAGUE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—From the second opening sentence of your article called "The Black Plague," in the BRITISH JOURNAL OF NURSING for January 21st, I gather it is in your mind to spread information about, and to fight, the evil chiefly as it affects our own nation, or, more widely, the white races.

Will you forgive my troubling you, and let me ask a few questions about these venereal diseases?

questions which have arisen in my mind after reading your (and previous) articles, as they suggest themselves to me as a missionary nurse in a country where there is a terrible amount of two, if not all three, amongst the natives.

You say: ". . . venereal diseases are the result of an act, or acts, of immorality. . . ."

To take soft chance first, (1) Is there no exception to the above rule in this? I don't think I often see this. Cases of bubo we have. Does the pus from a bubo carry a specific poison connected with the original sore?

(2) Has gonorrhœa no family relationship at all to either of the other two? Is its treatment only, or mainly, local? (This is hardly a nurse's question you will think, but out here one has to diagnose, and to some extent treat, cases "on one's own." Female patients mostly refuse to see a man, and we have no lady doctor at present.)

If gonorrhœa is treated, as I think, chiefly locally, how is infection to be pursued through the female organs of reproduction?

(3) Surely in a country where nothing is understood of diseases being conveyed by infection or contagion a vast number of those who have syphilis may charitably be supposed to be suffering from syphilis insomium.

After the initial act of immorality, which you say is the cause, what is there, where the people are left to nature, to check the progress of the disease? The man having infected his wife, and they their children, these marry and so it is carried to the next generation. (Three generations often inhabit the same house.) Where will it end?

Is the saying, "Unto the third and fourth generation" to be in any way taken as denoting a natural dying out of this disease? We know that many a syphilitic mother in this country, out of a possible family of ten will have only two children to rear, the rest being miscarriages, or premature infants already dead of syphilis in utero.

Some may say, what does it matter to me that I should know of guilt or innocence? As a nurse not so much, perhaps, but as a missionary I see my patients from another standpoint. I may have in one ward four or five little girls with tibial nodes or gummata, babies with ulceration of the mucous membrane, of mouth and eyelids, etc., etc. They must be innocent victims, but how about this woman with syphilitic ulceration of the nose, and that with burrowing sinuses of the gluteal region, or a scaly, scabby rash from head to toe? These are my congregation. These will cry when I speak of sin, and will chorus an "Amen" when I pray with and for them after the daily Bible address.

I should be most grateful for your kind attention to my difficulties.

Yours sincerely,

A MISSIONARY NURSE.

Kashmir.

OUR PRIZE COMPETITION FOR MARCH.

A Prize of 5s. will be awarded to the writer of the best answer to the question:—

March 25th.—What is the function of the placenta?

The replies must range from 300 to 500 words.

The Midwife.

Boiled Milk and its Effects on Infants.

The fifth and last lecture of the course of Lectures on Babies was delivered at the Infants' Hospital, S.W., by Dr. Ralph Vincent, the subject being, "Boiled Milk and the Means by which its Fatal Effects on Infants are Produced."

The disease, said the lecturer, commonly known as epidemic diarrhoea, had not been so serious for the past few years, the reason for this being that it always appears when the summer months are hot and dry, which has not latterly been the case. The point to emphasise was that it is not epidemic, contagious, or infectious. In a hot, dry summer it would appear all over the country at once, instead of spreading from centre to centre as in true epidemics. The last serious outbreak occurred in 1904, and in Great Britain half of the infant population fled from this disease. If the breast-fed infants were excluded, it would be found that the *great majority* of babies had succumbed.

The Infants' Hospital, started in 1903, had from the first used raw milk, and no case of zymotic enteritis had ever been contracted within its walls, though infants suffering from the disease were admitted without any attempt at isolation.

At the Foundling Hospital, on account of the enormous mortality, the authorities had found it necessary to board out all their infants, and at another institution in Melbourne they had been unable to succeed in keeping them alive. When you boil milk, said Dr. Vincent, you kill the organisms the child requires, and leave those that kill it, as the putrefactive organisms cannot be destroyed by boiling. These putrefactive organisms cannot grow in raw milk, one thing that prevents their doing so is the *Bacillus Lacticus*, which makes a certain amount of lactic acid from the lactose; it is this acid medium which prevents their development, and which is destroyed by boiling.

The lactic bacillus lives only about fourteen days, and if a fresh supply is not given, the alimentary canal will become alkaline. The sudden onset of the disease in an infant that has been fed for some weeks on boiled milk without ill effects is accounted for in that so long as the lactic organism is present in the

infant so long will it resist, but the moment the supply is exhausted it succumbs.

The poison produced by the putrefactive organisms belongs to the same group as typhoid, and it is as deadly and as sudden in its effects.

Infants therefore die from the effects of alkaloids derived from the activity of putrefactive organisms, which when absorbed kill, and which can only be grown in boiled milk. They multiply at an enormous pace. Zymotic enteritis, when once really started, is practically hopeless, the infant rapidly becomes unconscious and moribund.

Dr. Vincent concluded his most interesting and instructive course of lectures by an epiflascopic demonstration of the various organisms producing this, and other diseases not connected with his subject—sleeping sickness, elephantiasis, and leucocythæmia.

A MATERNITY NURSES' ASSOCIATION.

As nurses devote themselves more especially to one branch of their work the need for association with others doing the same work appeals to them, and a movement is now on foot to form a Trained Maternity Nurses' Association, the inaugural meeting of which will, by the courtesy of the Union of Midwives, be held on Wednesday, April 5th, at two o'clock precisely, at the offices of the Union, 33, Strand, W.C. Representatives of the press will be admitted, but, with this exception, admission will be restricted to Maternity Nurses.

A CASE OF CÆSARIAN SECTION.

Miss Leilah Gordon, in *Kai Tiaki*, reports an interesting case of Cæsarian section, subsequent complications being post operative hæmatemesis, phlebitis, and thrombosis of two portions of varicose veins, and rise of temperature on the sixth day. Of the baby girl, who was born asphyxiated, Miss Gordon writes that "she only showed signs of life after being worked with for one and a half hours, all the various methods of artificial respiration being used in succession. Even after breathing was evidently well established it was found necessary to waken her and make her cry as she did not seem to be particularly anxious to remain with us."

The baby weighed five and a half pounds at birth, and was fed every hour, being partially breast fed. At the end of the month she had gained over a pound and a half in weight.

The Child's Cry.

Dr. George F. Butler, as quoted in *The Dietetic and Hygienic Gazette*, differentiates the various cries of children and their interpretation:

First, as to the cry of discomfort. It is a pitiful wail, not as feeble as the cry of fretfulness, nor as strong as that of pain. It is easy to understand why the first cry should be one of discomfort. At birth the child is removed from an equable temperature of 98 degs. Fahr. to the cold temperature of the "cold, cold world," which on the warmest day would seem raw and uncomfortable to him. The later causes of the cry of discomfort may be found in bad air, soiled clothing, cramped position, dress too heavy or too tight, the temperature of the room too hot or too cold. It is for the mother to discover which of these causes is operative in producing the cry.

Then comes the cry of hunger. This may sound much like the cry of discomfort with an added tone of impatience. The hungry child does not toss about as the restless or uncomfortable one, and will often cease crying if he catches sight of his mother or his bottle. If no food is forthcoming he resumes his demand with more insistence.

The cry of fretfulness is weak, plaintive, sometimes nasal in quality, and indicates general ill feeling without actual pain. This fretfulness may be caused by a slight indigestion, a wish to be amused, a desire for fresh air, by headache, or by deprivation of playmates or playthings, by some slight discomfort, as pressure of a knot or button in the clothes, sleepiness, sore mouth, chafing, or other irritation of the skin, or because he wants his mother's companionship and wishes to be entertained.

The cry of pain is loud and vigorous and in children over three months old is accompanied with tears. The sharper the cry the stronger the pain. Or we may reverse the statement, and say the stronger the pain the sharper the cry. Colic is a great producer of this cry, and the pricking of pins is a possibility not to be overlooked in searching for the cause.

When a child cries out sharply and stops quickly, producing suppressed or choked cries, we should immediately think of pleurisy as the cause. Inflammation of the membrane around the lungs produces pain and causes a sharp outcry. The deep breath of crying increases the pain, and the cry suddenly stops.

When in watching a child that is evidently crying with pain we see him bending his head to one side, or carrying his hand to his ear, we may suspect earache.

The hoarse cry of croup is recognised by most mothers. It indicates some trouble with the vocal chords.

It is not hard to diagnosticate the cry of fright: it has a hysterical agitated quality.

The tired or impatient cry is easily recognised by most mothers.

The disappointed cry is heard when the child for some cause finds himself unable to nurse. It may be from a sore mouth, or a tired tongue, an obstructive nose on the child's part, or a defective nipple on the mother's breast.

If the mother in the early weeks of the baby's life pays careful attention to his cries, she could learn to distinguish between these various cries and so be able to determine whether the cause is serious or unimportant. She may be sure that the child will not cry without a cause. If he is well fed, not thirsty, and not uncomfortable he will not cry, provided he has not been spoiled, which reminds one to speak of the cry of temper. Everyone has seen mothers spank little babies who were crying vigorously, saying that there was nothing the matter but ill temper. It is true that these strenuous mothers are not numerous; most mothers coddle their children too much.

The British Lying-In Hospital.

At the Annual Meeting of the Governors of the British Lying-in Hospital, Endell Street, W.C., in moving the adoption of the report and accounts for the year 1910, the Chairman, Mr. Chas. E. Farmer, regretted that, in order to meet accumulated liabilities, it had been necessary to sell invested funds to the extent of £1,755 7s. 5d. He had never, with the exception of sales in connection with the building of the Nurses' Home, until the last few years, had the experience of realising invested funds to meet the expenses of the charity. He considered it extraordinary that legacies were scarcely ever left to the British Lying-in Hospital. He directed attention to the fact that the subscription list, the backbone as it were of revenue, showed an increase, which was very satisfactory, but he would like to see a still further advance.

In calling attention to the Report of the Samaritan Fund the Chairman, who had previously alluded to the good work of the Ladies' Committee again referred to it, and said how indebted the Hospital was to them for all they had done, and were doing, and how pleased he was to see some present at the meeting.

Pound Day, organised by the ladies, was last year a brilliant success, £74 in money, and 17 cwt. in groceries, etc., having been contributed. Another would be held on the 24th March this year, and a very pleasant afternoon it always was.

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XLVI

Editorial.

NURSES AS TEACHERS.

Nursing Education is still in the crucible, but, as a profession, we are learning that many things are legitimately required of us which did not enter into our calculations when we began our training. For instance, to most nurses in training the idea of public speaking is abhorrent; they have "never done such a thing in their lives," and yet—whether it is the ward sister who gives "grinds" to the probationers, the Matron who lectures to them, the midwife approved by the Central Midwives Board "for the purposes of signing Forms III. and IV."—to the plain person a clumsy way of saying that she is a teacher of practical midwifery—or the district nurse who gives cottage lectures, most nurses who attain to positions of any responsibility in their profession have from time to time to act as teachers, and it is only one step further to explain the needs of a nursing association, or of the profession at large, to a meeting composed of members of the general public. Nurses, in short, as a trusted and responsible body of workers, have to respond to the new calls made upon them in the evolution of their profession.

In her latest book, "The Common Growth," Miss M. Loane has many wise things to say on the subject of cottage lectures. Thus she writes: "Just so long as hygiene and sick nursing are neglected, or studied in separate compartments, just so long health will languish and sickness abound. . . . If we could only attempt to teach either nursing or hygiene, either cure or prevention, it would be a bitter choice, and we shall never derive full benefit from either until they are studied simultaneously."

In connection with the objection, "Can't

you teach people to empty the dustpan on the fire when they have swept a room without calling it a hygienic precaution?" Miss Loane reminds us that, in spite of the old proverb, fine words *do* butter parsnips, "Offer to teach decent working women how to keep their houses clean, and very justly they will be much offended. Offer to explain the laws of hygiene, and you may be able to point out some branches of cleanliness which they have most excusably overlooked."

After all, is it not inevitable that, as nurses we should have to assume the role of teachers, and as we are busy people that we should become lecturers, and economise our time by teaching a number of people together instead of singly? We are for should be possessed of very definite practical knowledge, knowledge for lack of which the people perish. Take, for instance, the slaughter of the innocents in a hot summer by reason of the unsuitable milk administered to them; the infection of healthy persons by the tubercle bacillus, because the means to destroy it are not known, and therefore not taken. Shall we, who know, let deaths and infection occur because public speaking is no part of our duty, and we cannot undertake it? We are pledged to save life, to prevent disease, and we fail in our duty if we neglect any means whereby we can do so.

In regard to lectures to working-class mothers, who so suited to give them sympathetically and simply as nurses who know their needs and their limitations, and who should long to share knowledge which will make lives easier and homes happier. For that is the essence of teaching—at the bottom the teaching and the missionary spirit are the same, the desire to share our own good things with those who have them not.

Medical Matters.

COLD CHAMBER TREATMENT.

In an interesting article in the *British Medical Journal*, Dr. John Gordon Thomson, of the Liverpool School of Tropical Medicine, describes "Some Experiments on Cold Chamber Treatment." In a preliminary note he writes as follows:—

No noticeable change can be observed in a patient's body as a consequence of alteration of external temperature; but nevertheless changes may be produced in his blood and tissues which may be inimical to the parasites living in him.

It is common to send patients suffering from malaria to temperate climates, for example, the hills of India, and it is easier to treat such patients in England than in the tropics. Again, from a careful study of the statistics in India it has been noted that a sudden rise in the malaria-rate occurs at the end of the cold season before any new brood of *Anophelines* has been hatched out. This may be due to relapses caused by the greater heat.

In discussing relapses in malaria, Dr. R. Ross (1910) puts forward as a hypothesis that external heat probably tends to encourage these. Although the temperature of the body remains much the same, the parasites may be stimulated by the heat in some way, owing to the fact that warm climates are specially suitable to them and to their dissemination by mosquitoes. The same observer, while conducting experiments in India with birds, noted when he took these to a cold climate, such as the Himalayas, that the parasites in their blood greatly diminished in numbers. Many observers, especially in Italy, have noted that season affects the plasmodia, especially the sexual forms, quite apart from the proliferation of the carrying agents.

Not many years ago phthisical patients were shut up in hot rooms, and now such patients go to the hills of Switzerland, where they are subjected to a cold dry atmosphere. In fact, there is good reason to believe that the cold acts in these cases as a tonic to the whole animal organism, and without doubt acts almost as beneficially as the purity of the air inhaled.

It has been shown by Raubitschek (1910) that white rats fed on buckwheat and exposed to the sunlight develop a disease which has been called fagopyrismus, a condition which in many respects simulates pellagra, whereas those kept in the dark remain quite healthy. Before this experiment, a suggestion that sunlight was capable of aiding disease would have

been regarded as most improbable, but here we have absolute and direct proof of the influence of such natural agencies.

It is usually admitted that people who live in cold climates have more vitality and energy than those who live in the tropics. More work is done and greater energy displayed in cold climates. Too much heat and too much cold will both lower vitality. In suggesting cold treatment, however, we do not mean exposure, and we did not in any way lower the vitality of the animals observed by us. It has been well proved, after about eighteen months' experimental work with rats and guinea-pigs, that the animals in the cold chamber are livelier and take their food better than those in the varying atmosphere of the animal house, the temperature of which in the summer months was often very high. A cold moist atmosphere or exposure to a sudden change of temperature may be exceedingly dangerous to the vitality of an organism, but this is quite a different thing to the cold dry bracing atmosphere of Switzerland and Canada during the winter. All visitors to the cold chamber here admitted the efficacy of a short sojourn in it, and this was most noticeable during the heat of summer. One feels more vigorous in this chamber, and this probably better than anything else may suggest the possible value of treatment in it.

Very little seems to be known of the physiological action of cold air on the living organism. It is known that cold causes constriction of the peripheral arterioles of the skin, and that a cold bath stimulates leucocytosis.

THE VALUE OF OBSERVATION WARDS.

In his annual report of the certification of lunatics and the observation ward for the past year, Dr. Martin, certifying physician to the Edinburgh Parish Council, speaks highly of the value of the observation ward, the high percentage of "recovered" and "improved" cases, and the low percentage of cases ultimately needing certification, and also of deaths. The hoped-for success of the step initiated a year ago was an accomplished fact. Dr. Martin goes on to say that the insufficiency of the accommodation materially limits the amount of possible good and debars any beneficial attempt at classification. He points out the benefit to the community which would ensue if a mental observation hospital were provided by the Edinburgh Parish Council: the benefits which have accrued from the observation ward at the Royal Infirmary would be enhanced both in degree and measure. Surely the suggestion is both rational and humane.

Clinical Notes on Some Common Ailments.

By A. KNAPP, GORING, M.B., CANTON.

MEASLES.

At the present time the attention of the public is in some measure other directed to the subject of measles. In fact, it seems likely to vie with standard bread and the treatment of mild strychnine in attracting the notice of the man who wishes to devour all the news of the day in the five minutes which elapses between the swallowing of the last mouthful of a hastily consumed breakfast and the rush for the city-wards train. In medical circles also the fact that attempts are now being made to admit cases of the disease to isolation hospitals (from which they used to be rigidly excluded) has somewhat revived our interest in this ailment. I propose, therefore, to deal quite briefly with some of its symptoms, and with what little we know about the ways in which it arises and is communicated to others.

Until recent years no one took measles seriously. Many novelists have alluded to it as a typically trivial ailment, and as a complaint which everyone had got to have, and get over as soon as possible. In a sense, there is some justification for this attitude, inasmuch as it is a very common disease amongst children, and one which few escape, and in previously healthy subjects, who are properly cared for when the attack arises, the risk to life is not great, but we are apt to lose sight of the fact that measles as a rule kills more children in a year than scarlet fever, for instance, does in seven months. Moreover, from time to time epidemics of measles arise amongst poor and badly fed children which are very fatal indeed. Two examples of this occur to me now. In one case, measles was inadvertently introduced into a ward in an isolation hospital that was full of children convalescing from diphtheria; thirteen were attacked and eleven died. Then I remember a house in a certain slum where I saw four dead bodies, which represented all that remained of an entire family, and these children had all been running about the streets three days previously. At one time it used to be the custom in parts of London—and probably elsewhere also—when one child contracted measles, for the parents to put all the other children to sleep with the patient in order that they might make one job of the whole family at one time, and I know of one instance where they even borrowed the children of the next door neighbour to make the transaction more complete.

Measles is a very infectious disease, in fact probably the most infectious thing that we have in this country, but there is this advantage about it, that the time during which it is nearly very contagious is much shorter than in most of the other exanthemata. Thus, in the uncomplicated cases, the highly infectious period lasts only about a week, and in another fortnight the patient is usually free from infection; moreover, the virus, whatever it may be, is not so easily conveyed by clothing as one might expect, infection being almost always conveyed directly from person to person.

In measles we have a very good example of the importance of considering not only the disease, but the resistance which the host is capable of making to it. Thus, as might be expected by reason of its being so common in this country, the people of the British Isles, when they are decently healthy, seem to have acquired a certain sort of immunity, so that the great majority recover, but when it has invaded races to whom it was previously unknown, it has been as fatal as the present outbreak of septicaemic plague in Manchuria, where the death rate seems to be about 90 per cent. This actually happened some years ago in the Fiji Isles, where an epidemic of measles killed almost everyone it attacked.

Measles is essentially a disease of childhood, and inasmuch as most children have it sooner or later, and as one attack, as a rule, confers a future immunity, it is not common in adults. It is most prevalent between the ages of one year and six, declining thence gradually as age advances. It begins with the signs of a common cold, sneezing, coughing, running at the eyes and nose, and—what is very important—some degree of hoarseness; there is a sharp rise of temperature to 104 degs. Fahr. or so, at the onset, and from the first, the respiratory tract is affected. These symptoms continue until the fourth day, when an eruption of separate pink spots appears on the face, and behind the ears, the forehead and oral triangle being especially affected, these incidentally being the parts that are practically always spared by the rash of scarlet fever. The eruption spreads to the trunk and limbs, and reaches its height about the end of the first week from the onset of the catarrh; it then rapidly fades and is succeeded by a fine branny desquamation, which itself disappears in another week, and at the end of three weeks the patient is usually well and free from infection.

The real importance of an attack of measles depends upon the extent to which the respiratory tract is affected. From the point of view of detection of the disease, two points are im-

portant, one of which is the presence of Koplik's spots and the other the croupiness of the cough, which shows that the larynx is inflamed. Koplik's spots are small whitish papules situated on the inside of the mouth opposite the back teeth: they appear on the first day of the disease, and usually last from one to two days: when present they are conclusive evidence of measles, as they do not occur in any other disease.

The extent of the laryngitis may vary from slight hoarseness to inflammatory obstruction, so severe as to necessitate tracheotomy or intubation of the larynx, and it is not uncommon for patients suffering from the initial croup of measles to be certified as cases of diphtheria and be sent to isolation hospitals where they form the bugbear of the medical officers, for after the sensational tracheotomy in the ambulance van it hardly does to admit them to a diphtheria ward! In these institutions it is a standing rule to search for Koplik's spots in every case of laryngeal obstruction.

Similarly, the affection of the lungs may vary from a very slight degree of bronchial irritation to an intense broncho-pneumonia, and this is the way in which most of the fatal cases terminate.

It is for this reason that it is desirable that beds should be devoted in the isolation hospitals to the reception of bad cases of measles from houses where adequate attention cannot be provided. As a means of checking the spread of infection, removal to hospital is useless as the mischief is done before the rash appears, but it often happens that a child suffering from broncho-pneumonia, which would undoubtedly die at home, recovers in hospital.

Another complication that almost always proves fatal is gangrene of the inside of the cheeks, which is known as *cancrum oris*: it sometimes attacks the vulva in female children.

Apart from the extent to which the respiratory tract is affected the outlook depends mainly on the character of the eruption, it being favourable when this covers the whole body, appears early, and is bright in colour, and unfavourable when it is late, scanty and dusky.

What the cause of measles is we do not know. No organism has yet been isolated, nor has the disease been reproduced in animals, but there can be no doubt that it is due to an organism of some kind or other: the fact that the infection quickly disappears from clothing, etc., suggests that it is fairly easy to kill. The incubation period varies from ten to fourteen days in the majority of cases, but in institu-

tions it is customary to allow a margin of another week for safety, though it is very doubtful indeed whether the incubation period is ever longer than eighteen days.

The diagnosis of measles is often difficult, and is in any case more a matter for the physician than the nurse, but the latter can render valuable help when she knows that any patients under her care have been exposed to the infection, by taking their temperatures night and morning, even though they appear to be perfectly healthy, and by keeping vigilant watch on the inside of the mouth for the first appearance of Koplik's spots, and by regarding with extreme suspicion any patient who coughs or sneezes.

By the general public the treatment of measles is regarded as a matter of but little importance, and the housewife usually consults the cookery book rather than the doctor. In the pharmacopœia of the former, saffron and brandy is a prominent remedy, and there are many others of equal and non-existent value. The first point is to keep the patient confined to one room which should be kept at an even temperature, and should be rather warmer than the average sick room; a temperature of about 65 degs. is the best. Then, if the hoarseness is at all well marked, the air should be moistened with steam from a bronchitis kettle. It is important, in this connection, that anything resembling the old-fashioned steam tent should be avoided, and that the steam should not be confined by bed clothes or curtains, which become sodden and thus a source of danger.

If the patient is old enough, he should use a steam inhaler at frequent intervals, and in practice, very many quite small children can be taught to do this with safety. Otherwise, the best plan is just to place the nozzle of the kettle near the bed so that the steam reaches the child but does not saturate his clothes. If there is much laryngitis, warm fomentations applied to the throat are very comforting. If in spite of these measures, the distress increases and cyanosis appears, intubation of the larynx, or tracheotomy, may be required. Every measure should be taken to sustain the strength of the patient: in a bad case the feeding should be entrusted to a trained nurse, and the food should be as nourishing as possible, and may with advantage include some form of concentrated proteid; stimulants are often advisable. When bronchitis or pneumonia supervenes they should be treated in the manner described in previous articles of this series. *Cancrum oris* usually demands free excision of the affected area.

The Matrons' Council of Great Britain and Ireland.

A RECENT MEMBER

Miss Ethel Nicholson, Lady Superintendent of the Manchester Children's Hospital, Pendlebury, and recently elected a member of the Matrons' Council of Great Britain and Ireland, whose portrait we publish on this page, was trained at St. Bartholomew's Hospital, London, entering it in 1903 for a four years' term. On obtaining her certificate

Miss Nicholson was appointed Assistant Matron to the hospital, a post she held for six months. In 1907 she was appointed Night Sister to the Children's Hospital, Shadwell, E., and after a short time was offered by the late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, the post of Matron's Secretary, which she held for a year, and subsequently was appointed Home Sister having in the meantime gained considerable experience in the hospital kitchens. She retained this position until appointed in September last to that she now holds of Lady Superintendent to the Manchester Children's Hospital, Pendlebury.

Previous to entering St. Bartholomew's Hospital, she was trained at the Manchester Children's Hospital, Pendlebury, and it is a

good example of what she should have been appointed Superintendent of her first training school, and which institution she regarded with a great interest. Miss Nicholson is a member of the League of St. Bartholomew's Hospital Nurses, and of the Society for the State Registration of Trained Nurses.

At St. Bartholomew's Hospital, Miss Nicholson, a gasp of light, clear, and charming,

was very popular, and her resignation was generally regretted, although at the same time, her colleagues were glad that her work and talents should be recognised by those who had the best means of judging of her abilities, and that the Committee of the Manchester Children's Hospital should thus have honoured one of its own former pupils, whose subsequent career had reflected credit on the school.

The Manchester Children's Hospital is one of which the reputation stands high, and it is pleasant to know that its work is appreciated by the parents of

the children whom it serves. Speaking at the annual meeting recently, the Senior Surgeon, Mr. J. Howson Ray, bore testimony to the assistance which the medical staff had received from the parents in Manchester and Salford, who did their very best to further the work begun at the Hospital, on which so much depended.



Miss ETHEL NICHOLSON,
Lady Superintendent, Manchester Children's Hospital, Pendlebury.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss S. A. G. Lett, Exning, Newmarket, for her article printed below on the subject—

WHAT IS THE FUNCTION OF THE PLACENTA ?

The function of the placenta may be described as a three-fold one :—

1. The placenta serves as lungs to the fetus.
2. Is the means of supplying nourishment to it, and
3. It serves as an excretory organ.

It is very certain that life for the fetus cannot exist without the placenta and the cord which is the means of communication between the two. For instance, if a cord is sufficiently knotted to obstruct this means of communication the death of the fetus will ensue.

It is not, however, the placenta which nourishes the fetus. The placenta is only the means of conveyance and circulation of the maternal blood, which is the real source of life for the fetus. Therefore, should the placenta become prematurely detached from the uterine wall it becomes useless, and the death of the fetus results.

It is not here intended to describe the placenta, but in order to understand its function some details must of necessity be entered into. The placenta has two sides, the maternal and the fetal.

The maternal side is spongy, its interspaces being filled with blood, which is carried to and fro in continuous motion by the uterine arteries and veins. This is the side which is in contact with the uterine wall.

The fetal side is chiefly composed of innumerable little villi (chorionic villi) which dip like little fingers into the maternal blood.

In order to understand the uses of these little villi we must now turn our attention to the umbilical cord. This cord contains three blood vessels, two arteries, and one vein. These two arteries convey the blood, containing all waste material, from the fetus to the placenta. Here they divide into several branches, which in their turn divide and divide again until, as very minute branches, each enters a villus, travelling to the free end of it, and then turning back like a loop and leaving the villus close to the spot where it entered. Now several of these tiny branches go to form one blood vessel; then several blood vessels to form a larger blood vessel, until finally they all enter into the umbilical vein, which conveys the blood direct to the fetus. The blood thus conveyed to it is purified, containing oxygen and materials for the nourishment of the

fetus, which it has gained in its circulation through the villi, which, as we have already seen, are in direct communication with the maternal blood.

Thus, the placenta is an organ whose function is to bring the blood of the fetus into relation with the blood of the mother, without any direct mixing of the two, thereby supplying to the fetus means of circulation, respiration, and excretion.

The papers sent by Miss M. Atkinson, Miss M. Myers, Miss A. English, Miss K. S. Stewart, Miss T. Fellows, Miss M. Foster, Miss E. Douglas, and Miss Emily Marshall are highly commended.

Miss Kathleen S. Stewart, explaining the fetal and maternal sides of the placenta, writes:—"The fetal surface is that to which the umbilical cord is attached, and is smooth and glistening, being covered with the amnion; this part is derived from the chorion, the villi of which penetrate into the maternal part of the placenta. The villi are vascular and non-vascular. The former project into the blood spaces of the decidua serotina, and the latter are smaller processes which fix the chorion to the uterine mucous membrane. The vascular villus is made of a capillary loop lying embedded in connective tissue, the blood vessels being derived from the umbilical vessels.

Miss E. M. Simpson writes: "The blood is the life, and through the agency of the placenta, by means of the interchange which takes place in the villi between the fluids and gases of the maternal and fetal blood, the fetus is nourished, and its waste material eliminated. It will be seen, therefore, that a healthy placenta means a pure blood supply, and a well nourished child, disease of the placenta means an impoverished, ailing, or sick child. Abortion, or death of the fetus may also result from the diseased placenta.

Miss Emily Marshall writes that "the placenta which nature supplies and implants in the upper or middle part of the uterus, inside, supplies nourishment and transfers oxygen during the stages of development of the child in the womb. . . . Directly the child is born it no longer needs the placenta, for as soon as respiration is established it gets the oxygen from the air into the lungs, and nourishment is provided in the usual way."

Miss M. Atkinson defines the placenta as "the medium of attachment between the mother and ovum. . . . By the dipping of the villi of the chorion into the blood filled

spaces of the decidua scrotina the blood of the mother and fetus are brought into close contact without actually mixing, and by the process of osmosis the fetal blood is purified and aerated in a similar way to the mother's blood by respiration, the difference being that the cells in the lungs are filled with air, instead of as in the placenta with blood.

OUR PRIZE COMPETITIONS FOR APRIL.

April 1st.—Who is your favourite character in History, and why?

April 8th.—In what ways may sleep be induced without drugs?

April 15th.—What is the most important feature in the treatment of diabetic patients?

April 22nd.—What are the usual symptoms of pregnancy?

April 29th.—How are burns usually classified?

See advertisement on page xvi.

Nurses Untrilled.

We regret to learn that economy under the Metropolitan Asylums' Board is taking the form of retrenchment in relation to the nurses' uniforms, and the sub-committee appointed by the General Purposes Committee to consider and report on the question of officers' uniforms propose a reduction in materials for women's dresses and uniforms, and also report: "We have abolished lace and special frillings for caps, an alteration which should result in decreased work in the laundries. On the other hand we propose that if needed, and not otherwise, a larger number of aprons be issued to most of the female staff, as we are satisfied that the present allowance is inadequate in many instances. The financial saving on the reductions in materials, lace, etc., above referred to, should be considerable."

Nevertheless, a professional appearance in a nursing staff is an asset which is of definite value, and the disappearance of the neat and becoming caps with goffered frills will be regretted by many, who are of opinion that too dear a price may be paid for small economies of this kind.

We hope that Miss Margaret Jones, the Matron of the North-Eastern Hospital, Tottenham, who has been granted a month's leave of absence in order to recruit her health after a recent illness, will return to work invigorated by her rest. She is one of the hard workers who can ill be spared, and it is only a short time since she was transferred from Gore Farm Hospital to the North-Eastern, where we hope she has many happy and useful years before her.

The International Council of Nurses.

Miss L. L. Dock, the Hon. Secretary of the above Council, writes that she is getting ready to start on the Programme of the International Congress of Nurses, to be held at Cologne next year, 1912.

It has been proposed—(1) To make a special presentation of all the new lines of social service (public service) nursing work. (2) To show the development of good secular training schools in hospitals managed by nuns for the help of the North German Roman Catholic Sisters who are very willing to progress if they know how.

Miss Dock will at an early date send a secretarial letter for publication in the official organs of the various National Councils of Nurses, and as she would like to be able to communicate an outline of the intended programme at Cologne to the annual meeting of the American Federation of Nurses at Boston, U.S.A., in June next, she asks for an early notice of proposed Resolutions. Miss Dock writes: "I am perfectly bewitched with the accounts of the Pageant. You are wonders. Will you not bring it to Cologne? I think it would be simply thrilling."

THE NATIONAL COUNCIL OF NURSES.

The immediate question is when shall the annual meeting of the National Council of Nurses be held to settle all these important affairs? Why should we not hold it in Coronation week? A luncheon at which to wish Health and Happiness to our new Monarchs, after which a Conference to decide on the part the National Council of Nurses of Great Britain and Ireland wish to take in the great forthcoming International Congress at Cologne. We know from past experience how wonderfully German woman organise their international hospitality, and the gathering in the historic Gurzenich at Cologne cannot be missed, especially by British nurses who wish to give a hearty welcome to their colleagues from India and New Zealand at the Affiliation Ceremonies.

The Nursing Pageant.

Many inquiries are still being made as to whether the Programme and Book of the Words of the Nursing Pageant can still be obtained. The Programme, price 2d., and the Book of the Words, price 6d., may be had on application to the Pageant Secretary, 431, Oxford Street, London, W. Postage (1d.) should be enclosed.

Lord Mayor Treloar's Cripple Home and College, Alton.

No happier destiny could have been found for the "Absent Minded Beggar Hospital" at Alton, Hants—somewhat a white elephant to the War Office when once the rush of sick and wounded cases from South Africa had been dealt with after the war—than to hand over buildings and equipment (by special Act of Parliament) to Sir William Treloar for the benefit of the cripple children, in whom he takes so warm and practical an interest. So it has come to pass that the happy voices of little children now echo through the wards, and nurses in warm blue coats of military pattern are to be met in the spacious grounds, for the breezes on these wind-swept Hampshire uplands are keen and penetrating, and warm garments are a necessity in passing from ward to ward, or to the nurses' home, chapel, night nurses' quarters, and other portions of the hospital, all of which are separate buildings.

If the Home was fortunate in its foundation it is fortunate also in its officers, for the Medical Superintendent, Mr. Gauvain, keen man of science, excellent administrator, and hospitable host, has evidently the interest of the children at heart, and is regarded as a personal friend by each one of them; and efficiency and warm human interest are evident throughout the domestic and nursing departments in charge of the Matron, Miss J. P. Robertson.

It was my good fortune to visit the Home last week, and although a snowstorm swept the grounds at intervals, it mattered little for the power house supplies the warmth which keeps the buildings warm and cheery, and wind and storm only serve to accentuate their cosiness. One steps out of the open verandah into Miss Robertson's room, and straightway the keen atmosphere changes to one of grateful warmth. Adjoining it is the Nurses' Home—all on the one level—with comfortably furnished bedrooms, a dining-room in which the tables were covered with spotless linen, the polished glass shone like crystal, and all the table appointments had the refinement of a well ordered private house.

The kitchen which adjoins is supplied with two ranges, one of which is in use, and the other left ready for lighting next morning. White tiled larders and pantries, well stocked crockery and linen cupboards testify to the good order of the domestic department.

At some little distance is the Night Nurses' House, where the Night Sister and nurses sleep secure from disturbance by the sounds of

daily life, and further, to the right the sunny Chapel, attended by the staff, the College boys, and such children as are well enough to be present. The Bishop of London is one of the Trustees of the Home, and the Chapel contains some pictures which are his gift.

On the highest ridge of all, as befitting his position, is the delightful bungalow of the Medical Superintendent, where Mr. Gauvain fulfils the apostolic injunction to "entertain strangers" in charming and friendliest fashion. Adjoining are rooms for the accommodation of the Trustees when they visit the Home.

A tour of the wards "personally conducted" by the Medical Superintendent and Matron, when Mr. Gauvain explained many points in relation to the cases, was of great interest.

First in order was the "Observation Ward," consisting of a series of glass cubicles. All new cases are admitted to this ward for a fortnight, and it has been an "untold benefit," no epidemic having yet occurred in the Home. Cases such as mumps and whooping cough, which develop in this ward, are nursed there, but scarlet fever, measles, etc., are sent to the isolation block. From the nursing point of view, there is the further advantage that the children are thoroughly clean when admitted to the general wards.

In the general wards Mr. Gauvain explained the principles on which he applies extensions and plaster splints and jackets. Thus in applying an extension to a leg, this should not be placed in an absolutely straight position, but slightly abducted if the correct position is to be attained eventually. Another ingenious method employed, when putting up a leg in plaster, and extension is desired, is to carry the bandage incorporated above the condyles of the femur, the "pull" is therefore on this bone, and there is no prolonged strain on the knee joint, as is inevitable when the extension is applied only to the lower leg.

The plaster jackets are models of what such appliances should be. To describe their scientific precision demands the pen of a medical practitioner, but a trained nurse is able to appreciate the skill with which they are applied, and their evenness and smoothness, attained by constant practice. None of the plaster work is done in the wards. All the children are taken to the plaster room for this purpose, where to the uninitiated the "gallows" on which the children are placed while the jackets are being applied, appear to be an instrument of torture. Here also the celluloid jackets and splints are made which the children wear when well enough to be taken out of plaster. It should be noted that all plaster jackets are made with



AN OBSERVATION WARD.

an abdominal window, leaving plenty of room for expansion. The jackets, and the splints to which they are fixed, are provided with "back doors," which can easily be removed and replaced when attention to the back is necessary. This, by the way, is an important item in the nursing, most backs receiving attention every four hours, day and night.

Describing the "back-door splint" to members of the British Medical Association on the occasion of their visit to the hospital last year, Mr. Gauvain said: "A way which has proved itself to be in our hands a very useful one for obtaining hyper-extension combined with immobilisation is by the use of the 'back-door splint,' which is padded appropriately for each case. The splint is padded with animal wool, which is much more suitable for the purpose than ordinary cotton wool."

Plasters applied one day are finished two days later, and each nurse is responsible for keeping those of her own cases cleaned and polished. Adjoining the plaster room is the X-ray room, where an unusually fine apparatus, a present from a generous donor, is installed.

The treatment of tuberculous abscesses, including psoas abscesses, is usually by aspiration instead of incision. The difficulty of the caseation of pus, which so often occurs in these cases, which prevents its flow through the cannula, is met, if necessary, by the injection of a suitable preparation, by means of which it is liquefied, and can then be evacuated without difficulty.

In one of the wards where the children are on spinal boards, no beds are used but "stands" the size of the boards. The miniature mattresses are made of two "absent-minded beggar" pillows.

Open windows and fresh air are a great feature of the wards, even snowflakes drift in, but the children seem to enjoy the life.

Mention must be made of the school where the education of such children as are able to attend is carried on. Nurses are detailed for this duty, which carries with it special privileges, and this plan is found to work better than employing outside teachers.

The average stay of each child in the Home is one year, but some stay for two and even more. When they leave, many are seen at least every three months by Mr. Gauvain at the Finsbury Dispensary, where facilities are given him for this purpose, and in the case of those from a distance, and they come from all parts of the kingdom, he keeps in touch with them by correspondence with their own doctors.

Mention must be made of the Dispensary where medicines and drugs are dispensed by the Night Sister.

It will be realised that the nursing experience obtained in the Home is extremely valuable, and as probationers are received at eighteen years of age they are barely old enough for admission to a general hospital when they have finished their three years' training. During their training they receive lectures from the Medical Superintendent on Elementary Anatomy and Physiology, and from the Matron and Assistant Matron on Nursing. They also receive instruction in the teaching of physically defective children, plaster and X-ray work, cooking, laundry, and needlework. At the end



A CASE OF SPINAL CARIES.

of three years' probationers, if efficient, receive a certificate of training in the nursing of special disease of children. Sir William Treloar has now instituted a gold medal, awarded to the best nurse at the end of three years' training, in memory of his wife, and the first will be presented by the Lord Mayor when he visits the Home next May.

Besides the Home, where some 200 children owe their best chance of future fitness to the kindness of Sir William Treloar, there is the College where older boys are taught trades, by which they can support themselves, but that is another story.

M. B.

Appointments.

MATRONS.

Crookings Sanatorium, Brittas, co. Dublin. — Miss Elizabeth McCoy has been appointed Matron. She was trained at Dr Steevens' Hospital, Dublin, and has held the following posts: Staff Nurse, English Nurses' Institute, San Remo, Italy. District Nurse under Lady Dudley's Scheme for the establishment of nurses in the poorest parts of Ireland; Matron, Lomas Sanatorium, co. Wicklow. She holds the L.O.S. and C.M.B. certificates, and has experience in private nursing.

ASSISTANT MATRON.

The Infirmary, Kingston-on-Thames. — Miss Violet Rogers has been appointed Second Assistant Matron. She was trained, and held the position of Ward Sister, at the East Dulwich Grove Infirmary, and afterwards that of Ward Sister in the Kingston Infirmary. She is a certified midwife.

The Infirmary, Kingston-on-Thames. — Miss Agnes Wood has been appointed Home Sister. She was trained at the Gravesend Hospital, and has been Staff Nurse at the Norfolk and Norwich Hospital, and Ward Sister in the Kingston Infirmary.

Miss M. F. West has been appointed Maternity Sister. She was trained and has held the position of Staff Nurse in the Kingston Infirmary. She is a certified midwife.

Miss C. M. Turner has been appointed Surgical and Theatre Sister. She was trained and has held the position of Staff Nurse at the Guest Hospital, Dudley.

Miss M. E. Rayment has been appointed Ward Sister. She was trained and held the position of Staff Nurse at the Chelsea Infirmary.

SISTERS.

Bethnal Green Infirmary, Cambridge Heath. — Miss Janet Daek has been appointed Sister. She was trained at the St. Marylebone Infirmary, and has held the positions of Staff Nurse and Charge Nurse at institutions in Shanklin, Cambridge, and Dorchester.

The Hospital, St. Helena. — Miss Henderson, who has been a Charge Nurse at the Stobhill Hospital, Glasgow, has been appointed Sister at the Hospital, St. Helena. She sails to take up her new post on April 1st.

CHIEF NURSE.

Cornwall County Asylum, Bodmin. — Miss Rosetta Reader has been appointed Chief Nurse. She was trained at the General Infirmary, Wolverhampton, and has held the positions of Charge Nurse at the Warwick County Asylum, and Sister at the Whipp's Cross Infirmary, Levtonstone, Essex. She holds the certificate of the Medical-Psychological Association, and is a certified midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Teachers and Appointments. — Miss Fanny Robinson, appointed Superintendent, Cardiff. Miss Mary McKay, to Whickham (Marley Hill). Miss Sarah Heap, to Gosford. Miss Clara Gurnoy, to Widnes. Miss Jeanie B. Clark, to Sidcup.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The under-mentioned ladies have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service in India: — Dated December 7th, 1910, Miss Mary Wardell, Miss Minnie Eda Maclean, and Miss Anne Dudley Storer. Dated January 18th, 1911, Miss Marian Helen Elizabeth Barlow.

The under-mentioned Nursing Sister has resigned the service through ill-health: Miss Gertrude Daly, dated March 11th, 1911.

TERRITORIAL FORCE NURSING SERVICE.

The following appointments have been recently made to fill vacancies on the Nursing Staff of the four Territorial General Hospitals for London: —

MATRONS.

Miss Acton, Matron of Lewisham Infirmary, to be Matron of No. 1 General Hospital, in place of Miss Polden, resigned.

Miss Scovell, Matron of Swansea General Hospital, to be Matron of No. 4 General Hospital, in place of Miss Holder, resigned.

SISTERS.

No. 1 General Hospital. — Miss Florence Mathews, Miss Margaret Steele, and Miss Mary Rundle.

No. 2 General Hospital. — Miss Maud Brown.

No. 3 General Hospital. — Miss Olive Allsup and Miss Helen Munro.

No. 4 General Hospital. — Miss Rose Brown and Miss Helen Ward.

NURSES.

No. 1 General Hospital. — Miss Mildred Crown, Miss Isabel Davy, Miss Dora Drinan, Miss Violet Hubbard, Miss Florence Oldfield, and Miss Clara Tunbridge.

No. 2 General Hospital. — Miss Annie Everingham, Miss Mildred Foster, Miss Annie Herd, Miss Muriel Moulson, Miss Hannah Sadlier, Miss Mary Thompson.

No. 3 General Hospital. — Miss Mary Ball, Miss Lucy Brookes, Miss Margaret Myles, Miss Annie Fishwick, and Miss Ellen West.

No. 4 General Hospital. — Miss Rose Davey, Miss Harriot Garland, and Miss Mary Walker.

ALBERT MEDAL FOR A NURSE.

The King, as announced in the *London Gazette*, has been pleased to approve of the Albert Medal of the Second Class being awarded to Nurse Hilda Elizabeth Wolsey, in recognition of her gallantry in saving the life of a patient at the Hanwell Asylum, as detailed below: —

Nurse Wolsey followed a female patient, who ran to 60 or 70 feet along a narrow guttering at the edge of a roof, over the wire covering of the fire escape 25 feet from the ground, making her way by leaning with one hand against the sloping roof, and, reaching the patient, held her at great personal risk, until ropes and ladders were procured and she was lowered to safety.

Nursing Echoes.

The Fourth Annual Nursing and Midwifery Conference and Exhibition will open at the Royal Horticultural Hall, Vincent Square, S.W., on Tuesday, April 4th, and a visit to the various trade stalls will well repay nurses and midwives who wish to keep up to date in what is being put upon the market in aid of improved sanitary conditions for the people. *At Stall 11b this Journal and other professional literature will be found on sale, including the Bill for the State Registration of Trained Nurses, the Pageant Programme and Book of the Words.

Conjointly with the Exhibition an interesting Conference will be held in the London County Council Technical Institute, Westminster, at which medical practitioners only will preside. Either trained nurses and midwives ought to conduct the Conference from the chair, or the addition of the word "Medical" should be made to the description of the Conference.

One of the most important papers will be that by Mrs. Lawson, President of the National Association of Midwives, on "The Midwives' Act and What it Means to Midwives," which is down for discussion on the afternoon of Thursday, April 6th. We hope full discussion will be permitted this year, as last year the Chairman closed the meeting somewhat summarily, and no discussion could take place on Mrs. Lawson's paper.

Our picture on this page of Miss Beatrice Kent, as Phœbe of Cenchrea, in the Nursing

Pageant, from a photograph by C. Vandyk, 37, Buckingham Palace Road, S.W., is of great interest, as showing the position held by women in the early Church. In "A History of Nursing" we read that: "The chronicles of Christian nursing begin with the diaconate, which included men and women having similar functions, the chief of which was the care of the poor and the sick. From the earliest apostolic times deaconesses were placed on a

level with the deacons, and the title 'diakonus,' as used by St. Paul in speaking of Phæbe of Cenchrea, was applied equally to men and women. Phæbe (A.D. 60), the friend of St. Paul, who enjoys the distinction of having been the first deaconess, is believed to have had social standing and wealth.

The deaconess, ranking with the clergy, was ordained by the bishop, with the consent of the congregation, and the laying on of hands. Her duties, like those of the deacon, were both secular and clerical. She was the first parish worker, friendly visitor, and district nurse. . . Her religious duties were very important, and of greater extent than those of her sister, the modern Protestant deaconess. She taught, catechised, and brought the women converts to baptism, or baptised them herself; stood at the women's



MISS BEATRICE KENT,
Phœbe of Cenchrea.

door in the churches and showed them to their places; brought them to the Lord's Supper, and assisted at the altar during the Sacrament." Tucker and Malleon, who give more explicit details than many writers, say:—"The terms used for the ordering of men and women clergy were always identical. Both were ordained by the imposition of hands. The

new consciousness among the Gospel. The Bishop placed the stone on her neck, after which she took the vow of profusion from the altar and clothed herself with it. She also received a mangle, rug, and crown. . . . She administered the Sacraments to the confessors in prison, and to Miss Commination the woman with the Child, the deaconess communion at the night. In some places she read the homily, and in others she preached. In several of the ancient manuscripts."

We are glad to observe, in connection with the proposed memorial to Miss Florence Nightingale, that leading opinions in the United States endorse the expression of this journal. Miss M. Adelaide Nutting, Director of the Department of Nursing and Health, Teachers' College, Columbia University, N.Y., writes in the *American Journal of Nursing* as follows:

"The nurses of Great Britain are considering carefully the matter of a suitable memorial to Florence Nightingale. It goes without saying that others than nurses are similarly engaged, and that there ultimately may be, not one memorial, but many, erected throughout the Kingdom, in commemoration of her and her immortal work.

"At the same time, there will probably be one of some, which, because of its peculiar significance, may be accepted as embodying in the most fitting way that sentiment towards her which is not merely national, but universal, in its dimensions.

"The suggestions made by the different committees so far have been apparently of two types: the one which would provide some form of pension fund or annuity for old and disabled nurses, or for those in need of partial aid; the other which would provide improved and enlarged opportunities for the scientific education of nurses, and thus bring it up to a standard which will compare with that of other professions. Our interest would lie in the latter plan, as a logical extension of the system which Miss Nightingale set in motion, in founding the first Training School in St. Thomas's Hospital. All the world has benefited by that school and that system, every hospital and almost every home, and it seems to us quite likely that contributions might come from nurses and others in all quarters of the globe, for such an Institute, School, or College as would serve to educate nurses better than the hospital alone is able to do for the increasing demands which the community is making of them, demands for public service beyond that in hospital or home, and for work not only in the care of the sick, but in the prevention of disease and protection of health.

"Such educational work might be carried on in architecturally beautiful and appropriate buildings in which might be enshrined some at least of those historical records and mementoes of Miss

Nightingale and her work which are to nurses of every profession, and similar records and mementoes perhaps should be preserved of others who have rendered distinguished services in nursing. How, perhaps for the first time in history might be created a suitably equipped library for nurses. It is hard to check the imagination in picturing such a foundation, and the impetus and inspiration it would give to a body of workers and students whose contributions, both actual and potential, to national welfare are of a value which can hardly be estimated.

"We think of Committees at work in the various European countries and in America and Canada, where the name of Florence Nightingale has been held in veneration for two generations, receiving the contributions, large and small, which thousands of nurses would undoubtedly be glad to give according to their means, and no contribution would be too small to be welcomed. Through our nursing organisations there is now, happily, a way of reaching individual nurses, and we presume that Miss Goodrich, the President of the American Federation of Nurses, would gladly consent to act as Honorary Chairman of a Committee formed to enable American nurses to co-operate with those in England who are striving to find the best way of perpetuating a great name and life. Every living nurse is Florence Nightingale's debtor, and should eagerly grasp the means of acknowledging that debt in a way which opens up larger opportunities for future nurses."

We warmly support this suggestion of Miss Nutting that there shall be an international tribute of homage by the nurses of the world to the memory of the woman of genius who evolved their profession out of chaos.

Mr. G. A. Rathbone, of Liverpool, informs the public that nearly £6,000 is the amount already collected for the Florence Nightingale Memorial in that city. The memorial is to take the form of an extension of the district nursing work in Liverpool. In connection with that movement an appeal was made to the working men and women in the city to give the memorial their support, and a slight sketch of the first establishment of district nursing and of her interest in it was circulated in the nursing districts, especially amongst old patients. £62 14s. 3d. has been given by 2,600 poor people, and a considerable proportion of it had to be gathered when "pay came in." What is most gratifying are the expressions of gratitude for the work of the nurses, and the interest in Miss Nightingale's name, which accompanied many of the donations. Liverpool has done wisely in its choice of a memorial to the maker of modern nursing.

The Nurses' Choral and Social League, which, founded last October, has now some 300 members, men and women, and is conducted by Dr. W. H. Hickox, is ready to send teachers to any part of London where a choir of thirty nurses can be formed and a suitable room secured. On Friday, March 24th, the League gave an excellent concert at the Kensington Town Hall, in which some 150 members took part, and the high standard characterising their performance won for them well merited congratulations.

The 27th annual meeting of the South London District Nursing Association was held at St. Mark's Vicarage, Spencer Park, on Saturday, by kind permission of the Rev. J. and Mrs. Glossop. There was a very large attendance in spite of bad weather.

The speakers were Canon J. Erskine Clarke, Chairman, and W. H. Dickinson, Esq., M.P., Secretary of the Association, supported by the Rev. Prebendary Dalton, J. A. Dawes, Esq., M.P., Rev. J. F. G. Glossop, and Major-Gen. Cumberland. The report was read, and the members of the Council and Committee re-elected. Prebendary Dalton laid stress on the excellent work done by the nurses, and said that he never heard anything but good of them from all quarters—clergy, doctors, sanitary authorities, Guardians, and workers from the innumerable charitable agencies of the district, with all of which the Association worked in close touch. It was also stated that the headmistress of a neighbouring board school had died during the year, and had left the Association a legacy of nearly £400, bearing testimony to the value placed on the work by the London County Council schools. It was announced that the attendance in the out-patient department had exceeded 7,000 during the year. This department was added to the Home some years ago, and has been doing steady work with a view to lightening the various districts. It is by this means that the nurses are enabled to cope with the immense number of cases sent in. The visits last year amounted to 51,482, and the number of cases attended to 2,722. It is possible that this home may be chosen as the future centre of one of the London County Council clinics. The Committee have signified their willingness to forward the scheme conditionally, and Miss Bullock has promised her support with all her usual sympathy and enterprise. After the meeting Mrs. Glossop entertained a large party to tea at the Vicarage.

The Association is to be congratulated on the excellent record of work to its credit.

Trained Nurses' Annuity Fund.

On Tuesday last, Princess Christian received purses from a number of children in aid of the Disabled Trained Nurses' Annuity Fund, at 47, Brook Street, W., where a beautiful Hall was placed at the service of the Committee by Mr. and Mrs. Bland Sutton. The Princess, who was received on arrival by Mr. and Mrs. Bland Sutton, Rev. Hugh Chapman, Mr. Montague Price (Chairman), and Dr. Ogier Ward (Hon. Secretary), was presented with a lovely bouquet of pink carnations and lilies of the valley by Miss Daphne Price, the little daughter of the Chairman. Mr. Chapman explained that the object of the meeting was to help to raise £1,000 to found an annuity as a memorial to the late King.

The children, many of whom were quite tiny, some few twins being specially noticeable, then presented their purses, the amount realised being £143 9s. 9d. A clever conjuror followed, and tea was served after a hearty vote of thanks to the hostess, proposed by Dr. Ogier Ward.

The Irish Nurses' Association.

There was a great gathering on Friday, 24th ult., when the Nurses' Hostel Company were "At Home" to their friends at 34, St. Stephen's Green, Dublin, from 4 to 7 o'clock. After tea, the guests were conducted to the Drawing Rooms where they enjoyed a most attractive programme of music. The house was thrown open for inspection, and very gay it looked, with its freshly painted rooms decorated with quantities of flowers and greenery. The nurses were pleased to welcome many members of the medical profession, and were proud of the praises bestowed on their beautiful new "Home," and the good wishes tendered for its future success. They feel now that the Nurses' Hostel has been fairly launched, and hope that the true spirit of co-operation will make it one of the best institutions in the kingdom.

Ladies Linen Leagues.

Ladies Linen Leagues are now becoming a valuable asset to hospitals from the financial standpoint, a striking example of which may be seen in that founded in connection with the General Hospital, Northampton, last year, the success of which has exceeded all expectations. The Matron, Miss Bryan, received 1,781 articles, valued at £167, and £122 in subscriptions, which was expended on blankets and linen. The Lady Adelaide Dawnay, who presided at the recent annual meeting, said that she took an exceedingly deep interest in the League, and would do everything she could to promote its success. Miss S. M. Robinson, the Hon. Secretary, presented an interesting report, and the value of the gift of the League to the hospital is to be found in the fact that the articles subsequently exhibited included 47 quilts, 50 cot quilts, 73½ pairs of linen sheets, 111 draw sheets, and 56 pairs of blankets, besides many smaller articles.

Reflections.

FROM A BOARD ROOM MIRROR.

The King has given permission for the two central ward blocks of the new King's College Hospital at Denmark Hill to be named the King Edward VII. block and the King George V. block.

The Queen has become patron of St. Mary's Hospital, Paddington.

Her Majesty has also consented to give her name to the Carshalton Hospital for Children, which in future will be styled Queen Mary's Hospital for Children.

1891; and (2) that non-pauper as well as pauper patients suffering from measles under home conditions which torbid isolation should be admitted to the Board's hospitals. The mortality from measles in London during the last 10 years had been about 2,000 a year, and the average mortality from scarlet fever had been about 100 a year. There was a steady increase in the mortality from measles. The motion was lost. Delegates were appointed to a Public Health Conference at Spring Gardens on April 15th, which is being convened by the London County Council.

Mr. Conrad Thes, the Secretary of the Royal Free Hospital, has, after many years' arduous work for that charity, relinquished his post, but it is



The First Operation by Women Surgeons in the New Hospital of the Women's College of Pennsylvania.

The new buildings at the Middlesex Hospital are being erected to comprise two wards, to be named "The Queen Mary Ward" and "The Prince Francis of Teck Ward," for the accommodation of forty-three patients, a large out-patient department, a nursing home, and, in a self-contained block, spacious laboratories for the investigation of cancer. Their erection is being rapidly proceeded with, and they are expected to be completed by July, when the Queen has consented to open them.

At the meeting of the Metropolitan Asylums' Board last Saturday Mr. Harold Spender moved a resolution urging (1) that measles should be made notifiable under the Public Health (London) Act,

hoped that he will continue in the future to give the Committee the benefit of his long experience in hospital affairs.

Lady students from all over the world, even from Turkey and China, are flocking to the Hospital of the Women's College of Pennsylvania, where women have made great progress in the science of surgery. A new clinic has been added to the hospital buildings; the operating theatre is splendidly equipped with up-to-date appliances, and intense interest was taken by the students at the demonstration depicted on this page, at which the operating surgeons, nurses, and attendants were women.

A Holiday on Dartmoor.

There were three and a-half of us, that's to say Granny, so called on account of her years only, as in heart and mind she is as young as the child, two nurses and a child, all more or less tired out and sorely in need of a rest, except the half; she was as sprightly as only a child of six can be.

As is usual on such occasions, there were two all important questions—where to go and the cost of getting there. The latter precluded long journeys, as cheap trains are not commenced on our lines until June and our month was to be May.

"What do you say to a cottage on the moor?" I suddenly said, and added as an afterthought, "That is, if we can get one cheap, and we ought to in May." I had heard of fabulous prices being asked and given for accommodation on Dartmoor.

The suggestion was warmly received, so the search began. Advertisements were answered, but when the replies came our chances of seeing Dartmoor began to dwindle, but presently rose again when we received information of "a cottage of four rooms, amply and comfortably furnished, one bedroom 25 feet long," etc., etc.

So off two of us went to see it, and after a long drive, and then a steep, rough climb, we saw two tiny grey-stone cottages standing upon a terrace cut in a rocky slope. The cottages commanded lovely views of larch woods to the south, Tors to the north and west, and a wonderfully extensive view away south-east.

It was a perfect day, and the scenery was simply bewitching. The cottage was quickly inspected, but the glamour of sun and scenery was over all, and discomforts seemed almost impossible.

The rent was within our means—that was a most important point. The owner promised everything should be well spring cleaned; she had, in fact, brought a maid up for that purpose. So the decision was made and the cottage was taken for the month of May, with many prayers that the weather would be kind so that we might live out of doors.

The description given at home about it was somewhat Irish. "When you are up there you are out," which interpreted meant the cottage was actually on the moor and not in a moorland village, with possibly much cultivated land about before one could "walk on the grass."

The furniture was described as "so well knocked about it can't be hurt much more, and there is nothing to spoil, and we will take Betsy to do the rough work and we will picnic."

Betsy being a country girl, as strong as a horse, and with the appetite of one, but somewhat simple.

The long-looked-for day arrived, and off we started with many boxes and packages, because, owing to the distance from a town, and also the terribly rough approach to the cottage, as much provision as possible was taken.

After many changes and a long, beautiful drive, we arrived at the foot of the hill and called at the big house for the key. Then our troubles began. We humans could all mount that rocky road on foot—but the luggage! What was to be done? Happily the people at the farm which adjoined the

house gave permission for the luggage cart to go through their fields. Our first thought on arriving was tea, so Joe and Betsy instantly raided the kitchen. Then exclamations were heard.

"Oh, the dirt! Do look here: it's disgusting!" etc., etc. And finally the edict went forth: Everything must be thoroughly cleaned before we can possibly do anything; and cleaned things were before we slept that night.

Upstairs the same trouble was encountered. Evidently that spring clean had been mislaid, or possibly packed away in the reserve cupboard, for we saw no traces of it. After tea we all felt cheered, and set to work with a will to get the place fit to sleep in. Even the half trotted up and down, fetching and carrying; helping all she could in her little way.

The beds were made and warmed, the rooms rearranged to our liking, but it was decided that only absolutely necessary unpacking should be done until the place had been cleaned down. Coal had been ordered to arrive the day after ourselves, as the owner said there was enough to go on with. Wood could be had in abundance by gathering and carrying it back; but when our neighbour in the next cottage (which was occupied by a farm labourer and his family) told us that the coal merchant had refused to bring less than a quarter of a ton for the last tenant our hearts fell.

There was not more than a scuttful in the cottage, and we had only ordered one sack, as we hoped for continued fine weather when we could gather wood.

Fate was against us. The next morning we awoke to a cold grey world, a bitter north wind was blowing a gale down the valley, the world was nearly blotted out by the whirling snow. Horrors! What was to be done now? Very little coal, not a large quantity of wood, no chance of getting out!

A council of war was held, and it was decided that one should dress and get breakfast and the other two and a half should stay in bed to keep warm and save fuel, getting up later in the day. In the meantime Betsy should not only finish cleaning the kitchen, but should turn out the sitting-room so that we could unpack when we did get down.

We had been told that bread, meat, etc., would be taken for us at the "House" if we sent a message or note. The butcher called there once a week, the baker three times a week, but within a week this courtesy was refused and other arrangements had to be made.

About four we all dressed, and later Betsy and I sallied forth to interview the farmeress who supplied the milk. The storm had abated, calmness and sunshine reigned. Of course the people at the nearest farm refused to supply anything to anybody (were there ever such disobliging people anywhere else?).

So off we trudged to the next farm—about 20 minutes' walk; but the sun shone and the world about us was so beautiful that troubles fell away as soon as we crossed the threshold. The "rocky road to Dublin," as the stony road was christened, led us through an exquisite avenue of beeches,

which in their early summer dress were looking their best, their tiny newly-born leaves were like dancing jewels strung upon black branches, and the sunbeams glancing through them gave them a golden greenish tinge, which was simply fascinating to behold. The hedges were a blaze of primroses, violets, ragged robin, and stitchwort, which with the tender green of the young fronds of the harristongie and other ferns made a glorious picture of the promise of life that is quite indescribable.

Our walks became one long drawn out exclamation of delight. The result of our journey to the farm was a load of wood for the sitting-room fire, but, alas, no milk! All the farm people were out, so we had to fall back upon a sample of milk powder for which we were very thankful.

That day we received a note from the coal merchant, refusing to supply less than 5 cwt. of coal; there was no help for it, whether we wanted it or not; it must be that or none, so three days later the coal arrived.

The weather was for the most part cold and wet, but cleared usually in the afternoons, when we cleared forth for a walk, always returning laden with firewood, which we tied into as large a bundle as possible, and then two of us hauled it along, whilst Granny and the half acted as gleaners behind us.

Wood hauling isn't bad fun, but its somewhat disconcerting when one of a team suddenly turns and flops on her back, the result of catching her foot in a rabbit hole or against a rock, in fact, it's almost as much so as when one is trying to get a nice fat branch of dead furze, and, giving it a good wrench, the next instant sees her toes skywards, then all work ceases until the shrieks of laughter die away and the team is sufficiently serious to continue its journey.

It was indeed a picnic, though the drawbacks were many, but somehow they did not seriously affect us; how could they when we had only to lift our eyes to the window to see the deliciously tender green of the larch woods, fringed by a belt of dark, dark firs, and lower down the reddish brown of the beech caps opening to show the green buds inside.

To see the glint of the moorland streams dashing over the moss covered boulders, and to hear the never-ceasing murmur of the water as it rushed towards mother sea.

Then the joy of the moorland, the short grass growing through a carpet of soft, springy moss, with dainty violets and a pretty little fellow flower (the name of which I've forgotten) for a design; the thick curls of the bracken fronds; dainty red-tipped leaves and wax-like flowers of the hillyberry bushes; lichen-covered boulders, and the rocks, which we called our Tor, where we practically lived when the weather was kind; where we lunched, tea'd, sewed, read, and wrote; what matter if the kitchen chimney did smoke, and smoked so badly that our neighbour came in to know if the house was on fire; and then, failing a chimney sweep, she kindly set to work and burnt it out, after which cleanliness and peace reigned for awhile.

We made a few excursions to the neighbouring Tors, but Granny one day decided that anything

higher than our own Tor was too near the sun, so these trips were discontinued.

One day we visited the nearest village, which is just a row of the prettiest cottages possible, and gardens ablaze with brilliant flowers, and a few villas dotted among the pines. We all gasped for air and returned with joy to our wind-swept moorland cottage, with all its discomforts.

I must not forget to mention our sight of Halley's comet. It was to be visible at 3 a.m., so for two mornings efforts were made to locate it unsuccessfully, but later on, when we read in the paper it "looked like a blob of mist," we were successful, and the half was taken up to see it, so that in years to come she may say she saw it too.

At the end of the month we were glad to return to civilisation and our pretty home, with its comforts of soft beds and all the conveniences of modern life, but with deep feelings of regret at leaving behind those beautiful woods, which were daily getting a more uniform green as the newly-opened buds became full-grown leaves.

Thankful indeed we were for a delightful holiday and renewed strength to resume the daily round again in spite of drawbacks and inconveniences.

MARY BURR.

What to Note at the Nursing and Midwifery Exhibition.

The names of the firms who are arranging exhibits at the Nursing and Midwifery Exhibition at the Royal Horticultural Hall, Westminster, next week, prove that there will be much of interest for nurses to see, and we have pleasure in drawing attention to some of the more prominent ones whose stands those who visit this exhibition should not fail to notice.

Stand 1a and 6a, STEPHEN SMITH AND Co., where Hall's Wine, well known and appreciated by nurses as an excellent restorative, will be found.

Stand 11a, MESSRS. C. ZIMMERMANN AND Co., the proprietors of Lysol, a disinfectant supplied in handy bottles, and widely appreciated by nurses and midwives.

Stand 17a and 22a, MESSRS. LEWIS AND BARNWORS, whose clinical thermometers are a marvel of cheapness combined with reliability.

Stand 23a, BOVRIL, LTD., the excellence and purity of whose well-known beverage of that name is widely recognised.

Stand 25a, 26a, 29a, and 30a, MESSRS. E AND R. GARROLD, nurses' outfitters, who excel in exhibits of this kind, and are showing everything connected with nurses' uniforms, as well as surgical instruments and nursing requisites, midwives' outfits, invalid and nursery furniture, etc.

Stand 38a, MESSRS. NEWTON CHAMBERS AND Co., whose disinfectant, Izal, needs no introduction to nurses.

Stand 39a, MESSRS. WELFORD AND SONS, renowned for the purity and variety of their dairy produce.

Stand 40a, MADAME KATE CAMERON, whose cor-

sets and abdominal belts should be inspected.

Stand 46a, MESSRS. SOUTHALL BROS. AND BARCLAY, LTD., the original inventors of sanitary towels, and whose accouchement sets are of high repute.

Stand 47a, MESSRS. HOWELL AND CO. Here will be found "The Science and Art of Nursing," a useful book of reference.

Stand 48a, MESSRS. CADBURY BROS., whose cocoa and chocolates are of world-wide reputation.

Stand 1b, MESSRS. ALLEN AND HANBURY'S, whose surgical appliances, midwifery bags, drugs, Allenburys' Diet, and other goods have been known to nurses, and proved invaluable by them for many years past.

Stand 3b, JEVES' SANITARY COMPOUNDS CO., the well-known proprietors of Cyllin and its various preparations, so highly esteemed and widely used.

Stand 4b, MESSRS. W. H. BAILEY AND SONS, whose aseptic hospital furniture, midwives' and nurses' bags, and nursing requisites of all kinds, which are so popular with nurses, will be found.

Stand 11b, THE NURSING PRESS, LTD., where not only the **British Journal of Nursing**, but the Nurses' Registration Bill, the Book of the Words, and the Programme of the Nursing Pageant, and other literature of interest, will be on sale.

Stand 13b, KEEN, ROBINSON, AND CO. Robinson's Barley and other preparations are too well known and invaluable to nurses and midwives to need more than mention.

Stand 26b, LEMCO AND OXO. Oxo is always a favourite beverage with nurses, and in the convenient form of cubes is specially appreciated.

At the same stand MESSRS. REITMAYER AND CO., whose Soxhlet Apparatus should be seen.

Stand 30b, MESSRS. BRAGG AND CO. The charcoal biscuits of this firm are deservedly famous.

Stand 37b, A. ROBB AND CO. Robb's Biscuits and other preparations to which we refer elsewhere are a household word.

Stand 39b, THE GAS LIGHT AND COKE CO. The company which makes life easy for small (as well as large) households, and for those living in flats.

Stand 43b, 44b, and 45b, THE MEDICAL SUPPLY ASSOCIATION. The goods of this firm are renowned for reasonableness in price, and reliability in use.

Stand in ANNEXE b, GLAXO CO. In the lounge at the back Mrs. Edith Robinson, President of the Midwives' Union, will be pleased to meet Branch Secretaries and others, and prospective members of the Trained Maternity Nurses' Association, 12.30 to 2 p.m., and 4 to 7 p.m., or by appointment.

The Local Government Board has issued an Order cited as "The Public Health (Tuberculosis in Hospitals) Regulations, 1911," embodying further Regulations to provide for the notification of cases of pulmonary tuberculosis occurring amongst the in-patients or out-patients at hospitals, or other similar institutions for the treatment of the sick, which are supported, wholly or partially, otherwise than by the contributions of the patients (or of their relatives or guardians), and otherwise than from rates and taxes.

Outside the Gates.

WOMEN.



Another splendid success was scored by the Women's National Social and Political Union at the Albert Hall last week. Mrs. Pankhurst supported the boycott of the Census. Women are not *persons* according to male determination—why then count them as such?

Miss Vida Goldstein, a leader of the women's movement in Australia, said women voters had shown as comprehensive and intelligent a grasp of public questions as men, and had improved many legislative measures. It was all moonshine to say the vote had no effect on the economic status of women. A collection taken in the hall realised between £5,000 and £6,000, Mr. Pethick Lawrence and an anonymous sympathiser giving £1,000 each, and the £100,000 fund was raised to over £96,000.

We are glad to note that a special jury at Leeds Assizes awarded £100 damages to Mr. Alfred Hawkins, a prominent suffragist, for brutal violence by members of the League of Young Liberals, who assaulted and ejected him from a political meeting addressed by the Home Secretary, and in hauling, or was it hurling him downstairs smashed his leg.

By his ruling Mr. Justice Avory established that no steward, or any person in an audience, has any right to lay hands on an interrupter until that interrupter had been asked to leave the meeting of his own accord. Further, it clearly laid down that any person who did lay hands on an interrupter, without making such request, was guilty of what amounted to an assault at law. Secondly, it was settled by the Leeds action that any relevant interruptions—and all Suffragist interruptions are peculiarly relevant—were not contraventions of the Public Meetings Act; and, thirdly, which was most important of all, it was established that the Committee that organised a public meeting was responsible and liable in damages for the action of any stewards who were employed at such meeting.

Let us hope, therefore, that the reign of bullying, tyranny, and savagery will come to an end in political meetings where persons express opinions in favour of Women's Suffrage. This must be the sincere desire of everyone who has witnessed the disgraceful maltreatment of men and women by stalwart hooligans enlisted as stewards, unworthy of the name of men.

The State of Indiana has passed a law which requires all male applicants for a marriage licence to present a certificate of good health signed by a physician. The same precaution should be taken in regard to the health of the bride.

Book of the Week.

ACCOUNT RENDERED.*

"Mrs. Winthrop was stout where she should have been spare, and spare where she had better have been well furnished. Her face looked rather as it hens had trampled over it, and it had subsequently been raked over. She talked rapidly even in her sleep, and was never in the least tired."

She was the mother of quite a nice young man named Frank, and her husband was of a placid temperament, and given to playing Patience. From the Frank point of view the extreme good looks of her governess were most undesirable.

"He had been in England now for a couple of months, and next week, on the expiration of his leave, he would have to go back to Cairo, where his regiment was quartered. And then, with extreme distinctness, he became aware that he did not want to go back in the least. . . . Without being in any sense a prudent or calculating youth, it was clear to him beyond need of argument or discussion—if ever he was in love with her—anything serious, and love-making with a definite end in view was out of the question."

So good-looking Frank returns to Cairo without any apparent harm being done, and pretty Miss Allenby becomes a millionairess and marries Lord Tenby, who apparently has no scruples about proposing to her under the altered conditions of her life.

The dowager Lady Tenby had previously prepared the path for her son by talsely informing Violet that Frank was engaged in Cairo, thus effectually removing any lingering tenderness in the girl's mind towards him, and then Frank returns and the inevitable happens.

"There was no word of truth in it, you see," he said, with quivering mouth. "Don't you understand? You must! It was all a lie. As it there was anybody but you. You mustn't mind my saying that. There's no harm. I'm going away to-morrow. I love you, you see. It's not my fault. I never meant to tell you."

"Oh, Frank! I thought you didn't care. I thought it was only I who cared."

And Ted, Lord Tenby, when he hears about it all, wonders how he is to do what has got to be done. Did he tear death? Yes, a little; but it was an evil incomparably less than living.

"He stepped forward two steps only, and stood between the poppy and the cliff's edge. It was quite sheer; it even overhung a little. He heard himself say quietly:—

"Now be steady—keep still. Not more than a mashie-shot down. Don't be frightened." The ground on which he stood quivered and shook, and he was shot outwards and forwards like a diver.

"Frew!" he said aloud."

"Account Rendered," as a whole, is thin and unconvincing, and for Mr. Benson quite commonplace. One at least expects always to be amused by him.

H. H.

* By E. F. Benson. (William Heinemann, London.)

COMING EVENTS.

March 30th.—Society of Women Journalists. Mrs. Herbert Cohen "At-Home" to the President Council, and members of the Society, 2, Orme Court, W. Music, 9 p.m.

March 31st.—Public Meeting at the Mansion House, the Lord Mayor presiding, in support of a memorial to Miss Florence Nightingale, 3 p.m.

THE NURSING AND MIDWIFERY CONFERENCE.

April 3th.—Opening Nursing and Midwifery Conference and Exhibition, Royal Horticultural Hall, Vincent Square, London, S.W., 12 o'clock. Conference: Massage, 2.30 to 4.30. Paper by a representative of the Association of Inspectors of Midwives, 6 p.m. Concert, 7.30 p.m.

April 5th.—Mental Nursing, 2.30 to 5. Longevity, 7.30 p.m.

April 6th.—District Nursing and Midwifery. The Midwives' Act and what it means to Midwives, 2.30 to 5.

The Present Condition of Midwives in England and Elsewhere, 6 p.m.

April 7th.—Can Race Degeneration be Arrested by Eugenes. The Care of the Nervous, 2.30 to 5.

The Teeth in Relation to General Health, 7 p.m.

RECEPTIONS.

Wednesday, April 5th.—Through the courtesy of the Matron, Nurses and Midwives attending the Conference are invited to visit the General Lying-in Hospital, York Road, Lambeth, between 3 and 4 p.m.

Thursday, April 6th.—By kind permission of the Treasurer and House Committee the Matron of Guy's Hospital has kindly invited Nurses and Midwives attending the Conference to visit the Hospital at 3.30 p.m. Permission has also been obtained from the Dean of the Medical School to visit the Museum, and the Matron will also endeavour to arrange to have the Finsen Lamp working.

Friday, April 7th.—The President, Treasurer, and Organising Secretary. "At-Home," at the Midwives' Institute, 12, Buckingham Street, Strand, from 1 to 7 p.m., and will welcome Midwives and Nurses.

UNION OF MIDWIVES.

Messrs. Glaxo have placed at the disposal of Mrs. Edith Robinson, President of the Union of Midwives, the spacious lounge at the back of their stall, No. Half Annex B, during Exhibition week.

April 5th.—Annual Meeting, East End Mothers' Lying-in Home, 394, Commercial Road, E. 4 p.m.

April 5th.—Trained Maternity Nurses' Association. Inaugural Meeting, 33, Strand, W.C. 2 p.m.

April 12th.—Irish Nurses' Association, 34, St Stephen's Green, Dublin. Lecture on "Medical Electricity," by Dr. Houghton, 7.30 p.m.

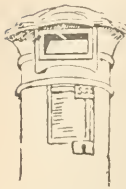
April 26th.—Meeting Executive Committee, the Society for the State Registration of Nurses, 131 Oxford Street, W., 4.30 p.m.

WORD FOR THE WEEK

People were apt to think that man received woman from God solely in order that he might make a cook of her.

Mons. M. C. Bouvier in his Lecture on "La Femme."

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.

OUR WEEKLY PRIZE COMPETITION.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—Very many thanks for the cheque for 5s. I received this morning. Possibly some of your readers may like to know that the dustless brush referred to in my article may be obtained from the Dustless Brush Company, 42, Bloomsbury Street, London, W.C.

Yours faithfully,
SYLVIA PARKER.

THE BLACK PLAGUE.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—In reply to the letter of "A Missionary Nurse," which appeared in your columns last week, may I say first of all that with regard to the methods of infection by which venereal diseases may be contracted, we can, from the very nature of the malady, lay down no hard and fast rule. There are doubtless many perfectly innocent victims who have contracted the disease accidentally, but it is often hard to say in any individual case whether the patient has been infected by others or whether he (or she) is *not* innocent as to the cause of the illness. Fortunately, it does not matter to us who is guilty and who is innocent, we are called in to care for our patients under medical supervision, not to condemn them.

A bubo is a particular kind of tumour occurring when a patient suffering from soft chancre has neglected to obtain proper treatment in the earlier stage of the disease. It is characteristic of this particular illness, and a bacteriological examination will reveal a specific "germ" or micro-organism.

Gonorrhoea is quite a separate disease, and differs from soft chancre, or syphilis, almost as much as it does from small-pox. It is caused by a specific organism, called the gonococcus, which was first isolated by Professor Neisser. Local treatment, such as frequent douching, swabbing of the urethra and cervix uteri with powerful antiseptics is usually ordered, in conjunction with a course of urinary-genito antiseptics, to be taken internally, such as preparations of copaiba, helmitol, etc.

"A Missionary Nurse" asks, rather despondently, "What is there to check the progress" of these diseases? Several things suggest themselves—(a) Compulsory notification, coupled with free medical treatment; (b) Education in sex hygiene, with insistence on the fact that continence is not only harmless, but beneficial; (c) The resolute upholding of a single moral standard for both sexes; (d) and acts of a legislative character which will make it a punishable offence for a man to infect his wife, or vice versa.

Where children and adults are treated together, as your correspondent infers is the case in Kashmir, it must certainly make the work more exacting from the greater supervision entailed; but we must not lose sight of the fact that the "woman with the syphilitic ulceration of the nose" may be as innocent as the "babies with ulceration of the mucous membrane." Anyway, they both claim our sisterly help and sympathy, and only He who knoweth all secrets can judge between them!

Yours faithfully,
GLADYS TATHAM.

MIDWIVES SUMMONED IN EMERGENCY.

To the Editor of the "*British Journal of Nursing.*"

DEAR SIR,—In the account of the Annual Meeting of the Association for Promoting the Training and Supply of Midwives, given in your issue of the 18th, you say, "It is strange, however, that an Association dealing with midwives, when pressing the claim of medical practitioners to adequate remuneration for services rendered, should have apparently entirely overlooked the fact that certified midwives summoned in an emergency to a lying-in case have equally a right to a guaranteed fee."

The adequate remuneration of those we train and place in districts amongst the poor is a matter which always claims our serious attention, but is not the point at issue. Our work is to train and supply midwives in order that the poor woman of the nation and their infants may have skilled care and every opportunity for full recovery and of bringing into the world healthy offspring. It is to this end also that we are most anxious that no time should be lost in legislating for the payment of the fees of the doctors called in to attend cases beyond the skill of the midwife, and in compliance with the requirements of the Central Midwives' Board. For the benefit and relief of the suffering mother do we therefore "press the claim of the medical practitioner."

Yours faithfully,
A. MABEL BRUCE.

[The point at issue is that medical practitioners are sufficiently strong to advance their own just claims, which are not likely to be ignored, and that a Midwives' Association might usefully direct its energies to voicing the equal right of midwives to a guaranteed fee when summoned to emergency cases.—Ed.]

NOTICES.

THE BRITISH JOURNAL OF NURSING is the only weekly professional Journal which can claim to represent Nursing Opinion as it alone is edited, and its policy controlled, by Trained Nurses.

Terms (post free):
Twelve months, 6/6; six months, 3/6; three months, 1/9; Abroad, twelve months, 9/6, if obtained from the Office, 11, Adam Street, Strand, London, W.C.

Full information as to the movement for the State Registration of Trained Nurses can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

The Midwife.

Moulding of the Head.

By "moulding" is meant the alteration in the shape and size of the head by pressure. The alteration in shape is more marked than the alteration in size, but the pressure on the blood vessels and on the brain has a minor effect and diminishes to some extent the amount of blood and cerebro-spinal fluid in the tissues. It, for example, the head of an infant with spina bifida is compressed the tumour becomes tense, indicating an increased amount of fluid therein.

The alteration in shape is brought about by the overlapping of the bones and obliteration of the sutures, which make this possible, by the difference of direction in the incompletely ossified and supple bones, which form the vault, and by the formation of the caput succedaneum.

Stadfeldt in 1863 was the first to study moulding of the fetal head. Both Barnes and Matthews Duncan have made careful observations on what have been termed "the plastic phenomena" exhibited by the head after labour.

Most authorities agree that in a good number of cases the head is originally asymmetrical; this is proved by careful examination and measurements of infants delivered by Cæsarian section; this asymmetry is persistent, while that acquired during the passage of the head through the parturient canal is usually temporary.

During the last weeks of pregnancy, if the head is engaged in the pelvis, there is occasionally some overlapping of the sutures; this can only be recognised by the "tactus eruditus" of those accustomed to vaginal examinations in patients in whom the lower segment is not unduly thick, and the bag of forewaters is small.

In vertex presentations, however rare, the labour, the shape of the head is invariably altered to some extent. It is only in easy breech deliveries that the head is unaltered. In those cases in which there is change in the shape of the after-birth head there has been delay in delivery, and the child is usually still-born. The contractions of the contracted uterus do not mould the vault to the same extent as the pressure of the pelvic floor does in vertex presentations, but the occipito-frontal is shortened, and the sub-occipito bregmatic somewhat lengthened. The dome shape of the head and perpendicular occiput are the chief features.

In normal labour with vertex presenting, the head is compressed by the pelvic floor, and particularly by the structures forming its posterior wall, the normal bony pelvis plays little or no part. In labour, where there is disproportion between the size of the head and the pelvis, the sacral promontory and the ischio-pubic rami cause flattening, and in severe cases crowding of the frontal and parietal bones, and materially assist moulding; marked asynclitism is also noticeable, i.e., the horizontal plane of the head does not correspond with the planes of the pelvis through which the head passes successively. One parietal bone descends lower than the other, so that instead of the bi-parietal a super-parietal sub-parietal diameter engages; this gives a mechanical advantage, since the largest transverse diameter of the head is the bi-parietal.

The law of moulding is that it is always at right angles to the horizontal plane of the head, which is subjected to the greatest pressure. The circumference of the plane is termed the girdle of pressure.

The following table shows the girdle of pressure, and chief diameters, increased and diminished in the various presentations enumerated below:—

	GIRDLE OF PRESSURE.	DIAMETERS INCREASED.	DIAMETERS DIMINISHED.
Vertex reduced.	Sub-occipito frontal. Sub-occipito bregmatic.	Vertico mental. Occipito frontal.	Sub-occipito frontal. Sub-occipito bregmatic.
Vertex unreduced.		Sub-occipito frontal. Sub-occipito bregmatic.	Bi-parietal Bi-temporal Vertico mental.
Face.	Cervico vertical. Cervico bregmatic.	Occipito frontal. Occipito mental.	Cervico bregmatic. Cervico vertical. Sub-occipito bregmatic.
Brow.	Vertico mental.	Occipito frontal.	Occipito malar. Vertico mental.
After coming head.	Occipito frontal.	Sub-occipito bregmatic.	Occipito frontal.

In redru a vertex presentations the anterior parietal bone is more convex, the posterior parietal bone, exposed to considerable pressure during descent, and rotation is pushed under the anterior parietal bone, the parietal eminences are at different levels, the frontal occipital bones are flattened and pushed under the parietal bones. The posterior frontal bone may overlap the anterior frontal bone, the head is elongated with retreating forehead. This moulding, somewhat exaggerated is sometimes present in persistent occiput posterior positions.

The extreme point of moulding on which the caput is usually situated forms, as it were, the apex of an asymmetrical cone, the base of which is the plane subjected to the greatest pressure.

In face presentations there is usually considerable prominence of the forehead as in brow presentations, the frontal bones are convex; this is not easily accounted for. Dakin says "the horizontal part of the frontal bone is rigidly united with the base of the skull, and its vertical part only gradually thins off to the anterior fontanelle. The vault of the skull here does not obey the compressing force so readily, and so remains somewhat prominent."

The occiput is flattened against the back of the infant, the sagittal suture runs down straightly, the head is markedly dolichocephalic. In brow presentations the distortion is very considerable, and the moulding characteristic. The squamous portion of the occipital bone, and the parietal bones, accommodate themselves to the curve of the pelvis posteriorly.

The moulding in difficult labours is necessarily much accentuated, and is modified by the degree and variety of contracted pelvis, and the compressibility of the head. There may be dents and grooves due to the prolonged pressure of the pelvic bones on the head. Injury to the brain, and intra-cranial hamorrhage may arise from excessive moulding.

At birth, the moulding should be carefully observed, and any departures from the normal noted; the measurements are only useful if compared with a second measuring on the fourth or fifth day, when the head has, as a rule, regained its normal condition. In extreme

moulding the changes may be permanent. The diameters increased during labour diminish rapidly, the diameters diminished return to their original size rather more slowly.

The accompanying illustration is drawn from life, the infant was delivered as an unreduced brow. The measurements were as follows:—

Bi-parietal, $3\frac{1}{2}$ ins. ($9\frac{1}{2}$ c.m.); mento-vertical, $4\frac{1}{2}$ ins. ($11\frac{1}{2}$ c.m.); bi-temporal, 3 ins. ($7\frac{1}{2}$ c.m.); sub-occipito bregmatic, 4 ins. (10 c.m.); fronto occipital; $4\frac{1}{2}$ ins. ($11\frac{1}{4}$ c.m.); sub-occipito frontal, 4 ins. (10 c.m.).

Circumference:—Fronto occipital, $13\frac{1}{2}$ ins. ($33\frac{1}{2}$ c.m.); sub-occipito bregmatic, $12\frac{1}{2}$ ins. ($31\frac{1}{2}$ c.m.); vertico-mental, $13\frac{1}{2}$ ins. ($33\frac{1}{2}$ c.m.).
M. O. H.

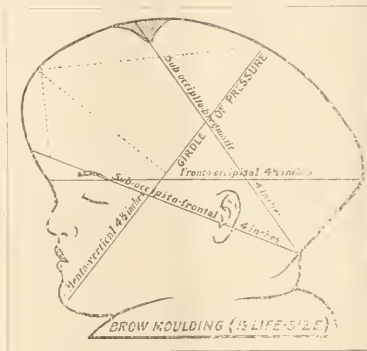
THE EAST END MOTHERS HOME.

The Annual Report of the East End Mothers' Lying-in Home, which will hold its annual meeting at the Home, 394, Commercial Road, on April 5th, shows that an excellent work has been carried on during the past year.

The Resident Lady Superintendent, Miss Margaret Anderson, reports that the number of cases dealt with in the year 1910 amounted to 1,597, that is 170 patients in excess of last year's total. Under the Grace of Almighty God, every mother's life has been spared. They have all made good recoveries, in spite of what

at the time seemed insurmountable difficulties. In normal cases the strain on an over-worked, badly-nourished mother is great, and when illness or obstetric complications are added and the mother gets well, it makes one feel that the days of miracles are not over.

The increase on the district amounts to 185, and the visits paid by-night and day number 22,160, the least number to any case being 17 and the greatest 130, for the mother and baby are both attended until well. Words are inadequate to express the devotion and never-failing patience of the two District Sisters, who not only do the work, but of necessity have to bear the enormous responsibility entailed. In many cases they have had to give emergency assistance before help could come from the Home, and have done so with perfect skill and promptitude, as the result of their work demonstrates.



BROW MOULDING.

The Midwifery Ward at St. Bartholomew's Hospital.

Former members of the nursing staff at St. Bartholomew's Hospital might well imagine they had strayed into another hospital if they visited "Elizabeth" without knowing that its purpose and structure have been changed for it has been transformed beyond recognition. Formerly one of the busiest (and the largest) of the women's medical wards, it has now been converted into a maternity ward, its walls enamelled a most pleasant creamy tint, with the exception of the combined theatre and delivery room, where tiles are used, the floors are covered with terrazo, warm red in colour. The front ward is a general ward, where spotless white beds, with swing cradles at the foot of each, provide accommodation for mothers and babies. A wide passage has been taken off the back ward, and opening into this, much on the plan of "Martha," are the theatre with delivery bedstead of special and suitable height, and firm zinc foundation, instead of the ordinary wire-woven mattress, which is apt to sag, a bath with hot and cold water laid on, for the resuscitation of asphyxiated infants, and all necessary appliances and instruments for the delivery room. In the corridor is waiting a stretcher on wheels, on which, after delivery, the patient and mattress are placed and wheeled to the bedstead in the general ward.

Adjoining, and opening into this, is a small ward containing two beds, for imminent cases, and next a small ward containing four beds for cases which require special attention and quiet.

The last sub-division of this ward is the babies' bath-room and dressing-room, with its centre china pedestal, forming four baths, and heated, as are the theatre and other wards, by means of radiators. An annexe near the kitchen is the room where the students wait until summoned to their cases.

The Visiting Physician in charge of the ward is Dr. Williamson, and the Ward Sister, who is a Certified Midwife, Miss E. M. Hansard. Clinical lectures are given in the ward by Dr. Williamson, and the two nurses, who are in training for the examination of the Central Midwives' Board, attend these lectures, are responsible for their own cases, keep and read out their own notes, and have to answer any questions addressed to them by Dr. Williamson, which is excellent practice in view of the coming examination.

We understand that the majority of the cases admitted so far have been abnormal.

At present there are no facilities for the nurses to have experience in district midwifery,

but it is to be hoped that this may be arranged, both because expectant mothers whose confinements are likely to be normal do not, as a rule, care to go into hospital, and also, because, unless additional training ground is provided, by means of attendance on outside cases, very few nurses will be able to personally deliver twenty patients, which is a necessity for candidates for the examination of the Central Midwives' Board, and this training and certificate are a valuable addition to the equipment of a nurse.

The Central Midwives' Board.

The monthly meeting of the Central Midwives' Board was held in the Board Room, Caxton House, Westminster, S.W., on Thursday, March 23rd, Sir Francis Champneys presiding.

CORRESPONDENCE.

A letter was read from the Secretary of the Midwives' Institute announcing the re-election of Dr. George Ernest Herman as the representative of the Institute on the Central Midwives' Board for the year ensuing the first of April next.

A letter was also considered in reference to an unregistered midwife, and a chemist said to be working in concert. It was decided to reply that in the woman practised habitually, and for gain, she could be dealt with by the Central Midwives' Board, but that the chemist did not come under its jurisdiction.

REPORT OF STANDING COMMITTEE.

The Standing Committee reported that a special meeting had been held on March 2nd for the purpose of revising the rules, numerous suggestions by Local Supervising Authorities were considered, and a considerable number of amendments made.

On the report of the Standing Committee a letter was considered from the Clerk to the Willissen Guardians objecting to the District Medical Officer being summoned to assist a midwife in an emergency by means of an order on the Relieving Officer.

It was agreed that the attention of the midwife be called to the necessity for complying strictly with the terms of Rule E, 18, and that a copy of the correspondence be sent to the Local Supervising Authority for Middlesex.

A letter was considered from the Deputy Registrar of Nurses and Midwives, New Zealand, asking the Board to admit to the Roll women holding the State Midwifery Certificate of New Zealand, or alternatively to recognise training schools in the Dominion.

It was decided that the reply be (a) that the Board has at present no power to grant reciprocal terms of treatment to women holding midwifery certificates in other parts of His Majesty's dominions; (b) that the Board will be pleased to consider the matter should Clause 12 of the Midwives' (No. 2) Bill, 1910, or a similar clause, authorising the Board to grant reciprocal terms, become law.

A letter was also considered from Sister Henrietta,

of St. Michael's Home, Kimberley, Cape Colony, making a similar request with regard to women holding State Midwifery Certificates in South Africa. It was decided that the reply sent should be similar to that sent to the Deputy Registrar of Nurses and Midwives in New Zealand.

APPLICATIONS FOR REMOVAL FROM THE ROLL.

The applications of four midwives for removal from the Roll of Midwives on the ground of old age and ill health were granted, and the Secretary was directed to remove the names and to cancel the certificates.

APPROVAL AS TEACHER.

The applications of Dr. Ernest H. Houtton and Dr. Jessie C. Russell for approval as teachers was granted, and that of Mr. Harry Wood-Hill, M.R.C.S. was granted *pro hac vice*.

APPROVAL TO SIGN FORMS III. AND IV.

The applications of the following midwives for approval to sign forms III. and IV. were granted:—Sybil Escombe (No. 2796D), Emily Juniper (No. 23,591), Ada Ethel Whitmore (No. 10459), Mary Annie Ford (No. 25519), Edith Elizabeth Wallis (No. 22873).

ANNUAL REVISION OF APPROVED LISTS.

The Board, on the recommendation of the Standing Committee, adopted revised lists of approved institutions, teachers, and midwives.

REVISION OF THE RULES.

The Standing Committee presented a revised edition of the Rules, and recommended the Board to adopt it and to forward it to the Privy Council for approval.

The Chairman, after suggesting two further amendments, moved that the rules be adopted.

Sir George Fortham suggested a number of amendments, and after a lengthy discussion it was decided that the amendments to which the Board had agreed should be inserted in the draft rules and sent round to all the members of the Board.

The date of the next meeting was fixed for April 27th.

Mothers' and Babies' Distress Fund.

We are asked to state that the Union of Midwives has started a Distress Fund for the Mothers and Babies who are suffering so acutely in consequence of the Colliers' Strike in South Wales.

It is impossible to realise, unless on the spot, the intense suffering from hunger, lack of clothing, and cold that is going on amongst mothers and babies in the colliery districts.

The Union of Midwives pleads hard for gifts of money, clothing, or food. These will be at once gratefully acknowledged, and will be sent week by week to the Committee of Ladies at Trealaw, South Wales, who will judiciously distribute these precious donations. The fund will close May 1st.

Nurses, midwives, and others can leave their donations with the President or Secretary of the Union of Midwives, c/o The Glaxo Stall, Annex B during the Nursing and Midwifery Exhibition, or they can send direct to the Secretary (Distress

Fund), Offices of the Union of Midwives, 33, Strand, W.C. (next door but one to Charing Cross Station).

The Princess Christian Hammer-smith Day Nursery.

The Committee, in presenting the fifth annual report of this useful institution, specially emphasise the fact that the Nursery is non-sectarian and non-pauperising. Great care is taken in ascertaining that the parent is hard-working and deserving of help, and the child free from contagious disease.

The Matron, Miss M. F. Carvick, states that since the re-opening of the Crèche on August 17th some 50 new cases had been admitted up to December 31st. Of these, a large percentage have been infants under three months of age.

In almost every case the babies have been breast-fed, and with a little persuasion the mothers have consented to come and feed the little ones during their lunch hour. This is a greater act of self-denial than is sometimes realised, for it takes up the greater part of the mother's hour of rest.

Miss Carvick cannot speak too highly of the gratitude shown by the mothers for the benefits their children receive from the Crèche. This is proved both in words and deeds. It has become a common occurrence to hear a half-penny dropped in the donation box as the mother passes out with her little one on a Saturday afternoon.

The efficient care of infants during the early months of life cannot fail to be a subject of great interest to midwives. They may give a child a good start during its first ten days, but often they have the sorrow of seeing the good work minimised or undone by unhygienic conditions of living and feeding, by no means always the mother's fault, for, in the battle of life which presses so hardly on the poorer classes, the mother is often compelled to go out to earn, or help to earn, the money which will keep the wolf from the door and the children clothed and fed.

Foods for Young Children.

Among the many forms of food now available for infants and young children, the Food Preparations supplied by Messrs. Alex. Robb and Co., of 79, St. Martin's Lane, London, W.C., merit consideration. "Robb's" Soluble Milk Food is now available in two forms; "No. 1" for babies up to four months, and "No. 2" for infants from 4 to 7 months. For older children the Nursery Food Biscuits are excellent, while "Robb's" Digestive Rusks and "Tops and Bottoms" have won and kept well-merited popularity. We have often referred to "Robb's" Biscuits as being reliable for developing infants, with great success, and can thoroughly recommend them. Full particulars regarding these products may be found in an instructive booklet, which is issued by the firm: "The Problem of Infant Feeding," a copy of which we recommend our readers to obtain

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XLVI

Editorial.

THE EXTENSION OF THE FRONTIERS OF LIFE.

What Pasteur has aptly described as the endeavour "to extend the frontiers of life" is the aim of the dispensary movement for the prevention of consumption, which is going on to-day in the United Kingdom, in France, Germany, and other countries.

On Monday last, the members of the Public Health Sectional Committee of the National Union of Women Workers had the advantage of listening to an address on this subject, from Dr. Girard Mangin, a distinguished medical woman, associated with Professor Albert Robin in his special treatment of Tuberculosis, at the Hotel Beaujon, and the Siegfried Robin Tuberculosis Dispensary, at Paris.

Dr. Mangin explained that the object of the dispensary method in every country is the same. To provide early treatment for cases of tuberculosis, for which purpose the dispensary is the necessary adjunct of the hospital, and other institutions for dealing with tuberculosis. the hospital, by itself could, she said, never cope with the disease. In order that the bread winner might be treated early, it was necessary, in conjunction with other societies, to provide assistance for the patients and their families during their time of need. The dispensaries were doing preventive work by attacking the disease in its early and curable stages.

Dr. Mangin explained that there are now dispensaries at Lille, Bordeaux, Marseilles where a very complete one exists, Havre, Lyons, and other large towns. In France, the rest treatment of tuberculosis was believed in, but a certain amount of exercise was now arranged.

Amongst other methods introduced in

Paris for combating tuberculosis, was the establishment of a course for nurses, already trained, who desire to specialise in tuberculosis work. She showed some admirable lime-light lantern slides, illustrative of her address. In Paris, the Assistance Publique are taking part in the movement, and with the resources at their disposal should be able to accomplish much.

Dr. Alice Salomon described the methods of fighting tuberculosis employed in Germany.

In regard to sanatoria their enthusiasm had to some extent vanished, they knew now that treatment in such institutions was only one out of many methods necessary for dealing with tuberculosis.

The object of organising dispensaries, was to ascertain if people were suffering from tuberculosis, and to secure medical treatment in good time. Last and most important was the isolation of patients, and their instruction in the necessity of a separate room, or at least, a separate bed for tuberculosis cases. If necessary, linen, food, and crockery were provided for patients, as well as soiled linen bags, in which the linen used was placed, and brought for disinfection. Dr. Salomon explained the system of compulsory insurance adopted in Germany. Although it had its disadvantages, no one in that country would be willing to revert to the time before it was introduced. It was a blessing to the whole country.

Miss McGaw, the newly elected Hon. Secretary of the Public Health Sectional Committee, gave an interesting account of the Dispensary system for the Prevention of Consumption in Great Britain. In combination these addresses furnished striking evidence of the fight against tuberculosis, which is being waged simultaneously in the various countries with good result.

The Mechanical Treatment of Spinal Caries and of Tuberculous Abscesses of Bony Origin.

Last week we devoted space to a general description of Lord Mayor Treloar's Cripples' Home at Alton, or hospital, as it is more justly called, for indeed it is a hospital of 200 beds. This week, with the aid of literature kindly supplied to us by the Resident Medical Superintendent, Mr. H. J. Gauvain, in which he has described at length the guiding principles, and methods of the treatment there, we propose to consider the medical side of the work. In no sense is this Cripples' Home merely an asylum for the care of phy-

time comes when the disease is so threatening that instant active treatment is necessary."

The object of the Home, its founder explained, is the curative treatment of such cases, amidst pure air and wholesome surroundings, the children stay till they are cured, or, at the worst, until every effort has been made to successfully combat the disease. Mr. Gauvain said on the same occasion that they are a class of case which in hospital, perhaps, are not welcomed quite as much because they are so long, and because they "block a bed," but at Alton, where everything is in their favour, to work amongst them is a privilege of which he is very proud indeed.

Much of the work of the medical staff at



"WHEELBARROW" SPLINT,

Used for Spinal Caries where there is much Spasm of the Psoas Muscles.

sically defective children. Its primary objects are their active treatment and cure.

There is no doubt that in special hospitals the treatment and care of special classes of cases are carried to the highest point of perfection, and this pre-eminently holds good of the treatment of crippled children, both tuberculous and non-tuberculous, for whose benefit the Home exists. As Sir William Treloar pointed out in his speech to the members of the British Medical Association, who visited the Institution last year, "the treatment of children suffering from tuberculous disease of the bones is, of necessity, a long and costly process, and the demand on the accommodation of our hospitals is such that in most cases these children have to be treated as out-patients, since the beds in our hospitals must be devoted to acute cases, and cannot be allotted to the tuberculous cripple until the

Alton consists in the treatment of tuberculous abscesses of bony origin, and the method adopted is conservative mainly. In a paper or the "technique of aspiration" in connection with this treatment—the method usually employed—Dr. Jacques Calvé and Mr. Gauvain in a paper contributed conjointly to the *Lancet* write: "A first principle governing the treatment of tuberculous abscesses is the avoidance of their spontaneous opening and subsequent sinus formation. The formation of a sinus is almost always followed by secondary infection, not only of the sinus itself, but also of the focus of origin of the disease, and when this focus is an extensive bony one, as in cases of hip disease and spinal caries, the consequences which ensue are often disastrous. Profuse suppuration and fever exhaust the patients and may themselves cause death, while a general infection is not uncommon.

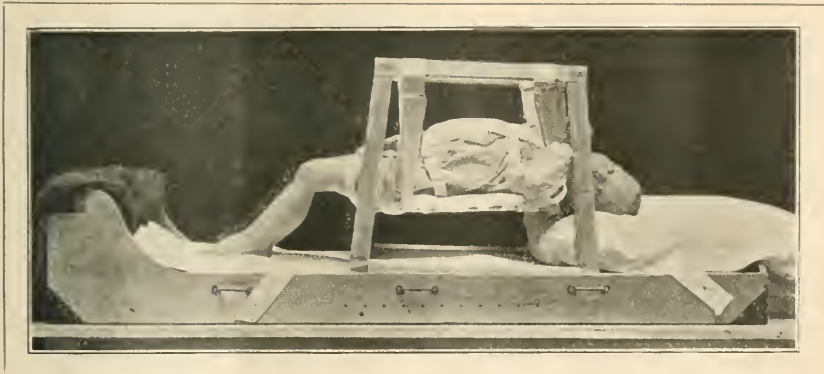
The danger of a tuberculous abscess does not lie in its specific infection; closed such an abscess is harmless; opened the prognosis becomes serious. . . . But if at all times there has been agreement as to the dangers of the open tuberculous abscess, there has been by no means universal agreement as to the best means to avoid this complication and the dangers to which it gives rise.

In connection with the usual practice of the present day of curetting and excising the abscess cavity and its diverticula under the most rigorous antiseptic precautions, the authors point out that a most important fact to be considered is that *dealing with the abscess cavity does not remove the cause of its formation*. The primary lesion which pro-

appearance less useful than incision, aspiration is much more efficacious and much less dangerous.

THE TECHNIQUE OF ASPIRATION.

Aspiration must be performed under strict aseptic precautions, an all glass syringe being employed, as a rule a local anæsthetic of ethyl chloride is all that is necessary, and to prevent the child being frightened by the unfamiliar sights of an operating theatre, a screen is placed across the operating table at Alton, covered with a sterilised towel. The patient is not brought into the theatre till everything is ready, and is then quickly placed on the table, the dressings rapidly removed, the skin frozen and the aspiration performed. During the operation the patient is



"SWINGING BACK-DOOR" SPLINT FOR SPINAL CARIES.

duced it still remains, the pus reforms, the cycle in the history of the abscess recommences. The abscess is secondary to the primary lesion which, even after the evacuation of the abscess cavity retains its activity.

The conservative method of treatment of these abscesses as employed at the Maritime Hospital at Berck, in France, and at the Home at Alton consists first in improving the general health of the patient, enforcing early mobilisation of the injured part, which must be uninterrupted and prolonged for a very considerable period, at first, at any rate, with the patient in the horizontal position. The use of plaster apparatus, the technique of which has recently been so much improved, permits the advantages of immobilisation to be secured to the uttermost. Lastly, when evacuation of the abscess is necessary the method employed is aspiration. "Though in

entertained by a nurse, who especially accompanies him for that purpose.

An abscess may be cured after a single aspiration, but this is not the rule. Usually after a period varying from one to many weeks a new evacuation is necessary, but in favourable cases the abscess re-forms in smaller volume, and the pus which is withdrawn by succeeding aspirations, besides being diminished in quantity, is altered in quality. It is more sanious and sometimes presents a more fluid appearance. This is a good omen, and an indication of approaching cure.

"Where, in spite of repeated aspirations, the pus rapidly re-collects, the abscess increases in size, and the surrounding tissues become more and more involved the prognosis is much more serious and more active treatment than simple aspiration is needed. In such cases the modifying liquids should be employed."

MECHANICAL TREATMENT.

Of treatment of spinal caries by means of special splints, of which we are pleased to be able to give two illustrations, Mr. Gauvain has designed the "back door splint," of which mention was made last week. It is especially designed to prevent or correct deformity, and its advantage is that the back of the patient is quite accessible without in any way disturbing the child or interfering with the necessary immobilisation of the spine.

In the treatment of spinal caries, Mr. Gauvain points out that a factor of great importance is muscular spasm. If the spine is hyper-extended then this factor in the production of deformity is gradually overcome, and a back door splint by means of which hyper-extension and immobilisation can be applied, padded appropriately for each case, is most useful.

The child is fixed on the splint either by appropriate webbing or by a jacket, the jacket being so attached that it can be easily removed. Our illustrations show the wheelbarrow splint, useful in spinal caries where there is much spasm of the psoas muscle, and the swinging back door splint, a very popular one, on which a child lies most comfortably, and can be easily handled.

The Matrons' Council.

A meeting of the Matrons' Council will be held on Thursday, April 27th, at 3 p.m., at Leicester. By the courtesy of the Chairman and Governors the meeting will be held at the Leicester Infirmary, where the Council will be the guests of the Leicester Infirmary Nurses' League, who have kindly extended to the members present an invitation to tea and supper.

An excursion train will leave the Great Central Railway Station, Marylebone Road, N.W., at 12.15, arriving at Leicester at 2.40 p.m., and the return fare will be 3s. 9d., with liberty to return by any later train on the same day. Luncheon will be served on the train. After the business meeting is over there will be a Paper and Discussion on "The Work of a Central Nursing Council." The Council will also decide the venue of the July meeting, which will take place at some other provincial centre.

It is sincerely hoped that all members of the Matrons' Council who can will be present at Leicester.

M. MOLLETT, *Hon. Secretary.*

League News.

THE LEAGUE OF ROYAL FREE HOSPITAL NURSES.

We welcome the latest *Nurses' League Journal*, that of the Royal Free Hospital, which makes its appearance in a tasteful grey cover, with blue lettering and bearing the Badge of the League, a Maltese cross outlined in red and blue, with a crown worked into the design, for which leave has been given by Princess Christian of Schleswig-Holstein, President of the Hospital, who has also consented to accept the position of Hon. President of the League. The Editorial touches the right note in saying that the League will be exactly what every individual member makes it, that Union means strength, and affords an opportunity to the members for keeping constantly before them the highest ideals of their profession, and for building up in their professional life an organisation of highly trained women, working, not only for themselves, for their own advancement, their own amusement, but, before all else, for the development, on the noblest and highest lines, of the profession to which they have the honour to belong.

The Journal, which is excellently produced, contains a picture of the hospital (the Gray's Inn Road frontage), and another of the Out-patients' Department at Christmas. The President, Miss Cox-Davies, contributes a brief summary of the various improvements in the hospital made in recent years.

We have always maintained that one of the uses of a League Journal is the development of unsuspected literary talent, and the "Chirp from South Africa" bears out this theory. Listen—

"A Hospital is like a nest—when the fledglings are grown, they have to go out into the world and look after themselves, and some flutter one way and some another, and some few make mighty flights even into strange and desolate places. The fledgling who is writing has flown right away into the wilderness, and has made her nest on the edge of the vast Karoo in South Africa.

"The brown Karoo has a beauty all its own. Nowhere are there more beautiful sunrises and sunsets and cloud effects, and the beauty and brilliancy of stars, planets, and moon are beyond words. And then the fresh wind comes sweeping over the flat country almost as if it were at sea. There is nothing small and mean about the Karoo, but vast expanses both of land and sea."

The State Registration of Trained Nurses is, of course, dealt with in this first number, and

w hope the new League will unite with others raising professional standards.

All success to the League and its Journal.

CENTRAL LONDON SICK ASYLUM NURSES' LEAGUE, HENDON BRANCH.

The First Annual General Meeting was held at Hendon on Saturday, March 25th. The attendance of members was not very good, owing, no doubt, to the bad weather, and to those who had to travel some distance this must have proved a real discomfort. However, those who came had a great treat in listening to a most interesting natural history talk by the Rev. Dr. Farran, Rector of Kingsbury.

The business of the meeting was successfully carried through, the officers for 1911-12 were elected, and one or two important points were discussed and settled. Tea was served, as usual, from 5 to 6 p.m.

The Irish Nurses' Association.

The monthly meeting of the Executive Committee of the Irish Nurses' Association was held last Saturday. There was a good attendance. Many subjects of interest to the Association were brought forward and discussed. The Executive Committee are very pleased that they have been able to obtain from the Census Commissioners a definite classification under the following headings:—

1. Midwife.
2. Hospital Certificated Nurse.
3. Hospital Nurse in training (pupil).
4. Subordinate Medical Service.

The Irish nurses are very glad to get this tabulation, as heretofore in the Census they have been classed with the wardmaids and scrubbers, as Hospital Employées.

The beautiful banner which Mrs. Hirschel, of London, presented to the Association in gratitude to her nurse, Miss Elizabeth Thompson, who was trained at the Adelaide Hospital, Dublin, now a member of the Registered Nurses' Society, is hanging in their Reading Room, and is a joy to all the members.

THE NURSES' HOSTEL, DUBLIN.

The first monthly meeting of the House Committee was held last Saturday night, when a financial report was presented.

New members were elected on the working staff, and some resolutions were read and discussed, which the nurse members of the Committee brought forward. There is an equal number of Matrons and nurse members, and in this way the Committee hope the nurses will take an active part in the management of the Hostel.

The Florence Nightingale Memorial.

The Lord Mayor, Sir T. Vezey Stoen, presided at a public meeting at the Mansion House on Friday, March 31st, in support of the Florence Nightingale Memorial. He was supported on the platform by Viscount Haldane, the Earl of Pembroke (son of the late Mr. Sidney Herbert, afterwards Lord Herbert of Lea), Minister-at-War during the Crimean War, the Hon. Sydney Holland, Mr. S. Shore Nightingale, Mr. J. G. Wainwright, Treasurer, St. Thomas' Hospital, Mr. H. T. Butler, President Royal College of Surgeons, Colonel Sir Edward Ward, and a few ladies.

In his opening remarks the Lord Mayor said the meeting was called to consider the desirability of establishing a memorial to the greatest of Englishwomen, Florence Nightingale.

After referring to Miss Nightingale's work in the Crimea, the Lord Mayor said that it was fitting and appropriate that some permanent memorial should be raised to her. He then called on Lord Haldane, Secretary of State for War, who, he said, gave the movement the encouragement of his great position, to address the meeting.

LORD HALDANE.

Lord Haldane said that he did not often intrude himself on occasions such as this, but in connection with the movement for a memorial to Florence Nightingale it was peculiarly incumbent on the Minister responsible for the War Department to be present. What they in the Army owed to that illustrious woman it was not easy to express fully. To-day we possessed one of the finest Army Medical Services in the world. To whom did we owe that? It was largely to the spirit of her who, penetrating with her genius the obscurity of those dark days long ago, gave the impulse to, and set on foot, the movement which to-day had culminated in a wholly new state of things. In a speech which Lord Rosebery made some years ago about Cromwell he said that the most formidable of personalities was the practical mystic. He thought he might add to the category of formidable personalities that of the woman who added woman's magnetic power and charm to an immense capacity for business and organisation.

Here a lady in the audience rose and asked why women of the class of Florence Nightingale were not given the vote, but being informed by the Lord Mayor she must either sit down or retire she elected to take the latter course.

Resuming his speech, Lord Haldane said that the qualities to which he referred Miss Nightingale possessed in combination. It would be a great mistake to think that when Miss Nightingale went to her work she was impelled only by the impulse of genius. Before she was called to her work by an illustrious relative of his friend, Lord Pembroke, she had for years worked to equip herself for the task. She had studied in the hospitals of Germany and France, she had mastered all there was in those days to be mastered, and she went prepared for her work, as few people were prepared by hard labour.

Even genius could not make up for the lack of knowledge of detail, and it genius were an infinite capacity for taking pains then Miss Nightingale was an illustration of genius. She went out to those trenches in Russia and found a state of things which to-day would seem to be inconceivable. She knew what was required, and she set to work. She inspired those around her, and she spent her own energies, her health and strength, in doing the work which the nation had called upon her to do. The result was an achievement which had lasted beyond her time. Never again should we be face to face with the situation which confronted Florence Nightingale, and never again would the country have to surmount a situation which seemed to be insurmountable. But her labours did not end with the Crimea. Those who had read the voluminous report, extending to nearly 600 pages, which she presented to the Secretary of State for War, knew that she came home, not to rest, but to put the lesson she had to teach in such a form that there should be no excuse for the authorities to neglect it. Fortunately she had a great War Minister to deal with, one who did not want spurring on, and on the foundations which Miss Nightingale laid that Minister built. From that time on progress had been steady, but Miss Nightingale herself, although her health was shattered and her strength diminished, never laid down her task until released from her self-imposed obligations to duty by death. She was constantly at work, constantly observing and lending her unrivalled experience for the purpose of endeavouring to extend to civilian spheres that which she had learnt so well in military places. It was not only the Army, but the medical profession throughout the United Kingdom and abroad, that had learnt what Miss Nightingale had shown them—where science could be best and most effectively applied to the problems which confronted them.

It was a gracious but inevitable act of the late Sovereign that he should decorate Miss Nightingale with that Order of Merit which was reserved for the most distinguished. We who were her countrymen ought to be proud to have had the foremost woman of this or any age among us, and to have the country associated with the fame which attached to her name. She lived in the memory of "those made better by her presence," and set an example which was as potent to-day as in the days when she first set it. As a woman the work she did, and the example she set, was a living influence for us all.

THE HON. SYDNEY HOLLAND.

Mr. Sydney Holland said that everyone was pleased to see Lord Pembroke on that platform, the son of the man who was wise enough to discern what was in Florence Nightingale, and to give her her opportunity. Perhaps Lord Haldane would some time remove the statue of Mr. Sidney Herbert out from the courtyard of the War Office and place it where it could be seen.

We wanted a statue of Florence Nightingale, because without a statue it was wonderful how soon people were forgotten. He did not think that nurses and soldiers would forget her, but the public

would. Only the other day, when speaking of Miss Nightingale, he was asked: "Did she not do something with a lifeboat?"

It was difficult to convey what she had done for hospitals. With all the thought which had been given to hospital planning, nothing better was known than the design of St. Thomas' Hospital, which was Miss Nightingale's own. But it was not only the building, but the work which was done inside, which owed its inspiration to her. The whole attitude of nurses to-day to the sick was the attitude of Florence Nightingale, who came forward in a time of disaster, and had done more work for her country than any private woman who had ever lived. The reason that England was twenty-five years ahead of any other nation in its system of nursing was that we had had a Florence Nightingale. When she was studying nursing her soul panted for the time when she would be able to make reforms. With her, to encounter difficulties meant to conquer them. She taught us what it is to have a set purpose in life, and her ruling passion was to help everyone who could need help. With extraordinary insight and foresight she saw the possibilities not only of hospital, but of district nursing, and the work of health missionaries, and gave them her support.

THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS.

Mr. H. T. Butlin, President of the Royal College of Surgeons, said a previous speaker had remarked that Miss Nightingale organised nursing. It should rather be said that she manufactured nurses, for there were none to organise. His connection with St. Bartholomew's Hospital carried him back for 45 years, when he was a dresser. At that time the sisters were humble, clean, and respectable—nice women but wholly untrained. The nurses were rough and coarse, but they were put to every kind of menial employment, and were even required to scrub floors and clean grates, which quite unfitted them for the more delicate part of nursing.

As to cleanliness, when a fracture was taken down, after some five weeks in splints, everyone stood back from the bed that he might not be covered with live stock, for vermin ran out in all directions. That was considered an inevitable event when splints were removed.

He did not remember any sudden alteration in nursing conditions in the hospital, but he always associated the change with the appointment of Mrs. Bedford Fenwick as Matron. Then things began to mend, and there grew up a splendid class of nurses who have never been excelled. His experience of nurses as a body was that they were splendid women.

The point before the meeting was what was to be done with the money which the Committee had not yet got, but which it hoped to have. Everybody was agreed that there must be a statue. As to the disposal of the remainder of the money he knew there was indignant remonstrance in some quarters at the proposal to expend it in charity, the idea being that if nurses were properly paid they would not need it. He looked forward to a day when nurses would be better paid, but he thought there

would always be those who were unable to make provision for their old age.

THE EARL OF PEMBROKE.

The Earl of Pembroke said that his first duty was to express deep regret at the absence, through illness, of Lord Crewe, the Chairman of the Amalgamated Committee.

After inviting the meeting to endorse the proposition of the Joint Committee, that there should be a statue of Miss Nightingale, not necessarily a costly one erected in London, and that annuities for old or disabled nurses should be established, he said that many excellent schemes had been before the Committee, and they had come to the conclusion that a pension scheme was the most desirable. There was not the same necessity for the extension of nursing education. It was true Florence Nightingale had her heart in schemes for the training of nurses, but an enormous number of institutions had followed her lead in establishing training schools. No fresh organisation need be started as an admirable fund (presumably the Trained Nurses' Annuity Fund) was already in existence, which could administer it. He was authorised to say that the scheme had the hearty support of the King and Queen. When methods of raising money were discussed he thought that circulars might be sent for distribution in both Services. Soldiers and sailors might not give large sums, but they would like to contribute to the fund. Then there were the nurses who owed almost everything to Florence Nightingale, whose example was followed by all. But the appeal, when made, should be to all classes and professions.

RESOLUTION.

Lord Pembroke then proposed the following resolution:—

"That this meeting desires to express its approval of the scheme for a memorial to Miss Florence Nightingale which has been submitted by the Memorial Committee, and calls upon them to take the necessary steps to carry it into effect."

MR. WAINWRIGHT.

The resolution was seconded by Mr. Wainwright, who said he had for many years been associated with Miss Nightingale in the work of St. Thomas' Hospital, and it was always an inspiration to be allowed to interview her. The desire for a memorial to Miss Nightingale was not confined to England and her Colonies, but he had letters from the United States of America asking to be kept in touch with the proposals made.

Discussion was not invited, the question being immediately put to the meeting by the Lord Mayor and carried, a large number of those present taking no part in voting.

The meeting concluded with a vote of thanks to the Lord Mayor.

Sir Henry Burdett protested against the statement made by Mr. Holland that this country was twenty-five years ahead of any other nation in its system of nursing. From personal knowledge of nursing matters in the United States of America he could testify that they had a system of training in many respects more thorough than our own.

In this connection it is interesting to note that Miss Mary S. Rundle, the "Isa Stewart Scholar" sent by the members of the League of St. Bartholomew's Hospital Nurses for a year's course of study at Teachers' College, Columbia University, New York, after outlining the course, concludes—

"I think what I have said will convey to you the impression that the American Nurse is in earnest in building up a profession of which she may be proud."

"Everything that I have seen so far leads me to think they are very much ahead of us."

"Their advantage began with State Registration, although it is not law in all the States yet, and in this one can easily see the value of a professional teacher and the possibility of a uniform training for a nurse."

"I am indeed fortunate to have been offered this opportunity. I only wish many of my colleagues could share it."

M. B.

Progress of State Registration.

The members of the Society for the State Registration of Trained Nurses will, we are sure, desire to express to the Secretary of State for War, through their official organ, their congratulations on the Peerage which the King has been pleased to confer upon him. Mr. Haldane, who takes the title of Viscount Haldane of Cloan, was a friend to the Registration Cause at a time when the question was not so well understood as it is at present, and on the back of the first Nurses' Registration Bill, introduced into the House of Commons in 1904, his name appears as supporting it immediately after that of its introducer, Dr. Farquharson of Haughton.

It is, after all, not surprising that Parliamentary honours should have fallen liberally to the share of those Members of Parliament who have supported the Nurses' Registration Bill in the past, for clear thinkers, and men of ability, of whose services the country has need, inevitably understand the justice of the claim that nurses should provide the public with proofs of sufficient training and competence, and that those who are able to do so should be enrolled in a Register maintained under State authority, be given the title of "Registered Nurse," and thus be distinguished from those who do not attain to the prescribed standard. Fuller information on this important movement can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 43L, Oxford Street, London, W.

CANADIAN NURSES ALERT.

We are glad to learn from a correspondent that "the question of the Registration of Nurses is a very live one all over Canada." The Bill drafted by the Graduate Nurses' Association of Ontario provides that "every member of the Association shall have the right during the continuance of his membership to use the designation 'Registered Nurse,' and may use after his or her name the initials, 'R.N.,' signifying 'Registered Nurse.'"

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Florence Lewsley, of Drayton Road, Harlesden, N.W., for her article printed below on

WHO IS YOUR FAVOURITE CHARACTER IN HISTORY AND WHY?

History is but a record of events, not always true, often misleading, and sometimes not at all edifying. Dark deeds are even more numerous than deeds of heroism, so that when one comes across a great pure character he stands out as a monument.

"Sincerity, a deep great genuine sincerity, is the first characteristic of all men in any way heroic." So wrote Carlyle, and to no one is it more applicable than to David Livingstone, doctor, scientist, foreign missionary, and traveller.

Nothing could have been more wildly improbable to the youthful David than that his life should run in any other groove than that of a mill hand. At the same time he determined that if perseverance and grit were worth anything he would climb the ladder of success. When working at the mill the hours were long, ventilation imperfect, and remuneration inadequate, but he would sit far into the night in his garret over his studies often depriving himself of necessary sleep. Many another lad would have beanoned his humble origin and want of schooling, and never arrived at anything beyond a character for grumbling, but not so our hero. Before long he had qualified as a young doctor, and, with that heroism which is the highest, had offered to spend his life and talents in the service of those less gifted and enlightened than himself, by placing himself at the disposal of the London Missionary Society.

Only those who have lived in native lands have any conception of the nobility of this devotion on the part of men and women who leave friends, home, and every comfort, to suffer bodily and spiritually, seeking no reward. Livingstone went to Africa, and with his splendid medical knowledge appeared to the natives as a god since he brought the godly gift of healing in his hands. He possessed the first essential for success in a doctor's career—a deep and sympathetic insight into character. His piercing eye fathomed many a secret, and his knowledge of human frailty made him exceedingly tender. The greatest man is ever the humblest.

Livingstone, when in Africa, lived with the natives as one of themselves. He married a daughter of Moffat, another great African mis-

sionary, and when in course of time she returned to live in England with her children, the doctor stayed behind with his life work. Towards the end of his life he visited England but only to be sent back to die surrounded by his faithful native boys.

Why should such a character be admired? Why do the flowers love the sunshine? There is health in knowing such a man. He never knew his own greatness, and we can only recognise its fulness too late, but his memory is an inspiration. His great message was "live for others," and he fulfilled it to the uttermost.

The papers sent by Miss B. Coles, Miss J. W. Briggs, Miss E. Twist, Miss A. C. Ainstie, Mrs. Draw, and Miss K. Foster, are highly commended.

Miss B. Coles chooses Mary, Queen of Scots, as her favourite, and writes:—

"Mary, Queen of Scots. Surely among the many fascinating people in history Mary of Scotland reigns as one of the most mysterious, the most irresistibly entralling. What was—what is—her spell? Why have men for the last three hundred and fifty years fought and argued about her—whether she were innocent or guilty—sinned against or sinning? The pathetic, mysterious story of her life hardly accounts for it; there are many other obscure, sad old tales, but the most of them are let alone. Yet the very name of Mary calls up visions, sets people attacking or defending her, for there is no indifference where she is concerned now, any more than there was in her lifetime. She is one of the world's great beauties, yet we should hardly imagine that when we see her portraits, some of them quite plain; she must have had some charm, some magnetic force which could not be represented on canvas. The impression made by her personality on her world was so great that the echo of it is still sounding. Poor lovely Mary! Such a brilliant gifted spirit bounded to death, and such a death after nineteen years' imprisonment, crippled with rheumatism, sickened with disappointed hopes, humiliated by petty insults; yet she stands a Queen to the end, and not only a Queen, but a sweet and lovable woman. Her attendants, her ladies and waiting-women, would not have clung to her and broken their hearts over her sorrows had she not been a gracious, noble mistress; for Mary cast her spell over women as much as men.

Yet the one who should have been the first to defend her—her son—was the one to neglect and desert her. What a bitterness it must

have been to her brave soul to see her son a coward!

Did her suffering and doom cast a shadow over her descendants? Is it that that looks at us from Charles the First's haunted face, and that shows even in the waxen face of Charles II.'s effigy in the Abbey? How the latter must have seen the irony of the nation, that killed his father and great grandmother, adoring him no matter what he did. He is blamed for caring nothing for England's honour, was that his revenge I wonder?

Miss J. W. Briggs' admiration for "Bonnie Prince Charlie" is stirred afresh whenever she listens to the Jacobite songs, "Wha wadna fecht for Charlie?" "Speed Bonnie Boat," "Bonnie Charlie's noo awa," etc., and she sighs for the days of chivalry and romance!

Mrs. Drew writes: "Twentieth Century memories dash icy douches on all one's childhood's heroes and heroines, or do they only make them human, and none the worse for that? In spite of home truths Elizabeth of England remains and will ever remain my favourite in history, just because in spite of her vanity and cajolery, she was at heart a supreme patriot. Men and their passions were her playthings, and why not? But the greatness of England was her bell, book, and candle."

Miss E. Twist loves the great warrior British Queen, Boadicea.

Miss A. C. Ainstie considers "Joan of Arc" supremely great.

Miss K. Foster worships at the shrine of Shakespeare, and so do many others.

We are glad to note that Alfred the Great, the Sultan Akbar, St. Theresa, Marie Antoinette, "so fine in adversity," Washington, Lord Edward Fitzgerald, Robert Emmet, John Nicholson, and Wagner find a place in the affections of the competitors.

QUESTION FOR THIS WEEK.

In what ways may sleep be induced without drugs?

Rules for competing for this competition will be found on page xii.

RESIGNATION.

The resignation of Miss Mostyn, who for 33 years, first as nurse, and then as Assistant to the Home Sister in the Nurses' Home, has rendered invaluable service at St. Bartholomew's Hospital, will be regretted by very many. Her place will be hard to fill, for a limited number of nurses at the present day have a vocation for long and faithful service in a post entailing constant attention to detail and daily routine of a somewhat monotonous nature.

Appointments.

MATRONS.

King Edward VII. Memorial Sanatorium for Shropshire.—Mrs. Stearns has been appointed Matron. She has had previous experience at a private hospital in Cheltenham, and has been Matron of the Cotswold Sanatorium, and of the Valley of Clwyd Sanatorium.

Princess Alice Memorial Hospital, Eastbourne.—Miss Maud Earl has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, where she has held the positions of Charge Nurse in the Theatre, and Theatre Sister (in charge of four Theatres).

Isolation Hospital, Salford.—Mrs. Rowan, better known in the nursing world as Miss G. Kinnear Adams, has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and the Belvidere Fever Hospital, in the same city. After working in connection with the Royal Scottish Nursing Association, Edinburgh, she was appointed Matron of the Forfar Infirmary, and later of the Middle Ward Isolation Hospital, Motherwell, and Matron of the Ruchill Fever Hospital, Glasgow, a position she filled with much ability, and only resigned on her marriage.

Isleworth Infirmary.—Miss Emma A. Youlden has been appointed Matron of the Brentford Union Infirmary, Isleworth. She was trained at the Royal South Hants and Southampton Hospital, and at present holds the position of Assistant Matron at the Bethnal Green Infirmary, Cambridge Heath.

Fever Hospital, Kendal.—Miss Alice Blackett has been appointed Matron. She was trained at Brownlow Hill Infirmary, and the City Hospital East, Liverpool, and has held the positions of Charge Nurse and Assistant Matron at the Fever Hospital, Middlesbrough, of Sister and Assistant Matron at the Fever Hospital, Huddersfield, and of Sister at the Fever Hospital, Sunderland.

NURSE MATRONS.

The Hospital, Falmouth.—Miss Kate I. Baker has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Bristol.

Benenden Sanatorium.—Miss Thompson has been appointed Nurse Matron. She was trained at Guy's Hospital, London, and has held the positions of Sister at the Sanatorium, Wicklow; at the Hospital for Incurables, Donnybrook, Dublin; and at the National Hospital for Consumption, Ventnor, Isle of Wight.

NIGHT SUPERINTENDENT.

The Hospital, Northwood, Middlesex.—Miss Marguerite Pike has been appointed Night Superintendent. She was trained at the Leicester Infirmary, and has held the positions of Night Sister, and Temporary Day Sister at the Royal Surrey County Hospital, Guildford, and of Sister at North-Eastern Hospital, Tottenham. She has also had experience of private nursing in connection with St. John's House, Queen Square, Bloomsbury.

SISTER.

Newport and Monmouthshire Hospital.—Miss E. M. Turner has been appointed Theatre and Ward Sis-

ter. She was trained at Guy's Hospital, London, and the Royal Eye Hospital, Manchester.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.—Miss Alice Nutter to Brighton, Miss Claudia Gaudin to Three Towns, Miss Nellie Pollett to Stockton, Miss Mabel White to Hatch Beauchamp.

RESIGNATIONS AND PRESENTATION.

At the Annual Meeting of the Governors of the Children's and General Hospital for Leyton, Walthamstow, and Wanstead, on behalf of a number of subscribers, Colonel Sir T. Courtenay Warner, M.P., presented Miss Clarissa Hunter with a purse of 50 guineas, and a beautifully illuminated album bearing her monogram, and containing the names of the subscribers, headed by Lady Leuca and Sir Courtenay Warner. In making the presentation the latter said that he could not find words to express his appreciation of the noble work done by Miss Hunter in the hospital for many years past. He was proud to present her with some little recognition of the services she had rendered to the hospital and town.

Dr. C. H. Wise, who expressed Miss Hunter's gratitude for the gift and the kind feeling which has prompted it, said that it was a great grief to her to sever her connection with the hospital, and he was sure she would never be forgetful of it or of the friends she had made there.

Miss Mary Jones, who has just retired on pension from the position of Assistant Matron at the Holborn Union Infirmary, Archway Road, Islington, after thirty years' service, *i.e.*, ever since the opening of the institution—has been presented by the Guardians with an illuminated address. The occasion of the presentation at a meeting of the Infirmary Committee last week was specially interesting, as the Medical Superintendent, Dr. L. Crawford McLearn, and the Steward, Mr. William Mackee, who have been there for a similar period, and are also retiring, were similarly honoured.

Miss Margaret Stuart, Superintendent of Nurses at Brownlow Hill Infirmary, Liverpool, has resigned this position and asked to be released from her duties from July 1st. We regret that her resignation should be caused by ill-health. Miss Stuart, who was trained at St. Thomas's Hospital, won for herself an excellent reputation as an administrator and trainer of nurses, with a record of 25 years' work at Brownlow Hill, 22½ of which have been spent as Superintendent, during which time over 2,000 nurses have come under her supervision and training.

THE ORDER OF ST. JOHN OF JERUSALEM.

The Grand Cross of a Lady of Honour of the Order of St. John of Jerusalem has been presented to Queen Wilhelmina, the presentation being made in the name of the Grand Master, by Baron van Voorst tot Voorst, and the Chancellor of the Dutch Section of the Order of the Knights of Malta.

Nursing Echoes.



Princess Louise, Duchess of Argyll, the Duchess of Westminster, Lady Selborne, and Lady Ebury, have issued an urgent appeal for £2,500 on behalf of the Maternity Charity, and District Nurses' Home, Howard's Road, Plaistow, the nurses and wives of which work in the neighbourhood of the Albert and Victoria Docks. We are

asked in this connection to point out that "not all the devotion that can be poured into this work will enable it to be carried on without funds to meet its numerous expenses. That everlasting question of money comes up at every turn. There is no endowment; the fees paid by pupils barely meet half the expenses; the regular subscriptions are not sufficient to meet a fourth part of what remains to be found for this ever-growing population."

The writers continue: "We do realise that, unless assistance comes, this charity cannot continue on its present scale, and that its incalculable usefulness to this large district must be restricted instead of expanded (as is needed) or even maintained."

The Lady Superintendent, Miss Constance Pritchard, or the Secretary, Mr. F. R. Panter, will be glad to furnish any information desired.

At the Annual Meeting of the East London Nursing Society, held at Grosvenor House last week, a special appeal was made for the new home for nurses in Bancroft Road, Stepney, for which £900 is still needed. The Bishop of Stepney, who presided, said he wished to thank the Society for the extraordinary amount of good work it was doing in the part of London in which he was working, in all probability second to none for absolute and unbroken poverty. In the homes to which he went he was struck again and again by the extraordinary gratitude of the patients towards their nurses. He especially appealed for donations towards the new nurses' home in Stepney.

Some six months ago we put forward the suggestion, at the Conference in the Caxton Hall on the Feeding of Nurses, that the catering in large hospitals might with advantage be entrusted to an expert firm of caterers, such as Messrs. Lyons, a suggestion which was apparently a little too advanced for some of the Matrons present, who presumably restricted

the firm's capacity to the supply of afternoon tea and cakes.

We hear of good authority, and we hope it is true, that the nurses at the London Hospital are rejoicing that the suggestion has been adopted in that institution to the great advantage of the commissariat department, that better cooked and more appetising food is now the order of the day, hot rolls even being served at breakfast, and that the improvement in the *menu* is accompanied by a considerable saving of expense. We commend the suggestion to employ an expert caterer to the consideration of committees of large hospitals as worthy of adoption. Appetising food is more than half the battle in maintaining a healthy nursing staff, and catering, like nursing, should be in the hands of experts, not amateurs.

The Matron of the London Hospital has issued her annual letter to nurses past and present. Several copies have been sent to us for review, inviting our consideration of the paragraphs which are considered misleading, alluding to the appointment of Miss Macintosh as Matron of St. Bartholomew's Hospital. We must defer consideration of the letter until our next issue, as it is necessary to give precedence to more important matters.

A flow of snobbish paragraphs have appeared during the week in the daily press because an Earl's daughter has entered a London hospital for training as a nurse. Let us hope she will conclude the term without further comment, as no doubt she desires to do. With few exceptions the ladies of title who have entered hospitals have spent but a few weeks there, but we call to mind two fine exceptions—the Lady Hermione Blackwood and the Hon. Albinia Brodrick—both of whom have shown real grit, and continue to take the deepest and most intelligent interest in the progress of the profession they adorn. The more women possessing their culture and talents who become professional nurses the better. Refinement and a liberal education are invaluable assets for those desirous of keeping nursing in the front rank of women's work.

We are glad to learn that Miss Edith Corbett, a member of the nursing staff of the Queen's Hospital, Birmingham, who was brutally attacked and stabbed by an unknown man while walking with a friend along the Ashfield Road, King's Heath, is progressing favourably. Miss Corbett, who was nursing a

patient at King's Heath, was vigorously defended by her friend, Miss Lowinlay, when attacked, who belaboured the unknown assailant with her umbrella to such purpose that he took to his heels.

The report of the Queen Victoria Jubilee Institute for Nurses, Scottish Branch, states that there are now 350 Queen's Nurses working under 220 nursing associations affiliated to the Scottish Branch of the Institute. The Scottish Council are directly responsible for the five Queen's Nurses and twenty-one Queen's candidates who are at present undergoing special training in district nursing. During the period reported on, nine nurses completed the six months' special training, and were engaged by committees of affiliated associations at Montrose, Buckie, Fair Isle, Appin, Gourrock, Tollcross (Glasgow), Strachur, Morar and Knoydart, and Kinlochleven. Two new associations were formed at Morar and Knoydart and Kinlochleven, the latter under the Argyll County Nursing Association. The inspectors made ninety-three visits to nurses in local branches, and reports were forwarded to the respective local committees. During the three months, 1,835 cases were attended in Edinburgh by nurses from 29, Castle Terrace, involving 36,759 nursing visits.

Prompted by the illness of nurses, the Infirmary Committee of the Bethnal Green Board of Guardians have made exhaustive inquiries with a view to obviating the risks which the nurses run in attending consumptive inmates. No less than 62 per cent. of the nurses (24 out of 39) were off duty during the year on account of illness, while the illness of the out-door staff only amounted to 18 per cent. The Medical Superintendent points out that the tendency in chest hospitals is to restrict admission to mild cases which would profit by open-air treatment. The Workhouse Infirmary, on the other hand, must admit all, no matter what their condition. Statistics are given showing that during the three years ended April 17th, 1906, the number of cases of pulmonary tuberculosis admitted to the Infirmary was 777, of which 367 died, or 48.52 per cent. On the other hand, the percentage of deaths at the Victoria Park Hospital was only 6.30, and at Brompton Hospital only 10.61. It is proposed to reorganise the nursing arrangements at Bethnal Green Infirmary, and to appoint 13 more nurses, so that the nurses may have more time off, and not have to take care of both consumptive and non-consumptive patients at the same time. There are many other infirmaries

which might follow this good example with advantage to nurses and patients.

Miss L. L. Dock writes from New York:—

"We have resident in the Settlement a charming girl from Washington State, and from her we learn interesting details of the recent victory for woman suffrage. After winning the ballot, you know, the women threw themselves ardently into a campaign to 'recall' a corrupt mayor who was openly leagued with the elements of commercial vice. Our young resident's mother is heart and soul in the work of political purification, and her letters give such light on the good, wholesome way that the 'home' may unite with politics. She describes the wave of high moral purpose and enthusiasm among the women as 'like a religious revival.'

"In the morning as she bakes her bread the neighbours come in on the way home from market, and they discuss the next steps in choosing and electing an honourable body of city officials. The daughter at home is aflame with enthusiasm, and as she washes the dishes she and the mother talk over the candidates and decide which ones will give the city a clean government. Isn't it a nice little picture?"

"We have also in residence a nurse from Colorado (where women vote), but through absorption in her profession she had never become sufficiently awake to the possibilities of the ballot to exercise her right of the franchise. I was shocked when she came to the Settlement to hear her speak with indifference of voting, and say she had never taken the trouble. But that nurse is going back to Colorado a vigilant citizen, and will never again fail to vote. The struggle of the women in the Eastern States to gain the ballot, and the tenacious refusal of it by the men, have completely opened her eyes and taught her a valuable lesson!"

Writing from Vancouver, B.C., Canada, an English nurse says:—

"Thank goodness in this country they like old nurses better than young ones, so I can live a little longer, but it is a pity they are not more strict at home about the nurses who work there without any certificate. Here the Registry charges 25 dollars per week for nurses, but patients do not keep a graduate nurse long. As soon as the patient picks up a little a lady help comes in, and when she is told what to do the nurse goes off. I only pay the Registry two dollars a year, and 50 cents on my cases; not much is it? They don't want any more nurses here. About 80 came from Australia, and some of them had to go as lady helps, and some have returned home again disgusted—they would not be registered, which was foolish; if you don't register you may as well leave the city. The hospitals and nursing homes are not half as nice or as clean as ours, and the nurses look untidy and dirty, but as they have no ward maids and have to do their own washing it is no wonder. However, I could not look like them if washing cost me two dollars a week. I have managed to keep it down to one dollar by doing small articles myself."

Reflections.

FROM A BOARD ROOM MIRROR.

The President, Viscount Castlereagh, presided at the fortieth Annual Meeting of the Governors of the Chelsea Hospital for Women last week. The in-patients last year rose from 800 to 864, and the re-building of the Out-patient Department and the Nurses' Home are forcing themselves with increased urgency on the Council. Mr. Bland-Sutton, the senior surgeon, said the Council would be well advised to consider the re-building of the whole hospital at the same time. The Hospital was far behind present day requirements. It might be well to choose a new site. The traffic in Fulham Road was certainly a hindrance to the work of the institution. Some years ago they were terrified at the prospect of having tramways along the road; now they had a great nuisance in the motor-buses, which shook the walls with their rumble and thunder.

The working women of Manchester are interesting themselves in a campaign for the funds of the St. Mary's Hospital. The desire of the Committee is to get every woman and girl in Manchester to contribute something, if only a penny, towards the support of the hospital. The appeal to them is based entirely on the great cause of motherhood. The mill girls' institutes and clubs have done nobly in taking collecting boxes in aid of the campaign. One mill girl has collected over 600 pennies—gathered from all over Manchester.

An influentially supported public meeting, presided over by Sir Robert Usler, Bart., was held last week in Edinburgh, in connection with the proposal to open a nursing home for the Edinburgh, Leith, and country districts, to meet the needs of people with moderate incomes. Lord Balfour of Burleigh wrote wishing success to the project. The Chairman pointed out that the provision of hospital accommodation for the working classes was ample and most generous, and there were elaborate homes for the rich; but the people of moderate means were left very much out in the cold, and a man must either sacrifice his proper pride and send his loved ones to a hospital, or run into debt which might cripple him and his family for life. It was proposed to found a hospital of moderate size, where beds, food, proper appliances, and attendance could be had from one to three guineas a week, the patients calling in their own medical attendants. For the last two years a hospital of twelve beds in Rutland Square, with charges running from thirty shillings a week, had been a great success. He appealed for £10,000 to found the proposed hospital, which, if a success, would stimulate the foundation of other similar institutions.

Professor Lodge proposed, and Lady Susan Gilmore seconded, a resolution in support of the scheme, which was adopted unanimously.

"Bovril" has been awarded the Diplome d'Honneur (the highest award) at the International Cookery Exhibition, Paris.

The Nursing and Midwifery Exhibition.

The Fourth Annual Nursing and Midwifery Conference and Exhibition opened on Tuesday last at the Royal Horticultural Hall, Vincent Square, and the London County Council Technical Institute, Westminster.

THE EXHIBITION.

There was no formal opening of the Exhibition, but Mr. Ernest Schofield, the Organising Secretary, is to be congratulated on the fact that the great majority of the Stands were ready "on time," and soon after twelve visitors began to arrive.

STEPHEN SMITH and Co., Bow, E., had an attractive stand on which their well-known specialities, Hall's Wine, Carrivo—a meat and malt wine prepared with Lomeo, and a very acceptable food beverage to invalids—and Keystone Burgundy were displayed, a Coronation arch, composed of the bottles in their cases, being a favourite form of decoration.

CHARLES ZIMMERMANN and Co., 9 and 10, St. Mary-at-Hill, E.C., were showing their well-known and excellent antiseptic Lysol, as well as Lysol Soap. Their "Calogen" Fireless Fumigators for the disinfection of rooms with moist formaldehyde gas were also an attraction. Most interesting also were the radium waters now being prescribed for gout, rheumatism, and other diseases.

MESSRS. LEWIS and BURROWS, of 146, Holborn Bars, E.C., are showing a half-minute clinical thermometer, with magnifying lens, which may be obtained for the low price of 2s., and the "Sister," a two-minute thermometer, which costs only 9d. BOVRIE, LTD., 152, Old Street, E.C., Food Specialists and Contractors to his Majesty's Government, and Purveyors by Special Appointment to the King, have a fine display of "Bovril" and "Invalid Bovril" for which they have attained so high a reputation.

MESSRS. E. and R. GARROULD, NURSES' Out-fitters, had an excellently arranged stand. One notable exhibit was a case of dolls, all new and freshly dressed for this exhibition, in the uniforms of the various hospitals and institutions. Some watches, in red leather cases, at the low price of 7s. 6d., would be most useful to nurses.

MESSRS. NEWTON CHAMBERS and Co., Thorncliffe, near Sheffield, made a display of Izal Disinfectant Fluid, and its preparations in many forms, powder, and soap (toilet, household, and soft). Izal Cream is also a favourite preparation with nurses and midwives.

WELFORD and SONS (Dairy Company, Ltd.), Elgin Avenue, Maida Vale, W., as usual were displaying Asses' Milk, Humanised Milk in various strengths, and other valuable preparations. The firm can modify milks, as desired, in accordance with any prescription.

MESSRS. SOUTHALL BROS. and BARCLAY, LTD., Dale, End, Birmingham, who have a first class reputation for Sanitary Specialities, are presenting visitors to the Exhibition with a box containing a liberal assortment of useful articles. An un-

stretchable Olsterra Bra, a handsome sanitary apron for maternity nurses, flannel outside and a duplicate in patent buttoned on, and easily removable, costs 7s., would be a most acceptable gift for maternity nurses and midwives; a useful enset towel suspender, and a new shaped breast support at 3s. 6d. should also be noted.

CADBURY BROS. LTD., Bourneville, near Birmingham, have a most tasteful stand on which their delicious specialities were displayed. Cadbury's Cocoa Essence is most invaluable as a beverage, while their well known chocolates are confections of the highest merit. The latest production, "Bourneville" Chocolate is a sweetmeat which is sure to be a favourite.

MESSRS. COLEMAN and Co., LTD., of Norwich have an excellent display of their food tonic "Wincumar," widely known, and as widely appreciated.

ALLEN and HANBURYS, LTD., London, whose name is synonymous with the highest merit, have a fine section, "Allenbury's" Milk Food, Malted Food, Rusks, and Diet being given a prominent place. "Dioxogen" is said to be a useful mouth wash and cleanser of the teeth for infants as well as adults. The "Ralston" Still for producing pure distilled water, and lastly Allen and Hanburys' Milk Pasteuriser (patented by Dr. Hewlett) are all specialities of this firm which should be noted.

MESSRS. JEYES SANITARY COMPOUNDS Co., LTD., 64, Cannon Street, E.C., have, as usual, a most attractive stand facing the entrance to the Hall, where Cyllin and the various preparations with which this non-toxic bactericide is incorporated are to be seen.

MESSRS. W. H. BAILEY and SON, LTD., 38, Oxford Street, W., are showing a number of ingenious appliances, most moderate in price, which nurses should not fail to inspect. An Attaché case, in the new brown fibre, with washable lining, fitted to fulfil the requirements of the Central Midwives' Board, is light and compact. An all glass hygienic syringe, with red index, complete in white metal case, is a marvel of cheapness at 2s. 3d.; a toughened glass catheter in case costs 6d.; a compact feeding outfit 2s. 9d. An "Ideal Time Indicator" should appeal to private nurses; it is easily fixed to any door, and will notify the time of their return when out. A crutch cap, with pneumatic rubber pad, is also a useful novelty. Midwives should make a point of seeing the little red boxes, each containing one dozen rubber finger-stalls. Once seen no midwife would probably willingly be without them.

The Stand of the NURSING PRESS, LTD., where the *British Journal of Nursing*, the Nurses' Registration Bill, literature in regard to the Registration movement, the Book of the Words of the Nursing Pagan, etc., are to be found, is evidently attractive to many nurses and others.

KEEN, ROBINSON, and Co., LTD., are good friends to nurses and midwives, and most of the latter consider Robinson's "Patent" Barley and "Patent" Grogans an essential part of their equipment.

LEMCO AND OXO (Liebig's Extract of Meat Co., Ltd.), 4, Lloyd's Avenue, E.C., are displaying their well known and highly valued preparations. Oxo in cubes, composed of beef extract and beef fibrine concentrated in solid cubes, is deservedly popular, and is to be found on this stand.

Close by, PROFESSOR SOXHLET'S MILK STERILIZER, 63, Crutched Friars, London, E.C., are exhibiting the Feeding Apparatus of that name, which should be inspected as a rational means of sterilising and preserving milk.

MESSRS. J. T. BRAGG, LTD., 14, Wigmore Street, W., are showing their renowned charcoal biscuits, as well as charcoal chocolates and other dainty preparations.

ALEXANDER ROBB AND Co., 79, St. Martin's Lane, W.C., celebrated for their Nursery Biscuits, and purveyors to upwards of 20 Royal Nurseries, have a good display of their valued preparations.

THE GAS LIGHT AND COKE COMPANY, Horseferry Road, S.W.—The special feature of the Gas Light and Coke Company's Exhibit is their scheme for the abolition of solid fuel. Nurses should not fail to pay this stand a visit.

THE MEDICAL SUPPLY ASSOCIATION, 228, Gray's Inn Road, W.C.—One is always assured of finding useful and practical appliances and novelties on the stand of this firm, and "Macdonald's Patent Sterilizers" for dressings and instruments are proving prime favourites. Dressings so sterilized are guaranteed sterile in half an hour, and are taken out as dry as if sterilized under high pressure. The cost is from £2 17s. 6d. Other specialities of the firm are "Snowden's improved flame-proofing materials," and it is notable that while in exhibitions, theatres, etc., inflammable fabrics must be treated with this or other preparations, no such regulation obtains in regard to hospitals and infirmaries. The china cupsidors, with cardboard insets, costing only 1s., should also be noted.

SOME NOVELTIES.

Amongst novelties we observed the "Gripnet" Coal Tong, which would be most useful in a sick room from their noiselessness; the "Nurse Dixon" Maternity Binder, which appears to be both practical and simple, and the "Eastbourne" Improved Invalid Chair.

THE CONFERENCE.

The Conference, which is being held in the L.C.C. Technical Institute, adjoining the Royal Horticultural Hall, was opened by Sir Dyce Duckworth, who addressed his audience as "Ladies and Gentlemen and Nurses," and said that these occasions were a pleasure and satisfaction to those who took part in them, but the work of organisation was very heavy.

It must be gratifying to nurses of all kinds that their work was more and more appreciated by the public. English nurses were in advance of their Continental sisters, and the skilled service they rendered was the envy of medical men on the Continent, especially in France.

MESSAGE.

Dr. May Thorne then took the chair, and the first paper presented was one by Miss Maclean on TRAINING, INCLUDING PERSONALITY.

As to the length of training the speaker thought

that in the case of a trained nurse, six or eight months should be sufficient under a good trainer to learn the theory and practice of massage, including a short course of medical gymnastics. No case should be undertaken except under medical direction.

In the discussion of the paper, Miss Stanley enquired whether it would be possible to abolish competitive courses, and give a certificate when proficiency was attained. Miss Turner desired that massesses should be registered. Miss Lucy Robinson pointed out that the examination of the Incorporated Society of Trained Masseuses was not competitive but qualifying.

MASSAGE WORK IN LARGE HOSPITALS.

Miss L. V. Houghton, Matron of Guy's Hospital, gave an interesting account of the massage department at Guy's. Many schools were, she said, re-organising special departments of this kind, and others were establishing them. Modern physicians and surgeons realised the fact that a large proportion of hospital patients were benefited by massage. It would be very expensive to have all the work done by thoroughly trained masseuses, and some hospitals turned over the work to a school of massage. The ideal was for the hospital to organise its own school, and take pupils. The first teacher at Guy's, in 1888, Miss Malony, had been closely associated with the Incorporated Society of Trained Masseuses. Now there were 36 members of the nursing staff in the hospital holding that certificate, and a number of the private nurses. The practical work obtainable in the wards and out-patient department was unlimited. Miss Houghton thought there was a demand for a longer course.

Miss Seamell said that a frequent difficulty in hospital work was that the masseuse did not get her instructions direct from a medical man, but through a third person, who did not understand massage.

Mrs. Wilson explained the system in operation at St. Bartholomew's Hospital, where the masseuses have written instructions signed by a member of the visiting staff, and Miss Newton (Ipswich) said her experience was that medical men ordered "massage," and if she asked for further instructions the reply she received was, "I leave it to you."

Miss Copestake described the system of training at the London Hospital, where 28,000 cases received massage treatment last year.

We can only briefly refer to Miss Lucy Robinson's paper on "The Professional Aspect of the Work," and that by Miss Bliss, on "Massage as a Living."

INSPECTORS OF MIDWIVES.

At six o'clock a paper by Miss Wooldridge, Inspector of Midwives for Staffordshire, aroused lively discussion.

Mrs. Lawson, President of the National Association of Midwives, inquired whether it was usual for inspectors to go all over a midwife's house and open and inspect her private drawers, as was done by one inspector to her knowledge.

Those present denied such a practice in their own case.

Our Foreign Letter.

FROM GERMANY.



DEAR EDITOR.
In a few days I shall leave Berlin for some months for my usual visit to our hospitals and branches, and on April 1st hope to be in

Switzerland once more to begin translating the second volume of the "History of Nursing." Before I leave the turmoil of work and sorrow I must tell you how wonderful I think the Masque was, and how I envy you this finest deed for our profession. I have translated the report in the BRITISH JOURNAL OF NURSING, and the whole of Miss Mollett's splendid words, and they will appear in the next two issues of our Journal. Nothing could express better how we feel and suffer, and I can hardly wait for the time when the Pageant will be produced at Cologne. I wonder how many of those who took part in it in London will be able to come. It would be a pity not to have the same costumes. If you could let me know who will come in 1912 I would begin at once to interest the ladies of Cologne in our festival; they are fond of pageantry in that rich town, and will, I feel sure, welcome the idea.

The years 1911 and 1912 will be a grand time for German nursing. There will be a splendid historical survey of it in Dresden, at the International Exhibition of Hygiene. Did I tell you that we sent all the pictures from the two volumes of the "History of Nursing" in four large tables, and three tables of statistics and general information on nursing, our in and out-door uniforms, our badges, the "History of Nursing" (the first volume translated into German and the second in English), and all our literature, etc. Just before the end of the Exhibition (on the 6th and 7th October) we are to have a Nurses' Congress there. I shall be glad for British nurses to know this through the Journal, as we hope some of them will be able to attend.

The women of Germany are beginning to understand the needs of the German nurses, and they want talks on the question in all parts of the country. A large meeting in Berlin in February was a grand success. At least 500 people were present, and many of the daily papers devoted a good deal of space to the question, more than ever before.

In May, Sister Charlotte von Caemmerer, who presented one of our reports at the Paris Conference, is to address a meeting of Silesian women, and present a report, and Miss Charlotte Reichel also. Miss Reichel is a splendid woman. During a course of studies at the *Handelshochschule* (University of Technology), in Frankfurt, she was asked to draw up a report on the condition of nurses. Of course, she knew nothing whatever about them, and so went straight to the Municipal Hospital. She

found that nurses are not allowed to talk of their conditions of life, and as she wanted to find out for herself the reasons for this she went as a probationer to three different nursing institutions. In the first she heard of our Association, joined us, and was sent to two other places. She hoped to stay and pass the State examination, but she felt that nursing was not her vocation; but her hospital experience has not been without results, as she has written an excellent treatise on the legal standing of the nurse, showing that our legislators know really little about her, and have often excluded her when they have at least tried to protect other women.

In September I am to speak to a women's meeting in Württemberg, and in October to a similar meeting in the East of Germany. In February and March, 1912, there is to be a large Women's Exhibition in Berlin, with a department for nursing, of which I am President. We began our work for it last week, and in two meetings our plans have been sufficiently developed for me to be able to leave details to my staff. Sister Charlotte von Caemmerer will be in charge of it, and all were ready to help. You will find the work of the Diaconesses (Diaconie-Verein) the Municipal Hospitals, the Victoria House, and, I hope, much of the work of the Catholic Orders represented in this department. Is not that a fine prelude to Cologne? We shall have a Women's Congress, with a day for nursing.

In August we shall have our International Congress at Cologne, and in October the biennial meeting of the German Federation of Women in another city, with one day devoted to nursing. Must we not get on when women are devoting so much time in their meetings to nursing? It is worth while to be tired with hard work to see our cause furthered. It would be splendid if you won the political franchise and got your Nurses' Registration Bill through before 1912. We must have a fine exhibition at our International Congress in Cologne; there will be splendid material for it. I think that probably the week beginning on Monday, August 12th, would be the most suitable, but we will decide about that later.

On January 11th, 1913, our Association will celebrate its tenth anniversary, and I shall try to have the Pageant re-produced in Berlin then. What do you think of that?

Our nurses have bought the first volume of the "History of Nursing," and many of the journals and daily papers discuss it a great deal. Many of them are very anxious for the second volume as soon as possible, so I hope the living history of your Pageant will teach them even better than the book what it all means.

With cordial greetings to you and all my British friends.

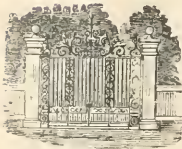
Yours ever sincerely,

AGNES KARLL,
President, International Council
of Nurses.

[There is no doubt the German nursing world is very much alive. We shall have to look to our laurels in this country.—Ed.]

Outside the Gates.

WOMEN.



On the evening of March 30th, Mrs. Herbert Cohen gave a most delightful party to meet the members of the Society of Women Journalists at her beautiful house, 2, Orme Court, Kensington Gardens. W., at which everyone was very gay and tastefully dressed, disproving the hackneyed accusation that women who work are usually frumps. The floral decorations in tones of yellow, tulips, azaleas, and daffodils were lovely, and Mrs. Cohen's almost unique collection of antique embroideries and brocades were on view, artistically arranged, some of them so exquisitely fine and brilliant that one marvelled at the skill of those wonderful dead hands.

There was very good music. M. Leon Fastovsky, a young Russian tenor, sang most charmingly the love songs of Donizetti, Geehl, Tosti, and the sweet old ballad by Frank Lambert, "She is far from the land," accompanied by Mr. Henry Penn. The brilliant Russian pianist, Mr. George Shapiro was warmly applauded, and the duologue "Collaborators" was most humorously acted.

A sumptuous supper was served in the Hall and Dining Room, and the whole thing was done in most hospitable style, so that everyone present enjoyed a very happy time.

Mrs. Herbert Cohen is a member of the Society of Women Journalists (which numbers upwards of 300 distinguished women writers), and has recently written an exceedingly clever play, which has received high praise from leading critics.

Father Bernard Vaughan, preaching at Farm Street on Sunday last, referring to the declining birth-rate, said that England had not yet caught up some other countries on the road to national extinction; but who, he asked, could deny that she was on the same road, and unless warned off would later on pass inevitably through the same gates of doom? During the past 30 years England had slid down the birth-rate decline more rapidly than any other European nation, and but for the toiling classes the shrinkage would be far worse. They had come to the rescue of the nation. He urged upon members of the Catholic Church never to try to dodge nature, or cheat God, or rob their country of its truest wealth—human life. Yet the good father belongs to a branch of the Catholic Church which requires celibacy of its priesthood. So hard is it to be logical.

We heartily congratulate the Dublin Corporation which on Monday passed by 22 votes to 9 a resolution: "That a petition be adopted, sealed with the City seal, and presented to Parliament to pass into law this present session, the Women's Suffrage Bill now before Parliament; that the Town

Clerk and law agent do forthwith prepare the petition; that the Lord Mayor and as many members as may accompany him, together with the civic officers, do present the said petition at the bar of the House of Commons, and that the reasonable expenses of the Lord Mayor and said civic officers be defrayed out of the borough fund." During the debate on the motion the galleries were crowded with Suffragists of both sexes.

Book of the Week.

ASTRAY IN ARCADY.*

This volume is the record of six months' sojourn by a woman of letters in a little country village. It is written in the first person, and with Mary Mann's usual happy descriptions of rural life.

Yesterday the people at the Hall called upon me—an absolutely uninteresting pair. Fat, small, common-place woman; thin, small, abject man. Before they went I made a few inquiries about the inhabitants of the place. The replies were distinctly discouraging. There is no one according to the Hobblesboys but themselves. I said I had noticed some fine old houses surrounded by park-like meadows, or by charming old-world gardens.

The Hobblesboys' tenants.

There was a big rectory near the church.

The Hobblesboys' parson and his sister.

Syers, my general factotum, at work in the long beds that border the drive, raised himself stiffly to watch the retreating chariot.

"I suppose your squire and his wife are much beloved in the place?" I remarked to him.

"They ain't no matters," he said; and having italicised the cryptic sentence by an expressive spitting on his hands, resumed his spade and began to dig once more.

The following passage describes an old shepherd who, in spite of the fact that he has a small farm of his own, "still wears the smock that was his ancient badge of service, and his wife tells me, sorrowfully, he sadly misses the sheep he used to tend.

"He ha' lived with a flock since he was right a boy," she says. Arly and late he ha' looked arter 'em, and had 'em on his mind. "Ask his self it that bain't so."

"Ah!" Sam ejaculated. He looked with admiration at the wife, so miraculously capable of giving tongue to that which with him was unutterable, then turned the eyes so brightly blue still in his weather-tanned, simple, old face, upon me for sympathy.

"So Sam, as you may say, he ha' carried his sheep on's heart; and stan' to reason when he's parted from them he feel it."

Poor old Sam! He felt it so much that "he hanged hisself" with my new linen line.

"I'd growed to be afear'd on," and she admitted. "Twasn't no new thing for me. . . . That day he were brisk like, not down-hearted, as

* By Mary E. Mann. (Methuen and Co., Ltd., London.)

"I ha' seed 'em afore. Ah, my! What a duffer he put 'em into hisself! A duffer, dumber, dumber we had, and I g'ave him a good o' peck arter it. G'ive us another massus," he say. "And wo'dy glad I am to think I done it now. At this rate our bit o' coals 'on't last till Sa' day night, think I. But I kep it to myself; and the peck'll last now."

"I know," she went on, gazing stully before her, "as how 'tis a poor look out for them as ha' done such deeds. But the Lord 'on't put my old man among th' rash 'uns."

She gazed beyond the neglected little garden to where the blue, unclouded sky met the horizon line. "The Lord He callen Hissel a Shepherd," she sobbed. "Likelies He'll know how my old man, as used to be a shepherd too."

There are many other charming and natural touches of a like character, and humorous descriptions of village gaieties and duties.

After all Helred pressed on dragging her to the Jumble Sale. She said she had peculiarly fitted to appraise the Rectory's old trousers and Miss Flatt's cast-off petticoats."

But the drawbacks of Dilditch out-weigh its advantages, and little Nan puts into words the feelings of her elders.

"I'm glad we don't live in Dilditch, where things are always the same, mummy. I am extremely fond of difference, you see."

H. H.

COMING EVENTS.

THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

April 6th.—District Nursing, and Midwifery; The Midwives' Act and what it means to Midwives, 2.30 to 5.

The Present Condition of Midwives in England and Elsewhere, 6 p.m.

April 7th.—Can Race Doggeration be Arrested by Eugenics. The Care of the Nervous, 2.30 to 5.

The Teeth in Relation to General Health, 7 p.m.

RECEPTIONS.

Friday, April 7th.—The President, Treasurer, and Organising Secretary, "At-Home," at the Midwives' Institute, 12, Buckingham Street, Strand, from 4 to 7 p.m., and will welcome Midwives and Nurses.

April 11th.—Royal Sanitary Institute, Sessional Meeting, Sir W. J. Collins, M.P., presiding. Paper on "Dirt in Food," Miss Emily Louisa Dove, M.B., followed by discussion, 8 p.m.

April 12th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Medical Electricity," by Dr. Haughton, 7.30 p.m.

April 20th.—Meeting Executive Committee, the Society for the State Registration of Nurses, 431, Oxford Street, W., 4.30 p.m.

April 27th.—Matrons' Council of Great Britain and Ireland. Meeting, Leicester Infirmary, Business, Short Paper for Discussion, "The Work of a Central Nursing Council" by Mrs. Bedford Fenwick.

WORD FOR THE WEEK

Wisdom is knowing what to do next; skill is knowing how to do it; and virtue is doing it.

D. S. Jordan.

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 FLORENCE NIGHTINGALE MEMORIAL.
To the Editor of the "British Journal of Nursing."

MADAM—I was present at the Mansion House meeting in connection with the Florence Nightingale Memorial Fund on Friday, and in common with many others, I was disappointed at the result arrived at by the Executive Committee. The annuity fund has never appealed to me. I do not consider it a suitable or a wise scheme; but the General Committee, of which I am a member, was not consulted on the subject, and no opportunity was given at the meeting for any expression of dissent, therefore I am driven to express my disapproval in the press. There are certain people in connection with whose memory an annuity fund would be most suitable, but not Florence Nightingale. There is, however, one part of the memorial to which I and those who agree with me give most unqualified and hearty support, and that is the proposal to erect a noble and suitable statue to the memory of her who stands to us for so much. I do not agree with Lord Pembroke when he says that "the statue need not cost very much." I hope it will cost a very great deal. In these days of dull and dreary practical content we want something to stir us to a high ideal. We want to spend our money on something artistic, that will lift us above our daily bread and cheese—something that will raise us to the level that can teach us to endure and suffer and dare with a certain fine disregard for the future that is the root of all higher effort. Let the statue stand for the best that is in nursing, that best which raises and etherealises the poorest and commonest nurse who follows her calling in the spirit of Florence Nightingale.

Therefore I suggest to the Committee that the two funds shall be separate and not combined—one for the statue, the other for the charity. Let it be possible for us to subscribe our money to a worthy memorial to our great foundress without having to give to an annuity scheme which is disastrous to us. Surely it is intended also that the pennies of the soldiers shall go to the statue of her who aided them in their hour of need, and not to found a pension fund for civil nurses.

Yours, etc.,

M. MOLLETT.

As a large number of the Matrons who accepted seats on the General Committee of the Memorial sympathise with Miss Mollett's views, and as the Executive Committee has not submitted any scheme for their consideration before placing it before a public meeting, we have pleasure in

making her opinion public. The Executive Committee of the Florence Nightingale Memorial is composed as follows:—The Earl of Crewe, K.G., Chairman; the Earl of Pembroke, G.C.V.O., Deputy-Chairman; the Right Hon. the Lord Mayor, Admiral the Lord Charles Beresford, G.C.V.O., M.P., the Lord Oranmore and Browne, the Right Hon. Sir Joseph Dimsdale, Bart., Sir Thomas Barlow, Bart., Sir John Wolfe Barry, K.C.B., Sir James Porter, K.C.B., L. Shore Nightingale, Esq., W. G. Rathbone, Esq., J. G. Wainwright, Esq., Dr. Ogier Ward, the Lady Marcus Beresford, the Lady Wantage, the Lady St. Helier, Miss Becher, R.R.C., Miss Hamilton, Miss Amy Hughes, Miss Lückes, Miss Ethel McCaul, R.R.C. Mr. G. Q. Roberts, the Secretary of St. Thomas's Hospital, has, we believe, been appointed hon. secretary.—Ed.]

OUR INDIAN COLLEAGUES.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR.—Many are the drawbacks and trials of the "exiled workers," not least among them being the hard fate of being cut off from all the joys of home, country, association, and those things that formed part of our life as long as we lived in the dear land of our birth. Most especially is this brought home to us on the occasions of special national interest, or professional struggle, defeat or success.

One does feel so hopelessly, woefully, "out of it," to read by this week's mail in BRITISH JOURNAL ad that took place at the Pagant, and to have no part or lot in the matter.

How eagerly and joyfully we would have worked had we been "At Home," magic sweet words no "stay at home" has any idea of, yet whose very sweetness is an additional cause of home sickness and futile longing.

I trust you will so far have considered the lot of your Sisters in far off lands, as not to have sold all copies of the Words before ever our orders can reach you. Weeks ago I wrote requesting an extra supply, so that we who are always cut off from so much that we love, and would so willingly give our time to serve and help, may at least be able to read the words which you assured us were so excellent, and the extracts of which in this Journal only fan the desire to read all. Kindly sent me a copy by return.

At our Conference in December, we instructed the Secretary to ascertain the conditions, etc., of joining the International Council of Nurses. We trust that there will be no difficulty in the way of our joining. We shall, at least, feel bound together, though so far away,

Yours sincerely,

S. GRACE TINDALL,

President, Trained Nurses' Association, India.
Cama Hospital, Bombay.

[We feel sure the affiliation of the Indian Matrons' and Nurses' National Association with the International Council of Nurses at Cologne will give the greatest pleasure to all those who already form the International Council, and we hope Miss Grace Tindall may be present to receive a hearty welcome.—Ed.]

THE VALUE OF HOSPITAL CERTIFICATES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I say how heartily I agree with your correspondent, "An Irish Trained Nurse," in her contention that it is stupid of hospital authorities to discredit the value of their own certificates.

"Stupid" seems to me exactly the right word to use. Presumably hospital authorities wish some value attached to the certificates they award their nurses. Why, then, cannot they see that if they themselves pass over the pupils they have trained, when appointing heads to their nursing schools, they cannot expect other hospital authorities to set a higher value on their certificate than they do themselves, since they are in the best position to estimate its worth. If they proclaim to the world that they have no opinion of it they must expect others to follow suit.

I do not mean that a pupil should be promoted who has not left the school after taking her certificate. But I do think that hospital committees might seek a Matron first amongst those who have gone out from the school and brought credit upon it. If they can honestly say that no such pupil is to be found, surely they should not rest satisfied till they have discovered the reason why.

I am, dear Madam,

Yours faithfully,

AN IRISH MATRON.

Notices.

The BRITISH JOURNAL OF NURSING is the only weekly professional Journal which can claim to represent Nursing Opinion as it alone is edited, and its policy controlled, by Trained Nurses.

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THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

OUR PRIZE COMPETITIONS FOR APRIL.

April 8th.—In what ways may sleep be induced without drugs?

April 15th.—What is the most important feature in the treatment of diabetic patients?

April 22nd.—What are the usual symptoms of pregnancy?

April 29th.—How are burns usually classified?

Rules for competing for this competition will be found on page xii.

The Midwife.

Self Help.

We published in our last issue a letter from Mrs. Wallace Bruce, Chairman of the Executive Committee of the Association for Promoting the Training and Supply of Midwives, in relation to our comment on their annual report, which mentioned that the Association had memorialised the Privy Council respecting the payment of medical practitioners when summoned by midwives in an emergency to a lying-in case, in connection with a Midwives' Act Amendment Bill, no such step being reported in connection with midwives summoned by patients in similar circumstances.

We agree that the fees of medical practitioners called in on the advice of midwives should be guaranteed to them, but it is rather like flogging a dead horse to urge this point. No one doubts that whenever an Amending Bill to the Midwives' Act is passed due provision for the payment of such fees will be made. The point round which controversy is likely to rage is as to what authority shall be responsible for their payment. Both the Amending Bill introduced by the late Lord Wolverhampton into the House of Lords in March, 1910, and that introduced by Lord Beauchamp in July of the same year, expressly made provision for the payment of such fees, and in view of the justice of the claim, and the fact that it is backed by the British Medical Association, representing over 21,000 medical practitioners, who, possessing the Parliamentary Franchise, can bring strong pressure to bear upon Members of Parliament, as well as by the Central Midwives' Board, he would be a bold person who endeavoured to have that clause removed. Medical practitioners can with confidence be left to safeguard their own interests.

But what of the interests of the Midwives? Midwives also are summoned to lying-in cases in emergency. Is the patient who during the past nine months has made no provision to be attended in her confinement likely to pay up when the emergency is over? We all know of such cases where a woman deliberately calculates on the urgency of her need at the time of labour to obtain assistance and subsequently evade payment.

If the midwife does not meet the call, she is decried as inhuman, though indeed it is seldom that midwives fail to respond to such calls, ill as they can afford to do so.

The lesson to the public—if an Amending Bill provides that the medical practitioners called in in emergency to lying-in cases shall be assured of adequate remuneration, while no provision is made for the payment of midwives similarly summoned—must inevitably be that while the fee of the medical practitioner must be paid, that of the midwife is of no importance, and may be evaded.

Is it wonderful that the right kind of applicants for training as midwives are hard to find, when their position is so insecure, their pay so miserable?

The Treasurer of the above Association reminded the annual meeting that until midwives were better paid the right stamp of women would not come forward to train as midwives.

The importance of obtaining the right kind is urgent, for it must be remembered that the temptations to illicit practice are enormous. While midwives engaged in lawful practice may, *if fortunate*, obtain 10s. 6d. for attending a confinement case at the time of labour, and ten days subsequently, £10 10s. will be urged upon a midwife to help a woman 'out of her trouble.'

As a midwife who would not for a moment accede to such a proposition once admitted, "When the rent is due, and there is nothing to pay it with, it is a great temptation." What of midwives who are less honourable?

Should not societies which assume charge of the interests of midwives endeavour by all means in their power to improve their financial position? An exceptional opportunity occurs just now in connection with the passing of an Amending Bill to the Midwives' Act.

Midwives, however, are learning that the old adage is true: "Heaven helps those who help themselves." It is a lesson they should put into practice with all speed.

Words of Wisdom from Babylond.

The sun shone yesterday, and everyone said it was quite a spring day, whatever that may mean. I arrived on this planet last summer, so have not seen a spring yet. If it is all like yesterday I think I shall like it. We went to Hyde Park to see if the flowers were coming up. We saw some, and we also saw some ladies who had come out in such a hurry that they had forgotten to put their frocks on.

They wore short, tight petticoats, which interested me very much. I cannot imagine why they endured them. Petticoats are a nuisance anyway, but tight ones!!!

I did not mean to write about grown-ups, though, but about babies. The other day I heard someone say: "The human race is deteriorating." (Nice word that; I hope my secretary has spelt it rightly.) I am not surprised to hear that it has deteriorated, for this reason: If you will go out on any fine day, and especially in the parks, you will see many small babies being carried out, and nearly all of those babies are carried with their faces staring straight up at the sky. I do not think there are many grown-ups who would like to spend from one to four hours sky-gazing on a sunny day. They would have a headache, or something worse, and yet these poor little babies have to put up with it. Is it any wonder that they deteriorate? It is a marvel they don't die of it, or if they live that they don't spend the rest of their days in an asylum for the insane.

There are, I am told, many societies for the protection of dogs and cats, and if anyone ill-treats them they may be punished. Could not someone start a society for the protection of babies? I would be the first subscriber. I believe I have sixpence of my own somewhere. I'll get someone to look for it. I feel so sorry for the little babies. I am sure the sun gives them a headache and makes them feel sick. I never had a headache in my life, but I am sure it must be very bad. I have been sick once or twice, but that is soon over. A headache, I am given to understand, is a lasting affair.

Bath time, so good-bye.

TINY TIM.

The Central Midwives Board.

A Special Meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, March 30th, to consider the charges alleged against 18 certified midwives, with the following results:—

SERVED OF THE ROLL, AND CERTIFICATE CANCELLED.

Annie Birehley (No. 13049), Lucy Bowpitt (No. 4133), Emma Susanna Down (No. 18991, L.O.S. certificate), Eliza Eagle (No. 13748), Emma Goodwin (No. 7520), Alice Hanson (No. 17325), Sarah Ann Hankins (No. 11556), Annie Ireland (No. 4407), Mary Lee (No. 15061), Fanny Mason (No. 3858), Elizabeth Ann Shaw (No. 21185), Ann Whittaker (No. 3747), Maria Wigley (No. 12359)—thirteen in all.

SEVERELY CENSURED.

Sarah Johnson (No. 14181), Fanny Royle (No. 14133). A report is to be asked for from the Local Supervising Authorities in three months' time.

CENSURED.

Mary Jane Cousins (No. 4924), Elizabeth Williams (No. 19741, L.O.S. certificate). In the case of Mrs. Williams a report is to be asked for from the Local Supervising Authority in three months' time.

SENTENCE POSTPONED.

In the case of Mary Morrall (No. 20249), the Board found the charges against her proved, but postponed sentence until after the next Penal Board after three months have elapsed.

CASES ADJOURNED FOR JUDGMENT.

In four cases adjourned for judgment on the report of the Local Supervising Authority, and in two of these for a police report also, no further action was taken. In the fifth case, Rebecca Taylor (No. 14624) was struck off the Roll and her certificate cancelled.

APPLICATIONS FOR RESTORATION OF NAME TO THE ROLL.

The applications of three midwives for the restoration of their names to the Roll were refused.

THE CHARGES.

The charges were for the most part of the usual character, with the exception of those against Emma Susanna Down, who was charged (1) with habitually employing an uncertified person, Mrs. Ann Pratt, as her substitute; (2) with habitually aiding and abetting the said Mrs. Pratt to contravene the provision of Section 1 (2) of the Midwives Act, by colourably and falsely pretending that the cases attended by Mrs. Pratt were cases undertaken and conducted by her; (3) that five of such cases (names given) were falsely entered in her Register as having been conducted and attended by her; and (4) that she falsely notified the Medical Officer of Health for Ken-sington of the occurrence of the births in the above cases, whereas in no case had she been in attendance at the birth.

It was stated in evidence that the midwife had admitted to the inspector that she had entered these cases in her register, and the inspector alleged that she sold her signature for half a crown. She entered up cases as very satisfactory, very good, etc., although she had never seen them. The Board, as we have reported, struck her off the Roll.

POUND DAY AT THE BRITISH LYING-IN HOSPITAL

On Friday the 24th March a most enjoyable and successful Pound Day was held at this Hospital by the Ladies' Committee, who most kindly provided an excellent tea for all contributors sufficiently interested to pay the Institution a visit on the occasion. The result was the collection of £66 in money and 1,890 lbs. in stores—a very welcome addition to the funds for special purposes and the commissariat department.

THE INFANTS' HOSPITAL.

The Report of the Committee of Management of the Infants' Hospital, Vincent Square, S.W., presented last week to the Governors and subscribers, records that open-air wards have been added to the hospital by the generosity of Mr. Robert Mond, and babies for whom the treatment is suitable can now spend all day in the open air during the warm weather.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1,202.

SATURDAY, APRIL 15, 1911.

XLVI

Editorial.

THE NURSING OF NATIVE PATIENTS.

From time to time the question is raised whether white nurses in South Africa should be compelled to nurse native patients in hospital. Let us say at once that compulsion is not calculated to produce a high standard of work in any profession or calling, and that the sick should not be subjected to the care of those who render it only on compulsion.

But in a hospital where native patients men or women are received, this fact should be clearly explained to nurses and probationers applying for vacancies, and if they join the staff, it should be on the understanding that they will be expected to nurse in the native wards if detailed for that duty. If this is distasteful to them, then they should seek work elsewhere. There are some white people, nurses included, who have an instinctive repulsion to those of other colours, a repulsion which in a nurse, upon whom all sick persons have a claim by reason of their sickness, must be regarded as a distinct drawback.

The second reason sometimes advanced, that for a white woman to nurse a black man is to lower her in his eyes is not a valid one in our opinion if the nurse is of the right stamp. Africans, even the most unsophisticated, on the East Coast have an extraordinary delicacy about allowing white nurses to perform nursing duties for them, and will always, if possible, leave their beds and go to the lavatory, rather than allow a nurse to wait upon them, when a white patient, as ill, would take this as a matter of course.

In regard to the employment of native nurses in the native wards, and here again we are referring to East rather than South Africa, though presumably the conditions

do not differ greatly, the difficulty is that the girls available as nurses marry as a rule at about 16 and 17 years of age, and thenceforth have their own duties to attend to, and also the native feeling against employing unmarried native women in male wards is too strong to be ignored even were it advisable to do so.

It is sometimes possible to employ a widow, or married woman, but the best solution for nursing the male native wards is to be found in the employment of young native men under a European Sister. In the performance of nursing duties these young men or boys as they are usually called compare very favourable with the girls employed in the women's wards, being gentle, skilful, and capable of keeping instruments in a condition of perfection which would be creditable in a London theatre. Many of them also are dext, though not scientific, masseurs, the art of massage being one of the accomplishments of the East.

But if the nursing in native wards is to be kept up to the standard of an English Hospital, such wards must for some time to come be in charge of Sisters of "the dominant race," for though the native is naturally resourceful, quickly develops dexterity, and works well under supervision, his sense of responsibility awakens but slowly, and discipline and standards would quickly deteriorate in most wards in which natives were left in sole charge. If a race is kept in servitude for centuries it develops but slowly the characteristics of the free-born.

There is no doubt that the training they receive in hospital is invaluable to native girls, the discipline as well as the actual nursing experience being useful to them throughout life, a fact which would-be suitors are not slow to appreciate, for girls with hospital training are in great demand as wives.

The Mechanical Treatment of Spinal Caries.

In this article we propose to give some description of the plaster work done at Lord Mayor Treloar's Cripples' Hospital at Alton, as described by Mr. Gauvain, the Medical Superintendent, in a lecture demonstration to the British Medical Association, and have pleasure in publishing a picture of a case of cervical caries put up in a plaster jacket.

Mr. Gauvain emphasises the fact that in the treatment of spinal caries the presence of

muscular spasm is not considered of such great importance as he holds it to be. Its importance in producing deformity of the hip joint, and other joint affections, is well recognised, and, actually, spinal cases are usually only treated recumbently, or in a jacket, when they are treated at all. Therefore, if the spine is hyper-extended, a factor in the production of deformity is gradually overcome. This immobilisation is first obtained by means of a spinal board, or of the back-door splint, which has already been described. After that they are treated in plaster jackets. The application of these jackets needs the direction of an expert, because, as Mr. Gauvain points out, if a child has been recumbent for a very long time, and you immediately put on a plaster jacket, at any rate by suspension, you will subject the child to a great deal of discomfort and pain, and furthermore there is a great tendency to syncope. If a child has been lying down in a horizontal position, and is suddenly put in a vertical one for suspension, the circulation of

the blood will be altered in such a way that he is quite likely to faint, or at any rate to be extremely uncomfortable. To avoid the complication a stand is largely used at Alton on which a child can be tilted into any position, and an appropriate rest is put across it on which the patient can have his books, toys, or meals. He is still in the hyperextended position; he can learn his lessons and feed himself with comfort, without in any way disturbing the proper relation of the parts about the spine. Mr. Gauvain says that this board has been

found of very great value in treating the cases at Alton. For example, if after an operation, a patient suffers from shock, or collapse, he can be tilted head downwards. A further modification of the board is also made by which the patient can be put in any position, in any plane desired by the surgeon. This is found of great advantage where there are sinuses, to assist in their more efficient drainage.

Before a child is put in a plaster jacket he is always tilted, so that when he is put in a vertical position

there is no danger of syncope.

Mr. Gauvain states that he finds that if a patient is put in a plaster jacket if the disease is above the dorso-lumbar region, unless you apply the plaster with the patient in a vertical position you will not get the proper correction of the deformity. If you put on the plaster with the patient in a horizontal position, it will do quite well for lumbar caries; but for dorsal or even dorso-lumbar, and certainly for cervical cases, it is desirable to have the



CASE OF CERVICAL CARIES IMMOBILISED IN PLASTER OF PARIS JACKET.

patient suspended. For this purpose he uses a gallows devised by Ducroquet, of Paris, which may be turned round, and the plaster conveniently applied to any part of the patient.

THE APPLICATION OF THE PLASTER.

In the first place, in suspending the child, a bridle is made for each particular case. The point of suspension particularly holds in cases of loral curies or cervical curies. The point of traction is between the ear and the eye, and the more anterior this point, the more the head will be over extended. It is, therefore, desirable to have a fresh bridle for every particular case, to secure the best attitude. At Alton a vest is put on the child which can be much more closely applied to the patient than could an ordinary bandage, and it is infinitely more comfortable. There is also placed over the abdomen, but under the vest, a piece of wool, so that after the plaster is applied, and until it is properly set, there is ample room for the distension of the abdomen.

THE PREPARATION OF THE PATIENT.

Before a child is put up in plaster Mr. Gauvain teaches that he should be prepared in much the same way as for an ordinary operation; that is to say, his diet requires regulation and his bowels attention. The food should be such that the abdomen is not unduly distended. For two days before being put up in the plaster he is very carefully dieted, so that no pain will be caused by excessive abdominal pressure afterwards. Not infrequently, if this precaution is not taken, there is distension of the abdomen, and the result is great sickness and pain. That can be immediately relieved by having the plaster cut

out, but as it is desirable to get a proper set, the plaster should not be cut out for two days. Then it is cut out and large windows made.

If a jacket is put on efficiently, and is properly moulded, there is, Mr. Gauvain says, no form of support which will so immobilise the spine as the plaster jacket; and it has this advantage also, that it is quite porous, and it can be kept on for a very long period. When it is taken off, if it has been properly applied, the child will be found to have no sores under the skin at all, his skin is quite sweet and fresh, and he has greatly benefited by this method of support.

There are a great number of points in the technique of plaster application. A plaster jacket cannot be applied by a novice with any likelihood of success. Its application should be practised assiduously for a very long period before it can be efficiently undertaken, otherwise disappointment is bound to ensue. Sores are bound to occur, immobilisation will be imperfect, and probably the surgeon will be so disgusted with the result that he will abandon it altogether, and allow a surgical instrument



PATIENT CONVALESCING FROM CERVICO-DORSAL CARIES, IMMOBILISED IN A CELLULOID JACKET.

maker, who knows nothing whatever about the patient, or even what the patient is suffering from, to put on an utterly unsuitable jacket.

In plaster work Mr. Gauvain usually uses cold water. The plaster takes a little longer to set, but the crystals that are formed when cold water is used are very much more stable than those formed when hot water is used, and the result is a much stronger jacket. Further, the jacket can be re-inforced in any way desired to meet excessive strain at any

particular point, which, of course, adds to its lightness, because these parts where there is much strain can be strengthened, and much plaster need not be applied where there is little or no strain.

A very important point is the moulding, and that must be done just at the right moment—just when the plaster is nearly set. Then you will get proper support from the iliac crests, and indeed from the whole pelvic ring. It is not necessary to suspend the child completely. If he is just standing on his tip-toes he has a feeling of greater confidence.

The next thing is to mark out where windows should be cut, so that there will be ample room for digestion and respiration. In two days' time the windows are cut out and the whole thing polished, and this polishing, we are told, is not done entirely for æsthetic reasons, but it makes the life of the plaster very much longer. The child can live in the plaster from three to six months. If he is growing rapidly three months will probably be sufficient. When the plaster is removed the skin is absolutely as fresh as when it was put on, with the exception of a little dead epithelium, which, when washed off, leaves the skin quite normal.

CELLULOID JACKETS.

We have seen that a child is treated first in the recumbent stage, then in the tilted stage, then in the plaster jacket stage, and the time comes when he may have a jacket which is removable, and for this purpose no jacket is more suitable in Mr. Gauvain's opinion than a properly applied celluloid jacket, which, he says, has many advantages over the ordinary leather or steel jackets which are commonly used. It is first of all extremely light; secondly it can be made entirely by the surgeon without the aid of any outside assistance at all, and therefore it is cheap and can be efficiently applied. In putting on jackets at Alton a removable jacket is never made by ordinary measurements. In every case a cast is first taken of each individual case, and then the jacket is moulded on to the cast, so that the fit shall be absolute, and those points of support which are so essential can be properly made use of. Holes are punched out for ventilation in these jackets.

CONCLUSIONS.

On visiting the hospital and seeing the work done there, the conclusion is inevitable that the treatment and care of these cases is carried to much greater perfection than in the wards of a general or children's hospital. It is best for the patients that the treatment should be specialised.

From the nursing standpoint a nurse who had even three months' insight into the work during her three years' training, or a post-graduate course after obtaining her certificate, would be far better equipped for orthopædic work than by occasionally seeing cases in the wards of a general hospital. One cannot fail to be impressed on visiting special hospitals with their exceeding value as training centres, and the manifest desirability for their utilisation in this direction by affiliation with general hospitals. May the day soon come when, by the better organisation of nursing education under a central authority, this will be possible.

The information contained in this article is gathered largely from Mr. Gauvain's lecture, before mentioned, published by the authorities of the hospital, to whom also we are indebted for our first illustration. We have to thank the Editor of *St. Bartholomew's Hospital Journal* for the illustration on the previous page.

Aliens and Eye Disease.

Mr. Herbert L. Eason, senior ophthalmic surgeon to Guy's Hospital, speaking last week at the annual meeting of the Hospital Saturday Fund at the Mansion House, said that more than 50 per cent. of the blind lost their sight in the first year of life, and that form of blindness through infection was entirely preventable. He also pointed out that the English Army had the smallest number of men affected by trachoma. England had, he said, been fortunate by reason of its situation, but the disease in this country was being spread owing to alien immigration. Once the aliens got into England they could not be got out; they remained in the East End and spread the disease until the hospitals cured those affected sufficiently to pass them on to the Western Hemisphere. By far the greater proportion of diseases of the eye was caused by insanitary surroundings, children were herded together in rooms, using the same towels and clothes, all of which prevented their having a proper chance of recovery. If the dirt disease were removed the ophthalmic out-patients of the general hospitals would be diminished by more than 50 per cent. Most people will agree with Mr. Eason that dirt disease ought to be stopped, but this, he said, could only be attained by increasing the education of the people and showing them how terrible are the results of insanitary surroundings and uncleanly habits.

The Care of the Nervous.

Dr. Edwin Ash, Assistant Physician to the Inebriety Hospital, W.C., in a most interesting paper read at the recent Nursing and Midwifery Conference, said that the prevalence of nervous disorders at the present time was becoming a serious thing for the country, as the loss of "driving force" in the nation, owing to the fact that so many people suffer from nerve weakness, was even now very great, and bid fair to become greater in the immediate future. It was difficult to find anyone who was not bothered at times with nervous symptoms, and only those brought in contact with nervous patients in the consulting room knew how many people suffered from morbid diseases and fancies. Amongst these Dr. Ash mentioned the fear of being left alone, the fear of being in the dark, the fear of closed places, such as lifts and railway carriages, the fear of doing some wrong or foolish action, the fear of harming a friend or relative. It was easy to study nervous symptoms in public conveyances, in theatres, restaurants, and crowds; a speaker could study his audience from the platform, the audience could study the speaker; such tricks as twitching of the hands and face, frequent consultation of the watch, consultation with those around, unstill limbs were common, and quite a number of people talk to themselves. The normal human attitude should be one of consideration and dignified action; in nervousness it became one of flurry and hesitating haste. Watch the people arriving at a railway station, said Dr. Ash. Many arrive hurried and too soon, leaving their watches may be wrong. Another great indication of a nervous temperament was handwriting. The speaker said that he had been collecting specimens for some time, and later proposed to publish them.

Unhealthy nervous irritability was responsible for many of the squabbles which disturb domestic peace, and end so frequently in the police courts for the lower orders, and in the Divorce Court for more fashionable folk. There were thousands of cases of this kind, the proper place for which was the consulting-room of the nerve specialist rather than the public courts. In many instances bad temper was really a disease, as also were such conditions as sulkiness, sudden rudeness, abruptness of manner, and so forth. If this were more generally understood people would be more inclined to settle their differences amicably than they often are. If a husband is persistently unreasonable, or a wife irritable beyond endurance, the aggrieved party might

certainly give the offending one to see someone about his or her "nerves" before resorting to more drastic measures. Were this idea carried out there was really not the slightest doubt that a great deal of unhappiness and misery would be avoided, which was now brought about because many little signs of a disorder of the nervous system were overlooked or misinterpreted.

Owing to this prevalence of nervous disorders it was most important that nurses should thoroughly understand nerve cases. But it often happened that a highly-trained nurse was at a loss when she had to deal with a patient whose nerves were out of order. The constant cry of patients was, "Send me a nurse who will understand me." That meant understand not merely the technical duties of nursing, but the patient's temperament and inmost feelings at the time of illness. And she must be in psychic sympathy with him. Some nurses made the mistake of over-riding a patient's little fads and fancies in order to observe hospital routine methods. A nurse began by "flying up," and usually wished to make the bed her own way. There was no reason to upset a patient about details which were unessential; better a ruffled room and a ruffled bed than a ruffled temper. A ruffled bed was the most comfortable.

He had referred to the patient as "him" because so many men suffered from various nervous ailments. Formerly women alone were supposed to suffer from nervous complaints, but he thought that the nervous strain of modern life told more on men than women.

The successful care of a nerve patient required a strong personality on the part of the nurse. The personality must be used in the right way, and a nurse must not attempt to overawe a patient; her duty was to combine the right amount of authority with the right amount of sympathy. He knew big, strong men who avoided certain nursing homes like poison. Of all the 800 or more drugs and preparations in the British Pharmacopœia there was not one which was really a "cure" for a disordered nervous system, and we had to rely on a series of measures in which the nurse could play a very important part. These were *Rest—Suggestion—Electricity—and Massage*.

Everyone influenced everyone else by suggestion, and some people were able to exert a stronger influence of this kind than others. For their part nurses should endeavour to cultivate an atmosphere of restfulness and health—this would then re-act favourably on their patients, and bring about the greatest benefit by suggestion.

Nurses should remember to protect them-

selves against unhealthy suggestion coming from their patients. It was possible for a nervous patient of strong personality to thoroughly wear out a nurse. Consequently the latter must brace up her mind against adverse suggestions, not only mentally but physically, by utilising her rest time to its utmost, getting plenty of sleep, fresh air, exercise, and healthy mental recreation when off duty.

Massage Work in Large Hospitals.*

By Miss L. V. HARGREAVES,
Nurse-in-Charge of Guy's Hospital.

Massage in large hospitals is a subject which gives one great scope; there are such different ways of organising and carrying out the work of a massage department to meet the increasing needs of modern treatment.

Judging from the advertisements in the nursing papers, and from what one hears, many institutions are reorganising their special departments of this kind, while others are for the first time establishing a massage section. Within the last ten years great strides have been made towards a more efficient method of adequately dealing with the very large numbers of cases which annually pass through the wards and the out-patient departments of general hospitals, which might derive benefit from treatment by careful massage and remedial exercises. There is no doubt that the modern medical man quite realises the fact that a large proportion of the patients treated in a general hospital benefit enormously by massage and exercises properly carried out, the question to-day is, how is this need met.

The Swedish schools and the Incorporated Society of Trained Masseuses are doing their part in turning out properly trained and qualified people to undertake the work, of whom many ought to be well suited for work in hospital. As most of you know, within the last few years the Incorporated Society has enlarged its scope by holding an examination in Swedish remedial work, candidates for which must already hold the massage certificate of the Society. The candidates are examined by women who have trained in Sweden. In one essential hospital work differs from private practice for it is an essential that the head of a massage department in a charitable institution should be an experienced teacher, and, if possible, hold a massage teacher's certificate, in addition to

* Read at the Nursing and Midwifery Conference, London, 1911.

one qualifying her as a masseuse, and competent to do remedial work. The massage department of a hospital is an excellent training school for the teaching of massage. Every week it is possible to see almost every variety of physical weakness or deformity. In the wards may be found neurasthenia, paralysis, recent fracture, early cases of spinal curvature, chorea, neuritis, thrombosis, talipes, and like deformities, constipation, and sciatica, etc. In the out-patient department one gets writers' cramp, torticollis, minor fractures, sprains, dislocations, stiff joints, chronic rheumatism, curvature, knock-knee, etc., etc., and it would be very expensive for a hospital to pay a sufficient number of highly-qualified masseuses to deal with all these cases. Well supervised, much of the work can be undertaken by pupils, and the expense of working a thoroughly efficient massage department reduced to a minimum.

Some hospitals hand over the entire department of massage to an established school, thus saving much trouble in organisation and management; but the ideal is to have the school worked by the hospital, giving one's own nurses the opportunity of taking a definite and efficient course of instruction, thus fitting them better for their work in the world, and supplementing the numbers by outside pupils. Want of space for the necessary class-rooms and sleeping accommodation prevents many hospitals from adopting this scheme at present, but one may safely prophesy that in time the massage school will become as much part of the organisation of the modern general hospital as the nursing school, or in many instances the midwifery school is at present. The number of qualified masseuses necessary for the working of such a department would depend on the number of patients sent up for treatment and the number of pupils instructed. The patients would, of course, primarily be under the care of a medical man, who would see them at intervals.

The first systematic teacher of massage at Guy's Hospital was Miss Molony, a sister at the Hospital, who taught in the year 1888, and was one of the founders of the Incorporated Society of Trained Masseuses in 1894. Since that year we have been very closely associated with the Society, and have sent varying numbers of candidates up for each of its examinations, instruction being generally given by Sisters working in the hospital, but from time to time also by other members of the Incorporated Society. The work grows continually, larger numbers of cases are rubbed weekly in the acino-therapeutic department alone, where the Sister in Charge and many of the

1906 for the first of which she also received honours. To a number of years' distance from the ordinary rate of the hospital, and in fact (as will be seen in the annexed report) up to 1897 the nurses were completely without the message, resources, and they were generally local nurses in the hospital department. New trainees 30 were the holders of the Incorporated Society of Training Midwives in the hospital, all of whom gave cases, and a very large number on the private nursing staff.

So far this system works satisfactorily, but owing to the increasing clinical facilities for instruction in medical and surgical work, and to the demand for a larger course of study for the pupils, it is being felt that it may shortly be necessary to increase the scope of the work and training and seek to attain the ideal mentioned earlier.

The Nursing and Midwifery Conference.

TUESDAY, APRIL 4th.

THE WORK OF INSPECTORS OF MIDWIVES.

We have already reported the proceedings of the Nursing and Midwifery Conference, held at the London County Council Technical Institute on the afternoon of Tuesday, April 4th. On the evening of that day the chair was taken by Dr. Elizabeth Maeroy, President, and a paper read by Miss Wooldrige, a member of the Association of Inspectors of Midwives, and Inspector for Staffordshire.

Miss Wooldrige said that when the Midwives' Act was passed in 1902 there were very few trained midwives working in the County of Staffordshire. In the first year inspection seemed to have very little effect, and the report of the Inspector for the county recorded that some midwives combined the avocation of pigkiller with that of midwife. One of these, when asked why she was killing a pig when a confinement was expected, replied that the "pig would have died any way."

In 1905 progress was shown by the fact that the notifications of sending for medical help had nearly doubled, while those of still birth remained the same. In 1905 there were 602 midwives in the county, 70 of whom were trained; in 1910, 409, 77 of whom held the C.M.B. certificate, or others, after examination. On April 1st, 1910, the Act came into full force, and from that date to the end of the year 21 women were prosecuted for practising as midwife without being certified by the Central Midwives' Board, and fined sums varying from 5s. to £5. One woman was fined twice, and, when asked why she incurred the second fine, replied "I'm working to pay off the other yet."

Miss Wooldrige said that the Inspectors' Association had been formed because of the great desire of Inspectors to enlarge their outlook, and in order that they might meet and discuss methods

in their work and their various difficulties. The object of holding these gatherings, and of those proceedings, and generally, is to discuss them.

DISCUSSION.

In the discussion which followed the Chairman expressed the need for agreement to a list of inspectors. Mrs. Lawson Paget, of the National Association of Midwives, asked if it was the usual practice of inspectors to go for a midwife to practise from the root to the hilt, and investigate her private practice. The inspectors present held that it was not practice.

Mrs. Elsie Hall said that as a practising midwife she found the inspectors a great aid to her.

Mrs. Lawson said she spoke of things she knew and referred to another inspector in Yorkshire who expressed a midwife to take out sanitary papers and fly papers, in short to do the work of a Health Visitor, and because the midwife refused to do so she was a marked woman.

Miss Rosalind Paget, who remarked that the present was an excellent opportunity for discussing all points of view as members of the Central Midwives' Board, Inspectors, and practising midwives were present, said she would like to ask Mrs. Egerton's opinion as to whether inspectors gave evidence with consideration for midwives, or whether they were prejudiced. Personally, she knew of two cases in which the midwife was saved absolutely by the inspector.

The Hon. Mrs. Charles Egerton thought that many midwives were saved from being brought up before the Central Midwives' Board because of the advice given them by inspectors.

The suggestion was thrown out that midwives might make representations of their difficulties to the Inspectors' Association, and Mrs. Lawson inquired whether, if this were done, the Association would be willing to deal with erring members.

CONCERT.

At 7.30 on the same evening a concert took place which was much appreciated by those present.

WEDNESDAY, APRIL 5th.

MENTAL NURSING.

ST. JAMES CRICHTON BROWNE, who presided at the Session on Mental Nursing, said that in his opinion the selection of asylum attendants and nurses should be in the hands of the medical officer, sound health, and a family history free from insanity and mental instability were indispensable, as there was no doubt that the asylum atmosphere was conducive to explosions in such cases. After that he confessed that, when he was a Medical Superintendent, good looks weighed with him even more than good testimonials, and to judge from the general comeliness of the nursing staffs of asylums at the present day, they still had their influence with Medical Superintendents. He advocated a year's training in a general hospital before entering an asylum, and the affiliation of general hospitals and asylums for training purposes. The scheme of training and examination of the Medico-Psychological Association were, however, admirable. In research work and clinics Germany was ahead of us, but in asylum nursing

this country led the van; the insane were nursed with a skill unsurpassed elsewhere.

He also remarked that the training received in asylums seasons women for the stress and strain of life, and many asylum nurses were well fitted to adorn a higher sphere. If the scions of nobility were to seek wives in circles other than their own he recommended them to choose nurses from the asylums where they were accustomed to deal with mental foibles and with that unreasonableness which he was informed was not unknown in husbands, in a way that would perhaps make them more useful helpmeets than Gaiety girls in all their glory.

SIR WILLIAM COLLINS, M.D., said that a good mental nurse should be a specialist and something more. Let the base of the speciality of mental nursing be broad, its foundation a training in general nursing, to which is added mental nursing in particular. Mental nurses should also be social reformers of the largest-hearted, broadest-minded kind. Pure altruism had come out of what originally was not altruism, the care of the insane had probably in the first instance a selfish origin, now those studying it were cultivating scientific knowledge, and associated with its development were the names of such great reformers as John Howard, Elizabeth Fry, and Florence Nightingale.

The speaker said that he had had the priceless gift of the friendship of Miss Florence Nightingale. He had looked up the last letter he received from her, and found it contained these words, "It is the life-long desire of an old nurse that every good and perfect gift of head and heart and hand should be possessed by our nurses who need them all."

In these days, when so much was thought of physical culture, and attention so largely directed to the development of a good animal, the speaker considered there was some danger of placing physical training before moral education, and the education of the will. It had been laid down that "no one can be said to be truly educated who is not able to do what he ought to do, when he ought to do it, whether he wants to or not."

Sir William Collins suggested that in the past the powers of observation of asylum nurses and attendants had hardly been sufficiently utilised, as the powers of hospital nurses were utilised, in co-operation with those of the medical staff. There were certain reports and records which they could be taught to keep which would add to the interest and value of their work.

Mr. A. O. GOODRICH, J.P., Chairman of the Asylums Committee of the London County Council, who was the next speaker, said that he had expected to see attendants as well as nurses present, and explained that he spoke as a mere layman. He was deeply interested in nursing, and had been on the Committee at the Claybury Asylum for nine years.

Mental nurses had a great deal to put up with: abuse, bad language, rough handling, faulty habits, yet many of the nurses had very fine characters, and recently his Committee were very pleased to congratulate Nurse Wolsey, of Hanwell, who had been honoured by the King by the award

of the Albert Medal; they were gratified also that the first one so honoured was Attendant Dyer of Claybury Asylum.

The speaker urged the necessity for sympathy, gentleness, and tactfulness in asylum nurses. They should also make a point of gaining the confidence of their patients, for mental patients, like deaf people, were apt to be very suspicious. He agreed with Sir William Collins that England led the way in mental nursing, and the London County Council were always happy when foreign doctors came to investigate the system. Recently an application had been received at Claybury from a Swiss Asylum that some of its nurses might be received on the nursing staff in order that they might be acquainted with the methods employed before becoming Matrons in their own country.

Dr. ROBERT JONES, Resident Physician and Superintendent of Claybury Asylum, said that the importance of the mental nursing question was evident, when it was realised that in the British Isles alone some 20,000 persons were engaged in the care of the mentally afflicted, of whom 10,000 were attendants and nurses in asylums. In Scotland there were some 1,445, and in Ireland over 2,000. The staff of all ranks in asylums might, therefore, be put at about 18,000, to which must be added some 2,000 nurses and attendants engaged in private nursing. Dr. Jones said that, having lived among the insane for 30 years, he knew how difficult the work of caring for them was. Sir William Collins, in his preface to a book on Mental Nursing by the speaker, had put qualities of mind before qualities of heart, and this he entirely endorsed. No matter how kind and tender and sympathetic a nurse might be, unless her perceptive faculties were quick, and she could grasp the reasons for changes of conduct, unless she could place herself in harmony with her patient, she could not be a good mental nurse. Character was also extremely important, and patients were entitled to the care of nurses of good character. It was often surmised that because patients were defective in their own habits they could not appreciate nicety in others, but this was a mistake.

No greater progress had taken place in any branch of nursing in the last century than in the care of the insane. It is recorded of George III. that in an attack of insanity he was knocked down by his attendant "as flat as a flounder." Patients at Bethlem were treated with "surprise baths" in which they were immersed to the point of drowning, and in the same institution the patients were on show on Sunday much as the animals at the Zoo; in one year £400 was received from sight-seers.

It was 100 years from the appointment of Pinel to the Bicêtre in Paris to the opening of Claybury, with its humane treatment, but one main reason in the alteration in the treatment of the insane was that the minds of people had been changed as to the cause of insanity. It was now regarded as a disease, not a doom, and we had a new conception of mental illness.

In the nursing of the insane the prevention of bedsores in bedridden patients was a matter requiring skill. To-day at Claybury there was not

a bed sore amongst 2,100 patients, and the only one in the last year had been in the case of a patient who came in with one.

In regard to the qualification of an asylum nurse, good health, an orderly disposition, an obedient mind, and the subordination of self to others were requisite. In an asylum the staff lived under the law, and most things were regulated by law, therefore obedience both in a nurse and a doctor were essential.

Dr. Jones advocated an interchange of work between hospitals and asylums, and thought hospital authorities might reduce the period of training for pupils who had already had training as mental nurses. He urged the importance of post graduate work, nurses should not rest or rust. He also pointed out that recognition was due to nurses from the State, through a system of State Registration, and lastly pointed out that their professional journals should have an increasing number of contributors and readers. If the nursing profession did not progress it would go back.

DR. G. E. SHUTTLEWORTH said that very early before the Christian era fever was considered the right method of managing the insane, but even 100 years before Christ one authority had laid down that when the brain was excited it should not be more excited, that they should be surrounded with light and warmth, and hot fomentations should be used when necessary in the treatment of local conditions.

Dr. Shuttleworth then gave an interesting account of an asylum near Cairo, which he has recently visited, now in charge of an English Medical Superintendent, which is the direct descendant of a refuge for lunatics founded in the 11th century. A great difficulty was to obtain nurses and attendants of suitable type.

Dr. Pasmore, Medical Superintendent of the Croydon Mental Hospital, who proposed a vote of thanks to the Chairman and speakers, said that it was now recognised that a mental nurse should have medical and surgical training, and at Croydon one ward was fitted up as a hospital ward.

There was no discussion. The speeches were extremely interesting and instructive, but as no nurse opened her lips from start to finish, the meeting can hardly be described as a *nursing* conference.

LONGEVITY.

In the evening Dr. Tom Robinson gave an interesting lecture on longevity, and advised his hearers to cultivate cheerfulness, which, he said, was one of the chief aids to long life.

(Report of the Conference to be continued.)

RECEPTIONS AND HOSPITALITY.

AT THE GENERAL LYING-IN HOSPITAL.

From eighty to a hundred visitors to the Midwifery and Nursing Exhibition went to the General Lying-in Hospital, York Road, Lambeth, on Wednesday, April 5th. They were welcomed by the Matron and Sisters, and made a delightful round of the wards, the latest new babies, weighing respectively 8½, 9½, and over 10 lbs., were duly admired; the excellent charts, the milk cupboard, the incubator heated by electric lamps, and the

artificial milk, in scales were demonstrated to very appreciative audiences. The enthusiasm was, however, most worked in the Museum, which houses of some unique specimens, and provides excellent material for teaching purposes.

York Road Hospital may be an old building, but the very best is made of it, and there is a go-ahead spirit about it that stamps it as one of the best training schools of Great Britain.

The urgent need now is a Nurses' Home, that should, further development of the scope of the work will be assured.

AT GUY'S HOSPITAL.

Over 200 members of the Midwifery and Nursing Conference were shown over Guy's Hospital on Thursday, April 6th. Several of the Hospital Sisters took round parties of 20 or 30 each, and tried to show the visitors what they thought would be most interesting to them. The Actino-Therapeutic Department, with the Finson Lamp and all the different electrical appliances was very popular, and the visitors were also much interested in the beautiful wax models in the Gordon Museum. Most of the wards were visited, and on the way out of the Hospital the Court Room and Chapel were not forgotten.

AT THE MIDWIVES' INSTITUTE.

On Friday, April 7th, Miss Amy Hughes, the President, Miss Rosalind Paget, the Treasurer, and Miss Eynes-Clinton, Organising Secretary of the Midwives' Institute, were at home to midwives and nurses at 12, Buckingham Street, Strand, when there was a most friendly and informal tea party. The guests were received by the President, whose appointment to this office is evidently a most popular one. The time passed very quickly, as most of those present returned to Vincent Square for the last session of the Nursing Conference.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss M. K. Steele, Assistant Matron, St. Bartholomew's Hospital, Rochester, for her article printed below on

IN WHAT WAYS MAY SLEEP BE INDUCED WITHOUT DRUGS?

Kindly Mother Nature bestowed upon mankind the great consoler Sleep, and from her, as far as we are able, we must borrow assistance to restore the broken slumbers produced by so many causes.

To enumerate a list of causes is a simple thing, but really very inadequate.

Trouble of the mind and body are the two great enveloping classes, and each may be subdivided into many headings.

Of the Mind.—Worry, unhappiness, loneliness, distress, morbid conditions from disease of the brain, are amongst the chief.

Of the Body.—Physical discomfort and pain will probably include all greater and lesser ills. Before drugs are resorted to a good and pains-

taking nurse will try all in her power to help her patient.

Massage is of untold help; the gentle rubbing of an experienced hand at the hour when sleep ought to appear will usually have the desired effect.

Surroundings.—The room should be fairly large, if possible dark blinds or curtains, and the fresh air regulated so that it does not cause a draught, and thereby rattle the blind cords or flap the curtains.

A flickery fire is often a soothing influence, but the bed should be so arranged that the patient may lie and watch it without an effort on her part.

Local Applications.—A warm bath followed by a warm nightgown and blankets, and a hot drink, and often the hair well brushed, will be found satisfactory. Lavender or poppy head pillows, or the scent of violets, are well-known restorers.

Singing or reading aloud have the most marvellous effects with children; the more monotonous the voice usually the quicker results.

The leading articles of a certain somewhat pompous daily—that is, if the reader is word perfect, and does not hesitate—is almost as certain in effect as morphia.

The sound of the sea, or of subdued running water, or wind in the tree tops, have lost none of their ancient power, the only difficulty usually is the getting of them!

Of all bad habits sleeplessness is the most degenerating morally, and yet if taken in hand early by a strong, firm person, whose sympathy is wide enough to forgive many minor irritations it is by no means incurable. Shakespeare (may the placid waters of the Wye hide his secrets a little longer!), who knew most things, and certainly interpreted many he did not learn by second hand alone, gives us two little thoughts to take away and nurse over:

“Oh! sleep, thou art a gentle thing,
Belov'd from pole to pole.”

And again:

“Uneasy lies the head that wears a crown.”

A great number of good papers were sent in on this question and we commend highly those of Miss J. Hurlston, Miss G. Tatham, Miss S. Craig, Miss E. H. Gilbert, Miss M. M. G. Bielby, Miss J. van Scherneck, Miss Emily Marshall, Miss M. Myers, Miss E. Martin, Miss M. Atkinson, and Miss F. Sheppard, to quote from which we hope for space next week.

A NEW LEAGUE JOURNAL

The first number of the Journal of the Cleveland Street Nurses' League is charming. We hope to refer to it at greater length next week.

Lady Superintendent Required, Dunedin Hospital, New Zealand.

A Lady Superintendent is required for the Dunedin Hospital and Allied Institutions, New Zealand, and Mrs. Bedford Fenwick, in conjunction with Dr. Colquhoun, an esteemed member of the Honorary Medical Staff of the Hospital, has been requested by the Otago Hospital and Charitable Aid Board, to select a lady for the office. The salary is £200 a year, with agreeable quarters, and the post one which should appeal to a cultured, highly-trained, and patriotic woman.

In the Dominion of New Zealand nursing standards are controlled by the State, a Registration Act having been in force for ten years. Every trained nurse has to pass the central qualifying examination before she is registered, and we have it on the authority of Dr. T. H. A. Valentine, the Government Registrar, and his able assistant, Miss H. Maclean, the Assistant Registrar, that nursing has made continuous and satisfactory progress in the Dominion since the adoption of a minimum standard of education and examination for nurses under State authority.

Dunedin is beautifully situated in an amphitheatre of hills at the head of Otago Harbour, an arm of the sea on the east coast of South Island. It is a flourishing city, containing fine buildings, where all classes are prosperous, and is kept in touch with the world by direct steam communication with Melbourne and England, Sydney, Hobart Town, and Auckland, and monthly with San Francisco.

The conditions of the vacant appointment will be found in our advertising columns.

Progress of State Registration.

We like the following letter so much we cannot resist its publication:—

“I have just passed my final examination after three years' training, and shall soon have my certificate. I want to send in my application for membership of the Society for the State Registration of Trained Nurses the very day I get it, so please may I have form. I should feel a poor thing if, when the Nurses' Registration Bill becomes law, I had not done anything, however little, to win it. Only those trained nurses deserve legal status who have worked to get it. Many “Staffs” here belong to the State Registration Society, but others say, “I'm all right. I shall be eligible for registration *when it comes*,” in other words, they won't lift a finger to help, or pay a penny, but mean to reap the result of the work of others, that shows a poor spirit. Please forward papers.”

Just that, “shows a poor spirit.” We always pity the poor bodies which lack inspiration!

Conference of Queen's Superintendents and Inspectors.

Miss Rosalind Pegg presided over the Fifth Annual Conference of the Metropolitan and Southern Counties Association of Queen's Superintendents and Inspectors on Wednesday, April 5th. Some 70 members were present, including Miss Hughes, General Superintendent, who is Hon. President of the Association, and Miss Macquoen, Nursing Superintendent for England. After a pleasant lunch at Messrs. Goring's Tea Rooms, Buckingham Palace Road, department was made to the offices of the Queen Victoria's Jubilee Institute, where, by kind permission of the Council, the meeting was held.

The first subject on the agenda, "Co-operation between district nurses, hospitals, and public health authorities," produced an animated and most interesting discussion. Miss Macquoen proposed the following resolution, which was seconded by Miss Childs, Superintendent, Hammesmith:—

"That hospital authorities be approached with a view to considering a scheme by which to lessen the economic waste and loss of time caused by the present want of complete co-operation between hospitals, infirmaries, dispensaries, and district nursing associations."

In the course of the debate it was very clearly shown that the want of co-operation is much more acute in London than in provincial towns, many of the superintendents from such towns as Brighton, Bedford, Carliff, and Reading being able to report most satisfactory co-ordination of their own work with that of the local hospital and its out-patient department. The resolution was unanimously passed, and the arrangement of another meeting to further consider the subject left in the hands of the Committee.

Miss Eden, who was present by special invitation, then introduced the subject of the Nurses' Social Union, in the development of which many Queen's Superintendents are interested, and gave an outline of its objects and aims, with which the Conference showed much sympathy. Miss Hughes spoke of the "League of Empire," and urged that nurses should take some special part in its organisation, seeing how closely linked they are with fellow workers in every part of the Empire. It was suggested that the machinery for enabling Queen's Nurses to participate in the scheme of the League might be supplied through the medium of the Nurses' Social Union, to which Miss Eden heartily agreed.

The last half-hour was devoted to "Questions," and at the close of the Conference tea

was served by Miss Macquoen, the undersigned, and Miss Childs, of the Institute of the Institute. Several business items of local interest were reported, and the Hon. Mrs. C. J. Goring, M.D., M.P., and Mrs. Irvine.

The Trained Maternity Nurses' Association.

The annual meeting of Mrs. Robinson, President of the Union of Maternity Nursing and Maternity Nurses, was held at the offices of the Union, 45, Strand, London, on April 5th.

Miss Marks was in the Chair, and Mrs. Robinson welcomed those present and explained the sympathetic way throughout the meeting. She spoke of the necessity for union amongst maternity nurses to maintain good standards, supported the State Registration movement, and suggested the formation of the Trained Maternity Nurses' Association.

Mrs. Beulah Fenwick, who was present, was invited to speak, and said that the ultimate aim of those nurses wishing to practise maternity nursing should be, by joining the value of a voluntary association, to aim at Lying-in hospitals, included in one of the qualifying curricula which would be evolved by a Central Nursing Council under a Registration of Nurses Act. Doubtless there would be several such curricula—one including fever nursing, one maternity nursing—as every nurse should secure a sound basis of general training, and add specialities besides. There was not time to include every branch of nursing in a three years' course, and in the branch was it more important to specialise than in maternity work, because of the danger of sepsis to the lying-in woman.

A voluntary association could do much—it could tabulate the training schools, and the various courses and cost, so that those entering Lying-in hospitals for training could know before hand exactly what teaching they would receive for fees paid. Bring pressure to bear to enforce efficient training, give information and work from a centre, encourage sympathetic co-operation, and in many other ways.

It was agreed that The Trained Maternity Nurses' Association should be formed, and the following ladies were elected:—

Mrs. Robinson, President; Mrs. Binnie, as Secretary and Treasurer; and Miss Marks, Miss Lay, Miss Montgomery, Miss Talbot, and Miss Gathrell were elected on the Committee.

A very pretty design for a badge, with the letters T.M.N.A. inscribed on a silver shield, was approved.

The Resignation of Miss Mollett.

At a recent meeting of the Committee of the Royal South Hants Hospital, at which Miss Mollett's resignation of the Matronship was received, her splendid work during her eighteen years' connection with the institution was warmly and gratefully commended, and it was announced that it is to be commemorated by a testimonial from the Governors. Those who remember the Royal South Hants Hospital when Miss Mollett was appointed, and compare it with the important institution which serves the sick of Southampton and district to-day, will realise the immense progress made in every department during her term of residence.

In answer to anxious inquiries, we reply with pleasure that although Miss Mollett is retiring from active nursing superintendence, her interest and help are not to be lost to the profession at large. Miss Mollett occupies a special niche all her own in the affectionate admiration of her colleagues at home and abroad. She is one of the Old Guard, of that highly cultured band of women who entered our hospitals in the eighties, and who have done so much to bring the nursing of the sick to that standard where it is recognised no further can it go without well earned legal status. Miss Mollett has been in the forefront of every movement for the better organisation of nursing as a profession. She was a founder of the British Nurses' Association, of the Matrons' Council, of the Leagues of Nurses movement, of the International Council and National Councils of Nurses, and she is one of the most cosmopolitan, deeply read, and literary members of the nursing profession.

We cannot possibly let her slip away from us. We cannot afford it, and indeed she loves us well, and will, I feel sure, be "one of us" to the end. At the same time, after a strenuous nursing life of close on thirty years Miss Mollett, like other women of fine mental calibre, "wants to be me" for a little while, so she and Miss Winteseal, her able "second in command" at Southampton, are retiring to a charming little home in Hampshire, about ten miles from Bournemouth, where they intend to lead the simple life, in close touch with nature, watch the earth sprouting, and tend the fruits thereof, and where they can devote themselves to their hobby, a model chicken farm. Trains, bikes, and penny stamps will keep them in close touch with

their large circle of admiring friends, and their guest chamber is already secured for weeks in advance.

"THAT'S FOR REMEMBRANCE."

Those of us who really love Miss Mollett are eager to offer her a little gift in gratitude for all she has done for us and our profession all these years—something which she will use daily in her new home, and by which we may be kept in constant remembrance. Why not a case for her beloved books? Those who desire to subscribe to this gift may send their donations to Miss Breay—before June 1st, at 431, Oxford Street, W.—who will act as Treasurer of the Fund. I know there are many who will welcome the opportunity.

E. G. F.

Resignations and Presentations.

The Reverend W. Lewis Robertson, referring at the annual meeting of the Cardiff and District Branch of the Queen Victoria's Jubilee Institute for Nurses (at which the Lord Mayor of Cardiff presided) to the retirement of Miss Morgan, the Superintendent, who is taking up a non-resident post, said that the success of the work had been due very largely to her great ability and devotion. Miss Morgan's good work at Cardiff is recognised by her profession at large as well as by those locally acquainted with it.

Miss Marguerite W. Pike, who was recently appointed Night Superintendent at the Northwood Hospital, Middlesex, has, for private reasons, resigned the appointment.

Miss Lane, the Lady Superintendent of the Clactonham Nursing Institution, who is retiring after 25 years' work there, has been presented by a number of medical practitioners in the town with a silver tea service and tray. Miss Lane, in returning thanks to the donors, said she was overpowered by the kindness shown her. She trusted that her successor, Miss Cowling, would carry on the institution with satisfaction, and battle to provide good nurses, and maintain the traditions of the Nursing Home.

The Council of the Nightingale Fund has presented Mr. John R. Lunn (late medical superintendent of the St. Marylebone Infirmary, Notting Hill, W.) with a picture, inscribed with the words, "Presented to Mr. John R. Lunn, F.R.C.S., in recognition of his valuable services rendered to the training school of nurses at the St. Marylebone Infirmary at the time of its establishment by the Guardians of St. Marylebone with the co-operation of the late Miss Florence Nightingale until his retirement, July 9th, 1910, and in remembrance of the interest she took in it and the sympathy she showed in its success."

Appointments.

MATRONS

Wharfedale Joint Isolation Hospital.—Miss Margaret Balme has been appointed Matron. She was trained at Mill Road Infirmary, Liverpool, and has had experience of private nursing in Birkenhead and Bradford, and has held the position of Sister at the Cancer Hospital, Glasgow, and of Assistant Matron at the Bayview City Fever Hospital, Glasgow.

ASSISTANT MATRONS

Infectious Diseases Hospital, Salford.—Miss E. Citter has been appointed Assistant Matron. She was trained at the Huddersfield Sanatorium, and the Bethnal Green Infirmary, and has been Assistant Matron at the Hove Isolation Hospital, and Night Superintendent at the Fazlkey and City Hospitals, Liverpool.

Booth Hall Infirmary, Blackley, Manchester.—Mrs. M. A. Byrne has been appointed Assistant Matron. She was trained at the Shorelitch Infirmary, and has held the positions of Sister and Deputy Matron at the Basford Sanatorium, and that of Night Superintendent at Booth Hall Infirmary. She is a certified midwife.

SISTERS.

St. George's-in-the-East Infirmary, London.—Miss M. Evans has been appointed Sister. She was trained at the Hammersmith Infirmary, and is a certified midwife. She has had experience of private nursing.

Newport and Monmouth Hospital, Newport.—Miss E. M. Turner has been appointed Sister. She was trained at Guy's Hospital, London, and the Royal Eye Hospital, Manchester.

NIGHT SUPERINTENDENT.

Belvvedere Hospital, Glasgow.—Miss Elith Mackenzie has been appointed Night Superintendent. She was trained at the Southwark Infirmary, East Dulwich, and has temporarily held the position of Night Superintendent at Morningside Fever Hospital, and has also been Sister at Fir Vale Hospital, Sheffield, and Night Sister at Tolworth Isolation Hospital, Surbiton.

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss S. E. McClelland has been appointed a Sister in Queen Alexandra's Royal Naval Nursing Service (on probation); Miss F. E. Child has been appointed a Sister in Queen's Alexandra's Royal Naval Nursing Service (on probation).

TERRITORIAL FORCE NURSING SERVICE.

Miss C. Aleock to be Principal Matron (March 27th). The undermentioned ladies to be Matrons: Miss M. Acton, Miss M. P. Scovel. The undermentioned ladies resign their appointments:—Miss S. E. Polden, Matron; Miss I. J. Holder, Matron (March 27th).

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Katherine M. Child, to Dursley and Fair Oak; Miss Annie Madeley, to Bridgewater; Miss Sarah Kitchen, to Pontypridd.

Nursing Echoes.



We are glad to learn that the Queen's Fund for the Maintenance of Queen Victoria's Jubilee Institute for Nurses has received an anonymous donation of £1,000. Many people imagine the first bite is enjoyed, but it is not so, and it is compelled to spend more money than the public provide in carrying on work which would cost the State a heavy tribute.

It is proposed that the memorial statue of Miss Nightingale will be thrown open to competition, and the subscribers have a chance of expressing an opinion on the models. Already Mrs. R. S. Scott has made such a model—a picture of which has appeared in the press—but we must have something far more ideally beautiful of our "Lady of the Lamp." We shall not be easily satisfied.

We hear privately from many Matrons and nurses that Miss Mollett's wish that there shall be two distinct funds for the two memorials of Miss Nightingale—one for the statue and one for the charity—commends itself to them, especially as rich and poor are now invited to subscribe to the combined scheme. Those of us who strongly disapprove of the annuity scheme—very good in itself, and apart from a memorial of the Founder of Professional Nursing—hope that the small and unrepresentative Executive Committee of the Memorial will see the wisdom of complying with public opinion without compelling a strong expression of public protest. The determined exclusion of the representatives of the rank and file of the nursing profession from the Committee was as autocratic as it was impolitic.

At last Saturday's meeting of the Metropolitan Asylums Board, at which Mr. W. Dennis, the Chairman, presided, the Hospitals Committee reported that 181 additional beds could be provided for measles at the acute hospitals, and 286 more provisionally at the convalescent hospitals, if the necessary nursing staff could be obtained. One hundred more nurses would be required, and steps had been taken to engage nurses.

We hope nurses will note that an opportunity now presents itself for procuring the invaluable experience in the nursing of infectious diseases obtainable in the fine hospitals of the

Metropolitan Asylums Board. Such experience is almost indispensable to those taking up private nursing, and they should make the most of the present opportunity. The Gore Farm Hospital is for the future to be known as the Southern Convalescent Hospital.

Miss Kate L. Ray, Matron of St. Mary's Hospital for Women and Children, Plaistow, E., writes:—"When Easter is making the whole world glad with the joy and promise of life probably few realise with what especial meaning the Easter message comes to nurses spending their lives in hospitals in which death is always near and always being only warded off by their conscious effort. It is because that continuous consciousness of the nearness of death, and of the watchfulness of death, to take advantage of the least relaxation of guardianship on their part makes so intense a strain on nurses that those responsible for their well-being recognise that all 'off-duty' time should be spent in an environment calculated to the recuperation of physical strength, mental calmness, and moral courage. My nurses, contrariwise, are housed under the worst possible conditions for rest and comfort, and to raise money enough to build a suitable nurses' home I am straining every effort to raise a million pennies, towards which I have now received 91,399. Is it too much to ask that those who are cheered with the Easter promise of life will remember tenderly the nurses who are continuously warring with death for the children to whom they minister, and send such Easter offerings to this fund that the new home may be commenced at once."

The Annual Conference of the South Wales Nursing Association, in affiliation with Queen Victoria's Jubilee Institute, was held at Gwyn Hall, Neath, on April the 4th. At the meeting of the Executive Committee entire agreement with the proposal for the co-operation of the Welsh Nursing Association with the Committee of the Welsh National Memorial to the late King was expressed. The Marchioness of Bute was unanimously re-elected President of the Association, Lady St. Davids Hon. Secretary, and Mrs. De Rutzen Hon. Treasurer. The Mayor of Neath, Dr. D. Llewellyn Davies, J.P., who presided at the second annual meeting and conference of the Association, said that it had not been long in existence, but it had done a great amount of important work. He was pleased to say that the Nursing Institute had been well supported in Neath.

Lady St. Davids, in presenting her annual report, said that it had now 45 affiliated

associations. The Committee appealed for at least £700 or £800 to develop the work. Lady St. Davids referred to the design for the badge to be worn by the village nurses in Wales, for which they had to thank Mr. Goscombe John, R.A. The figure of St. David had been chosen as the emblem of the badge, and "Gwell iechyd na gwell" (Better health than wealth) as the motto.

At the Ninth Annual Meeting of the Somerset County Nursing Association, recently held at Taunton, Mr. J. E. Wakefield, Chairman of the Committee, who presented the annual report, stated that many new local associations had been formed. He also reported that Weston-super-Mare was employing a second Queen's Nurse instead of a non-Queen's, and Clevedon and Hatch were both employing Queen's Nurses. The great difficulty of procuring suitable candidates for training was also noted. A second Assistant Superintendent had been appointed to help Miss du Sautoy, and two Queen's Nurses had been engaged to be employed on the emergency staff, leaving the county-trained nurses free to proceed to districts on the completion of their training. Mention was made of the report of the Queen Victoria's Jubilee Institute on the work of the Association, which bore testimony to the interest and trouble taken by the Superintendent to teach and help the nurses to keep up to date, and to the zeal and energy displayed by the Superintendents in every department of their work.

A correspondent in the Irish press gives a word of serious warning to Irish girls not to enter any of the Dublin hospitals for training, giving as the reason that if they have any aspirations for further advancement, training in these hospitals will be valueless to them, because in the nursing profession the value of Irish nurses will be appraised by the standard placed upon them by the physicians and surgeons by whom they have been instructed, and that Irish-trained nurses are excluded in their own country from the one position (i.e., the Matron's) which is the natural and laudable ambition of the best nurses.

Irish nurses are not the only ones to suffer in this way. The depreciation of their own certificate by the Election Committee of St. Bartholomew's Hospital on a recent occasion is still fresh in the memory of the public, by whom it is condemned far and wide. What nurses want is a Central Authority to define and keep up standards.

Reflections.

FROM A BOARD ROOM MIRROR.

In the good old days, before aposts, and John Howard, Sanitary Commissioners, Elizabeth Fry, and others, earned their money by the time of personal service, and still cared for the causes that espoused. "What would have been the result which 'charity' takes of the present day when sensational advertisements are incessantly inserted for private charity, when the public and they are doing a righteous deed in attending to the photograph show because the profits are given to a hospital, when we help to raise a memorial to a dead Prince by means of a fancy dress ball, and when *The Bill* announces that "the London Hospital Fund Committee . . . have not only commenced to gamble themselves, but have canvassed many of the publicans in London and got them to join in." Customers take part in the lottery by giving the barmaid their money for the number they have drawn in connection with a card which has 50 hidden prizes, representing a revenue of about 36s.; the disc is a fountain pen, valued at under 2s., and our contemporary wishes to know "how comes it that this gamble is winked at, while persons playing penny naps in their favourite pub are raided by the police, and heavily fined for gambling on licensed premises?"

Does the cause of charity really profit by such devices? We doubt it, as the genuine philanthropist is horrified by them, and "comply buttons up his pockets."

The Duchess of Hamilton and Brandon has consented to lay the Foundation Stone of the new Nurses' Home for 75 nurses of the London Homoeopathic Hospital, opposite the Hospital in Great Ormond Street, W.C., on Tuesday, May 23rd next, at 2 o'clock. The Board of Management are appealing for £8,000 to complete the building of the Home. Donations may be sent to the Secretary, Mr. Edward A. Atwood, at the Hospital Great Ormond Street, W.C.

A Provincial Sessional Meeting of the Royal Sanitary Institute will be held at Colchester on April 21st and 22nd, when an interesting programme has been arranged. At the Town Hall at 7.30 p.m. on the 21st inst. a discussion on "The Control of Pulmonary Tuberculosis" will be opened by Walter F. Corfield, Esq., M.B., B.S., D.P.H., Medical Officer of Health, Colchester.

Lieut.-Col. Sir Joseph FAYER, R.A.M.C., at present stationed at Hong Kong in charge of the Military Hospital, has been appointed Superintendent of the Edinburgh Royal Infirmary from a list of 32 candidates. Sir Joseph is the son of the first baronet, who was Residency surgeon at Lucknow during the Mutiny. He entered the R.A.M.C. in 1886, taking first place in the competitive examination. He has had a large experience of hospital and administrative work in India and in London.

Easter Day in an English Hospital.

AND THE "SOME" EASTER MORNINGS.

SATURDAY, THE LAST OF MARCH.

BY THE AUTHOR OF "THE HOSPITAL."

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Another Easter morning, and yet another morning, as the morning in the English home. The day dawns bright and the atmosphere of the Room. Christ himself breathes with joy and sadness. Some of us, some most of us, have had our feet washed in benediction and benediction, at some time or other in our lives. Some, it may be, have but feebly passed through great sorrow, and whose hearts are still "longing for the touch of a Christian hand, and the sound of a voice that is still." May I send to Betty any comfort such, and may the brightness of Easter—greatest of all our festivals—in all our hearts and minds with the blessing of thought of Resurrection, of Resurrection, and—Home—in the land where misunderstandings and estrangements are no more where death and separation are unknown, and where "God, Himself, shall wipe all tears from our eyes."

And while I write to wish you all a happy Easter, memory takes me back to an Easter I spent, as a very young "pro," in an English hospital, and specially do I remember one of the patients at that time, a very interesting young woman, who, but for intemperance, would certainly have become famous in her profession. She had been, for some time, in the Opera Company, and had the most beautiful voice I have ever heard, a pure contralto, and must have possessed great personal charms before the gayeties and by drink and other excesses had left indelible traces on her once beautiful face. She was some weeks in hospital, but owing to her broken-down condition, there was from the first little hope of recovery. An attack of pneumonia had left one lung yet weak; delirium tremens, more than once; a serious accident when under the influence of alcohol had left their mark. She was brought to the hospital by her mother with whom she lived "now and then," generally when "down on her luck." After a bad bout of drinking, she would find her way to her mother's home, a little old inn, and, in spite of all, the great mother-love never failed her; Nita was always received with open arms, and the largest share of the frugal meal and scanty bed-coverings was given to the girl who had nearly broken her mother's heart. And Nita, directly she recovered, was a way off again, bent to the footlights, for "sing she must." And now "good Fate" or kind Providence had brought her, after all her wanderings, through success and failure, joy and misery, poverty and opulence, and great suffering, to the comfort and cleanliness of a beautiful ward in a London hospital. To this trial and feverish life just had come at last, and being that Lent of many years ago, Nita was to learn her last lesson. She was a rather difficult patient, a curious mixture of mirth and sadness, of refinement and vulgarity. Sometimes she would

indulge in long fits of weeping, and curse her fate for having brought her to this "dull existence," full of regrets that she would never go back to the footlights again. "Yes, I know," she said one day, "I know that often I hadn't a cent, and it was jolly hard often, but, hang it all, this place is so dull, I've jumped from Seylla to Charybdis: I want to dance and sing, and hear the people clap. Oh! if I could hear them once again!" And then a light came into her eyes that seemed to illumine her whole face, as if she were suddenly inspired. And, without further notice, we were listening to selections from "Carmen," "Mignon," "La Fille du Régiment," etc., etc., and the whole ward was hushed into the most absolute silence—for a minute—then followed a perfect furor of applause. "Oh, they're clapping," cried Nita, suddenly overcome, her face flushed with excitement, and the tears in her eyes. "Oh, it's lovely! I can almost see the footlights." Then she lay back on her pillows exhausted, and soon fell asleep.

Nita was no longer "dull," she had her audience now, even in hospital, and as nearly all of the patients were convalescent and able to help themselves, most attention was given to Nita: she was the only one in that ward about whom the doctors were really anxious; any sudden shock or disappointment might be fatal any moment, they said, as the heart was simply played out. And so it came about that the poor girl who had often been without shelter for the night, and had more than once been found on the Embankment, became a sort of queen in the ward, whose slightest whim was now a command. Soon she would be far beyond all earthly help or care," and "Sister" was so longing to speak to her about "the life that knows no ending." Great tact was required with Nita! however, on Good Friday the Chaplain came and in simple words told the patients the "Old, old, story" of Christ's great love and death upon the Cross, and long he dwelt on the words, "That we through Him might live." Nita listened very attentively until the hymn was announced, "There is a green hill far away." The patients found it in the books which had been handed to them, and "Sister" played the tune over, when Nita exclaimed, "That's the wrong tune; we'll have Gounod's," and in low, rich tones she sang the hymn all through, alone. Her mother, who was constantly with her, was sitting beside her bed, and for a moment, the girl seemed to be unconscious of the presence of anyone else. "I was quite a tiny little mite when you taught me the words, mother, wasn't I?" she said, "and then I learnt the music and sang it in a church; oh, that's long ago." Then, turning her face to the patients, she said, "Let's sing the second verse again: I'll lead. Now, all together:

"He died that we might be forgiven,

He died to make us good,

That we might go, at last, to Heaven,

Saved by His precious blood."

All joined in this verse, led by Nita, and many eyes were full of tears, when Nita exclaimed, impulsively, "How good it was of Him! He's forgiven even me. I do hope we shall all be there. I shall want you all, you Sister, and Chaplain, and

all the lot of you. I'm sure there'll be music up there, and, oh, perhaps they'll let me sing a solo sometimes! and now I must rest, for on Easter morning I want to sing 'Oh, rest in the Lord' to you all. I once sang that in a church, too, years ago, but it's all come back to me now." The next day she was very quiet, but very happy with her mother sitting beside her. Sometimes they would talk softly together for a while. "When I get well, mother darling," Nita was saying, "I shall never leave you again; we'll have a little room together, and perhaps I can join a choir and sing on Sundays in a church. Won't it be lovely and you'll be quite near, listening to me, and then I shan't go wrong any more." Poor Nita! she was barely four and twenty, but wo n out by sin and suffering. And so they talked, these two, then a long pause, and Nita fell asleep. She did not sleep well through the night, but was quite calm, and often as the Night Sister passed her with shaded lamp in hand she smiled, and once said, "Won't it be beautiful if they let me join the choir?" Next morning she complained of feeling very tired, and took very little breakfast, but was looking forward to the service to be held in the ward. "Sister" had brought an Easter egg in the shape of a small present for each patient, and a flush of pleasure came into Nita's cheeks when she saw hers, a copy of the song she was to sing, "O, rest in the Lord." Then the Chaplain and choir boys came, singing softly as they entered the ward, "Jesus Christ is risen to-day." Nita's face was radiant as she scanned each youthful chorister, and when the hymn was finished, she exclaimed, in her quick way, "Oh, sing another! I want—Jesus triumphant,—and then—I'll sing to you 'O, rest in the Lord.'" Very eagerly she listened to every word of that beautiful hymn, and as the last note ceased she suddenly raised herself and called out in a clear but broken voice, "Jesus is triumphant," and with a sigh she fell back on her pillows. The doctor and "Sister," who were both at the service, went at once to her, but the tired heart had ceased to beat, and Nita, with her fingers still twined round the scroll of music, was at "rest in the Lord."

SISTER MARIE.

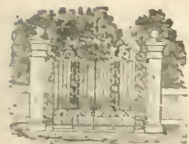
Norwich Union Life Assurance Society.

We are glad to learn from the Norwich Union Life Assurance Society, which uses this Journal as a medium for bringing its advantages to the notice of trained nurses, that as a result inquiries have been received and policies issued, and at the present moment they are in negotiations with a hospital in India. A commencement may be made by setting aside quite a small amount, and we have pleasure in directing the attention of nurses to this opportunity for investment. Nothing gives a greater sense of security for old age than a nest egg safely put away.

Particulars may be obtained from Mr. F. Bate, King's Cross Branch, 25, Euston Road, N.W.

Outside the Gates.

WOMEN



The Queen has graciously become the patroness of the National Union of Women Workers of Great Britain and Ireland, of which the National Council of Women is the governing body. Her Majesty is the first Royal Patron.

A Bill has been presented to Parliament by Mr. Snowden, to throw the eight vital posts in the Civil Service to women. The measure provides that the rate of remuneration, by way of salary or otherwise in respect of the appointments referred to, shall not be different from that by reason of sex.

It is stated that the promoters of the Women's Enfranchisement Bill have received an assurance that the Government will not appropriate Friday, May 5th, on which day the Bill stands for second reading in the House of Commons. The women's suffrage proposals in their present shape, allowing amendments impossible to the Bill of last year, will receive, it is hoped, ministerial support.

The Leeds Corporation have passed by a large majority a resolution in favour of granting the Parliamentary franchise to women. These corporate pronouncements of conviction are immensely helpful to our righteous cause.

The Women's Social and Political Union are organising a great Procession and Meeting in the Albert Hall on June 17th next, as they consider the vote is to be won, it is imperative that some great demonstration should be made in Coronation month, when London will be thronged with visitors from all over the world. Friends from our enlightened colonies—generous minded men who have built up these splendid Dominions, and demanded *free* mothers—have nothing but amused contempt for the "stay at homes" who are frightened or contemptuous of women.

The Society of Authors is entirely out of sympathy with the equality of the sexes to judge by the manner in which it ignores their claim to representation on its committees, but Mr. G. Bernard Shaw hoist Mrs. Humphry Ward with her own petard at a recent meeting at which she complained of the omission of women from the Academic Committee. Mr. Shaw, with sly humour, of course, reminded Mrs. Ward of her opposition to publicity for her own sex, and her reply that she had the strongest belief in the potential equality of men and women in matters spiritual and intellectual makes her attitude towards Suffrage the more inconsistent and untenable. Disloyalty to sex is an attitude of mind which is daily decreasing amongst women, but we cannot blame

them for excluding women from positions of privilege and power.

The Inebriate Druggist at St. Paul's Hospital, St. George's Hospital, and St. Mary's Hospital, has also used the Bill as a guide in his work, and adopted an experimental course concerning the franchise in a new inebriate hospital.

Book of the Week.

THE DWELLER ON THE THRESHOLD*

From cover to cover, this work deals exclusively with a psychological problem, and those of our readers who are interested in occult science will find this volume deeply interesting and absorbing.

Basically, it is an account of "transferred personality" between a Rector, powerful in mind and body, "intended by nature to dominate," and his Curate, "the sort of man who looks as it when a boy, he must have been the leading choir-boy in a cathedral. There was nothing powerful in his face, but much that was amiable and winning. His chin and forehead were rather weak. His eyes and mouth looked good, or—did they?"

Evelyn Malling, notorious because of his sustained interest in psychical research, had been for some time in Ceylon, and though he was acquainted with the Curate, Chichester, on that account had not seen him for a considerable time. "Telepathy," said Chichester, shaking Malling by the hand, "I believe I looked round because I knew I should see you. Yet I supposed you to be still in Ceylon." He glanced at the Rector rather doubtfully, seemed to take a resolution, and with an air almost of doggedness added, "May I—" and introduced the two men to one another.

The three men set out towards Parliament Square, Malling walking between the two clergymen. At once he perceives the "conditions" were not satisfactory, which, arousing his interest, led him to attend the following Sunday at the Church, where the two men ministered. Malling wondered as Mr. Harding preached if he was the powerful preacher he was reputed to be. At first he held his congregation, that was evident. Presently they slipped out of his grasp. He lost them. It soon became evident that he was fit at ease as an actor becomes who cannot get in touch with his audience. He wiped his forehead with a handkerchief and went on speaking in a faltering voice.

Malling felt sure he knew the cause of his perturbation. It was Henry Chichester.

The awful ascendancy of the weaker nature over the strong, which ended in the final destruction of his body and mind, is explained by the tortured man Harding to Malling, who wins his confidence.

"Chichester tempted me."

"Such a gentle yielding man as he was?"

"It was just that. He came under my influence at once."

Harding proceeds to describe how craftily he had persuaded Chichester to have "sittings" with

*By Robert Hichens. (Methuen and Co., London.)

him, on the suggestion that his weak will could in this manner be strengthened by the powerful nature. "Chichester asserted that by degrees he felt more resolute, less plastic." At last instinct warned the Rector to "Stop while there is time." Chichester "resisted my proposal (to discontinue the sittings) and I found myself obliged to comply with his will, instead of imposing mine upon him."

The terrible consequences of his sin, which included the alienation of his wife's adoring affection, are described in terms that only could come from the graphic pen of Mr. Hichens.

Chichester's confession of how "we sat in the darkness, and more deeply than ever before I went down into the darkness. I tried to turn away, but I could not—I could not," was spoken in the little room where was the Madonna, "The Light of the World," the piano, and the neatly-bound books of the curate of St. Joseph's.

This strangely fascinating study ends with the reflections of Professor Hepton, the scientist. "A little science," he muttered, "sends a man far away from God. A great deal of science brings a man back to God. Which is it now—your professor, you? Which is it now?"

H. H.

VERSE.

Yet shrink not thou, who'er thou art,
For God's great purpose set apart,
Before whose far-discerning eyes,
The Future as the Present lies!
Beyond a narrow-bounded age,
Stretches thy prophet-heritage,
Through Heaven's dim spaces angel-trod,
Through arches round the throne of God!
Thy audience, worlds!—all Time to be
The witness of the Truth in thee!

"Ezekiel." Whittier.

COMING EVENTS.

April 20th.—Meeting Executive Committee, the Society for the Stato Registration of Nurses, 431, Oxford Street, W., 4.30 p.m.

April 25th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "The Ear and Nose," by Dr. Graham.

April 27th.—Matrons' Council of Great Britain and Ireland. Meeting, Leicester Infirmary, Business, Short Paper for Discussion. "The Work of a Central Nursing Council," by Mrs. Bedford Fenwick.

April 28th.—Guy's Hospital Past and Present Nurses' League. Annual Dinner. Miss Swift (formerly Matron) in the chair, 7 p.m. Annual Meeting, 8 p.m.

May 3th.—The Magpie Madrigal Society's Concert in aid of the Hammersmith and Fulham District Nursing Association. Royal Horticultural Hall, Vincent Square, Westminster. 8.30 p.m.

WORD FOR THE WEEK

"Superior advantages bind us to larger liberality."

EMERSON.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."
DEAR MADAM,—With great pleasure and surprise I received your cheque to-night. The article was written so hurriedly that I feared it might be full of faults, but an only too glad it met with your approval since this is my first appearance in print.

Yours faithfully,

FLORENCE LEWSLEY.

Drayton Road, Harlesden.

THE NIGHTINGALE MEMORIAL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I also am a member like Miss Mollett of the General Committee of the Florence Nightingale Memorial, and wish to support her point of view, but for reasons which are apparent I fear I must do so anonymously. I wish to support Miss Mollett's suggestion that there shall be two distinct funds for the two memorials thrust upon us by the Executive Committee, without consulting the General Committee—one for the Statue, the other for the Annuities. To the first many nurses wish what little they can afford to go. To the latter, of which they disapprove, they do not wish to subscribe. I fear, unless this suggestion is adopted, that a large number of nurses and their friends will not subscribe at all.

Also the Statue must be most beautiful and necessarily costly, a cheap Statue will not be a work of art. I feel indignant that such a suggestion was thrown out by Lord Pembroke. For the erection of the Statue fund, our soldiers might with propriety be given an opportunity to subscribe, but if they are invited to help to provide annuities for civil nurses, the nurses will have cause for protest.

Yours truly,

A PROFESSIONAL WOMAN.

[We have held over several letters on this question, for lack of space.—Ed.]

Notices.

OUR PRIZE COMPETITIONS FOR APRIL. ■

April 15th.—What is the most important feature in the treatment of diabetic patients?

April 22nd.—What are the usual symptoms of pregnancy?

April 29th.—How are burns usually classified?

Rules for competing for this competition will be found on page xii.

The Midwife.

The Pouponniere.

In an interesting article in *Sländt* on "Public Health Work in France," the Countess of Aberdeen describes the "Pouponniere" (Institution for Lying Dolls) at Versailles, of which she writes:—

One hundred and thirty fatherless infants are cared for in the Pouponniere. Whenever possible the mothers are admitted also, as breast feeding is insisted upon as the first necessity for the health of the children. When the mothers have sufficient milk to nourish two children a second orphan baby is added to the mother's own child, and each mother admitted is expected to take charge of two infants, and wash, dress, and look after them under supervision. The babies never sleep in the same room as the mother. The most delightful devices for bathing the children, and for all possible conveniences for the mother during the process of bathing and dressing are provided.

Long hours in the open air are also part of the rules of the establishment, and the mothers take out their charges for their daily perambulator ride.

Attached to the institution is a little farm, and the most elaborate precautions have been taken to provide pure milk for the mothers, and for the supplementary feeding of infants whose mothers cannot give them sufficient nourishment. Experts in cattle are commissioned to find the finest possible milk-giving cows. These are tested periodically with tuberculin, and are fed by a dietary laid down as the result of conferences between the doctors of the establishment and the veterinary surgeons. The cowsheds are kept spotlessly clean, and the cows are washed, brushed, and attended to several times a day by specially trained assistants. The animals are never milked in the cowsheds, but are taken to a tiled room devised for the purpose, where no speck of dust or dirt is ever allowed to remain. The milk is cooled down immediately, and then treated according to doctors' orders as may be needed for the use of the infants or their mothers. The cows are never kept longer than two years, in order to make sure that only absolutely healthy animals in their prime are used.

A Babies' Hospital is yet another section of the institution, and here there is an opportunity for the study of infants' diseases; and here, too, there are classes for the training and

instruction of mothers and those in charge of young children.

When the children are a year old the mothers are given a course of training in all branches of household work and management, including cooking, laundry, and sewing; and after a year of such training they find it very easy to secure good places as children's nurses. Meanwhile the little children are confined to the care of families living in houses near the institution, and which are regularly inspected, the mothers paying a small sum for their maintenance. The mothers or elder girls in such families also attend classes for practical instruction in the care and management of young children, and when the children or ill they are taken into the hospital which has already been mentioned.

Association of Inspectors of Midwives.

The first general meeting of the Association of Inspectors of Midwives was held by kind permission of the Midwives' Exhibition authorities in a room of the Horticultural Hall on April 5th. The President, Miss Macroary, M.B., presided.

It was proposed and seconded that the present Committee and officers should be re-elected.

Among questions discussed was one as to whether Inspectors of Midwives who, though holding the L.O.S. certificate, omitted to register, should be eligible for membership, and it was decided that the rule relating to membership, namely, that registered medical practitioners and midwives should alone be eligible, should not be altered, so as to admit unregistered inspectors to the Association.

Information was asked about the formation of associations of midwives.

Other questions discussed were the number of inspections necessary to be paid to each midwife during the year, and whether it is advisable to let the midwives know of the intended visit. The number of inspections per annum varies considerably in different areas from two to five official visits; the majority of inspectors did not consider it advisable to send notices prior to their inspection.

Various methods of keeping reports were shown and discussed, the loose leaf and card systems being the most generally used.

The meeting closed with a vote of thanks to the Conference promoters for so kindly placing a room at their disposal.

This Association is a new one, the first meeting being organised last April by Miss du Sautoy. All information concerning membership can be obtained from her at 16, Elm Grove, Taunton, Somerset.

Clean Milk.

PROGRESS OF THE CAMPAIGN.

If the circulation of the leaflets on clean milk, published by the National League for Physical Education and Improvement, is any guarantee of the progress of the campaign which that Society has initiated, it would appear to be making good headway. Over 100,000 copies have been distributed within the last few months, mainly by officials connected with Health Authorities, although national and local Health Societies throughout the kingdom are also playing their part in circulating these leaflets, which are already recognised as standard publications on the subject. The leaflets for the householder, in particular, are also rapidly finding their way into the schools, having been supplied to many Education Authorities, for distribution among the school children when lessons in domestic hygiene are being given, and also for the instruction of the teachers themselves. It is, indeed, among the rising generation, that simple, practical instructions such as these are required—fathers and mothers seem to consider themselves beyond the need of teaching and are content to muddle along as their ancestors did.

The Secretary of the League, 4, Tavistock Square, will be glad to supply specimen copies of the leaflets on application.

POINTS OF DANGER.

There are three stages at which the milk may be contaminated, namely, in production, in distribution, and in consumption.

The danger from the producer has been thus described by the medical member of the Local Government for Scotland:—

“To watch the milking of cows is to watch a process of unscientific inoculation of a pure (or almost pure) medium, with unknown quantities of unsuspected germs. . . Whoever knows the meaning of aseptic surgery must feel his blood run cold when he watches, even in imagination, the thousand chances of germ inoculation. From cow to cow the milker goes, taking with her (or him) the stale epithelium of the last cow, the particles of dirt caught from the floor, the hairs, the dust, and the germs that adhere to them. . . Everywhere, throughout the whole process of milking, the perishable, superbly nutrient liquid receives its repeated sowings of germinal and non-germinal dirt. In an hour or two its population of triumphant lives is a thing imagination boggles at. And this in good dairies! What must it be where cows are never groomed, where hands are only by accident at all washed, where heads are only occasionally cleaned, where spittings (tobacco or otherwise) are not infrequent, where the milker may be a chance comer from some filthy slum—where, in a word, the various dirts of the civilised human are at every hand reinforced by the inevitable dirts of the domesticated cow? Are these exaggerations? They are not. I could name many admirable byres where these conditions are, in a greater or less degree, normal.”

THE EAST END MOTHERS' HOME.

At the Annual Meeting of the East End Mothers' Home, 394, Commercial Road, E., on Wednesday, April 5th, the following resolution was carried:—

“That the East End Mothers' Lying-in Home is engaged in excellent work and deserves wider financial support, in order that it may be able to maintain its efficiency and enlarge the sphere of its activity. That the annual report and audited accounts for the year ended December 31st, 1910, be taken as read, and are hereby adopted—also that the General Committee, Committee of Management, and Honorary Officers, be and are hereby re-elected.”

THE BIRMINGHAM MATERNITY HOSPITAL.

The annual meeting of the Birmingham and Midland Hospital for Women, authorised the Committee of Management to take over the Maternity Hospital and Lying-in Charity, including its assets. This step was proposed by Mr. George Hookham, who presided, and seconded by Mr. J. S. Nettiefield, who said that unless they acceded to the request of the above charity its work would come to an untimely end just when the great and pressing need for it was beginning to be more generally recognised. They would have to add another £2,000 a year to their income, but they had behind them a splendid body of workers, and he was confident that so long as they kept their work up to its present standard the women of Birmingham would not leave their poorer sisters to undergo unnecessary suffering for the want of a little money. The work was complementary to that of the Women's Hospital, which was curative, while that of the Maternity Hospital was preventive. If the preventive work were discontinued the curative work would increase. Alluding to the low death-rate in operations involving abdominal section, only 1.55 per cent. (an extraordinarily good result), and the improving position of the hospital, the Chairman mentioned the criticism that the institution had had to undergo during its early years, and said: “If they had been successful bone-setters they could not have been regarded by the medical Pharisees with more jealous dislike.”

THE CENTRAL MIDWIVES' BOARD EXAMINATION.

The next Examination of the Central Midwives' Board will be held on April 25th at the Examination Hall, Victoria Embankment, London. The oral examination follows in a few days.

ILLEGAL PRACTICE.

In July last, Ellen Concannon, of Earlestown, was summoned at the instance of the Lancashire County Council for practising as a Midwife although not certified under the Act.

Mrs. Concannon had been certified by the Central Midwives' Board, but had been struck off the Roll for negligence and misconduct, but notwithstanding this, she continued to practice. A fine of £2 and costs was imposed, but the defendant disappeared without paying.

On March 28th, Mrs. Concannon was sent to prison for one month in default of paying the fine and costs imposed upon her.

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XLVI

Editorial.

THEFTS FROM HOSPITALS.

There are probably few large hospitals in London which have not been troubled by thefts from the Nurses' Home, or Matron's Quarters and Sisters' rooms, thefts committed in so clever a manner as to baffle detection, and to indicate that the culprit is not a petty pilferer, who has succumbed to sudden temptation, but an expert thief.

We record in another column the conviction of a former probationer, who pleaded guilty to stealing a number of articles from the Nurses' Home at a London Hospital. It was urged in her defence that the prisoner, who was highly connected, had since her childhood given her relatives anxiety as to her mental capacity, and suffered greatly from headaches. It was an argument which could justly be brought forward against her adopting so exacting and responsible a profession as nursing, but not one to absolve her from responsibility for her actions, or from the legal consequences of her wrong doing. We are glad that Sir Marcus Samuel, before whom the accused was brought, held this view, for when thefts occur in a hospital, suspicion falls on a number of innocent persons, scrubbers, cleaners, and others, whose means of earning their daily bread is thus endangered, and when guilt is brought home to the culprit it is right that punishment should follow, and that the innocent should be vindicated. As a matter of fact the thief is seldom one of those hard workers, but someone in nursing uniform, perhaps a probationer whose desire to train as a nurse is subsidiary to her desire to have the run of the Nurses' Home for her own purposes, or it may be a nurse's friend, who by this means obtain access to the Home, and is able to visit it and pass in and out unsuspected.

And there is nothing more surprising than the ease with which it is possible to obtain admission to a Nurses' Home, including the Matron's Quarters. We know, from personal experience, that it is only necessary to ask for the Matron of a hospital to be told in many instances by the porter in the main entrance to take such and such a direction, indicating, at the same time, the position of the Matron's door. Arrived there, the door may or may not be ajar, the Matron in or out of her room, but our point is that, with the utmost facility, undesirable persons may be officially informed of the position of the Matron's Quarters, may without let or hindrance wander about the Home until they arrive there, and, if so inclined, have ample opportunity to annex property before they arrive there, and, if the Matron is not in her office, to take possession of it, investigate its contents, and abstract what they desire, at leisure, the valid excuse when found in possession being that they were directed there by an official of the institution. In our opinion the service in many hospitals needs re-organisation so far as access to the Matron is concerned, and entrance to the Nurses' Quarters or Home should also be much more strictly supervised than at present. It is poor economy to stint service in this respect, when the result may be the loss of valuable property, as well as the annoyance caused to the nursing staff by the insecurity of their property, besides the blame, and perhaps the unjust discharge of innocent persons upon whom suspicion has wrongfully fallen.

In poor-law infirmaries some check is placed upon the admission of unauthorised persons as their names, and the person they desire to visit, are taken at the gate, but access to general hospitals is as a rule extraordinarily simple.

Medical Matters.

MELANCHOLIA.

Dr. G. M. Robertson, F.R.C.P. Ed., Lecturer on Mental Diseases in the University of Edinburgh, in the first of the Morison Lectures delivered by him before the Royal College of Physicians of Edinburgh, and of which an abstract is published in the *Lancet*, dealt with "Melancholia, the Depressive Phase of Maniac-Depressive Insanity."

THE SYMPTOMS OF MELANCHOLIA.

Of the symptoms of melancholia the lecturer said:—

Disease is not a separate entity—a something apart which invades the body and declares its presence there by phenomena of its own. Such a conception is a vestige of the crude doctrine of "possession." The symptoms of disease are the natural functions of the body, performed in an unusual way, the result of unusual physical conditions of a harmful nature. In truth, they are all natural, and every symptom met in mental disease can be traced more or less closely to corresponding phenomena in a state of health, of which, according to Maudsley, they are a caricature. It is particularly necessary to accentuate this fact, because the mystery which belongs to every obscure disease becomes intensified when associated with insanity. The next statement is a corollary of the above, that the rational way of studying the symptoms of disease is to study them in association with the corresponding functions in health. Melancholia being primarily and fundamentally a disease of depressed or painful emotions, depressed or painful emotions as they occur in health should be studied as a key to its symptoms.

EMOTIONAL CONDITION—POSITIVE SYMPTOMS.

All cases of melancholia suffer from feelings of a painful nature, and this is at once evident to the observer from their facial expression, their attitude, their gestures, or their melancholic ejaculations or groans. If they be asked whether they feel depressed, they will at once admit the fact. The exact shade of painful feeling varies greatly in different cases in the same way as normal feelings of this kind vary. They range from feelings of dulness, gloom, despondency, and misery to feelings of fear, apprehension, anxiety, and fright. However much these feelings may vary, they are all alike in being of a painful and melancholic nature. They can, however, be divided into two groups, as Darwin indicated long ago in his "Expression of the Emotions." There is a passive group of which despondency is a type, in which the expression is dull, the

attitude is flexed and relaxed, and the patient sits silent and motionless. There is, secondly, an active group, of which anxiety and fright are types, in which the person may be restless and even agitated, and may constantly repeat melancholy phrases or utter loud cries. The phenomena of these two groups overlap, and the symptoms in the same patient may pass from the one variety to the other at different periods. It is nevertheless a useful differentiation, for it explains the relationship of symptoms which are superficially very different from one another. This much is certain, that the gloom of the melancholic darkens his life as independently of his mental environment as the heavy clouds that may darken his outlook on a sunny day. It comes unbidden, and its source is a mystery to the patient; he only feels that in an unaccountable manner all joy and brightness have departed from his life, and that a settled gloom or anxiety has taken up its abode in his mind for ever. His very delusions, as will be described, are attempts to explain or to account for its presence.

The depression in melancholia as a general rule develops slowly over a period of weeks and even months, gradually becoming more profound and more continuous. It may, however, come on suddenly in the course of a few days after some exciting cause, or as suddenly without any known cause. When fully developed it is continuous the whole day long, and may not leave the patient for a moment for months at a time. During the period of commencing recovery the first signs of improvement show themselves in the evening by a lifting up of the gloom. Then there are good days as well as bad days, and finally the depression disappears altogether. Recovery may, however, take place from melancholia as suddenly as its development, and the patient may go to bed as depressed as usual and find himself well on waking next morning. The period of convalescence is one of great danger if the supervision of the patient has been relaxed owing to his improvement. A relapse of the depressed feeling may occur nearly as suddenly as an epileptic fit, and if the opportunity presents itself he may then commit suicide. One of my female patients after being apparently well for a fortnight, relapsed suddenly one Sunday morning on hearing the church bells ring.

It is impossible for us to realise accurately the depth of the misery of the melancholic. Most melancholics think that no one ever suffered as they do, and they all say that they will never get well again.

Nurses will do well to note these symptoms.

The Importance of Character.*

By Miss H. E. GOLDING,
Lady Superintendent, St. Edmondsbury,
Lucan.

Character is most essential to a nurse's success in life. It is the basis of her real and lasting happiness; and is the one thing in which she may rejoice in the absence of wealth, fame, talent, and social position in the usual acceptance of these terms. The word "character" comes from a Greek word meaning to cut down into, to engrave deeply. Thus, in relation to human beings, character means the permanent distinguishing marks which have been engraven into that being's soul by the deliberate choice of action under stress of circumstances and experiences.

Chalmers writes, "Acts of virtue ripen into habits, and the goodly and permanent result is the formation or establishment of a virtuous character." Every new achievement of principle smooths the way to future achievements of the same kind, so the struggle becomes less difficult and virtuous acts become the very habit of our own life.

"Character," says Emerson, "is nature in its highest form. It is no use to ape it or to contend with it. Somewhat is possible of resistance and of persistence and of creation which will foil all emulation. Men of character are the conscience of the Society to which they belong."

These are strong words. The attainment of character is a high ambition indeed, but we must remember also, that it is possible to all alike, whether or not gifted intellectually.

With the advent of a more intellectual element into a nurse's life, through scholastic training, the danger arises that the importance of character is apt to be overlooked. That "A little learning is a dangerous thing" is as true now as ever. Are nurses in these days inclined to push forward rather for the rewards given to intellectual attainments than remain content to be real nurses, in fact, good and useful women? The ideal nurse knows very well that mere knowledge is not to be valued for its own sake—or for the glorification of its possessor, but rather for its application to the wants of suffering humanity.

The types of moral excellence, or in other words of character, of course vary with the age, the country, the occupation, and the sex; for example, the stern virtue of the ancient Roman with his disdain for suffering, indiffer-

ence to death, and the small value he attached to the life of others as well as his own, was the kind of character necessary to the great military power destined for the conquest of the world, whereas the humanising effect of art, literature, and poetry are seen in the amiable virtues of the Greek. Then, later, the altruism of Christians displayed a happy union of the heroic and tender virtues.

A nurse above all things should possess the characteristic of a high standard of moral excellence. Of course, since a nurse does not enter upon her professional training until she has reached womanhood, the foundations for the superstructure of character have been already laid. Discipline begins at home, is carried further in school, thus preparing us for the real work of life. Those who are blessed with good homes and wise parents enter the field of nursing far better equipped for understanding what discipline means.

When undisciplined minds enter their course of training the usual result is that there is an under-current of discontent, due to a thorough want of appreciation of the necessity of order.

For instance, one of the most essential qualifications of a nurse is her power of ready obedience and a keen sense of loyalty, and these can only be displayed by those of high character. By the meaner soul the orders of the superior are subjected to criticism; the Sister or charge nurse is regarded as overbearing if she insists on the letter of the law being carried out, and the matter is referred to the Matron, from whom, of course, no redress can be expected.

When the spirit of discipline is lacking self-control, which is one of the highest expressions of character, will be absent, and the probationer or nurse begins to carp and cavil, to question authority, to nurse bitterness, while the nobler character waits patiently to understand in the fullness of time what she does not at the moment comprehend, and realises that her position and experience render her judgment quite inadequate to express an opinion on such matters in general.

It is certainly most important that nurses should early in their career understand the harm which is done to themselves and their fellow workers by allowing their characters to deteriorate through indulging in what we may call institution pests. I mean gossip, scandal, suspicion, ill-will, and envy, etc.

If nurses are inclined to handle lightly the character of those around them, to pass harsh judgment unnecessarily, to take pleasure in exposing the failures of others, they are sadly wanting in self-control, without which no

* Read before the Irish Matrons' Association, Dublin.

character is worthy of the name. Such a nurse is always open to suspicion; how can she be trusted with the numerous private matters which a large institution brings before her notice. To prattle to the outside world about her patients, and their private histories, is despicable. Self-control, therefore, should help to exclude the possibility of gossip and all it entails.

If character be important in those holding subordinate positions how much more important must character be in those in authority, and it would tend to the improvement of the whole profession if greater weight were given to the possession of character by those chosen for administrative posts in the nursing world.

If one could teach the nursing staff of our institutions to see matters from this point of view it would end in respect and devotion to all superior officers in a consciousness of progressive development, and a refreshing sense of a well-disciplined mind, and surely this is well worth trying for. This is not easily done, but is anything worth having that is easily attained?

A recent number of the *British Medical Journal* contained an interesting article written by a doctor, descriptive of his own experiences while a patient suffering from bladder trouble. His remarks apply not only to his own personal impressions, but embody many valuable hints which might be taken to heart by all those who come into contact with sick persons.

Few of you probably have had an opportunity of reading the original article, and their intrinsic merit as well as their coincidence with the subject matter of my paper make them well worth your acquaintance. I make the following quotations from the article:—

"The nurses in *this* home were not merely surgeons' assistants. They all looked carefully to the physical and mental comfort of the patients, though some were more satisfactory in this respect than others. The Head Nurse or Lady Superintendent presiding over the department of the house in which my room was situated, was an almost ideal woman for the position she occupied." Speaking of the sufferings he endured from surgical shock, the writer goes on:—

"My own regular nurse, an admirable surgeon's dresser, failed me miserably. Then came a good angel, in the form of a young woman. A nurse in training whom I had never seen till that day. Would that time permitted me to describe her and her mental ministrations. She seemed to draw me out of a hopeless slough of awful misery by methods of

human sympathetic appeal that perhaps only a woman has at command."

He proceeds then to state certain classes of nurses who ought not to have adopted the profession.

"Those without the delicate mental touch termed 'tact.' A tactless woman is a sort of monstrosity. I had some slight and unpleasant experience of one such nurse in Canada, and a bad two days of another in England, when the Matron at my request replaced her by a very admirable substitute.

"Those whose hands will never learn delicate handling. One such I could only put up with because she was so well disposed, and looked so successfully to my comfort in small matters. Quite a contrary experience was mine with a young nurse, who during all the weeks she attended to me after my big operation never on a single occasion caused me the least pain."

I need hardly quote further.

It has fallen to our lot—as Matrons of hospitals and institutions—to mould and train young women to be nurses.

They come to us very often straight from their own homes. Their characters are not fully formed; they, as it were, are stepping into public life for the first time, waiting to be guided and moulded by their training school.

And surely the tone and character of the training school will be what the Matron, the head, makes it. She is the figure-head (and I hope more than the figure-head), the influence, and example of the whole training school and hospital.

Surely then our responsibility is great—so great that it means a great deal of character to help us to keep our ideals high, and to *always try* to act up to them, for our own sakes as well as the sakes of those around us.

It is our duty to do our best under all circumstances.

We have a right to expect the best from our fellow workers. It is no credit to us to do our best; it is no credit to them to do their best. It is simply our duty.

The Edinburgh Trades Council have recently made complaints of the treatment of nurses at the Royal Infirmary, Edinburgh, but we are glad to note that at the last meeting of the managers a letter was read from the Council stating that having investigated the matter they found there was no foundation for the complaints. Lady Susan Gilmour said that the nurses were highly indignant at the idea that the complaints emanated from them, for they knew that if they had anything to complain of they only had to apply to the managers for redress.

The Irish Nurses' Association.

THE NEW PRESIDENT.

We have pleasure in presenting to our readers a portrait of Miss Ierne C. Keogh, President of the Irish Nurses' Association, a position to which she was elected at the recent annual meeting, and for which her Irish nationality particularly commends her. Miss Keogh, who was trained at St. Bartholomew's Hospital, London, has held the positions of Night Superintendent at the Royal Free Hospital, and Night Superintendent and Sister of Harley Ward at St. Bartholomew's Hospital.

of her profession, and the Irish Nurses' Association have done wisely to elect her their President and thus gain the right to a claim on her interest and work.

Dr. Haughton gave a lecture on "Medical Electricity" to the members of the Irish Nurses' Association on Wednesday, April 12th. The lecturer brought several different kinds of batteries and their appliances, and explained very clearly how the different currents were generated and the effect on the patient. He also showed the galvanometers, and said how much better it was to administer electricity



MISS IERNE C. KEOGH,
President, Irish Nurses' Association.

In 1909 she was appointed Matron of the Richmond, Whitworth, and Hardwicke Hospitals, Dublin, and though she has recently resigned this position she still hopes to take an active interest in nursing generally. It is indeed the members of our profession who are not discharging the duties of onerous posts, and who have had wide experience in the past, who are able, by reason of greater leisure, to render it especial service. We know that Miss Keogh still hopes to place her talents at the service

with one as a guide. Dr. Haughton also told the members how efficacious it was to use electricity combined with massage, by putting one electrode under the patient on the spine, and fastening the other to the wrist of the operator. In this way electricity could be "rubbed in." There was a good attendance of both teachers and pupils of massage, who much appreciated being allowed to examine the batteries. Miss Hogg presided, and a hearty vote of thanks was given to Dr. Haughton.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Elizabeth Martin, Sister, the Hospital for Incurables, near Bury, Lancashire, for her article printed below, on:

WHAT IS THE MOST IMPORTANT FEATURE IN THE TREATMENT OF DIABETIC PATIENTS.

Diabetes.—Although not a disease of the kidneys, the urine is altered in character in this complaint by the presence in it of sugar. The amount of sugar passing into the general circulation in health would be very great if it were not for a special function of the liver to prevent a considerable quantity from so doing, therefore when this function of the liver is at fault the sugar is discharged into the blood circulating in the body, and finds an outlet through the kidneys.

As the amount of urine is so largely increased in the diabetic (from 1 to 6 quarts being common in the 24 hours), and as sugar is very largely in evidence in the urine, diet is therefore the most important feature in the treatment of diabetic patients. Sugar in any form must be avoided, and all starchy foods. Almost all kinds of animal food, fish, and fowl are allowed, but must be very carefully cooked. If soups are given they must not be thickened by farinaceous matter, and jellies, etc., must not be sweetened. Milk may be given in small quantities, but as it contains sugar of milk large quantities may prove harmful and help greatly in keeping up the activity of the disease. Eggs may be allowed; also cheese and butter.

The diabetic is given gluten bread usually, or almond or bran bread. Brown bread may also be given if thoroughly well toasted. Starchy foods are to be avoided. Greens, lettuce, spinach, and endive are allowed. The patient may take tea and coffee, using a small quantity of saccharine—but only if he is unable to take either unsweetened. Claret, burgundy, and dry sherry are considered harmless in the disease. Great thirst may be assuaged by acid drinks, etc., and large quantities of fluid must be allowed when the thirst is excessive.

The patient must be kept from worry and anxiety and overwork, and the attention of the patient should be distracted from the disease. Accidents and acute diseases are excessively fatal in the diabetic. Free and regular action of the bowels is very essential, and warm baths also are very beneficial in helping the action of the skin. If the diet has been restricted for a short time the symptoms are controlled either partially or entirely, the amount of urine is diminished, and also the quantity of

sugar, and the patient regains flesh and strength. Owing to the great emaciation occurring in this disease it is necessary the diabetic should be well fed, and much ingenuity is required to provide a tempting "Bill of Fare" daily.

We also commend highly the papers by Miss F. Sheppard, Miss E. Cooper, Miss M. Evans, Miss G. Thompson, and Miss I. Terry.

Miss Elizabeth Cooper notes that "The nurse should be bright and cheerful, as the patient often gets melancholy and thinks life not worth living. Worry, anxiety, and overwork should be avoided as far as possible, and the attention of the patient must be distracted from the disease. Exercise and fresh air should be obtained regularly, but hard travelling discouraged."

Miss F. Sheppard points out that "any vegetable which, by exposure to light, has become green, has lost its sugar, and may be freely used. Greens and spinach are allowed *ad libitum*; also watercress and green lettuce. All fruits contain sugar and must be avoided."

QUESTION FOR THIS WEEK.

What are the usual symptoms of Pregnancy? Rules for competing for this Competition may be found on page xii.

How to Induce Sleep Without Drugs.

Sleep may be artificially produced without the aid of drugs by the use of hypnotic suggestion. The word hypnosis itself is derived from *invos*—sleep—from the common idea that all persons who are in a hypnotic state are asleep; but although it is very usual for sleep to accompany hypnotism the terms are by no means synonymous, as a subject may be in full possession of all his waking faculties and yet be in a condition of increased suggestibility directly due to hypnotic influence. Hypnotism, then, implies a mental condition in which the mind of the subject (or patient) is increasingly open to suggestions made by the operator either verbally or in some other way.

To the victim of insomnia, to the restless, thirsty sufferer from an operation, to all whose nervous systems are shaken and out of tune, hypnotism can bring relief, and often permanent cure.

Looking down the long vista of Time we see hypnotism practised by the Egyptian priests, by the fakirs of India, and, probably, by the Apostles and priests of the Christian faith;

and coming to more recent years we find hypnotic suggestion used in our own country under various names by as varied exponents. To Dr. John Elliottson belongs the honour of first bringing hypnotism, in this country, within the ranks of recognised therapeutical measures. He was bitterly persecuted by his professional colleagues, and his career as a physician was ruined; but psychotherapy is to-day beginning to take the place he tried to win for it over seventy years ago! At Calcutta, in 1815, Dr. Esdhill performed numbers of major operations painlessly upon patients under hypnotic anaesthesia, and in England about this time Dr. James Braid appears to have had considerable success in treating various ailments, and also inducing anaesthesia by the same means. There are several different methods of inducing sleep by hypnotic suggestion, but in every case the co-operation of the patient is necessary to ensure success. Having cleared the patient's mind by a simple explanation of the process, he should be asked to concentrate his attention on some drowsy, mental picture, or he may repeat a monotonous verse, or the alphabet, over and over again. But the individuality of each patient should be studied and the suggestion for concentration adapted accordingly. It will be found helpful to make the patient fix his eyes steadily on some bright object—*e.g.*, a lens, held at a short distance away from him, and moved gradually upwards till the strain of following it causes a slight convergent squint, which is the signal for the operator to close the eyelids by a downward movement of his hand, repeating meanwhile that the eyes are heavy, that they are closing, and cannot re-open, etc. In a few minutes, if the patient is at all receptive, the continued suggestions of sleep and rest will begin to take effect, and the subject becomes really drowsy. In this condition there is an increased receptivity on the part of the subject, and suggestions suitable to the individual case may now be made with distinct benefit to the patient. A subject suffering from insomnia may have suggestions made to him that on retiring at night he will quickly become drowsy and sleep soundly without the use of drugs. When rousing a patient who has been hypnotised the operator should be careful to do so gradually, and to suggest that there will be a feeling of comfort and well-being on awakening, without headache or drowsiness. If these simple precautions are observed the patients will awaken as much refreshed as if they had had a long spell of natural sleep.

Nurses should do all in their power to discourage hypnotic exhibitions which are given for gain or amusement, but they should also

steadfastly uphold the safeguarded use of hypnotic suggestion as a therapeutical agent of very real value in all cases of nervous disorders, and as a means allaying the painful symptoms of many diseases in place of morphia and other narcotics.

GLADYS TATHAM.

Progress of State Registration.

A correspondent of the *Lancet* complains that in the district in which he practises a district nurse who has been appointed by a philanthropic lady, aided by subscriptions, whist drives, etc., acts as an unqualified practitioner. Wherever she hears of anyone being ill, irrespective of a medical man being in attendance, and uninvited even by the patient's friends, she presents herself. She also goes about soliciting for work as if she were a duly qualified practitioner. The Editor of our contemporary advises his correspondent that he has no legal remedy so long as the nurse does not pretend to be a registered practitioner.

If the Nurses' Registration Bill were passed a registered nurse acting in the manner described could be reported to the General Nursing Council, as it provides (Clause 23) that "Nothing contained in this Act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease."

On the other hand, Dr. Thomas Laffan, Cashel, considers that this clause does not fully meet the situation, and thinks that it should be widened so as to prevent any nurse from attending a patient for a longer period than 24 hours without the attendance of a doctor. We agree with the Editor of the *Lancet* that "in a country place a medical man often could not attend every patient once in 24 hours; there is frequently no reason why he should so attend." It must be remembered that Clause 23 of the Nurses' Registration Bill is endorsed by the Central Committee for the State Registration of Nurses, which includes five official delegates of the British Medical Association.

IN WESTERN AUSTRALIA.

Una, the organ of the Victorian Trained Nurses' Association, announces that a movement has been initiated in West Australia to introduce into the new Health Bill clauses enforcing the State Registration of Nurses and Midwives, and states that the object of the clauses—the prevention of unqualified persons from practising as nurses and midwives—has

the approval of all classes. The nurses of the principal hospitals in Perth and Fremantle are, however, alive to the danger of inclusion in a general Bill, and have petitioned the Assembly for a separate Bill dealing with their registration, as in England and New Zealand, and for adequate representation of trained nurses on the Board appointed to deal with nurses.

Our contemporary points out that the three years' standard of training in a certified hospital should be insisted on, and adds:—

"New Zealand has led the way in this matter, and let us hope that the Federal States will follow the Dominion's commendable example, and, moreover, that the strong opposition at present raised against State Registration in England may be materially weakened, if not wholly overcome there."

Our registration campaign is evidently followed with interest at the Antipodes.

IN THE UNITED STATES.

Registration discussions in the "States"—American, of course—are often very instructive. The Massachusetts Bill was recently discussed by the New England Association for the Education of Nurses. All the sympathy of the medical men present appeared to be lavished on "the people that have not had adequate training," one gentleman stating that it "had been the dream of his life that some society might be interested in the other (as apart from registered nurses) great big body of untrained nurses that are working quietly and without show, giving the best that they know how." We should hope that the registered medical practitioners in Massachusetts, now that nursing registration is in force, will interest themselves in protecting their patients—that "show" or no "show," this "great big body of untrained women" will find it difficult to defraud the sick for the future. They must be encouraged to be *honest*, and qualify themselves for the duties for which they are paid.

Miss Riddle, in reply to the question: "What is the advantage to the nurse of Registration?" answered that the greatest good will be the greater attention that will be paid to the teaching and training of nurses in the schools.

Miss Dart said wisely that the law and the Registration Board were good, and would do good work; but that there was quite a number of degrees of excellence even from the graduates of the same school, and Registration won't place all of us on the same level. "We shall place ourselves where we belong!"

Very true.

The Nursing and Midwifery Conference.

(Continued from page 293.)

THURSDAY, APRIL 6th.

DISTRICT NURSING AND MIDWIFERY.

SIR FRANCIS CHAMPNEYS, Bart., M.D., Chairman of the Central Midwives' Board, presided on the afternoon of April 6th, and at once called on Miss Amy Hughes to address the meeting.

MISS AMY HUGHES.

Miss Hughes said that a great change had come over the requirements and responsibilities of those nurses working amongst the poor in their own homes, evident both to those who have watched the development of district nursing and to those who have been fostering midwifery. No longer was it considered that such nurses were doing their duty if they only attended to their technical duties. They were now required to improve the standard of life of the people, the educative side of the work both of nurses and midwives was emphasised, and various Acts of Parliament had placed such responsibility upon their shoulders.

First, and most important, there was the Midwives' Act. In regard to what the Act had done for district nursing as a whole it must be remembered that the nurse in a general hospital never saw a normal healthy infant, all the babies admitted to the wards were ill; this did not apply to poor law infirmaries, but the average hospital nurse when she came into a district knew little of the healthy conditions of mother and child. It had become increasingly important for nurses to have a midwifery certificate, and, in the knowledge gained whilst acquiring it, district nurses had a most powerful instrument placed in their hands. The Midwives' Act was revolutionary, for nurses who gained the certificate of the Central Midwives' Board had to learn not only to deal with maternity cases which had gone wrong, but also how to advise normal mothers. One effect of the Act was to abolish the work of those not on the Roll, and by degrees also, as the *bona-fide* midwives dropped out of work, trained midwives were needed to take their place, with the result that ordinary district nurses who were certified midwives were in demand. Some of them were only wanted to act in emergency, but the knowledge they had as certified midwives made them valuable educational factors. There was naturally a feeling that these nurses might interfere with the means of livelihood of practising midwives, and the tendency of advice from headquarters was that Queen's Nurses should not undertake midwifery cases unless there was no one else to do so.

Other Acts referred to by Miss Hughes as influencing the work of district nurses were the Medical Inspection of Schools Act, the Notification of Births Act, the Children Act, 1908, and the Infant Life Protection Act, under which nurses were employed as visitors to boarded-out children. On the side of prevention and education they were participating in the crusade against consumption.

It was important to impress on district nurses

and midwives that, however excellent their technical work, however interested they might be in the care of individual patients, their work was largely thrown away if they did not follow the teaching of Florence Nightingale, and act as health visitors as well as nurses of the sick. It was the honourable province of the district nurse to help to bring the nation back to the observation of Nature's laws, to help to give the babies a fair start in life, and to guide the children up through the dangers of civilisation.

LADY ST. DAVID'S.

Lady St. David's said she had just come from Wales, where they were studying how to achieve a higher standard of health and happiness for the people. In the remote districts of the Principality nurses had to deal with people not accustomed to their services, they had to attend patients 10 or 15 miles from a doctor, and do the best they could for the aged and suffering poor, to teach patients that the fresh air which they feared would give them their "death of cold" was really the "breath of life."

In their work in South Wales in the last twenty months 12 village nurses had already been trained, and 7 were in training. Seventeen new Associations had recently been founded in the Southern Counties, ten of which had chosen to employ Queen's Nurses. The nurses were engaged in the fight against infant mortality, and consumption, and in alleviating the anguish of the world around. It was not to be expected that every nurse should be a Florence Nightingale, but all nurses could bathe themselves in the spirit of Florence Nightingale.

In regard to hours of work, the needs of the patients and also the health of the nurses must be considered. It was no use to build up the health of one section of the community on the bad health of another, but nurses must be prepared to work day and night week in week out.

DISCUSSION.

Miss Elsie Hall thought it risky to leave the arrangement of the hours of nurses to the needs of illness, and the discretion of a Society. The nurse should be protected by rules from overwork. Private individuals and societies were apt to misunderstand what a nurse was capable of doing.

A lady from Bedfordshire said that in the Association with which she was connected the nurses had an hour off duty in the middle of the day.

Mrs. Gilroy inquired whether that was one hour off in the twenty-four.

Miss Hall thought that Associations were not sufficiently particular as to the candidates they selected for training. They seemed to think that if only they found a woman willing to be trained the trainers could turn out an excellent midwife, whatever the material provided.

Miss White, Lincoln, spoke of the low pay received by midwives.

It was also stated that cottage nurses acted as general trained nurses and undertook all kinds of cases.

Mrs. Lawson, President of the National Association of Midwives, said that she had worked in a

district with both trained, and cottage, nurses. In her opinion the latter who had not gone through a true hospital training, often did not understand discipline.

Mrs. Bedford Fenwick said that under all these questions was the great fundamental principle of the value of women's skilled work. It was impossible to get away from nursing economies.

First there was the question of justice to the patient. That was impossible unless efficient, conscientious, skilled labour was provided. Next came justice to the worker, her right to a thorough education. Education was expensive, it was necessary for the worker to give time and labour, and for institutions to provide expert teaching before the skilled worker was produced.

Only twenty-five years ago one year's training was the standard for Queen's Nurses, now three years was demanded of them as well as extra courses to fit them for their special work. That should be the standard for all nurses sent out from any association, whether for rich or poor, in town or country, in tenement or cottage; if any nurse needed extra training it was the one who had to carry her skill into remote districts many miles from medical help.

A wave of responsibility for their poorer neighbours was sweeping over the leisured classes, an awakening of the spirit which inspired Florence Nightingale, for which we should be grateful. The question was how this energy should be applied, and when lay women formed nursing associations, and dealt with nursing standards, Mrs. Fenwick was of opinion that they would do well to secure expert nursing advice on their committees, but it was too often excluded. Nurses desired efficient and high standards, and were not satisfied that nursing work should be done by inefficiently trained women, who were supplied because they were cheap. What would become of these thousands of poor women who were being encouraged by lay associations to consider themselves trained workers? It was, further, poor political economy to employ semi-trained labour at a rate of pay which allowed the worker no margin for saving, and thus for keeping off the rates when past work.

The meeting had heard from Miss Hughes the long list of qualifications necessary for a district nurse, and the services required of her, and nurses were glad that their profession was entrusted with these public responsibilities, and to feel that their work for the community was of increasing value. But if women of the right kind were to be encouraged to adopt district nursing and midwifery as their life's work it was necessary that they should be efficiently instructed and sufficiently paid.

Miss Hughes having replied to the various points raised, the Chairman called on Mrs. Lawson, President of the National Association of Midwives, to read the next paper.

THE MIDWIVES' ACT AND WHAT IT MEANS TO MIDWIVES.

Mrs. Lawson said that the Midwives' Act was necessary, the conscientious midwife of the old school welcomed it, and hoped great things from

it. The Act was a good one, and if the rules of the Central Midwives' Board were administered in a uniform and impartial manner throughout the country, the practising midwife would greatly benefit thereby.

The mere fact that the Act had set a standard of training was a big step forward, and apart from its beneficial effects on the mother and child, meant protection for the midwife from much harmful competition.

In all their criticism midwives were anxious to emphasise their full appreciation of what the Act stands for, the first step towards the introduction of order and responsibility in a profession where such important issues were involved. They were to the best of their power carrying out the real intentions of the Act in the spirit in which they were framed.

The framers of the Act took a just attitude towards the women who, though not trained, had a vested interest by virtue of long practice. The National Association stood for the best interests of all midwives on the Roll.

Unfortunately, there was a tendency on the part of those administering the Act—and it was in the administration that the whole trouble arose—to impose the same close supervision on the competent as on the incompetent, to treat all as careless, and never to give the midwife the benefit of any doubt. This supervision was too often carried out by young women and bits of girls, who had themselves little or no training, and often were totally lacking in knowledge of the practical side of midwifery. Yet they were placed in authority over women who had the fullest training permitted by the Central Midwives' Board, and who often by virtue of many years of constant practice had become specialists in the work.

The result was constant friction. Often these women were not free from petty tyranny, and for capable women to be watched closely, as a cat watches a mouse, by people of lesser competence, was galling in the extreme, and a source of constant irritation. Older women, with wider experience, should be appointed to these positions.

In one town in Yorkshire, there was one Supervisor to four midwives; in another, when midwives were directed to take antiseptic baths after doubtful cases, they were required to produce bath tickets to prove that they had done so.

There should be an appeal in cases of hardship, and a practising midwife should have a seat not only on the Central Midwives' Board, but, even more important, on all Local Supervising Committees. Midwives had heavy responsibilities, and all regulations should be reduced to a minimum to leave their minds free to deal with their cases.

In the case of two Lancashire midwives cited to appear before the Central Midwives' Board, and who were exonerated, it cost her Association £30 to defend them. If a working midwife had been on their supervising authority it was improbable that they would ever have been brought before the Board.

Mrs. Lawson also referred to the undercutting of midwives working on their own account by charitable institutions. She further thought institution

life bad, as a rule, for midwives.

Miss Gertrude Marks said that just such women as Mrs. Lawson could and should speak for midwives. The Midwives' Union, which was a young but growing society, was working to obtain direct representation of midwives on the Central Midwives' Board. The speaker also discussed points in regard to the proposed amendment of the Midwives' Act. Others present, who took part in the discussion, were the Hon. Mrs. Charles Egerton, Miss Woolldridge, Miss Elsie Hall, Mrs. Glanville, and others.

Sir Francis Champneys, in a concluding speech, said he was particularly pleased to hear Mrs. Lawson's paper. He reminded midwives that the Act was a protection to them. Some of the regulations might appear vexatious, but they protected midwives as well as their patients. He was not there to answer for the Local Supervising Authorities. He could say that the Central Midwives' Board endeavoured to administer justice without fear or favour, and took immense pains to arrive at the truth.

In regard to the provision of midwives in country districts, Sir Francis suggested that as beds were endowed in hospitals so midwives might be endowed by men of wealth, who were grateful for the restoration of their wives to health by careful nursing.

THE PRESENT CONDITION OF MIDWIVES.

Dr. Herman presided at the evening Session, when Mrs. Glanville presented a paper on "The Present Condition of Midwives in England and Elsewhere." The speaker pointed out that although there were some 30,000 midwives on the Roll, only about half of them practised midwifery, and when the *bona-fide* midwives gradually ceased to practise the situation would be much more acute than at present.

FRIDAY APRIL 7th.

Dr. G. E. Shuttleworth, who presided on the afternoon of Friday, pointed out that degenerates multiply at a greater rate than those of value to the State, and Dr. Murray Leslie, who presented the first paper,

CAN RACE DEGENERATION BE ARRESTED BY EUGENICS?

also emphasised the fact that as a nation we were breeding largely from inferior stock.

The professional marriage rate was half that of the industrial classes. In England and Wales there were 140,000 feeble-minded persons to-day, and 4,800,000 school children unsound in body and mind. No nation could hold its own if the bulk of its citizens were lacking in physical, moral, and mental vigour.

All the great intellects were now employed in endeavouring to solve the problems of nature, and it was a hopeful sign of the times that the prevalence of neurasthenia, which was an indication of reduced vitality and instability, was recognised, and social experts were seeking a remedy.

To an Englishman, the late Sir Francis Galton, belonged the honour of founding a new science, to

which the name of Eugenic (well born) was given.

The science of Eugenic dealt with all the qualities desirable in a human being, a healthy body, a sound mind, superior intelligence, and natural capacity for work.

Heredity was the basis of the science, and a general axiom was that like tends to produce like, to produce a virile race attention must be given to breeding.

Some eugenicists laid most stress on the importance of heredity, others on that of environment. Thus Mr. Sidney Webb held that it was of no use to have children born of good stock if their surroundings were bad.

Again, Karl Pearson considered that children, instead of being a handicap to their parents as at present should be of increasing economic value to them.

Two principles must be aimed at:—

- 1 The elimination of the unfit—negative or restrictive eugenics, and
- 2 Cultivation of the fit—positive eugenics.

The speaker referred to the necessity for the permanent control of the feeble-minded, the notification of contagious diseases, the endowment of motherhood, and the judicious eugenic instruction of the young.

There was no better means of instructing the higher classes than through the agency of trained nurses, who could discourage the avoidance of lactation, voluntary restriction, etc.

THE CARE OF THE NERVOUS.

We have already referred at length to the extremely interesting paper by Dr. Edwin Ash on the Care of the Nervous.

THE TEETH IN RELATION TO GENERAL HEALTH.

Mr. Aslett Baldwin presided at the last and evening session, when an interesting lecture, illustrated by very fine lantern slides was given by Mr. George Thomson, L.D.S., on the above subject.

To Mr. Ernest Schofield, Organising Secretary of the Exhibition, and Miss Gill, Organising Secretary of the Conference, the thanks of all concerned are due for the courtesy and consideration with which they conducted their respective departments, and to which the success of the undertaking is to be attributed in no small degree.

DON'T'S FOR NURSES.

- Don't take a case when you are worn out.
- Don't neglect to have plenty of things to work with.
- Don't nurse for years without taking a post graduate.
- Don't think you can improve without study.
- Don't stop taking notes when you graduate.
- Don't think it's wrong to talk shop.
- Don't forget to take nursing journals.
- Don't consider the purchase of nursing books unnecessary.
- Don't miss a chance to visit a hospital.
- Don't be discouraged when work is slack. Get a "side line." *International Hospital Record.*

The Florence Nightingale Memorial.

Miss Mollett had a letter in the *Times* and other papers on April 13th suggesting to the Executive Committee of the Nightingale Memorial that the funds for the two objects—the statue and the nurses' annuities—shall be separate and not combined. Miss Mollett writes:—"There are certain people in connection with whose memory a nurses' annuity fund would be most suitable, but not Florence Nightingale. She stands in our minds—nurses' minds—for courage, independence, education, efficiency, and self-sacrifice, but not for an annuity."

Mrs. Bedford Fenwick, in supporting Miss Mollett's suggestion, pointed out that Lord Pembroke, the Deputy Chairman of the Fund, admitted at the Mansion House meeting that "Florence Nightingale had her heart in schemes for the training of nurses," and showed the urgent need for the co-ordination of nursing education, and the foundation of a College of Nursing "as a memorial to our great law-giver. . . . To such a College in London nurses from all over the world could come, and thus Miss Nightingale's beneficent work, as the founder of systematised education for nurses, would be permanently extended, to the great benefit of humanity. . . . The annuity scheme, as a memorial to Miss Nightingale's memory, is parochial and unworthy.

"By all means let us have annuity and benevolent funds for trained nurses. They are needed, and will be so long as many nurses are so poorly paid, and their earnings so widely exploited by charitable institutions. But for any who desire to give conscience money or thank offerings to found annuities for nurses, existing funds—very badly supported—will furnish opportunities."

Mr. G. Q. Roberts, Secretary of St. Thomas' Hospital, and Hon. Secretary of the Memorial Fund, replied to Miss Mollett's letter on the 15th inst. He wrote:—"Lord Pembroke gave excellent reasons for both schemes (at the Mansion House meeting) which have been put forward as the objects of the memorial," but he does not deny that the General Committee were not consulted by the small Executive before they were adopted. The following statement, that "the proposals of the Executive Committee were unanimously agreed to" at the meeting is not correct.

Lord Pembroke's motion was passed (without any opportunity for discussion) *nemine contradicente*—in fact, although no one voted against it, not wishing to sound a discordant note, quite half the people in the hall did not vote at all!

Then Mr. Roberts continues in the discourteous tone—so often adopted by haughty hospital officials towards members of the nursing profession who express an opinion concerning their own affairs. He writes:—“Under the circumstances Miss Mollett's protest is as unreasonable as it is unnecessary. No scheme for any memorial to anybody will ever please everybody” (that is no reason why the General Committee should not have an opportunity of expressing an opinion). “The Committee fully realise how very difficult it is to raise money for any memorial, and it is not benefited by letters from partisans of each part of the scheme, which letters only raise dissension where there should be none.”

The truth is that the advocates of the annuity scheme are determined to thrust it upon the nursing profession whether they like it or no, and any expression of adverse opinion, is, of course, “unreasonable and unnecessary.” What with one charity scheme and another promoted, at the public expense, by philanthropists who would do better to have nurses properly paid for their arduous work, the good old self-respecting spirit amongst nurses is being persistently undermined. “If I ain't got I goes without,” was the motto of a splendid old Sister we once knew, and there are thousands of hard-working nurses to-day who would wish to endorse the sentiment, whilst improving the grammar.

The question at issue is that the Executive Committee of the Memorial shall organise the scheme in a business-like manner, have two distinct funds, one for the statue and one for the annuities, and not confuse the issue by utilising the subscriptions in the lump for either memorial as they choose. To earmark a few subscriptions for either scheme is not satisfactory, as it makes no difference in the expenditure of the fund as a whole.

LECTURE.

A lecture will be given on Friday evening, April 28th, at 7.45 p.m., at the Trained Nurses' Club and Midwives' Institute, 12, Buckingham Street, Strand, on “The Medical and Sanitary Organisation of the Field Army Home Defence.” The lecturer will be F. J. Warwick, Esq., M.B., Cantab., Major, R.A.M.C. Territorials. Admission to lecture, 6d.

Appointments.

MATRONS.

Victoria Hospital, Swindon.—Miss E. Bagshawe Walker has been appointed Matron. She was trained at the Chesterfield Hospital, and has held the positions of Staff Nurse at the Royal Infirmary, Sheffield, Sister at Clayton Hospital, Wakefield, Sister and Deputy Matron at the General Hospital, Great Yarmouth, and Night Superintendent and Deputy Matron at the County Hospital, Newport, Monmouthshire.

Cottage Hospital, Malmesbury.—Miss Maud H. Ruffie has been appointed Matron. She was trained at the London Hospital, and the Western Fever Hospital, Fulham, and has held the positions of Massage Sister at the London Hospital; Sister at Broseley Hospital; Matron's Assistant at the Hospital for Women, Liverpool; and Temporary Matron at the Princess Christian Hospital, Weymouth.

NURSE MATRONS.

Infectious Diseases Hospital, Norman's Riding, Blaydon-on-Tyne.—Miss Jeanette Frood has been appointed Nurse Matron. She was trained at Dumfries and Galloway Royal Infirmary, and has held the positions of Sister at the Union Infirmary, Leeds, and the North Riding Infirmary, Middlesbrough; Superintendent at the Union Infirmary, Bishop Auckland; Matron of the Eston Isolation Hospital, and temporary Matron of the North Riding Infirmary, Middlesbrough.

Cottage Hospital, Darfmouth.—Miss Louisa Bates has been appointed Nurse Matron of the Dartmouth and Kingswear Cottage Hospital. She was trained at the Royal Infirmary, Halifax, and has held the positions of Night Superintendent and Sister at the Clayton Hospital, Wakefield.

SUPERINTENDENT NURSE.

Crossland Moor Hospital, Huddersfield.—Miss M. J. Holland, of Liverpool, has been appointed Superintendent Nurse by the Huddersfield Guardians. There were 24 applicants for the position.

NURSE-IN-CHARGE.

Consumption Sanatorium, Middlesbrough.—Miss Dorothy Beston has been appointed Nurse in charge of the temporary Consumption Sanatorium, Middlesbrough. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and had experience of infectious nursing at the Brandon Isolation Hospital, Durham. She has also done private nursing.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Adah J. St. Clair resigns her appointment. Dated April 19th, 1911.

Miss Mary Edith Evans to be Staff Nurse (provisionally). Dated April 1st, 1911.

PASSING BELL.

We regret to record the sad death of Nurse Nicks, a well known nurse at Windsor, who was found in a dying condition on a seat in the Long Walk, Windsor Park. At the inquest, which took place subsequently, the jury returned a verdict that the deceased died from exposure to cold after taking carbolic acid.

Nursing Echoes.



The *Daily Telegraph* announces that the members of "The Queen Alexandra Imperial Military Nursing Service" are shortly placing in their chapel a stained glass window and a recording alabaster tablet in memory of their foundress, Florence Nightingale. This is being done on the initiative of the Matron-in-Chief and the principal Matrons, who have raised the funds solely amongst the past and present members of that Service, and those who formerly belonged to the Army Nursing Service. The subject of the window will be the appearance of our Lord to Mary Magdalene in the Garden. Field-Marshal Earl Roberts has promised to unveil the memorial some time next month.

Members of the Matrons' Council who propose to attend the meeting at Leicester on April 27th are asked to notify the same to Miss Mollett, at the Royal South Hants Hospital, Southampton, if possible, by Monday next, April 24th. The train by which the London members will travel leaves Marylebone Station, Great Central Railway, at 12.15 on Thursday, and the return train is due at the same station at 9.55 p.m. There is a luncheon car on the train, and the Leicester Infirmary Nurses' League proposes to entertain the members to supper after the meeting. Miss Mollett will therefore be glad to know the approximate number of those who hope to be present.

The Journal of the Cleveland Street Branch of the Nurses' League of the Central London Sick Asylum District is most admirably produced and edited, and we congratulate all concerned on the first number, which is different in appearance and shape from any of its predecessors. The cream-coloured cover bears a reproduction of the League banner in harmonious tones of brown, blue, and gold, and it has, as its frontispiece, an excellent portrait of Miss C. B. Leigh, the President, to whose energy the members owe their League.

As is usual when a League is formed, the verdict, voiced editorially, is: "Our League has fully justified its existence, and there can be no doubt in the minds of those who have been able to attend the meetings that the objects have been achieved. We have again

been brought into touch with old friends, and have eagerly talked over the 'good old days,' and compared notes with the present ones. Nor has the pleasure of these reunions been entirely confined to the members themselves, for after the meetings many old nurses have visited their old wards, and many a patient's face has lighted up in recognising the favourite nurse of other days, and hearing and telling what has happened since." An interesting section of these League Journals is always the letters contributed by absent nurses, and Mrs. Wheeler (née Clark) gives a vivid description of her journey from Southampton to Durban, including a visit to Madeira.

The Journal of the Victoria and Bonemouth Nurses' League is now quite a long-established publication, for the April issue just to hand bears the number 15. It is full of chatty news of members, and is, besides, always professional in tone, carrying forward the registration banner with zeal and earnestness.

Probably in no department of nursing are more radical reforms needed than in many of the smaller infectious hospitals, a statement which certainly receives confirmation from the evidence, fully reported in the *Western Morning News*, brought forward in an action for damages brought against the Torquay Corporation at the Torquay County Court, before his Honour Deputy-Judge Lush, by Mr. William Gregory, an ex-police sergeant, who claimed to have suffered damage by the negligence of the defendants and their agents or servants.

Mr. E. Hutchings, who appeared for the plaintiff, said that the case was a very serious one, involving the death of a bright lad, aged 15, caused, he unhesitatingly said, by the neglect of the defendants. The boy, who had been of almost superlative robustness, was taken ill with scarlatina and removed for treatment to the Borough Isolation Hospital, where it was surprising to learn neither the Matron nor the Resident Nurse were trained, and he suggested that what followed was, in a measure, attributable to this fact. The plaintiff's son, soon after leaving his bed, whilst in the peeling stage, under the very eyes of those in authority, and by their permission or orders, was put to mow the grass of the large lawn. The next day he finished it, went back to bed, his heart, kidneys, and lungs became affected. Eventually he was removed to his home in June, and lingered on till December, when

he died from disease of the heart, directly attributable, it was contended, to what he was allowed to do while in hospital.

Mr. Hutchings alleged general neglect of patients, that children sent in clean have come out verminous; a little girl of three, suffering from scarlet fever, had no night nurse to "comfort" her, and had to be comforted by another patient. The plaintiff's little daughter, aged 13, who was in the hospital at the same time as her brother, was put to wash and scrub the ward every morning. May Gregory corroborated these statements, and said that the child above referred to got up and woke another patient because she wanted her mother. There was no nurse on duty. Witness swept and dusted the ward every morning and washed the little ones—two little girls and three little boys. She saw her brother mowing grass, and syringing the hospital windows.

Dr. A. Midgley Cash, who attended the deceased boy, said that the heart disease from which he eventually died might follow undue exertion taken too soon, or a chill. After scarlet fever proper precautions should be taken to prevent exposure to wet, or undue temperature. It looked as if the complications in the boy were the inevitable result of lawn mowing and window cleaning.

For the defence it was claimed that the general supervision of the establishment was in the hands of Dr. Dunlop, the Medical Officer of Health, and under him were Mrs. Arnold, the Matron (wife of the porter), and Miss Arnold, Sister to the Matron's husband. Mrs. Arnold had been there 18 years, and Miss Arnold 17, and considering their long experience it could hardly be said they were untrained. When the lad Gregory was there there were five trained nurses there. It was also claimed that the boy went on the grass in defiance of instructions. Mr. Almy denied negligence on the part of the servants of the Corporation, or if there had been negligence that the damage was the result of the negligence. It was Arnold's duty to cut the grass and clean the windows, and if he delegated these duties to a patient he was doing something for which his employers, the Corporation, were not liable. The jury were of opinion that there had been negligence on the part of the authorities, and found for the plaintiff on all the questions left to their consideration, and his Honour gave a verdict for £50 and costs.

In all institutions where there are sick

people the Matron and Charge Nurses on day and on night duty should be fully trained. When a Nurses' Registration Act is in force this will undoubtedly be as much a matter of course as that the medical officer should be qualified. In the meantime it is the duty both of the public bodies responsible for the health, and may be the lives, of the patients, and of the medical officer in charge, to ensure that the patients have skilled and trained nursing attendance.

The West Riding Nurses' Home, the object of which is to maintain a higher standard of nursing, especially in midwifery, was opened on Tuesday, at Leeds, under the auspices of the West Riding Nursing Association. It was stated at the opening ceremony that the West Riding was worse off as regards trained nurses than any other country. Dr. Jane Walker, sister to the Mayor and Mayoress of Dewsbury, encouraged the new undertaking with an inspiring address.

When the plague epidemic first appeared in India in 1907 many nurses were earnestly desirous of volunteering their services, and many of those sent out by the India Office did excellent work for the plague-stricken patients, lives being undoubtedly saved through their skilled nursing. The gravity of the epidemic at the present time scarcely seems to be sufficiently appreciated. While the mortality in North China has been 40,000 in six months during the month of March alone 131,000 deaths from bubonic plague were reported in India, 60 per cent. of these occurring in the United Provinces. Dr. J. W. Simpson, Professor of Hygiene at King's College, London, who has a wide acquaintance with plague is amongst those urging the need of drastic restrictive measures, and surely amongst the measures adopted there should be an organised nursing service to bring healing and comfort to such cases as may be cured, and mitigation of suffering to the dying.

In connection with the work of the Calcutta Hospital Nurses' Institution for the past year Lieut.-Colonel Pilgrim, F.R.C.S., Superintendent of the Presidency Hospital, reports: "I have the honour to state that the work of the nurses in the wards was satisfactory, and in one important respect highly commendable. I refer to the exceptionally low mortality of the cases of enteric fever treated in this hospital during the past year, as the death rate from this disease in any hospital is an important indication of the degree of the efficiency of the nursing arrangements."

Reflections.

FROM A BOARD ROOM MIRROR.

Queen Alexandra, who is the President of the League of Children to Help Poor Crippled Children, has sent to Sir William Treloar's Cripples' Hospital at Alton, fifty boxes of chocolates for distribution amongst the little patients.

Queen Alexandra has also consented to become patron of the Children's Sanatorium for the Treatment of Phthisis, near Holt, Norfolk.

We note that at an inquiry in the Southwark Court respecting the death of a boy aged nine, Dr. Fritz Kahlenberg, of Guy's Hospital, expressed the opinion that it should be sufficient if two or three doctors agreed that an operation was necessary, that they should operate without waiting for parents' or guardians' consent. Time was everything in many cases, and if consent was waited for a life might be sacrificed. As this is contrary to law, Dr. Kahlenberg would have our law altered. The Coroner said perhaps some Members of Parliament would take it up, but we feel sure that so serious a change in the law will never be sanctioned in this country.

Lord Grey, the Governor-General of Canada, last week laid the corner-stone of the new General and University Hospital in Toronto, which is to cost £600,000. Lord Grey said that among the many privileges attending his Governor-Generalship he would always consider the laying of this stone as the greatest. It was at the General Hospital, Toronto, that Miss Snively worked for a quarter of a century, and where she founded one of the most successful training schools in Canada. Some day let us hope the International Council of Nurses may visit the magnificent hospital to be. It will be Canada's turn before long.

Just before Easter Dr. Addison, M.P., introduced a Bill into Parliament to require that in public elementary schools instruction should be given in hygiene and to girls in the care and feeding of infants. He said the Bill, which was identical with that which he introduced last year, was supported by members in all parts of the House. The reports of the chief medical officers to the Local Government Board and the Board of Education showed how necessary it was that some instruction of this character should be given. During the last few years there had been a remarkable diminution in infantile mortality in this country, but the instruction provided for in the Bill was necessary if we were to do away with the preventable waste of life and human misery and suffering which formed so discreditable a part of our national life.

At the Annual Meeting of the City of London Lying-in Hospital, the Lord Mayor appealed to the charitable public to remove the debt of £13,500 which burdened the hospital, and upon which a considerable sum of money was paid by way of interest.

The Dowager Lady Smiley has supplemented the endowment fund of the Smiley Hospital, Larne, built by her and the late Sir Hugh Smiley at their own expense, by an additional donation of £5,000.

The seventh National Peace Congress will be held this year in Edinburgh on June 13th to 15th. The meetings include four sessions for the discussion of peace questions and work, a reception by the municipal authorities, a public meeting, sectional meetings, and excursions. An educational conference will also be arranged.

An interesting Congress, the first Universal Races Congress, is to be held at the University of London from July 26th to 29th. The object will be to discuss in the light of modern knowledge, and the modern conscience, the general relations subsisting between the peoples of the West and those of the East.

IN MEMORIAM.

A memorial brass tablet to the memory of Miss Campbell, daughter of the late Rev. Donald Campbell, Minister of Glossary, Argyllshire, for 53 years, has been placed in the parish church, above the spot where Miss Campbell used to worship in the old manse pew, by her mother and family.

The inscription is as follows:—"To the glory of God, and in memory of Jane Graham Campbell, Missionary Nurse Superintendent, Charteris Hospital, Kalimpong, India. Died at Kalimpong, 10th October, 1909." The Rev. Evan Mackenzie, at home from India on furlough, who dedicated the memorial, said Miss Campbell was a woman in a thousand, always bright, genial, and joyful, a great favourite with all her fellow workers, and beloved by the natives. Though dead, her life spoke to them of the nobility of womanhood, and the supreme happiness and never fading inheritance of a true and consecrated life, true and faithful even unto death.

TIDMAN'S SEA SALT.

Messrs. Tidman and Son, Ltd., the proprietors of Tidman's Sea Salt, have just received striking confirmation of the fact that this celebrated remedy really contains all the valuable life-giving elements of sea water, and is in fact actually made from the sea, as the proprietors assert. The authorities of the Natural History Department of the British Museum at South Kensington, in a letter we have actually seen, state that specimens of a crustacean known as the brine shrimp ("*Artemia*") have developed in a strong solution of Tidman's Sea Salt, which had been kept for some time. They consider its occurrence is very interesting as this animal is only found in sea water. It will thus be seen that the incident furnishes a complete proof that Tidman's Sea Salt really does, as it professes to do, yield a bath of real sea water, and contains unimpaired all the elements which make sea bathing so beneficial.

Many, who have experienced the invigorating qualities of this Sea Salt, and know what an excellent and invigorating bath it provides, would on no account be without it.

Legal Matters.

THEFTS FROM A NURSES' HOME.

At the Guildhall last week Bertha Mabel Briggs Livock was charged before Alderman Sir Marens Samuel with stealing a gold watch and other articles from St. Bartholomew's Hospital, the property of nurses in that institution. Mr. Wilde, who conducted the prosecution, said that the charges were preferred with the object of getting the articles which had been sold or pawned returned to the owners.

The prisoner, who, when last before the Court, had described herself as the Hon. Grosvenor Bertha Livock, owned to having stolen all the articles mentioned.

Mr. Wilde stated that she first appeared at St. Bartholomew's Hospital in May, 1909, and at the end of three months was appointed a probationary nurse. She left in December of the same year on account of ill health, but continued to visit the hospital, where she had made many friends. The thefts had been going on for about two years.

Mr. Edwin Clark, defending the prisoner, said that she was highly connected, and since her childhood had given anxiety as to her mental capacity. She suffered greatly from headache.

Sir Marens Samuel said that he could not accept the plea that the thefts were due to headaches. They were far too flagrant, and no doubt many innocent persons had been brought under suspicion as a result. He was totally unable to see why he should accord different treatment to a person who was highly connected from that meted out to one who was poor and friendless. He sentenced the prisoner to a month's imprisonment in the second division.

AN INGENIOUS THIEF.

At Bournemouth Quarter Sessions, Louisa Sloane, described as a nurse, was charged with having stolen jewelry and obtained goods by false pretences.

The police, giving evidence as to the prisoner's previous history, stated that after her last conviction at Liverpool last year, she was employed in a sanatorium at Brighton from November to January. She then came to Bournemouth, where she was employed at a hospital for about three weeks, being then discharged on account of her drinking habits. She then took lodgings in the house where the theft of the jewels was committed. In 1909 she was bound over at Marylebone Police Court to come up for judgment if called upon, and on being liberated was placed in an inebriates' home in Torquay. Her manner of committing thefts was ingenious. She went to doctors' residences at an hour when she knew they were visiting patients, asked to go into the consulting room to write a note, stole something, and immediately pawned it. Her downfall was due to drink.

The prisoner was sentenced to six months' hard labour. Once more we direct attention to the ease with which criminals can obtain employment as nurses between their terms of incarceration; and to the consequent responsibility incurred by those who oppose the movement for nursing organisation.

Outside the Gates.

WOMEN.



Mrs. Alec Tweedie has had some logical letters in the *Times* of late, in one of which she entreats that "there should be no question of 'women's work.'" She wisely adds: "Work is work, and all work should be open to men and women alike. When one advocates 'women's work' one merely does so while so many channels are still barred as professions, trades, and occupations for women because they commit the awful crime of being female. Medical women, theatrical women, literary women, are none the less women because they earn an honest living. . . . Please let me thank you as one of a large army of women workers for having opened your valuable columns to our demands, and I trust that before long work will be work, and reward will be reward, untrammelled by reference to sex."

It certainly makes the leading newspaper vastly more interesting to find discussion on women's wants included in its columns. We notice with great satisfaction that more space has recently been used for a variety of questions which are *de facto* of general importance, although referring apparently to women. Take, for instance, "Careers for Educated Women," and the "Florence Nightingale Memorial," the latter touching nursing economics, and nursing education, both of national importance.

The Colonial Intelligence League, which deals with careers for educated women in the more distant parts of the Empire, seems to be setting about its work in the right way. Its Committee feels that the first and most imperative need is the procuring of definite information about (a) the openings for women in the various overseas Dominions, (b) the conditions of life in these new and often partially-settled countries, and considers that, for this purpose, expert and salaried agents are indispensable.

They propose to establish at once in the Colonies responsible paid agents, who will report constantly to the office in London on all matters connected with women of the educated class. The first of these will be established next month in British Columbia. The question of efficiency is, however, so bound up with the success of the work that this Society does not undertake responsibility for any candidate who cannot satisfy the committee that she has received definite training for the post to which they are recommending her, or for the work which she desires to take up.

At a meeting of the Birmingham City Council last week a resolution was submitted in favour of a petition to Parliament praying for facilities for the passing of the Parliamentary Franchise (Women) Bill, 1911. The voting was: For, 31; against, 15; neutral, two.

A National Convention in support of the Women's Suffrage Conciliation Bill will be held at the Pertman Rooms, Baker Street, W., on May 3rd, at 3 p.m. Mrs. Henry Fawcett, L.L.D., will be in the chair. Representative speakers of the National Union of Women Suffrage Societies from all parts of the United Kingdom, and delegates from all the societies of the National Union, are convened to sign a Resolution to be sent to the Prime Minister and to the Members of Parliament, before the Second Reading of the Women's Suffrage Bill on May 5th.

We hope every good suffragist who reads this journal will make every effort to be present. A long pull and a strong pull is what we want at this most eventful moment.

A True Little Tale.

A CHILD OF NATURE.

He was standing before the window, and so was she. He was a navvy, and a very marly one. She was a nurse, and very clean and trim. Easter eggs of all colours beguiled them. The whole window was full of them. For the nurse what more natural? She was computing how far the contents of her slender purse could be depended upon to satisfy the demands of the babes in her ward, and whether chocolate fish or specked sugar eggs or fluffy yellow chicks would prove the more delectable. But the marly man? Ah! some sick child at home no doubt!

Down went his hand into his breeches pocket, an' up came some scanty pence. He pointed to a huge chocolate egg half a yard in circumference.

"What price?" he asked laconically.

"Oh! we cannot afford that," gasped the nurse, "but if I may send your little child—"

"Child!" he repeated with a loud guffaw, "Blime me—it's this 'ere child as wants that hegg, and why for no?"

Why for no, indeed?

He walked away with it.

The little nurse also had to walk home.

E. G. F.

COMING EVENTS.

April 25th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "The Ear and Nose," by Dr. Graham.

April 27th.—Matrons' Council of Great Britain and Ireland. Meeting, Leicester Infirmary, Business, Short Paper for Discussion, "The Work of a Central Nursing Council," by Mrs. Bedford Fenwick. 3 p.m.

April 28th.—Guy's Hospital Past and Present Nurses' League. Annual Dinner, Miss Swift (formerly Matron) in the chair, 7 p.m. Annual Meeting 8 p.m.

May 3th.—The Magpie Madrigal Society's Concert in aid of the Hammersmith and Fulham District Nursing Association. Royal Horticultural Hall, Vincent Square, Westminster. 8.30 p.m.

WORD FOR THE WEEK.

It is the discernment of the possible and the impossible which distinguishes the hero from the adventurer.

Momms.n.

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 NIGHTINGALE MEMORIAL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Many nurses will be grateful to Miss Mollet for voicing what must be the thought of all self-respecting members of the profession—Why should the pennies of soldiers be asked to provide old age pensions for women who, because they are women and skilled workers, are, alas! frequently only paid half the wage of the unskilled man, and yet nurses out of their small earnings, or savings, have to pay rates and taxes.

If the country feels qualms when it hears of nurses no longer able to work, starving in fireless attics, by all means make an effort to pay better for their skilled and indispensable work. Because nurses give so much aid for nothing, the people benefited do not seem eager to give of their wealth in return.

The usual element of male philanthropists voiced their ideas on the Mansion House platform on the 31st March, yet how was it no representative of nurses was given the opportunity of speaking. There were several present who, having gone up through the various stages necessary to make them acquainted with facts, could have done so. It seemed most extraordinary that only men should be permitted to eulogise a woman's genius. The Secretary of State for War, Lord Haldane, paid high tribute to the woman who had come to the rescue of the sick and wounded in time of war when the arrangements of the State broke down. It is the more strange therefore that nurses were not invited to voice the wishes of nurses concerning the Memorial to the Founder of Modern Nursing.

Yours very truly,

CLARA LEE.

Formerly Hospital Matron.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Seeing that men are trained to public speaking almost from their childhood, it strikes me as rather a remarkable thing, that they either disregard, or do not understand, the laws which govern those important branches of that Art, called discussion and debate. Mr. G. J. Holyoake—that master of the art of public speaking—asserts that "the sureness of a truth is known only when it obtains acceptance after every competent person has been heard, who has anything to say against it," so I think Miss Mollet has good ground for her lament, relative to the recent Mansion House meeting convened to discuss the scheme or schemes for a suitable memorial to Florence Nightingale. I do not know who the other members

of the General Committee are, but Miss Mollett is one, and she is a nurse of distinction, and we all know her to have an intellect of no mean order, so there are three reasons at once why she should have been given opportunity for expressing her views. But primarily, it was out of order not to give ample opportunity for discussion.

I was not present at this meeting, but I was at the one held some weeks ago at Grosvenor House, and the same irregularity occurred then. I endorse Miss Mollett's views, which are very much what I expressed myself in this Journal not very long ago.

By all means let us have two memorials. A statue, of course, not cheap, that would be a dishonour to the memory of one who gave so freely and unremittingly of the riches of her giant intellect. And, since Florence Nightingale was, before all things, an educationalist, let the second memorial assume an educational form; and why not—as you have suggested previously—a College of Nursing? It would wake up the public, who are so slow at realising the great national importance of trained nursing, and it would help to dispel the notion, which may be prevalent, and which was expressed to me by one doctor—that we don't take ourselves seriously.

Millionaires are so common now, and I dare say many of them have had reason to be grateful to nurses! Let them come forward and show their gratitude practically by helping us to build a College!

The subscribers to the statue, I think, should be limited to nurses and soldiers.

Yours truly,
BEATRICE KENT.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have to-day received cheque for 5s. for which many thanks.

Your happy thought in having these prize competitions has given great pleasure to your readers.

I am, yours faithfully,
MARGARET K. STEELE.

STATE REGISTRATION IN CANADA.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR.—Many thanks for your kind congratulations and good wishes expressed in your Editorial in the BRITISH JOURNAL OF NURSING of March 18th. We follow with deep interest the work of the nurses in the Motherland for Registration, and any words of encouragement from the leaders there are much appreciated by us.

The BRITISH JOURNAL OF NURSING is a much valued exchange, which I always read with a great deal of interest.

Allow me to congratulate you on the great success of the Nursing Masque. Every nurse here would have liked to be present, had it only been possible.

Again thanking you for your kindness.

I am, sincerely yours,
BELLA CROSBY.

Toronto.

Editor, The Canadian Nurse.

WHAT TO READ.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I miss the little paragraph which in times past used to appear weekly in the BRITISH JOURNAL OF NURSING under the heading of "What to Read." I invariably took its advice with advantage. Nurses are such concentrated workers, and their purses so slender, that they have not much time to keep abreast with the literature of the day. The time for reading is also often curtailed, so that not to waste time in reading rubbish is a distinct advantage. Lately I have lived in a literary household where the best books and leading magazines have been available, and a great treat it has been to hear discussions by intelligent persons on the current literature of the day and past days also.

The *Book Monthly* for February had a charming article by Eveline B. Mitford on "The Literary Women of Japan." Just fancy Japanese women producing literary masterpieces in the eighth century and the Heian period (800-1186), being the Golden Age for the women of Japan! And who amongst us knows anything of the splendid work of Nur Jehan, the Empress of Hindustan. In the *Indian World* a sketch of this wonderful woman, by Mr. N. C. Leharry, is most fascinating and amazing. Indeed, unless we read, if possible, voraciously how cramped our minds become.

Yours,
C. N. D.

[So many nurses have to read for relaxation and not instruction that the average literary standard is not very high. "My brain simply won't take it in," we have been told by many nurses when recommending the study of "literature." "When off duty I can only assimilate trash." During training we fear this condition of brain exhaustion is common, because probationers are cramming educational facts which should have been taught in a preliminary course, if not in the general curriculum of education. The trained nurse, especially in private nursing, will find good literature a wonderful stimulus and continuously educative. "Blessed be books."—Ed.]

Notices.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

OUR PRIZE COMPETITIONS FOR APRIL.

April 22nd.—What are the usual symptoms of pregnancy?

April 29th.—How are burns usually classified?

Rules for competing for this competition will be found on page xii.

The Midwife.

A Child's Birthright.

The Hon. Albinia Brodrick, in an article in *The Child*, entitled "Prospect: A Child's Birthright—Foundation Principles," says:—"That children have the power of suffering acutely, both mentally and physically, we are all aware. But, even in these days of eugenics, it is only the few who have the courage to ask, and still fewer who will honestly answer the very simple question: 'What causes lie at the root of the suffering and death brought upon thousands of innocents annually, amongst the class which esteems itself the most educated, most civilised, most refined in England?'

"Our poorer mothers know the answer, and know it correctly in the main. They are accustomed to dealing with the young of other than the human species, and are besides face to face with Nature and her truths in a way that shocks and wounds the 'sensitiveness' of our modern upper class degenerates. This article is not written for them. For whom then? For a class—a criminal class—whose ignorance is to a great extent wilful, whose selfishness is inhuman, and whose disregard of the laws of Nature on the one hand and of its duties to the State and the Nation, let alone its own offspring, on the other, is an offence against the instincts of the brute creation, and an outrage upon humanity. For the rich, for those who are hasting to be rich, for those who cannot be rich but must ape the ways of such as are hasting to be rich. For Society, for those who are trying to get into Society, for those who, with no hope of getting into Society, must do as Society does, or feel themselves in outer darkness. For the exclusive, for the privileged classes. . . . The gold of the money-god, the silver sweetness of soul culture, the iron exigencies of custom and of social life, the dross of pleasure, including the pleasure of getting on—to these Molochs the children, born and unborn, of our aristocrats and plutocrats, and of the jackals of both, are unsparingly sacrificed.

"The child's birthright is health—physical health. And this includes the health of both brain and nerve, since neither 'nerves' nor feeble-mindedness, nor lunacy, are the impalpable mysteries which they appeared to our forefathers to be, but the direct results of

physical changes and abnormalities, usually due to some disobedience to Nature.

"What forces make for that health which the child, and the State and nation, on behalf of themselves and of the child, have a right to demand? (1) Healthy parents, free from disease; (2) an honest recognition of the child in the state of its prenatal existence; (3) a mother willing to fulfil her solemn obligations to the child and to the State during the nine months preceding birth; (4) parents with a sense of honour sufficiently keen to carry through the primary duties owed to their offspring during the first years of its life.

"These things apparently, and indeed actually, primeval in their simplicity, are, however, out of reach of the distorted lives lived by the classes to whom I have referred above. These classes exist on too low a level, intellectually and morally, to possess the balanced judgment, the perception of truth, together with the simple strength to follow out that truth to its source, necessary to save them from criminality. They are scientifically abnormal. Practically in this connection the criminal class is unfortunately the normal in these days, for the class.

"Unborn children, and children in the first years of life, are put to death by this criminal class with little hesitation. What they may and do suffer in life is not taken into consideration by their selfish and heartless progenitors. And so comes round once more the question, 'What causes lie at the root of this suffering and of these preventable deaths?'

Amongst the causes enumerated by Miss Brodrick are, disease in either parent *at the moment of conception*, including both mental and specific diseases, frequently concealed before marriage—and a tendency to hereditary disease; the belittling of child-bearing, till it comes to be looked upon as the degradation rather than the crown of womanhood; want of the sense of fatherhood—the father taking no conscious share in his own child but the accident of conception—an act of selfish pleasure, of which it is a mere unfortunate, often a most deplorable corollary: 'social duties,' with which may be bracketed, 'helping my husband,' and 'getting on in the world,' 'taking care of my figure,' and 'can't afford it': wifely attempts to artificially prevent conception, and to kill the new life after it has been conceived.

"And so," writes Miss Brodrick, "the tale of abortions and still births, and syphilitic offspring, and feeble minded and idiotic unfortunates, and degenerates in mind and body, and starvelings, is made up in the upper criminal classes of England—and—'My people love to have it so, and what shall it be in the end thereof?'"

The National Society of Day Nurseries.

The National Society of Day Nurseries, 1, Sydney Street, Fulham Road, S.W., of which Mrs. Arthur Percival was the founder, was formally constituted in 1907 for the purpose of raising the standard of crèches already existing in and around London, for starting new crèches in neighbourhoods where they were wanted, supplying a central organisation where advice and help could be obtained by those crèches needing them, and for being a means of communication among all crèches by affiliating them to the Society. The President of the Society is Princess Christian and the Chairman of the Council, Muriel, Viscountess Helmsley.

Differing from Continental countries, the crèches here are run entirely by private enterprise, with the result that, though some are very nearly perfect regarding sanitation, cleanliness, feeding, etc., others fall very far below the standard of perfection. This is not surprising when one considers how many difficulties the "local committees" have to fight—lack of funds, lack of any proper supervision, very often entire lack of knowledge, and no one to whom they can apply for advice.

It is these many "lacks" in the life of a crèche that the Society endeavours to fill; the lack of funds being of necessity one of the most difficult, until the real necessity of the establishment of well-regulated crèches is more recognised by the general public. At present, however, they do as much as is possible on a limited income.

An interesting experiment has been successfully inaugurated by starting a small crèche at a "ladies' school" in Tolmers Park, Herts. A cottage in the grounds has been set apart for the purpose, and there two or three babies, in charge of a capable nurse, are dressed and fed by the girls in the head class of the school, so that during their last year all these girls will have a thorough practical training in the management and feeding of infants. A similar crèche has lately been started in a school in the North of England, and is proving very successful.

One of the rules of affiliation is that the crèche shall allow illegitimate children to be taken in. This is a rule that leads to much discussion, but the Society is of the opinion that in these cases a little timely help and sympathy extended to a woman who has been unfortunate enough to have an illegitimate child, may have the effect of keeping her "straight" by giving her an object for which to work and for which later on to become an example.

The Liverpool Maternity Hospital.

The Lady Mayoress of Liverpool has inaugurated a Coronation Fund for the purpose of placing the Liverpool Maternity Hospital in a strong financial position, and of raising funds towards the endowment of a new hospital. It will be remembered that two years ago Sir William Hartley offered to build a new hospital, but his offer was conditional on an endowment of £20,000 being raised. £10,000 is secure, and when two-thirds of the total is in hand Sir William has sanctioned the commencement of building operations, provided that the balance can be guaranteed before the hospital is ready for opening.

The Glasgow Maternity and Women's Hospital.

It was stated at the annual meeting of the Glasgow Maternity and Women's Hospital, at which Mr. Francis Henderson, the Lord Dean of Guild, presided, that her Majesty Queen Mary had consented to become Patroness, and the Queen Mother President of the Hospital. The directors stated in their report that the beneficent work carried on in the maternity department of the hospital showed a marked increase since the new buildings were opened in 1908. The total number of cases in all departments was 4,881, of which 1,383 were treated in the hospital and 3,498 in the patients' homes; while 559 operations were performed. The nurses of the hospital paid from 1900 to 2,000 visits throughout the city each month.

The Chairman, commenting on the report, said that in his opinion public health administration had been too long content to confine itself to dealing with results and had not given sufficient attention and consideration to the causes which brought about these results. He believed it would soon become absolutely necessary to make some definite public provision by legal enactment for securing the efficiency of the national physique. Much had been written lately about the lives of the people in the poorer districts of our great cities, and the pitiful tragedies that were being daily enacted there, but our legislators were too much taken up with what they considered greater questions to give much heed to such matters as the children who died or were permanently disabled owing to the conditions which surrounded their birth; the undersized, underfed men and women who married far too early and begot children even weaker physically than themselves; and all the crop of misery, physical disease, and mental debility which were bound to follow such conditions. No man or woman should be allowed to marry who was not able to produce a certificate of physical and mental fitness from a competent medical officer appointed for the purpose. They went to enormous expense in providing hospitals for the sick and ailing, asylums for mental disease, homes for incurables, and special schools for mentally deficient children, but they did little or nothing to stop the source of supply.

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XLVI.

Editorial.

THE ASYLUM OFFICERS' BILL.

Viscount Wolmer, M.P., who secured the second reading of the Asylum Officers' Bill in the House of Commons, on Friday last, is to be congratulated on obtaining the sympathy of the House with a hard working, and in many instances over-worked, class of public officials. In moving its second reading Lord Wolmer explained that the first clause of the Bill, which is the important one, proposes to limit the hours of employment of asylums' officers and nurses to sixty in the week, and Lord Wolmer pointed out that it rested on the principle of the limitation of the hours of labour which had received recognition in the Shop Hours' Bill, and in our social system generally. There was no argument put forward in favour of that Bill which could not with greater force be used in support of the claim of the men and women, for whose benefit his Bill was intended.

He emphasised the importance of securing the best class of nurses and attendants for the insane, and pointed out that anything which could be done to mitigate the arduous conditions of life of these classes, whose task was often very disagreeable and attended with danger, would conduce to the efficiency of the asylum system. The Bill also established a right to a pension after 25 years' service. He did not think this would increase the rates, as the pension part was a contributory scheme, but Clause I, which reduced the hours of labour of attendants would lead to a slight increase in the county rates. He held, however, that we had no right to practise economy at the expense of the health—the flesh and blood—of our *employés*, and urged that the Government who had initiated so much legislation for the limitation of hours of

labour ought to give this measure their active assistance and co-operation.

Mr. Ormesby-Gore, who seconded the motion for the second reading, said that this Bill had been urgently requested by all the asylum attendants throughout the country.

Mr. C. Roberts, proposed that the Bill should be referred to a Select Committee.

Mr. Masterman said that Lord Wolmer had made out a case for investigation, and if he saw his way to accept a Select Committee, the Government would support the second reading. The report of the Lunacy Commissioners showed that asylum attendants, when on day duty worked fourteen hours, and when on night duty ten hours, but, by the Bill, the House was asked to impose upon the local authorities an indefinite amount of expenditure without their having been first heard concerning the proposal.

Mr. Swift, pointed out that the comfort and safety of over 130,000 persons who were unable to protest and look after themselves depended on these attendants, and for their benefit, primarily, the State should limit the hours of labour.

Dr. Addison thought that the omission of attendants in licensed houses from the Bill was a very serious one.

We are of opinion that the hours of asylum attendants and nurses are far too long, and welcome Lord Wolmer's Bill, and its reference to a Select Committee.

The women mental nurses are the gainers by the fact that they are associated with men in the care of the insane, as the importance of considering the interests of these citizens is recognised by Parliament, but there appears to be no time available to consider legislation for hospital nurses which is urgently necessary and long overdue, but which almost entirely affects women who have no votes.

Medical Matters.

INTERNATIONAL CONFERENCE ON CANCER RESEARCH.

The official report of Dr. Bashford, General Superintendent of Research, and Director of the Laboratory of the Imperial Cancer Research Fund, who attended the second International Conference on Cancer Research in Paris last October as the representative of the British Government, has now been issued as a Parliamentary paper. Dr. Bashford reports:—

The delegates were divided upon such fundamental matters as the etiology of cancer, and on what is, and what is not, a legitimate application of statistical methods to the investigation of the frequency of cancer. Whilst some delegates of high standing advocated its parasitic or infectious nature, others of equal authority strongly opposed such a view.

No progress was made towards compiling comparable international statistics of the incidence of cancer; nevertheless, in my opinion, the discussion of the plan proposed was a pressing need, of which the importance is but emphasised by the failure of the project to secure the approval of the delegates. Only good can result from discarding those fallacious methods by which attempts have been made to arrive at a speedy elucidation of the significance attaching to variations in the numbers of the deaths recorded from cancer in different countries at the same time, and in the same geographical area—large or small—at different times. These methods have been widely adopted in various European countries, and consist in taking a "cancer census" or enumeration of persons ill of cancer on a particular date. The decision was arrived at in 1902-3 to recommend that such a method of investigation should not be adopted in this country. The wisdom of that decision would appear to have been endorsed by the attitude of the Conference towards the compilation of international data of a similar kind.

The attitude of the Conference towards the statistical investigation of cancer marks a distinct advance towards what accurate statisticians have long recognised as the only sound lines of investigation; but a "cancer census" may possess advantages for special purposes.

So long as so much divergence of opinion due to continued ignorance prevails, it is obviously hopeless to attempt to devise rational measures and futile to promote an international crusade for the prevention or reduction of the ravages of cancer along the lines which are meeting with world-wide acceptance in the case of tuberculosis and leprosy.

Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.
FITS.

Not long ago I was asked by a nurse who had attended a course of lectures at her own hospital and had done very well in the subsequent examination, this question: "What really is a fit?" This did not, of course, mean that she had never seen anyone in a fit, but that she did not know what was happening inside the patient when he was so afflicted. It occurred to me at the time that this would form a good text for a paper in this series, so I will now endeavour to explain, as far as it can be explained at all, what happens during a fit, and will then describe briefly the chief varieties of fits, and lastly say a few words about the treatment of them.

Firstly, what is a fit? Well, it is a violent irregular motion of the whole body, or parts of it, due to involuntary contractions and relaxations of the voluntary muscles; that is to say, the patient cannot help moving these muscles; he has no control over himself, and he often, though not always, loses consciousness during the attack. Sometimes a fit is called an attack of convulsions and the two terms are for our purposes synonymous.

Now the laity and the medical profession look upon a fit in very different ways. To the uninitiated, a fit is a very terrible thing, and most people think that unless the convulsive movements can be stopped the attack will be fatal, whereas the physician knows that, roughly speaking, very few people die in a fit, and that what matters is, not whether the patient is having convulsions, but what is the nature of the underlying condition to which the fits are due. When a patient dies in a fit he does not as a rule die of the fit but of the disease of which the fit is only a symptom. It is necessary that we should bear this point in mind as it will enable us to understand the treatment of the patient, and will perhaps save the nurse, to whom a fit is a strange occurrence, some mental perturbation.

We will, however, leave the underlying disease alone for the present, and consider what happens when a patient has convulsions, or in other words why the muscles are moving so violently and without purpose.

Well, muscles only move when impulses come down their nerves telling them to move, so we must go back to the nervous system as the prime factor, and we will return to our former analogy of the telephone. Let us first imagine a sensible even tempered person sitting

at a telephone in the house, fire, of a large establishment. Messages are reaching him at frequent intervals from various parts of the house, asking what shall be done under various circumstances, and to each of these he sends separately the appropriate answer directing the procedure to be adopted to each call its own answer. That is what happens in the nervous system. Messages are constantly reaching the brain along the sensory nerves from all parts of the body, and to each message its proper reply is sent along the motor nerve going to the particular muscle. Imagine now, instead of your cool and collected managing director, an irascible, peppery man, who is in a constant state of weak minded irritation. What he will very probably do when he gets a message that annoys him is to send directions to many sorts of different departments telling numerous people who really have no connection whatever with the original message to do all sorts of things at once; the establishment will thus be thrown into temporary disorder, and will be afflicted with violent purposeless movements.

That is just what happens in a fit. Instead of one message only going down one motor nerve, the brain sends all sorts of indiscriminate directions to many different muscles without very much regard to the nature or place of the original stimulus. It does so because it is weak and irritable, so in order to explain the cause for any given fit we have to find out why the brain is temporarily weakened, so that it cannot make proper use of its sensory impulses.

Coming back to our analogy, we know that a man may be unable to direct his business either because he is unfit himself (it may be because he is ill, or has not been sleeping or eating properly) and is thus incapable of attending to any messages, or, on the other hand, he may be fairly well himself but may have been subjected to a constant stream of annoying messages from one particular source. In the latter case he can attend to all other work fairly well, but is apt to fail when the importunate client repeatedly rings him up.

So it is with the brain. Convulsions may occur either because the central nerve cells are not receiving proper nourishment, and so cannot adequately attend to any business, or because there is one particular source of irritation which is so overwhelming as to throw the brain into a state of irritable weakness. In the latter case, however, there is almost always some general weakness as well, just as a perfectly healthy director would not let himself be annoyed by any particular client however persistent he might be.

But there is yet another cause for convulsions. Suppose that in the business house, messages were sent to a particular department, and that a fire had suddenly broken out there, so that all the staff in a particular room were suffocated, and could not attend to their work of direction. We can then imagine that the office boys and junior clerks might feel the absence of control, and run hither and thither, so that that part of the business would be disorganised, while the other quarters of the house where no fire was would be undisturbed. Sometimes this happens in the brain. A blood vessel may burst in one small particular place, or the patient may fall violently on his head, and a portion of broken skull bone may penetrate the brain. In both these cases one portion only of the brain would be affected, and there might be convulsions of the muscles which that portion normally controlled.

Coming now to details, we have to see what are the causes of general weakness of the brain cells, and then how some stimuli are so strong as to throw the brain off its balance; and lastly, what sort of occurrences destroy parts of the brain altogether.

The commonest cause of general weakness of the nerve cells is the presence in the circulating blood of some poisonous substance. For instance, we have seen in a previous paper that general convulsions may occur in uræmia from disease of the kidneys, when urea and its allies are retained in the blood, and we get a similar condition in asphyxia when for any reason the blood is not receiving its proper supply of air, so that the nerve cells are being fed with venous instead of arterial blood. Examples of this are met with in the convulsions which occur in children suffering from pneumonia or whooping cough. Or the poison may be a drug like strychnine, or the products of some micro-organism such as may be present in the infectious fevers, or hydrophobia or tetanus.

But we cannot always explain an unnatural irritability of the nerve cells in this way, and in two diseases at all events we cannot get any further than the knowledge that they are very unstable. The complaint known as epilepsy is an example of this. Here the patient has repeated attacks of violent convulsions, which can seldom be traced to any definite cause, and the pathology of which is at present quite unknown. The convulsions that occur in some infants (apart from those due to a definite irritant) are similarly wrapt in obscurity as to their origin.

Sometimes, however, convulsions, both in children and adults, are due to an irritant.

Such are the fits which occur during teething in children, or from the presence of worms in the intestine, or those that are due to irritation from the pressure of a tumour or abscess on some part of the brain, or we may get the same thing in inflammation of the brain or its coverings. In children, constipation, a carious tooth, or even a plug of wax in the ear may give rise to rather alarming attacks of convulsions.

The commonest cause of destruction of part of the brain is some interference with its blood supply; thus we may get a hæmorrhage ploughing up part of the brain tissue, or a group of nerve cells may die from the cutting off of their blood supply by reason of the artery being blocked, either by a clot of blood (thrombosis) or by a portion of inflammatory tissue, or new growth which has been detached from some other part of the body and has been carried to an artery in the brain—this is known as embolism. Or there may be destruction of a portion of the surface of the brain from an injury, such as a fracture of the skull, with laceration of the brain by a fragment of depressed bone. In all these cases convulsions are often a prominent symptom.

The onset of convulsions is always sudden and usually unexpected, though in epilepsy the patients sometimes have premonitory sensations which enable them to know when to expect a fit. In the majority of convulsive attacks consciousness is lost, and the tongue may be bitten, and urine and feces passed involuntarily during the attack. These latter signs are important as evidence of loss of control, and are useful in enabling us to distinguish between a fit which is due to disease and the feigned illness of the malingerer, or the emotional disturbance of the hysterical invalid.

Inasmuch as the majority of fits come on so rapidly that the patient is taken unawares, it is not uncommon for injuries to be sustained therein; the patient may fall and fracture a bone, or may tumble over a cliff, and several very interesting medico-legal questions have arisen over the point as to whether the injuries were the result of a sudden fit, or were produced by external violence. A practical point is that it is always advisable to make a very careful examination for broken bones or other injuries when we have to deal with anyone who is said to have had a fit, and some occurrences of the "shocking scandal in a hospital" type which are so beloved of the Sunday papers of the more lurid type) have originated in the neglect to take this precaution before sending the patient home after a fit.

I do not propose to describe in detail the various kinds of fits or to discuss their diag-

nosis; these points can be studied in any text book of medicine. I have dwelt mainly on the pathology of fits in general as leading up to the practical point as to what we ought to do when a patient has convulsions, and this will be dealt with in the next article.

(To be continued.)

Fastidiousness in Nurses.

BY DR. ANNE E. PERKINS,
Gowanda, N.Y., State Homœopathic Hospital.

We are inclined to think of nurses as immaculate, gentle, low-voiced, and softly moving, as indeed many of them are, writes Dr. Anne E. Perkins in the *International Hospital Record*. But anyone who has known a large number of probationers and nurses cannot fail to be surprised unpleasantly many times at some things that have not been eliminated in the evolution of training. In the matter of personal niceties, for instance, unless there is close supervision, nurses' rooms are likely to be left in disorder, with remnants of lunches, soiled clothes thrown about, etc. I have seen a nurse hang an artistic laundry-bag full of soiled clothes on the head of her bed and sleep with it there. How many are wearing corsets that would bear inspection? The average woman in all walks of life wears her corsets until they are astonishingly dirty, for which there is no excuse, as they can be readily cleaned or washed. How many would exhibit their tooth brushes? I have been astounded to see what people will put in their mouths. How many are never seen with a ragged petticoat, or a soiled collar, or missing buttons, soiled dressing sack or kimona?

I wonder if those who work closely over sick people realise how scrupulously careful they should be about odours of perspiration? Again and again one sees the nurse's uniform soaked with perspiration, in the axilla, when she is moving or bathing a patient. A fastidious nurse will wear dress shields and frequently wash them, and certainly not economise in bathing daily. Unless sick people are very ill or unconscious they notice at once neglect of nails, teeth, presence of dandruff, odour or offensive perspiration and scent of perfume and sachet powder. The nurse is often the only one to come in close contact with a sick person for days or weeks, and everything about her is likely to be closely observed to her credit or discredit.

I have seen patients complain that a nurse used a wash-cloth to give a general bath and then used it again on the face.

Failure to cleanse a thermometer properly

before or after using is not only disgusting but dangerous, but I have seen a nurse put a thermometer back in the case without washing, after taking a temperature. I have seen nurses taste broth, etc., and replace the spoon in it. All these things make a lasting unfavourable impression on the sick person. One woman told me that she shuddered many times during a long illness to see her nurse set hot things on the dresser and table and lay dripping medicine spoons on clean covers. We should be just as careful of others' furniture as of our own, not battering and marring it, or leaving white marks from plants or flowers set down or watered too generously. I have heard nurses say of a patient, "She wants something every minute." After all, if we are helpless in bed, dependent on someone for everything, we must make many requests, unless those very things are foreseen to a great extent and offered daily by the tactful nurse, without waiting to be asked for them.

When an examination of the chest, heart, or any part of the body is to be made, the nurse should arrange the clothing, not stand by while the physician awkwardly does it, often embarrassing the patient.

One thing that is noticeable in nurses is their ready adoption of hospital and general slang. As they hurry along in groups one may hear frequently stray phrases, as "it was fierce," "I'm all in but my shoe-strings," "she gives me a pain," "I've got no time for him," "got my bumps for it," "grouch a mile wide," "old hen," "won't stand for that," "some class to that," "isn't that the limit," "all to the good," "I beat it," "chewing the rag," "gee," "piffle," "hop to it," "aw, cut it out," etc., etc. There is much in slang that is expressive and bright, but more that is cheap and stamps the user. It is a good plan to take notice of frequently recurring expressions in our conversation.

It should not be necessary to remind any nurse that carelessness or coarseness in speech is inexcusable, but I have been dismayed many times at some conversations heard by patients from their nurses, and too often quoted. Fastidiousness in speech is one of the most important requisites of all nurses.

It has been decided by the Council of the Australasian Trained Nurses' Association to form a special register for Mental Nurses. This decision will be brought before the annual meeting of the Association, and it is hoped that all will realise that it is in their interests for the Association to embrace this branch of nursing, which has now reached so high a standard in New South Wales.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Ethel Florence Lukoy, University College Hospital, Gower Street, London, W.C., for her article printed below, on

THE USUAL SYMPTOMS OF PREGNANCY.

The following are the usual symptoms of pregnancy:—(1) Changes in the uterus; (2) changes in the cervix; (3) changes in the vagina; (4) amenorrhœa; (5) mammary changes; (6) morning sickness; (7) uterine contractions; (8) pressure effects; (9) uterine souffle; (10) funic souffle; (11) fetal heart sounds; (12) fetal movements; (13) ballottement.

(1) Uterine Changes.—When the uterus becomes impregnated it grows very rapidly, and has increased blood supply. It is normally situated entirely in the true pelvis, and cannot be felt above the pubes until after the 16th week of pregnancy. It reaches to the umbilicus at the 24th week; the ensiform cartilage at the 36th week; at the 40th week "lightening" has occurred and the uterus is lower in the pelvis, so that the height is about the same as at the 34th week.

(2) The cervix becomes softer and violet coloured from congestion.

(3) The vagina becomes moister; veins are enlarged; there is violet discolouration.

(4) Amenorrhœa starts from the beginning of pregnancy, though some women lose slightly the first month or two, and from the first day of the last menstrual period may be dated the day of labour. The average duration of pregnancy is 280 days.

(5) Mammary changes start from first month. There may be pain, tenderness in the breasts. At the third month sense of fullness and presence of secretion and pigmentation. The second areola forms during the 20th week.

(6) Morning sickness generally occurs during the first three months. It is due to toxæmia, caused by inability of the kidneys to do the extra work necessary; toxic matter is collected in stomach during the night, and the first morning meal is vomited.

(7) The uterus contracts all through pregnancy, but cannot be felt externally till about the middle of pregnancy. These contractions are also not felt by the patient.

(8) A pregnant woman also suffers from pressure effects, such as frequency of micturition, varicose veins in leg and vulva, hæmorrhoids, constipation, indigestion in various forms and dyspnoea.

(9) The uterine souffle is a murmur in the

uterine arteries, 72 a minute, heard at the 20th week.

(10) The tunic souffle—a murmur caused by pressing the cord between a limb and the uterine wall—120-160 a minute.

(11) Fœtal heart sounds may be heard after the 20th week, and resemble the ticking of a watch, and vary from 120-160 a minute.

(12) The "quickening" occurs about the middle of pregnancy, and after this fœtal movements can be felt.

(13) Ballottement is felt internally by vagina and externally by abdomen. It is obtained by pressing the fœtus from the uterine wall and keeping the hand pressed on the uterine wall, when the fœtus will be felt to return to it like a lump of ice in a glass of water.

The only positive signs of pregnancy are the fœtal heart sounds, fetal movements, and ballottement.

We commend highly the papers by Miss C. M. Barrett, Miss M. J. Bailey, Miss E. A. Crewes, and Miss A. M. Welchman, and also commend those sent by Miss K. C. Denny, Miss C. M. Macrae, Miss M. Atkinson, Miss E. Cooper, and Miss F. Sheppard.

An admirable paper by Miss Gladys Tatham exceeds in length the limits defined for this competition.

QUESTION FOR THIS WEEK.

How are burns usually classified?

Rules for competing for this competition will be found on page xii.

OUR PRIZE COMPETITIONS FOR MAY.

In future the new set of questions will be published in the last issue each month. The questions for May are as follows:—

May 6th.—What are the chief points which should be emphasised when visiting the homes of the poor by a nurse who is engaged in combatting tuberculosis?

May 13th.—What are the most important points in nursing cases of anemia, and why?

May 20th.—How would you teach probationers to fill and apply (1) hot water bags; (2) ice bags?

May 27th.—How would you prepare (1) the room; (2) the bed; (3) the patient in a confinement case?

A DESIRABLE POST.

The resignation by Miss Mollott of the Matronship of the Royal South Hants and Southampton Hospital creates a vacancy in an important provincial institution. There will no doubt be many applicants for this desirable position, which is advertised in our columns on page v.

In What Way may Sleep be Induced Without Drugs?

By MISS E. J. HURLSTON.

The most common causes of sleeplessness in ordinary life are pain and physical and mental exhaustion. To induce sleep without the use of drugs, it is necessary to consider the surroundings of the sleepless one, to select a room as free from noise as possible. In towns, one at the back of the house is generally the best, as street noises, such as cab whistles and paper boys are more disturbing than a continuous noise. Then general thoughtfulness in the household is necessary, to avoid the ringing of bells, banging of doors, talking on the stairs, etc.; also heavy footsteps are irritating, especially when in the room over head. The room chosen should be easily ventilated and the window kept wide open, the bed being placed out of a draught, and in such a position that the light does not fall on the sleeper's eyes. Comfort must be the first consideration. A single bedstead, and firm wire and horsehair mattresses, are generally preferred, and the bedclothes must be warm and light.

Having secured the best surroundings available, next endeavour to ascertain the cause of the sleeplessness; then remove it, if possible; failing that, alleviate it.

If from pain, pay attention to the painful part, and apply simple remedies to relieve it. A hot-water bottle is often invaluable for any nerve pain, or a light shawl or hot wool for pains in teeth or ears, or wherever warmth is required. For a painful limb, a comfortable position is the first thought; small pillows of various sizes to raise it or to keep off pressure frequently have the desired result. When sleeplessness is caused by over fatigue of mind or body, it is desirable to settle all little "worries" in the first place, or the "mole hills will become mountains," then farewell to any hope of sleep. A warm bath or "sponge," and a brisk brushing of the hair, improve the circulation, and so encourage sleep. A cup of hot milk or beef tea when in bed are often very useful, or even chocolate to eat; in fact anything that alleviates the feeling of exhaustion. In hot climates fruit is refreshing, and has the desired result. Indigestion is a frequent cause of sleeplessness, therefore a heavy meal should not be eaten late in the evening, neither should tea or coffee be taken late, as they are too stimulating; in fact they are narcotic antidotes. Exercise in the fresh air (riding or walking) is an inducement to sleep, and the daily use of it should never be omitted.

For sleeplessness during an illness, a nurse can do much to help the patient. *Brains* are the one thing necessary. Each patient may require a different remedy. Perfect quiet is always necessary. Massage (effleurage only), especially down the spine and on the head, is most useful to dispel the feeling of utter weariness which is so fatal to sleep.

To read aloud, quietly, often has a soothing effect, or if that fails, sometimes a meal together, and an interesting discussion, will make the patient forget himself, and he will drop off into a sound and refreshing sleep.

Sleep is one of nature's remedies for all ills, both of mind and body, therefore show your appreciation of Mother Nature by only using her remedies to induce sleep. Fresh air, wholesome food, exercise, temperance in all things, these mean health, and therefore happiness.

The above excellent paper was contributed in connection with our Prize Competition for April 8th. In the same connection Miss E. H. Gibert writes:—"Sleeplessness in a person leading a most strenuous life is due to an over active brain, and entire rest from work, combined with regular habits and fresh air, is the only cure for this condition.

"In the case of general excitability cold laving of the head daily, and cold douching to back of neck, will be found beneficial."

Miss M. Myers points out that "the position of the bedstead is of some importance. It should be so arranged that the light falls from the side, and behind the head.

"For people who are kept awake by cold feet, a hot bottle is most useful, or putting the feet in hot mustard and water before retiring will often induce sleep.

"Feverish and restless patients will often sleep after a cool sponge bath, and sponging of the face and hands."

Miss M. Bielby writes:—"In the case of patients, if a second bed for night use cannot be arranged the bed clothes should be changed morning and night, and alternately aired, out of doors if possible, so as to disperse the worn-out magnetism. Garments should be similarly treated, and pillows especially. Very sensitive patients respond readily to this point of treatment.

"Gentle massage of the back of the neck and the scalp induces somnolence. With some patients quiet, dreamy music secures sleep to them. Reading aloud, almost in monotone, with the voice pitched in a low key, is helpful. But only those who have a flexible and naturally soothing voice should attempt this."

The Society for the State Registration of Trained Nurses.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses was held on Thursday, April 20th, at 131, Oxford Street, London, W. In the unavoidable absence of the President the chair was taken by Miss Elma Smith, Matron of the Infirmary, Hendon. After the minutes were confirmed the President's report was presented by Miss M. Broy, Hon. Secretary.

THE PRESIDENT'S REPORT.

I have the honour to report that the Right Hon. R. C. Munro Ferguson, M.P., introduced the Nurses' Registration Bill—fratred by the Central Committee for the State Registration of Nurses—into the House of Commons on Monday, Feb. 27th. It has received the support of members of all parties and nationalities in the House, and is backed by Sir James P. Gibson, Bart., Sir Luke White, Dr. Addison, Dr. Rainy, and Mr. Annan Bruce (Liberals), Viscount Morpeth, the Right Hon. Charles Scott Dickson, K.C., Mr. Remnant, and Mr. George Younger (Unionists), Mr. J. Ramsay Macdonald (Labour), and Mr. Field (Nationalist). The Bill has further the support of the eight influential societies of medical practitioners and trained nurses affiliated together in the Central Committee, with Lord Amphilil as Chairman.

As it did not gain a place in the ballot, it is almost impossible, in the political situation, to obtain time for a second reading in the House of Commons this Session. Until the Constitutional Bills now before the House are disposed of, all social legislation in this country will be at a standstill. But because there is no immediate prospect of the discussion of our Bill in Parliament our members should be the more active in utilising the time before its second reading in educating the electorate, and informing Members of Parliament—especially new members—upon the question.

THE CENTRAL REGISTRATION COMMITTEE.

Since our last meeting the Central Committee for the State Registration of Nurses, on which this Society is represented by delegation, has met once, under the presidency of Lord Amphilil.

The principal matter for discussion was the status of fever nurses on the Register. It was decided that the Bill should be introduced without alteration, as it was felt that it gives scope for the definition of a variety of alternative curricula, and that one of the first duties of the Council created under the Act would be to consider schemes of co-operative and reciprocal training, with the object of carrying out the purpose of the Bill, *viz.*, to afford efficient nursing for the sick.

Your Hon. Officers have furnished memoranda on the subject of fever training to those who have asked for information regarding it. While recognising the necessity of having the fever hospitals duly nursed, the right of nurses to efficient training must also be considered, and we must adhere to the fundamental principle incorporated in our

Bill, that all nurses, like all medical practitioners, must have a basis of general training, to which specialities can and should be added. It is certain that if the principle of the registration of specialists were admitted it would be fatal to the best interests of both patients and nurses.

THE NIGHTINGALE MEMORIAL.

The Resolution relative to the Nightingale Memorial, passed unanimously at our last meeting, was forwarded to the Hon. Secretary of the proposed Imperial Memorial with an explanatory letter, with the request that it should be brought before the meeting convened to discuss the question of a suitable memorial on November 1st. With incredible discourtesy the letter was not even acknowledged.

PROGRESS OUTSIDE THE UNITED KINGDOM.

In Canada Miss Bella Crosby, the new Editor of *The Canadian Nurse*, the organ of every association of nurses in the Dominion of Canada, and the President of the Graduate Nurses' Association of Ontario, is actively working to secure registration, and a Bill has been drafted for introduction into the legislature of the Province of Ontario, legislation in Canada following the same lines as in the United States, with separate Bills for the different provinces.

It is interesting to realise that under the New York Bill the various training schools, which come up to the standard required by the State Board, are recognised and registered. The result is that those schools which have not attained the standard entitling them to registration, do not get the best pupils, and have therefore a direct incentive to improve their teaching.

The nurses of the Australian States are also interesting themselves in securing registration, and in Victoria, New South Wales, and Western Australia, Bills have been drafted with this object.

The Nurses' Associations in India are also demanding this reform, so that by the time the Mother of Parliaments in this country has settled her new Constitution, it is probable she will find that the majority of our self-governing colonies have enacted laws which, by defining the standard required of registered nurses, will protect the sick from incompetent attendants.

It is one more proof of the terrible economic dependence of nurses in the British Isles that though they were the first to claim the necessity for registration, they will be nearly the last to secure legal status, owing to the precedence given to legislation in which men who have the vote are directly interested.

Ultimately legislation is inevitable, and until it is attained we can be working and organising, as many of our hospital Matrons are doing, to obtain increased educational facilities for nurses.

It is certain, however, and increasingly so every year, as the economic dependence of nurses comes to be better understood, that the public must help them to obtain the legislation, which is primarily for the public benefit. There is a strong and growing feeling that the monopoly of profit from the skilled labour of nurses, which is at present largely in the hands of hospital managers, is

the real cause of much of the opposition to registration.

THE NURSING PAGEANT.

The Nursing Pageant and Masque, held in the Connaught Rooms on February 18th, which was fully reported in the press at the time, was unanimously pronounced an unqualified success. Already it has been translated into German, and, with the consent of the collaborators, it is hoped to reproduce it in Berlin, and as those present were much impressed with its historical value, it is hoped that it may be also produced elsewhere.

The adoption of the report having been proposed by Mrs. Shuter, and seconded by Miss Cartwright, the following resolution was proposed from the chair, and carried unanimously:

That a most cordial vote of thanks be tendered to Mrs. Bedford Fenwick and Miss M. Mollett; to Mrs. Fenwick for the genius which conceived, designed, and organised the Nursing Pageant, and for the unsparing hard work which resulted in its conspicuous success; and to Miss Mollett for the application of her great literary ability and professional knowledge to the production of the words of the Masque, the joint result being that much interest has been gained for, and attention directed to, the question of the State Registration of Trained Nurses.

The Report was adopted.

CORRESPONDENCE.

Letters were received from Lord Amphil, G.C.S.I., Miss E. S. Haldane, LL.D., Miss Cox-Davies, Miss Musson, Miss Pell-Smith, and others.

APPLICATIONS FOR MEMBERSHIP.

The following new members were elected:—

No	Name.	Where Trained.
2957	Miss B. M. Tompson, cert.,	Nottingham General Hosp.
2958	Miss M. Rushe, cert.,	Central London Sick Asylum, Hendon.
2959	Miss V. Barugh, cert.,	St. Bartholomew's Hosp.
2960	Miss M. Wilner, cert.,	Union Infirmary, Wolverhampton.
2961	Miss E. Heath, cert.,	Central London Sick Asylum, Hendon.
2962	Miss A. Howard, cert.,	" " "
2962	Miss I. Aytoun, cert.,	St. Bartholomew's Hosp.
2964	Miss M. M. North, cert.,	St. Mary's Hosp.
2965	Mrs. G. L. de Segundo, cert.,	St. Bartholomew's Hosp.
2966	Miss A. E. Schuller, cert.,	Central London Sick Asylum, Cleveland Street, W.
2967	Miss A. Atack, cert.,	Royal Inf., Manchester.
2968	Miss M. G. Gibson, cert.,	St. Bartholomew's Hosp.
2969	Miss V. Adams, cert.,	" " "
2970	Miss P. Pearse, cert.,	" " "
2971	Miss D. G. Johnson, cert.,	" " "
2972	Miss M. E. C. Storr, cert.,	" " "
2973	Miss D. M. Livock, cert.,	" " "
2974	Miss M. E. Hills, cert.,	" " "
2975	Mrs. L. Maxwell St. John, R.R.C.,	trained General Hosp., Birmingham.

- 2976 Miss M. V. G. Hunt, cert., St. George's Hosp.
- 2977 Miss A. Reeves, cert., Victoria Hosp., Dublin. *Matron*, Royal Victoria Eye and Ear Hosp.
- 2978 Miss F. Simpson, cert., Queen's Hosp., Birmingham.
- 2979 Miss M. C. Houston, cert., Western Infirmary, Glasgow.
- 2980 Miss E. Johnston, cert., Brownlow Hill Inf., Liverpool.
- 2981 Miss M. G. Turfhill, cert., Western Inf., Glasgow.
- 2982 Miss E. Parsons, cert., Royal Free Hosp.
- 2983 Miss M. Neville, cert., Leicester Inf.
- 2984 Miss E. Badcock, cert., Gen. Hosp., Bristol.
- 2985 Miss D. Bambridge, cert., E. Lancs. Inf., Blackburn.
- 2986 Miss G. F. Burnett, cert., London Hosp.
- 2987 Miss S. Corby, cert., Seamen's Hosp., Greenwich.
- 2988 Miss M. Elliott, cert., Royal Surrey County Hosp., Guildford.
- 2989 Miss C. Glenton-Kerr, cert., General Hosp., Northampton.
- 2990 Miss M. Liddelow, cert., St. Mary's Hosp.
- 2991 Miss D. Mann, cert., St. George's Hosp.
- 2992 Miss E. Robotham, cert., Charing Cross Hosp.
- 2993 Miss A. M. Rosoman, cert., Charing Cross Hosp.
- 2994 Miss R. M. Skipworth, cert., Addenbrooke's Hosp., Cambridge.
- 2995 Miss A. M. H. Struthers, cert., Royal Inf., Edinburgh.
- 2996 Miss M. F. Wallis, cert., Seamen's Hosp., Greenwich.
- 2997 Miss F. G. Watton, cert., Charing Cross Hosp.
- 2998 Miss B. E. Williams, cert., General Hosp., Birmingham.
- 2999 Miss M. Woolcott, cert., General Hosp., Bristol.
- 3000 Miss F. M. Williams, cert., Royal Albert Hosp., Devonport.
- 3001 Miss E. Pierson, cert., General Hosp., Melbourne.
- 3002 Miss E. A. Denison, cert., Royal Infirmary, Bradford.
- 3003 Mrs. E. Tirrabbull, cert., St. Bartholomew's Hosp.
- 3004 Miss M. L. Roberts, cert., Western Inf., Glasgow.
- 3005 Miss E. M. Hall, cert., Kingdon Inf.
- 3006 Miss F. Simpson, cert., Union Inf., Salford.
- 3007 Miss E. Kerr, cert., West Ham Hosp.
- 3008 Miss M. B. Thompson, cert., University College Hosp.
- 3009 Miss E. E. Jones, cert., Royal Free Hosp.
- 3010 Miss K. E. Walker, cert., Southwark Inf.
- 3011 Miss E. Duncan, cert., St. George's Hosp.
- 3012 Miss H. Forrest, cert., Southwark Inf.
- 3013 Miss E. Hodnett, cert., Whipps Cross Inf., Leytonstone.
- 3014 Miss C. Roberts, cert., Prescot Inf.
- 3015 Miss M. Trass, cert., St. Bartholomew's Hosp., Rochester.

- 3016 Mrs. D. Veary, cert., " " "
- 3017 Miss E. MacDonall, cert., " " "
- 3018 Miss E. Douson, cert., Royal Inf., Bradford.
- 3019 Miss M. Jones, cert., Leicester Infirmary.
- 3020 Miss N. Cole, cert., " " "
- 3021 Miss G. B. Storey, cert., General Inf., Leeds.
- 3022 Miss S. A. Hazleton, cert., Central London Sick Asylum, Hendon.
- 3023 Miss A. McCabe, cert., Kensington Inf.
- 3024 Miss E. H. Williams, cert., Stamford General Inf.
- 3025 Miss E. Spencer, cert., Royal South Hants Hosp.
- 3026 Miss R. B. Little, cert., Swansea Gen. Hosp.
- 3027 Miss L. S. Nunnerley, cert., General Hosp., Bury St. Edmunds.

THE ANNUAL MEETING.

The arrangements for the Annual Meeting were then discussed, and it was proposed that it should be held in London on or about May 25th. The final arrangements were left in the hands of the President.

The meeting then terminated.

MARGARET BREAY,

Hon. Secretary.

League News.

THE ROYAL SOUTH HANTS NURSES' LEAGUE.

A meeting of the General Council of the Royal South Hants Nurses' League was held at the Hospital on the 22nd inst.

After the minutes of the last meeting and the correspondence had been read the election of the Hon. Officers and the Executive Committee was proceeded with. Miss Mollett, President, alluded to her approaching retirement from the post of Matron, and offered to resign the office of President, but the members of the Council were unanimous in requesting her to retain the Presidency of the League for another year. Miss Gordon was re-elected Treasurer. Miss Winterscale resigned the post of Secretary and Miss C. C. Haldane was elected in her stead. The members elected to the Executive Committee were Miss Staines, Miss Spencer, Miss Story, and Miss Bonsher.

A social gathering then followed, and Miss Mollett was presented with a handsome mahogany bookcase and secretaire, with silver inkstand, blotter, and pen-holder from the members of the League. The presentation was made by Miss C. C. Haldane, who, in a few well-chosen words, spoke of Miss Mollett's long connection with the Hospital and the League, and the affection the members of the League had for their Matron. She hoped Miss Mollett would write many articles for the Journal at the secretaire.

Miss Mollett expressed her thanks for the handsome gift and alluded to the very happy

years she had spent in the Royal South Hants Hospital, and stated that much of her happiness was due to the loyalty of her nursing staff. She wanted nothing to remind her of her old probationers. She should always bear them in affectionate remembrance, but she was touched and pleased to receive such a generous and kind token of their thought of her.

Miss Winterscale was then presented with a charming lamp, a gong, and a silver inkstand and pen from the past and present nursing staff. Miss Winterscale suitably acknowledged the gift, referring to the fifteen years of her nursing career—all spent at the hospital—during which she had made so many good friends.

Miss Gordon, Secretary to the Presentation Committee, Sister of Garton Ward, was then warmly thanked by Miss Mollett for the very beautiful and suitable gifts she had chosen, and for her zeal and energy in communicating with the old probationers.

K. WINTERSCALE,

Hon. Secretary, R.S.H. Nurses' League.

The Nurses' Missionary League.

AN ALL-DAY MISSIONARY EXHIBITION.

The Nurses' Missionary League is organising an All-day Missionary Exhibition, more especially intended for members of the nursing profession, to be held at the Holborn Hall on Wednesday, May 10th, from 9.30 a.m. to 9.30 p.m.

Amongst the attractions will be a "Japanese Reception" by Miss A. M. Henty, of Gifu, Japan; a "Chinese Feast" arranged by Miss C. F. Tippet, Tai an fu, Shansi, N. China; and "Talks in Zenana" by Miss Houghton. These will be given in the morning and repeated in the afternoon, and again from 5.30 to 7 p.m. There will also be a Chinese dialogue in the morning and afternoon. During the day there will be ten minutes' talks by the Rev. J. Anderson Robertson, M.A., M.B., Miss C. M. Ironside, M.B. (Persia), Mrs. Arthur Druitt, Miss B. B. Lasalle, Miss J. Macfee, and Miss Z. B. Fairfield. There will also be an exhibition of models of the (1) Ningpo and Lucknow Mission Hospitals; (2) native drugs and instruments; (3) curios and diagrams from India, China, North and West Africa, the Congo, Persia, etc.

At 7.30 p.m. Mr. McAdam Eccles, F.R.C.S., will preside at the Annual Meeting of the Nurses' Missionary League, when a Missionary Address will be given by Miss C. F. Tippet, and the closing address by the Rev. C. C. B. Bardsley, M.A.

Appointments.

LADY SUPERINTENDENT.

Thermal Mineral Baths, Buxton.—Miss Susan H. Cannon has been appointed Lady Superintendent of the Electro-Therapeutical Department. She received a London training.

MATRONS.

Hertford British Hospital, Paris.—Miss M. Morton has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, where she has held the position of Staff Nurse, Sister, and Night Superintendent. She has also been Matron at the Hospital, Castle Douglas, N.B.

West Ham and Eastern General Hospital, Stratford, E.—Miss E. Sorley has been appointed Matron. She was trained at the Torbay Hospital, and has held the positions of Staff Nurse and of Medical and Surgical Sister at the National Hospital, Queen Square, W.C., and of Night Sister and Matron's *locum tenens* at the West Ham Hospital.

SUPERINTENDENT.

Shropshire Nursing Federation, Shrewsbury.—Miss A. E. White has been appointed Superintendent. She was trained at the Edinburgh Royal Infirmary, and the Dundee Royal Infirmary, and has held the position of Assistant Superintendent in connection with the Worcester County Nursing Association, and Superintendent of the Maternity Branch of the Leith District Nursing Association.

ASSISTANT MATRON.

Borough Hospital, Birkenhead.—Miss C. A. Hunt has been appointed Assistant Matron. She has been trained at the Royal Southern Hospital, Liverpool, and has been Ward Sister, Theatre Sister, Out-patient Sister, and Night Sister at the Children's Hospital, Bradford. She has also had experience of private nursing.

SISTERS.

Queen Charlotte's Hospital, London.—Miss Elizabeth Islip has been appointed Sister. She was trained at the General Hospital, Nottingham, and received her midwifery training at the General Lying-in Hospital, York Road, Lambeth, where she has also held the position of Sister. She has had experience of private nursing in connection with the Registered Nurses' Society, and is a certified midwife.

Royal Hospital for Incurables, Putney Heath.—Miss A. Blair has been appointed Sister. She was trained at the Royal Infirmary, Glasgow, and has been Sister at Broomhill Home, Kirkintilloch, N.B., and Matron at the Children's Convalescent Home, Helensburgh, N.B., and has had experience of private nursing.

Royal Hospital for Sick Children, Edinburgh.—Miss W. W. Ball has been appointed Holiday Sister. She was trained at the Royal Infirmary, Bradford, and has been Theatre Sister at St. Bartholomew's Hospital, Rochester.

Rondebosh and Mombray Hospital, Rosebank, Cape Town.—Miss Elizabeth McDougall has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester, where she has held the position of Staff Nurse.

St. Bartholomew's Hospital, Rochester.—Miss E. Hall has been appointed Theatre Sister. She was

trained at St. Bartholomew's Hospital, London, and has been Staff Nurse in the theatres in that institution for one year.

NIGHT SISTER

St. Bartholomew's Hospital, Rochester.—Miss D. M. Cooper has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, London, and has had experience of private nursing.

Isolation Hospital, Ipswich.—Miss D. Mackintosh has been appointed Night Sister. She has held the position of Senior Sister and Matron's Deputy at the Florence Nightingale Hospital, Bury, and has also had experience of private nursing in the provinces.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Appointments.—The following ladies have received appointments as Staff Nurse:—Miss J. F. Watson, Miss M. E. B. Eyton, and Miss E. E. Hopercraft.

Miss Mary Linaker to be Staff Nurse (provisionally). Dated March 1st, 1911.

Transfers to Stations Abroad.—*Matron:* Miss S. E. Oram, R.R.C., to South Africa. *Staff Nurse:* Miss C. C. M. Gibb, to Hong Kong.

Promotions.—The undermentioned Staff Nurses to be Sisters:—Miss M. C. E. Newman, and Miss F. M. Tosh.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Mand Chapman, to Gateshead, as Senior Nurse; Miss Margaret Robinson, to Handsworth; Miss Emily Leighton, to Grimsby; Miss Ada M. Daniels, to Hackney; Miss Alice Harston, to Spalding; Miss Edith Watkins, to Swansea; Miss Eva Winifred Owen, to Bury; Miss Lily Tatton, to Bedford; Miss Gertrude Wellsted, to Kettering.

RESIGNATION.

A very successful tea party was held in the Nurses' Home, at Newport (Salop) on April 18th, when the nurses of the Shropshire Nursing Federation assembled to bid farewell to Miss Walsh, who has resigned the position of County Superintendent. The Newport nurses, and as many of the county nurses as could be spared from their duties, attended, and presented a short address, expressing their regret at Miss Walsh's departure, and their thanks for the help she had given them, and hopes that their gift "would always remind her of the goodwill and affection of her Shropshire nurses."

The Newport Home will continue to be the local centre, but the County Home will shortly be opened in Shrewsbury. Miss A. E. White, who has been appointed County Superintendent, will take up her duties there about the middle of May.

PASSING BELL.

We regret to record the sudden death, while under an anæsthetic, of Miss Dora E. Breed, nurse, who had been on the staff of the Sacroft Hospital, Leeds, for over three years. Miss Breed, who was previously apparently in the best of health, was under the influence of an anæsthetic, and had had a number of teeth drawn when she collapsed and never recovered consciousness.

Nursing Echoes.



Members of the Matrons' Council who attend the meeting at Leicester on April 27th, will have the pleasure of hearing an address on "Nursing in India" from Mrs. W. H. Klosz, R.N., who was trained at the Johns Hopkins Hospital, Baltimore, and is registered in the State of Maryland. She is also a member of the Society for the State Registration of Trained Nurses in this country, which she joined in order to help on its work. Mrs. Klosz is a member of the Association of Nursing Superintendents of India, and until she left India on furlough edited the *Nursing Journal of India*, so that she has a wide experience of nursing in its various branches.

Miss Becher, R.R.C., Matron-in-Chief, Q.A.I.M.N.S., informs us that the *Daily Telegraph* announcement that Lord Roberts has promised to unveil the memorial window to Miss Nightingale in the Chapel of Queen Alexandra Military Hospital at Millbank is premature, as the work is not yet completed, and nothing is definitely settled about the dedication. As no official communication has been sent by her to the press she is unaware how our contemporary obtained the information.

At an inquest, held by Dr. R. Henslowe Wellington at the Westminster Coroner's Court, on a patient who died at St. George's Hospital, S.W., the mother of the girl deposed that an operation was performed on February 3rd. It was said there was a piece of bone touching the spinal cord. She was sitting on a seat in the corridor as four porters came by carrying her daughter, lying on an air bag, from the operating theatre, two in front and two at the rear of the bed. She was about four feet from the ground, and they let her drop like a dead weight.

Dr. Freyberger said that death was due to compression of the brain following tubercular meningitis. The jury returned a verdict in accordance with the evidence, and deplored the neglect of those concerned in not taking proper precautions in removing the patient from the operating theatre. In reply to the Coroner the foreman said there "ought to have been some arrangements for keeping the body from falling from the bed, but eventually withdrew the word "neglect." A nurse

should in every instance accompany patients to and from the operating theatre, to see that they are carefully and skilfully moved, and to give professional attendance in any emergency, as hospital porters are entirely untrained.

The hospital authorities of more than one institution opposing the demand for a better system of nursing may well give some consideration to the arrangements in their own institutions. Two deaths were reported last week of children who died from delayed chloroform poisoning in the Children's Hospital, Great Ormond Street, W.C., after being operated upon under chloroform for the removal of tonsils and adenoids. In each case the jury returned a verdict of "Death from misadventure," and expressed the opinion that everything possible for the children had been done at the hospital. But our point is that children who have been operated upon for these conditions should be kept under observation, in a special ward or otherwise, until they have fully recovered from the effects of the anæsthetic, until danger from hæmorrhage is past, and the healing process established. What surgeon would not emphasise the danger of the exposure of a similar case in private practice to foul air, and unskilled attendance. Yet hospital patients sent home immediately after an operation of this kind, as was the case with the children referred to, are subjected to these risks.

Miss M. A. Nutting, Director of the Department of Nursing and Health at Teachers' College, New York, U.S.A., writing to acknowledge copies of the Programme and Book of Words of the Nursing Pageant and Masque, expresses her "warm and sincere congratulations upon the beautiful and impressive working out of your idea. The fineness of the original conception, and the way in which it was embodied by Miss Mclett's genius, have moved us to profound admiration. (I had almost said envy and despair, as I realise how impossible it would be to do anything of the kind at present in this country.) I have placed the programme in our students' reading-room."

As usual, when a fire occurs in a hospital, the nursing staff showed presence of mind and promptitude at the City Hospital for Infectious Disease, Fazakerley, Liverpool, last week. The gale dislodged a chimney pot from the roof of a block in the isolation quarter, and some burning soot set fire to the wood-work in the roof. The nurse in charge rushed out to raise

the alarm, and when she returned she found the ceiling ablaze. There were 13 children suffering from measles and whooping cough in the wards, and attention was first given to them. Doctors and nurses hurried to the rescue, and beneath a roof of flame the little patients were carefully wrapped in blankets and transferred to other wards with disciplined coolness. The City Fire Brigade concentrated their efforts on preventing the flames from spreading to the other wooden-built blocks close by, and in this they were successful, for the fire was confined to the one building, which was entirely gutted.

Miss Swain, the Matron, and several members of the nursing staff of the West Norfolk and Lynn Hospital, King's Lynn, occupied seats on the platform at the recent demonstration in aid of the hospital, organised by the Mayor, Mr. C. W. Perry, as President of the Forward Association. Appealing for increased support, the Mayor said that it was impossible to speak too highly of the skill and patience and devotion of the medical men and the nurses, of the increased earnestness with which all the resources of science and of medical skill were being placed at the disposal of the very poorest. He therefore hoped that in looking at the increased expenditure on such work all would have regard to not simply the cold figures of a balance-sheet, but to the human lives that were saved, and to the human suffering that was relieved as a result of this deeper realisation of the value of even the poorest life, and of the sacredness of the national trust to spend all that is needed to keep it. Let them look at the recently-issued report of their own medical officer. Why was it that only 11 persons in 1,000 died during 1910, against 17 in 1,000 in 1900, and a continually decreasing number in all the years in between? It was the interest received on the money they had spent in providing pure water, paved courts, new sewers, demolition of slums, and in a generally all-round improved sanitary condition.

There was one point of hospital management upon which his Worship said he felt very strongly, and he would never rest until he saw it altered—i.e., the system of admission to the hospital by means of subscribers' recommendations. It seemed such a degradation of a high ideal to retain the old system of admission by a certain signed document that represented power to give a certain subscription. It was retained, not because it could be logically defended, but because of a fear that if a sub-

rather was revealed in a certain poisoning, that was not treated with the ordinary cases by the ordinary means of sanitation. He would not like to make an error by making such a suggestion. He would back statements to the benefit of the hospital, and only in full proof that the case is one of a disease or accident, hospital with such means of poverty as to come within the scope of the hospital work.

Nurses who are acquainted with the hardships inflicted on the staff prior by the letter system will be glad to welcome the Mayor of King's Lynn.

The three tuberculosis nurses at work in Dublin have attended 391 patients during the past year, and paid 6,815 visits. The following is the report of the inspection of their work by the Queen Victoria's Jubilee Institute: "The preventive and hygienic work of the tuberculosis nurses working under the Women's National Health Association in Dublin is being successfully carried on. It is quiet and unobtrusive, and the new development of the tuberculosis classes, which were started in December of last year, will be a decided factor in helping to reduce the death-rate from this disease in the future."

The Nurses' Social Union is busily engaged in preparing an exhibit for the Dublin Health and Industries Exhibition.

Miss Edna Finch, a trained nurse, has, says the *American Suffragette*, stood highest in competitive examination, and will be appointed the first female policeman in Milwaukee. Her duty will be to make certain that sanitary conditions in factories are correct.

An Exhibition of Social Hygiene

To commemorate the fiftieth year of Italian Unity an International Congress against Tuberculosis will be held in Rome under the patronage of the King and Queen, in connection with which there will be an Exhibition of Social Hygiene.

Signora Elena Lucifero, President of the Public Health Section of the National Council of Italian Women, in the name of the Executive Committee of the Exhibition, has invited the International Council of Nurses, the National Council of Trained Nurses of Great Britain and Ireland, and the Society for the State Registration of Trained Nurses to participate in the Exhibition.

Reflections.

FROM A BOARD ROOM MIRROR.

Major-General Collinson, Commanding the London District, on Sunday last unveiled a memorial tablet to King Edward in the Memorial Chapel attached to the Queen Alexandra Military Hospital at Millbank. Bishop Taylor Smith, Chaplain-General to the Forces, conducted the service, which was attended by a number of nurses and patients.

The Duke of Connaught, who is President of King's College Hospital, has given his patronage to the ladies' dinner in aid of the fund for the removal of the hospital to South London, and has forwarded a donation. The Earl of Selborne will preside at the dinner, which is to be held at the Connaught Rooms, Great Queen Street, on May 4th.

The Countess of Minto has consented to present the prizes and certificates to the successful students of the London (Royal Free Hospital) School of Medicine for Women on Wednesday, June 14th. Mrs. Garrett Anderson, M.D., will preside.

Dr. Squire Sprigge, editor of the *Lancet*, has been elected unanimously Chairman of the Committee of Management of the Society of Authors. This is a great honour.

The Secretary of the Prince of Wales' Hospital, Tottenham, referring to a statement in the press that the hospital has refused to accept £1,000 from a Sunday cinematograph entertainment, shows the position in a somewhat different light. The Governors rejected the proposal submitted to them to run four cinematograph theatres in different parts of London for two distinct reasons: (1) the Sunday entertainment is antagonistic to the general principles of the majority of the Board of Governors, and (2) it was considered the proposal was of the nature of a commercial undertaking, which might involve a considerable amount of risk. "The £1,000 which the Governors are reported to have refused is the estimated profit likely to accrue from this enterprise."

The foundation stone of a new Nurses' Home in connection with the Infirmary of the Coventry Union has been laid by the Chairman of the Board of Guardians, Mr. A. G. Sage.

At the Annual Meeting of the Board of Governors of the Norfolk and Norwich Hospital it was reported in regard to the hospital extension scheme that the first instalment of the work had already been carried through, and the King Edward VII. wards were now completed. The Board of Management hoped that before the summer was gone very far the actual work of converting the present theatre into two theatres, and the erecting of an eye infirmary, would have begun, and that it would be completed before the annual meeting of 1912.

School Clinics.

The *British Medical Journal* publishes the outline of a scheme for School Clinics for Marylebone, formulated by a Special Committee, of which Dr. G. A. Horon is Chairman, appointed by the Executive Committee of the Marylebone Division of the British Medical Association, which includes the following provisions:—

The centres will be staffed by doctors residing in Marylebone. Each member of the staff will be expected to attend for two hours of one afternoon a week. The staff will be appointed from a rota.

One member of the medical staff shall act solely as superintendent of the clinics and secretary to the Committee of Management.

The Committee of Management shall consist of doctors elected by a general meeting of the medical practitioners of the borough of Marylebone. The committee shall have power to co-opt additional members, not necessarily medical practitioners, and who shall not exceed in number one-sixth of the whole committee. One of the members of the London County Council, representing the borough of Marylebone, shall have a seat on the committee.

The clinics shall be open at all times to the inspection of the school medical officer of the London County Council.

The London County Council shall provide the necessary nursing service.

The selection of suitable accommodation shall be in the hands of the Committee of Management. The cost of premises, upkeep and service, shall be provided by the London County Council.

The Position of Nurses in Germany.

The success of the meeting held by the Women's League in Berlin for the promotion of the well being of women workers (*Frauenwohl*), recently, was such that all those who are interested in the cause of nursing may congratulate themselves on a great step made in the right direction.

The Chairman, Frau Cauer, President of the Women's League, opened the meeting with a few hearty words addressed to the nursing committee in general. She also tendered special thanks to the Foundress of the German Nurses' Association for her promptness in going hand in hand with the women's movement. "Nursing," she said, "is decidedly a woman's question, but not all unions see it in this light." Frau Cauer then called upon Fräulein Reichel, who gave a short address on the position of nurses with regard to legislation. She claims that in this respect the profession of nursing has been badly treated, neglected, and sometimes entirely ignored by lawgivers.

Sister Agnes Karll then spoke on the health conditions of the nurses.

The following statistics are taken from the *Reichsanzeiger* (Imperial State Register). In 1895 the number of female nurses was 43,946; in 1907,

71,986. Of these about 20,000 belong to Roman Catholic orders, about 14,000 to the Evangelical Deaconesses' institutions, about 3,600 to the Red Cross, 1,000 to the *Diakonieverein*, and almost 3,000 to the German Nurses' Association. Very little statistical information with regard to nurses is available. Only State statistics can give a reliable report of the state of health and mortality amongst nurses. Ritter von Lindheim, a member of the Austrian House of Diet, has proved that amongst the Sisters of religious orders, the percentage of those who die of tuberculosis is 66 per cent., whereas amongst the Scandinavian Deaconesses the percentage only reaches 31. The reason of this high rate of percentage is not so much to be found in infection, as in the fact that the Sisters are often overworked, underfed, and insufficiently clothed. They are, therefore, more predisposed to this danger. In England, on the contrary, the percentage of mortality is no greater among the nurses than in any other branch of woman's work, even in cases of tuberculosis. In Germany there is no such statistic inquiry, but the information given by Sister Agnes Karll, the result of a statistic inquiry of the German Nurses' Association, into the health of 2,500 of its members, shows alarming figures. As these 2,500 nurses, previous to the formation of the Union, belonged to religious orders, Deaconesses' houses, the Red Cross, the *Diakonieverein*, and the municipal hospitals, the statistics are typical of the state of affairs in Germany. Of these 2,500 nurses, 1,568 commenced nursing before their 25th year, 2,423 stated that on commencing work they were in perfectly good health. Before ten years of nursing were ended, 986 out of 1,050 nurses were found to be overworked. The average term of service of these 2,500 only reaches 8-10 years. The nurses themselves, the doctors, the managing council, and the public, are all to blame for this state of things. The fault lies in the almost universal ignorance about such matters. Till now the nurses have not understood how they could best bring their case before the eyes of the public. Sooner or later nurses will realise that it is their own efforts they must look to for the much needed reform in the nursing profession. In most cases the fault lies in the fact that nurses enter the profession whilst too young to weigh fairly its disadvantages, and soon become so exhausted from over-work that they are too apathetic to consider the true state of affairs. The "Schweigepflicht" in the mother-house and the idea that the institution will not turn them adrift when old, has much to do with it. Neither are nurses, attached to municipal institutions, taught the value of economics, the aim being to fit them for the immediate wants of the institution they have entered; and though the prospect of a pension is held out to them, it is practically valueless, as most nurses are obliged to leave the institution before they are entitled to the promised pension. In other countries this state of things is unknown. America has never had any nursing religious orders to speak of, and in England they have been super-

Compulsory silence as to the existing conditions in the Mother House with regard to clothing, food, hours of service, etc.

sided by lay nurses in civil hospitals. In those countries the nurses are not trained to be simply of use to the hospital to which they belong, but with a view to serving the sick in general. During three years of training the nurse learns that which fits her for her calling in the world. Then she may nurse for several years outside the hospital, and later, when she has gained experience and insight, she may return to work in the hospital, often as Sister or Matron. In the best London hospitals the average is one nurse to 2-3 patients, night and day duty combined, in such hospitals the health of the nurses is good. In other hospitals, where the average is one nurse to 5 patients, there are complaints as to the state of health of the nurses. Here in Germany the average number of patients entrusted to one nurse varies between 10-20 very seldom is the number as low as 5. The insufficient number of nurses is in itself an explanation of the state of health existing among those employed in this profession. It also stands to reason that the attendance on patients is quite inadequate. The bad economic system is such as to deter better elements from entering the profession, whilst by so doing they make it easy for a large percentage of inferior workers to take it up. Sister Agnes Karll closed her speech by pointing out how this state of affairs could be amended: careful health test before entering the profession, probationers to have attained the age of at least 21, wholesome diet, properly regulated night-service, sufficient leisure, and timely notice of physical and mental ailments. Naturally these measures require money in order to carry them out. Sister Agnes said she cherished the hope of the German Nurses' Association being able to help many who had given their health in nursing others, by founding homes of rest for the ailing and aged, in company with women of other callings.

After an interesting discussion, a resolution was unanimously passed to present a petition to the Reichstag, begging that either by a special Bill or additional clause in the statutes pertaining to employment, the conditions of service for female nurses may be so regulated as to correspond with modern views. Also to ask the municipal authorities to further consider the conditions of female nurses, weighing the fact that public welfare depends on a good and efficient staff of nurses. The meeting demanded State inquiry into the existing conditions of female nurses.

Soon after the meeting there appeared incidentally in a ministerial paper an order from the Regierungspräsident of Potsdam, von der Schlenburg, to the effect that in all hospitals pertaining to his district, the work of female nurses shall be regulated so as not to exceed 10-10½ hours daily. This proves that state authorities are turning their attention to the question of overwork in the nursing profession. Unfortunately, the additional remark: "that the complaints of overwork uttered by nurses probably originate with those who are either physically unfit for their work, or who lack the spirit of renunciation," shows how little accurate knowledge exists as to the real state of affairs.

GERMANY.

Outside the Gates.

WOMEN.



As Sir George Kemp will move the second reading of the Woman Suffrage Bill in the House of Commons on May 7th it behoves all women to support him by bringing as much pressure to bear as possible on Members of Parliament before that date, so that the probable majority in its favour may be as large as possible.

The Conciliation Committee for Woman Suffrage, of which Lord Lytton is Chairman, state that 50 city or town councils have petitioned or passed resolutions in favour of their Bill, which would confer votes on women householders, who number about a million.

In connection with the draft Order of the Home Office, varying the legal hours of the employment of dressmakers during the months of May and June, Mr. Masterman, Under Secretary for the Home Office, received a deputation at the House of Commons, in opposition to the Order, from the National Organisation of Girls' Clubs, the Women's Trade Union League, and other bodies. The deputation was introduced by Mr. Arthur Henderson, M.P., and Mrs. Tennant, representing the Industrial Law Committee, mentioned that the Queen had expressed a wish that her own dresses should not involve overtime on the part of the workers concerned. In reply, Mr. Masterman said that if the statements made to him that the draft Order would be very harmful to the interests, health, and recreation of the great majority of women concerned, it would not be confirmed. The Home Secretary has now announced that this will not be done.

At the Irish National School Teachers' Conference at Bangor, County Down, last week, the President (Mr. George O'Callaghan) drew attention to an announcement by the Board of Education that all married women teachers would be required, during the period preceding and succeeding childbirth, to absent themselves from schools for three months and provide qualified substitutes at their own expense. The President said they would take care that such a rule was not put into operation. A resolution was adopted demanding its immediate withdrawal.

In the Class List issued by the Moderators in the Honour School of Greek and Latin Literature at Oxford University, the women competing are placed as follows:—

Class II.—Madeline Giles, Somerville College; Charlotte St. H. Griffith, St. Hilda's Hall; Alice Horsman, Somerville College.

Class III.—Hilda B. Gibson, Somerville College; Lily O. Parsons, St. Hilda's Hall; Emma C. Purton, Society of Oxford Home-Students; Julia Tugwell, St. Hilda's College.

Book of the Week.

MARIE CLAIRE.*

Mlle. Audoux, the author of "Marie Claire," has achieved a triumph in her first book, which comes to us translated from the French by Mr. John N. Raphael. Yet, perhaps, achieved is scarcely the right word, for it is a work of genius, and Mlle. Audoux the medium through which that genius finds expression. Her translator tells us that she "does not understand what people mean when they ask her 'how' she writes." She opens her weak eyes very wide at the question, laughs as a child laughs when it does not understand, and says "But I don't know. The thoughts come, and I write them down. I only wish that I could spell them better."

So it has come to pass that from the pen of a working sempstress in Paris there has come to us a book which for beauty of language, simplicity, purity, and descriptive power has seldom been equalled. Greatness has spoken to us through Mlle. Audoux, who has given us her autobiography in this marvellously beautiful epic, which, as Mr. Arnold Bennett says in his introduction, "makes no sort of pretence to display those constructive and inventive artifices which are indispensable to a great masterpiece of impersonal fiction. It is not fiction. It is the exquisite expression of a temperament. It is a divine accident."

Let us then accept the book with thanksgiving for a gift so wondrously beautiful. Happy are those who can read it in the original French, for the best translation can only be compared to a painstaking copy of an exquisite masterpiece. Yet Mlle. Audoux has been fortunate in her translator, who tells us that he has "tried hard to translate into English the uneducated, unspoilt purity of language, the purity of thought, which are characteristic of the French," and who has been successful because he appreciates the beauty of the original, and has striven to share his pleasure in it with others.

The story is simplicity itself. Just the true record of the life of an obscure girl, who lost her mother and was deserted by her father when almost a baby, was brought up in an orphanage, and early sent out into the world to earn her living as a shepherdess. It might seem that there is nothing worthy of note in so simple a life. Yet from babyhood Marie Claire looks out on the world with discerning eyes, has a great capacity for hero-worship, an ennobling gift associated with an equally great capacity for suffering, that intense love of nature which is the especial dower of sincere, simple, and large-hearted souls, and a power of expression as rare as it is lovely.

Listen to the impressions of a mere baby.

"One day a number of people came to the house. The men came in as though they were going into church, and the women made the sign of the Cross as they went out.

"I slipped into my parents' bedroom and was surprised to see that my mother had a big lighted

candle by her bedside. My father was leaning over the foot of the bed, looking at my mother. She was asleep with her hands crossed on her breast.

"Our neighbour, la mère Colas, kept us with her all day. As the women went out again she said to them, 'No, she would not kiss her children good-bye.' The women blew their noses, looked at us, and la mère Colas added 'That sort of illness makes one unkind, I suppose.' A few days afterwards we were given new dresses with big black and white checks."

The torture the child endured at the hands of her big sister, who used to come home with her pockets full of creatures of all kinds is vividly described. Most hated by her were the earth-worms, "the red elastic things filled me with horror." But the sister met with her Nemesis when one day after more than usual cruelty la mère Colas "promised her a good slapping, and called to the sweeps, who were passing, to come in and take her away. All three of them came in with their black bags and their ropes." Like all bullies when their sin comes home to them she "howled and cried for mercy."

At the orphanage Marie Claire made many friends, but the dominating factor in her life was her love for Sister Marie-Aimée, an affection warmly reciprocated by the Sister, who thus found an outlet for the mother-love which surged warm and human in the heart of the woman for whom—dedicated to the religious life at the age of fifteen—human love was forbidden.

The story of the advent to the orphanage of the new curé, and of the tragedy of Sister Marie-Aimée is told with admirable restraint and delicacy.

Take the following incident: "At recreation next day she drew me towards her, took my head in her two hands, and bent towards me. . . . I felt as though a soft warmth was all round me, and I felt comfortable. She gave me a long kiss on the forehead, then smiled at me, and said, 'There, you are my beautiful white lily.' I thought her so beautiful, and her eyes shone so with several colours in them, that I said to her 'And you, too, mother; you are a lovely flower.' She said in an off-hand way, 'Yes; but I don't count amongst the lilies now.'"

After a time, Sister Marie-Aimée, who had not been well for some time, became quite ill, and two months elapsed before Marie Claire was summoned to her room. "She was a little better, but I noticed that her eyes did not shine at all. They made me think of a rainbow which had almost melted away. She made me tell her funny little stories, about what had been going on, and she tried to smile while she was listening to me, but her lips only smiled on one side of her mouth. She asked me if I had heard her screaming. 'Oh, yes,' I said, I had heard her during her illness. She had screamed so dreadfully in the middle of the night that the whole dormitory had been kept awake. . . . Her cries got worse and worse. One of them was so terrible that it seemed to come right out of her vitals. Then we had heard her moaning, and that was all. A few moments afterwards

* By Marguerite Audoux. (Chapman and Hall, Ltd., London.)

Madeline had come up and whispered to Marie-Renaud. Marie-Renaud had put on her dress, and I heard her go downstairs. Directly afterwards she came back with M. le Cure. He rushed into Sister Marie-Aimée's room, and Madeline closed the door behind him. He did not remain very long, but he went away again much more slowly than he had come. He walked with his head sunk down between his shoulders, and his right hand was holding his cloak over his left arm as though he were carrying something valuable. I thought to myself that he was taking away the holy oils, and I did not dare ask whether Sister Marie-Aimée were dead. . . . As soon as she was well again, Madeline was kinder, and everything went on as before."

The story of Marie Claire's life on the farm with good Master Silvain and his wife cannot be told here. Suffice it to say that sent there by the Mother Superior with "a smile on her face which was like an insult" as a means of humbling her pride, life there, in spite of its hardships, and her yearning for Sister Marie-Aimée was congenial to her. The farmer's death, and the passing of the farm into other hands, caused a great change not for the better in her life, but it brought also her own idyll, through the friendship of Henri Deslois, brother of her new mistress.

On Sunday Marie Claire was accustomed to visit Jean le Rouge and his wife, who had always worked for Master Silvain, at their house on the hill, and after the new master had dismissed him she still kept up the practice of visiting the empty house. "Now," she writes, "that I was in the open garden, surrounded by broom in flower, I longed to be able to live there always. There was a big apple tree leaning over me, dipping the ends of its branches in the spring. The spring came out of the hollow trunk of a tree, and the overflow trickled in little brooks over the beds. This garden of flowers and clear water seemed to me to be the most beautiful garden in the world."

To the garden came Henri Deslois, and in his eyes "there was so deep a gentleness that I went to him without any shame. . . . He took my two hands and pressed them hard against his temples. Then he said, very low, 'I am like a miser who has found his treasure again.' . . . When he left me just before we came to the avenue of chestnut trees I knew that I loved him even more than Sister Marie-Aimée."

So the house on the hill became enchanted ground, until fate in the shape of unsympathetic relations stepped in, and one day when according to his custom Henri had ridden over to the farm on his white mare, the farmer announced that the house was sold.

Once again Henri and Marie Claire met at the house on the hill in a snowstorm. "The white-mare didn't find it very easy to climb the snow-covered path. Her master leaned down and took my two hands, which I held up to him. There was on his face a look of worry which I had never seen before. . . . I felt quite certain that his words were going to bring me happiness. He held my hands tighter, and said in the same breathless

voice as before, 'I can no longer be your friend.' I thought that somebody had struck me a violent blow on the head. There was a noise of a saw in my ears. I could see Henri Deslois trembling, and I heard him say, 'How cold I am.' Then I no longer felt the warmth of his hand on mine. And when I realised that I was standing all alone in the path, I saw nothing but a great white shape which was slipping noiselessly across the snow."

In her desolation Marie Claire returned to the orphanage only to find that Sister Marie-Aimée was not there. One day, however, she returned. That evening Sister Desirée-des-Anges, whose room Marie Claire shared, came to bed later than usual. "She had been taking part in special prayer for Sister Marie-Aimée, who was going away to nurse the lepers."

The story of the passing of Sister Desirée-des-Anges, young, brave, beautiful, is exquisitely told, but space will not permit it to be quoted here.

The present narrative leaves Marie Claire in the train on her way to Paris, but we have not heard the last of her. So fine a gift as Mlle. Audoux's cannot remain unused. It must have outward expression, and all who have read "Marie Claire" will find it hard to possess their souls in patience till next year, when she promises the book on which she is now engaged, on a subject on which she is an authority—working class life in Paris. Let us hope that her translator will not be able to write as he has done of the publication of "Marie Claire": "She does not know herself now whether she hoped to have it published when she wrote it. She did hope for publication when she had finished it, but that was because she was hungry."

We have devoted considerable space to this literary gem. Some of our readers may already know it, for it is greatly in demand, but it is a book not to be missed.

M. B.

COMING EVENTS.

April 27th.—Matrons' Council of Great Britain and Ireland. Meeting, Leicester Infirmary, Business. Address by Mrs. W. H. Klosz, on "Nursing in India." 3 p.m.

April 27th. Meeting Central Midwives' Board, Caxton House, Westminster, S.W., 2.45 p.m.

April 28th.—Guy's Hospital Past and Present Nurses' League, Annual Dinner, Miss Swift (formerly Matron) in the chair, 7 p.m. Annual Meeting, 8 p.m. Annual Exhibition, Guy's Hospital Nurses' Photographic Society, 4 p.m.

April 28th.—Lecture on "The Medical and Sanitary Organisation of the Field Army Home Defence," by Dr. F. J. Warwick, 12, Buckingham Street, Strand, 7.45 p.m. Admission 6d.

May 1st.—National Convention in support of the Women's Suffrage Conciliation Bill. Mrs. Henry Fawcett, LL.D., presiding, Portman Rooms, W., 3 p.m.

May 3th.—The Maggie Madrigal Society's Concert in aid of the Hammersmith and Fulham District Nursing Association. Royal Horticultural Hall, Vincent Square, Westminster, 8.30 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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—With much pleasure I received your cheque, value 5s., this morning, and beg to acknowledge the same with very many thanks.

Yours faithfully,

ELIZABETH MARTIN.

The Hospital for Incurables,
Near Bury, Lancs.

PERFORMING ANIMALS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I earnestly request your readers not to patronise by their presence, support by their money, or allow their children to frequent, shows of "Performing Animals," which are a blot upon our civilisation?

Were the good-natured English public aware of the tortures that are inflicted upon poor animals in the process called "training" they would cry shame upon such sights instead of flocking to them. But the spectators are cheated into the belief that "all is done by kindness," and are in ignorance of the suffering involved.

Of late, benevolent and painstaking persons have laboured to throw light on the dark places where cowardly ruffians torment hapless animals in secret. Among the foremost to expose the vile methods is the popular writer, Mr. Bensusan, who after careful personal investigation, wrote as follows to the *English Illustrated Magazine*:

"For the most part foreigners are the purchasers of animal troupes, and the majority of them are vile, vicious, and cruel. They come before the footlights smiling and bowing, and now and again caressing their victims, but woe to the one that makes a mistake! Stripes and starvation are the mildest form of punishment, and mutilation is not unheard of.

"It must not be imagined that the owners ill-treat their victims on the stage. Managers would not permit such a thing. It is in the wretched, ill-ventilated, underground cellars, where the greatest number of them are kept, that most of the weekly rehearsals go on, with an accompaniment of suffering that would shock a slaughterman.

"Many an animal goes through its performance with such an obvious terror of doing the wrong thing, that it is really surprising how an intelligent audience can avoid seeing the true state of things."

Mr. Bensusan proceeds to detail some horrible facts as to the use of collars, lined with jagged

nails or iron spikes. By jerking these instruments of torture, reluctant dogs are "taught to dance" while they howl with pain. Besides the question of cruelty to animals, another and very serious point must be considered by those who have the good of our race at heart. Not only is it an unwholesome, morbid taste which can find amusement in the antics of these poor creatures, forced to go through what must be to them a wearisome, unmeaning, and unnatural set of evolutions, twice daily or oftener, but to "dress up" animals as caricatures of ourselves is an insult to the human form divine, which ought never to be made the subject of low buffoonery. Vulgar, senseless, degrading, demoralising—such exhibitions hold up to ridicule that which young and old alike ought to hold sacred—the Image of the Creator, mirrored in every man and woman.

I am, Madam,

Yours truly,

EDITH CARRINGTON.

18, Miles Road,
Clifton, Bristol.

Comments and Replies.

C. F. T., Birmingham.—It is a great risk to emigrate, unless you are prepared to be a domestic servant, to any of the British Colonies. Those who offer work as lady-helps really require general servants. As a trained nurse, unless you have a certificate of three years' training, you will not be qualified to register in New Zealand, in Australia (voluntary registration), or in Cape Colony, Natal, or Transvaal. Registration and nursing standards are being more and more enforced in the United States, and nurses trained in Great Britain are finding themselves increasingly discriminated against. Canada is at present a free field, but work can only be obtained in the rougher branches of nursing: all the higher posts can be quite adequately filled by Canadian trained nurses, which is only fair, and as the Canadians are now rousing themselves in earnest to obtain legal status (State Registration), nursing in Canada will soon rank as a profession into which unregistered nurses from this country will not be admitted. When every civilised country included in the British Dominions has legislated to protect the sick and nursing standards Parliament at home will be compelled to safeguard the interests of the community. Until that time vested interests, social influence, monopoly of trained nursing by anti-registration hospital governors, and the general exploitation of trained nurses will continue. Nursing economics in this country are in a parlous state.

Notices.

OUR PRIZE COMPETITIONS FOR APRIL.

April 29th.—How are burns usually classified? Rules for competing for this competition will be found on page xii.

The Midwife.

State Aid for Maternity.

For some time past, says the *British Medical Journal*, there has been a strong feeling in Manchester that sooner, or later, there will have to be some national provision for sickness in relation to maternity. The question is one of so much importance and interest at the present time that we quote the article, as follows, *in extenso*.

The movement, says our contemporary, received a great stimulus several years ago when Dr. T. Arthur Helme, in his presidential address to the Lancashire and Cheshire Branch of the British Medical Association, advocated a more systematic provision for maternity, pointing out how largely the health of the coming generation depended on ant-natal conditions, and how impossible it was for a large proportion of the working women to make proper provision for times of childbirth, the result being an enfeebled motherhood, a high rate of morbidity among both mothers and children, and a high infant mortality. Something has been done by the Health Committees of the Manchester and Salford Corporations by their health visitors, who have as far as was practicable visited pregnant women and given advice as to food and proper care of health during pregnancy, and more particularly as to the care of the infants. This work has been supplemented by voluntary efforts, among which may be specially mentioned what is now called the School for Mothers; it is a place to which expectant mothers are invited, and where some systematic instruction in motherhood is given. An attempt has been made to extend this by appointing medical practitioners to attend the meetings, and it has even been proposed to appoint specialists to make physical examinations of the women and give advice as to their fitness or otherwise for child-bearing. It has generally been assumed that all such work by medical men should be done gratuitously, though it is strictly professional work, the expense being that no funds are available to pay medical men. Other proposals have been made for the nationalisation of the whole medical service, which it is held would be specially beneficial in the case of parturient women.

In view of the intention of the Government to introduce a scheme for sickness and invalidity insurance, the Lancashire and Yorkshire sections of the Women's Co-operative Guild recently held a meeting in the hall of the Co-operative Wholesale Society, Manchester, to discuss the needs of working women in these respects. Miss Llewelyn Davis, the general secretary, opened the discussion by urging the need for a national provision for maternity and for sickness among women. She said that the ordinary wage of from 18s. to 30s. a week was insufficient to allow an adequate sum to be saved to meet such needs, and from the want of proper provision an immense amount of privation and suffering resulted both to mothers and

infants. For lack of proper attention women often suffered all their lives, and society suffered great losses by enfeebled motherhood, weakly children, and heavy infant mortality. The expenses incidental to childbirth, she said, averaged from £3 to £5, and there was need for outside assistance. The difficulties in the way of a compulsory contributory scheme included those of securing payments from husbands out of work or ill and men engaged in seasonal trades or only casually employed. Perhaps the simplest and most effective way would be by a grant in aid from the State, to be paid to the municipalities to enable them to provide doctoring and nursing in all instances in which the income was below a certain level. So far from such a scheme being demoralising, she thought it would tend to create a feeling of greater responsibility, as the condition of public feeling would make parents more anxious to see, when there was no need to pay doctor and nurse, that proper food and clothing were provided. She concluded by moving a resolution calling the Government's attention to "the urgent necessity for making public provision for maternity and for married women's sickness and invalidity." Several speakers expressed the fear that many women would regard such outside help, whether from the State or the municipality, as a charity to be avoided, while others urged the nationalisation of the entire medical service. "If it be true," one speaker said, "that every child born is worth £200 to the State, surely the State can afford to provide a mere £5." The resolution was carried unanimously, and it was directed that a copy of it be sent to the Chancellor of the Exchequer.

There can be little doubt that more provision is needed than at present exists in Manchester for this special class of cases. A very large proportion of the working women either engage the cheapest midwife they can obtain or depend on incompetent neighbours to give assistance at the time of their confinements, and an immense amount of suffering results from the want of proper medical attention. Very few of the sick clubs of the district admit women to their benefits, or if they do, it is only for other illnesses, anything connected with pregnancy or confinements being excluded except for special extra fees. The arguments used at the meeting of the Women's Co-operative Guild may be held to show the necessity for further provision for medical attendance during pregnancy and at confinements and for some time afterwards, but no satisfactory reasons were given which would justify a non-contributory scheme for these cases, nor was it shown that State sickness and invalidity insurance would be insufficient to meet the requirements.

In the new wing which is being added to the Cardiff Infirmary a ward is to be specially devoted to maternity cases, and Lady Bute has promised to endow the "David" bed.

Charge of Murder against a Certified Midwife.

At the Richmond Police Court on Thursday, April 20th, the magistrates further investigated the charges preferred on the previous day against Thomas Jones, a draper, of Brompton Road, S.W., and Annie Marian Sadler, of Westmoreland Street, Pimlico. We refer to the case here, because Mrs. Sadler, who is also known as Palmer, having, she states, been twice married, is a certified midwife, having obtained admission to the Midwives' Roll under the name of Annie Marian Palmer (3883) by virtue of having obtained the certificate of the London Obstetrical Society in January, 1902.

According to the *Times* of Friday, April 21st, which we quote below slightly abbreviated, Jones was brought up on remand charged with performing, or attempting to perform, an illegal operation on Elsie (Daisy) Sweetman, formerly in his employ as a shop assistant, and Mrs. Sadler was charged with assisting in performing it. Both were now charged with murder.

Mr. Travers Humphreys (instructed by Mr. Peavor) prosecuted for the Treasury; Mr. Margetts defended Jones; and Mr. T. Duerdin Dutton appeared on behalf of Sadler.

Mr. Travers Humphreys said the girl Elsie Sweetman was 22 years old. There would be no question, he thought, when the evidence had been heard that the girl died from the effects of an illegal operation, and that that operation was performed in a most extraordinarily reckless manner. She was employed by the prisoner for some three months up to January of this year. . . . She seemed to have been frequently with Jones, and they were generally accepted among their friends as keeping company. In March she consulted a doctor, who found that she was pregnant. The allegation was that on April 1st she went to the house of the female prisoner, and there underwent an operation. On April 5th Jones telephoned to a nursing home at Pagoda Avenue, Richmond, asking whether the girl, who was ill with influenza, could be put up for a few days. About 9 o'clock that night Jones and the girl arrived at Pagoda Avenue in a motor-cab. It was seen at once by the ladies in the house that the girl was not suffering from influenza, but was in a desperately ill condition. Nurse Galley very properly sent for a doctor at once. Dr. McGuire saw the girl about 10 o'clock and found that in addition to other symptoms there were indications of peritonitis. Jones remained in the sitting-room while the girl was being examined. The doctor afterwards said to him:—"This girl is very ill; she may not recover. I understand from her she has had something done to her." And Jones accepted the situation as being correctly stated.

Dr. McGuire saw her again on the morning of Sunday, April 8th, and she was then in a very serious condition. About two hours later she made a statement. This statement was made in the absence of the two defendants, but, counsel submitted, it was evidence against them, being a

dying declaration. In order that it should be admissible it was necessary that the prosecution should show that the girl was dying, and knew that she was dying, and was without hope of recovery. The girl said to Nurse Galley: "I shall never be better. I am going to die. I shall be happier then, shan't I?" Nurse Galley said: "Yes, you are dying. Won't you tell me the name of that woman? You will involve so many in a big difficulty if you don't." The girl then said: "Mrs. Palmer, Westmoreland Street, Pimlico."

According to another report, the names of Nurse Palmer and Nurse Sadler were found by the police inspectors outside Mrs. Palmer's door. She explained that she was both Nurse Palmer and Nurse Sadler, and contended that she was entitled to use both names, and was certificated in both.

The hearing was adjourned until Friday, April 28th.

We are unable to obtain any evidence that the accused woman has received general training as a nurse.

MANCHESTER MIDWIVES.

Dr. Sergeant, Medical Officer to the Local Supervising Authority of the County of Lancaster, asks us to make clear that the two midwives referred to in our issue of last week in connection with Mrs. Lawson's paper at the Nursing and Midwifery Exhibition—in which she mentioned that two *Lancashire* midwives, cited to appear before the Central Midwives' Board, and who were exonerated, cost the National Association of Midwives £30 to defend them—were not practising in the Administrative County of Lancaster, and it would be more correct if they were referred to as belonging to the County Borough of Manchester.

We have pleasure in giving this explanation.

THE USES OF IZAL.

Messrs. Newton, Chambers, and Co., Ltd., have drawn our attention to a contribution published in the *Journal of Obstetrics*, dealing with the treatment of puerperal sepsis by active disinfection of the uterus. The disinfectant used was izal, and the author, referring to that preparation, writes: "I was led to try it for intra-uterine work on account of my previous experiments in the treatment of sloughing faecal inflammation often seen in cases of septic scarlet fever. In this disease I took groups of similar cases and treated the faeces with various antiseptics, such as strong chlorine solutions, carbolic acid (pure), strong mercurial solutions, and so on. While most of these were actively poisonous, none seemed to do very much good. After reading the work of H. H. Gordon and Klein on the action of izal on the streptococci found in scarlet fever, I tried swabbing the faeces with undiluted izal, and I at once found a difference in that the izal did not attack healthy mucous membrane, but had a marked effect of necrotic tissue." The writer adds that he has never seen any toxic symptoms from izal, and from inquiry into the after history of the cases of puerperal sepsis which form the subject of the paper referred to above he finds that, in several, subsequent pregnancy had taken place, and he concludes therefore that it has no deleterious action in this respect.

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XLVI.

Editorial.

BROKEN CONTRACTS.

Mrs. Jessie B. Davies, Chief Lady Superintendent of Lady Minto's Indian Nursing Association, in a communication sent from Simla on April 13th, endeavours to correct an erroneous impression in the minds of nurses who have thought of joining the Association, and have refrained from applying because of the detailed regulations laid down to protect the Association from financial loss in the case of broken contracts.

We agree with Mrs. Davies it is much to be regretted that women, as well as men, do not in all cases understand or appreciate the full responsibility attaching to an agreement, and that when they fail to keep an agreement, upon which they have entered of their own free will, they should exhibit any resentment over the refund demanded of them.

Women who take up nursing have not, as a rule, had any business training, or the control of a banking account of their own, or they would understand better that no Association, or business, in which a considerable initial financial outlay is undertaken, on a definite agreement that service will subsequently be rendered, could exist at all if those who entered into the contract were allowed to break it without incurring any penalty.

But if nurses do not understand the financial side of the question, they should comprehend that truth and honour demand of them that they should keep their word, and that to break a contract without the consent of the other contracting party, and without defraying any consequent loss is not honourable behaviour.

The statement in a recent Annual Report of Lady Minto's Nursing Association that,

in four years, no less than ten nurses have broken their contracts, seems to have created a feeling of distrust as to the conditions of life under the Association. Such distrust is not warranted by the reports received from members of the Service who write warmly of the kindness and consideration shown to them by the officials, and Mrs. Davies shows that, of the ten nurses referred to, five have severed their connection with the Service for a life "à deux"—obviously a happy reason; another Sister, apparently ignorant of the geographical immensity of India went out thinking she would be near her brother, and another, by no means over robust, found the strain of the long journeys too great. In cases of illness or other urgent domestic reasons, necessitating a return to Europe, a Nursing Sister is able to secure her liberty at the earliest possible moment, and no refund is, in this instance, exacted.

An objection is sometimes raised to the period of the contract—five years—which it has been suggested should be reduced to three. Five years is the usual contract for service in India, and, financially, a shorter period would be impossible, while the continuity of work would be greatly prejudiced, and the value of the nurses' services lessened.

Those who agree to take up nursing work in India should do so with the full realisation that they are assuming new responsibilities, and with the determination to serve the country of their adoption loyally and courageously. We believe that none of those who in an "honest and good heart" elect to serve the sick in our great Indian Empire will regret this decision, but the test at home as to vocation for this special work should be severe.

Medical Matters.

HOW TO AVOID POST-OPERATIVE BACKACHE.

Backache is, says the *Dietetic and Hygienic Gazette*, one of the human ills that the doctor is inclined to view with indifference. What must come will come, of course, and a lame back is as inevitable as April showers or the taxes. But Dr. Goldthwait, of Boston, views the matter differently, for he has spent several years in observation of the causes that produce wrenching of the pelvis and spinal column. In a recent article in an American contemporary he calls the attention of surgeons to the unsatisfactory method—or lack of method—in which patients are often arranged on the operating table. He tried these various faulty positions himself and experienced for a few minutes the distortion and discomfort that patients are obliged to endure—under anaesthesia, of course—throughout a long operation. He affirms that there is no possible excuse for placing patients on the table in such positions as to cause straining of the pelvic joints, sagging of the lumbar spine, and ultimate suffering from weak back.

In the Trendelenburg position the lumbar spine and the thighs do not "fit" the ordinary flat and hard operating table. They require support by means of pads or small pillows, which do not interfere in any way with operative work while, at the same time, they maintain the legs in a normal relation to the pelvis and prevent hyper-extension of the thighs by which the pelvis is dragged out of position and the sacro-iliac joints are stretched.

The lithotomy position as is often maintained in operations, with the legs supported by slings around the ankles, allows the legs to sag and causes undue strain of hips and pelvis. Dr. Goldthwait has contrived a form of leg support which puts the leg at rest, in a firmer and more natural position and avoids the evils of the ankle noose.

The illustrations accompanying his article represent very plainly the contrast between the right way and the wrong way. Every surgical nurse should give this matter careful attention. With a little more care the surgical patient might have much less pain and weakness to complain of after the operation.

THE HYGIENIC EDUCATION OF THE YOUNG.

Dr. T. N. Kelynack, speaking at the annual meeting of the National Federation of Christian Workers among Poor Children, said that a pressing question demanding study by workers amongst boys and girls of all sections of the community was that of sex hygiene. The only way of meeting the problem was by knowledge.

The Work of the School Nurse and Medical Inspection.

By Miss Lucy Brooks.

For many years past evidence has been gathered that in order to improve the physical and mental fitness of the nation it was necessary to improve the health conditions, both personal and in regard to the environment, of the children. A result of the consideration of this great need was that the medical inspection of school children was the first necessary and practical step towards remedy.

Before 1907 only a very few of the education authorities had made arrangements for the medical inspection of school children. The London School Board, and then the Bradford School Board, being the first to see the great need for stemming the wastage of human life which is sapping the population.

In 1907 came the Education (Administration Provisions) Act, which provided for the medical inspection of school children, which came into force on the first day of January, 1908.

This inspection could not have been properly accomplished by the medical man alone—it was necessary that the teacher and school nurse should co-operate. In all schools where teachers have rightly understood the meaning and intention of the new legislation they have proved sympathetic and willing helpers, and their services and co-operation are invaluable. What the mother is in the home the teacher is in school, and the school nurse serves as a link between school and home. One of the great objects of the work is to raise a higher sense of duty in matters affecting health in the homes of the people, to enlist the best services and interest of the parents, and to educate their sense of responsibility for the personal hygiene of their children. The increased work undertaken by the State for the children does not mean that the parents have less to do for themselves but more, for it is in the home that both the seed and the fruit of public health are to be found.

This crusade of health has to be carried on in singularly unfertile soil, and only those who know the conditions pertaining to the home life of these school children really realise how important and how valuable, or how far reaching in its effect, this work may be. Yet it is surprising to see how clean and tidy the children are sent to school when one knows out of what homes they have come. The mothers have a hard struggle—only one change of clothes, which have their weekly wash on

Saturdays, and the children kept in bed while the clothes are dried.

Often there is no money for fire or soap, and then the clothes must go unwashed.

It is all such a great problem how to help the children without pauperising the parents. Why are the children allowed to suffer so? It is hard to reconcile oneself to the fact that "God is love." It is only possible when one stops to think that it is not His doing, but man's undoing of His will that causes the misery and suffering.

"Here what the sows must another reap,

And children suffer for their fathers' sins
While they live here; but in that other world
Shall each man reap his own inheritance."

The children know or feel vaguely that there is a world of beautiful things, but somehow they can have neither part nor lot. It is not for them—their life is in the dull and dirty streets. If only there were a law by which the children could be taken from their parents when they had proved themselves unworthy of their charge. But the parents must not have their responsibility lessened and their children kept by the State. They must bear the penalty and be separated and sent to labour colonies which would be self-supporting, and where they could lead clean, happy, better lives. Then their children could have a chance away from home surroundings. Inducing habits and instincts of cleanliness, and inculcating practical lessons in the value of personal hygiene and self-respect, have a wonderful humanising influence. It cannot be doubted that a large proportion of the common diseases and physical unfitness in this country can be diminished by effective public health administration combined with the teaching of hygiene and a realisation by teachers, parents, and children of its vital importance. The spread of communicable diseases must be checked. Children's heads and bodies must be kept clean, and the commoner and more obvious physical defects at least must be relieved, remedied, or prevented; school rooms must be kept in a cleanly condition and properly lighted, well ventilated, and not over-crowded. The mental faculties must be trained in conjunction with the physical culture and personal hygiene. These primary requirements must receive first attention. The work of the school nurse is beset with numerous difficulties. Like the teachers, any impression she may make on the child in school is often undermined in the home, and time after time she has to retrace her steps. She is more a sentry on outpost

duty—to prevent rather than cure disease. The work is monotonous and seemingly thankless, for it is so vast, and as yet the workers are yet only touching the fringe; but it is in its pioneer stage, and the results will be seen in the next generation, when we hope to have a better race. When one considers how important it is to watch over the health of the young generation, and often to cure ailments and remedy defects which, had they remained untreated, would have been past cure in adult life, working in co-operation the school doctor, teacher, and school nurse are doing a national work of the utmost value. Defective sight, hearing, adenoids, with their evil results, spinal curvature, rickets, scabies, sores, ring-worm, and tuberculosis—these are a few of the diseases which are discovered every day in the schools, and in many cases cured or alleviated. Apparently the work of a school nurse seems trivial, but when one considers that it is with the children, the future mothers and fathers of England that has influence, especially at a period when their minds are specially fertile and able to assimilate new ideas, then it becomes a true work for the good of the community.

It is to be hoped that not many years will have passed before there is established in each town a special clinic for the treatment of ailing children, and where those who are ill through lack of food may have it supplied to them, and so be brought back to health more quickly and able to return again to school.

When the Education Act of 1907 was made compulsory on all local authorities various towns began to feel that a new and serious expenditure would be added to the school expenses. One town, however, Bradford, differed from all others, in that it determined, through its Education Committee, not to incur the new expense without at the same time taking definite steps to cure the defects and diseases that might be noted by the doctors. Permission was granted in July, 1908, and in August the first school clinic was opened with a doctor and nurse installed, and ready to take in hand all the children sent from school by the visiting doctors.

The results of the clinic are remarkable, and well repay the expenditure. In England there must be tens of thousands of children suffering from minor ailments which with treatment could be permanently cured, but for lack of care and treatment develops into life-long complaints, the sufferers eventually filling the workhouses, infirmaries, and asylums. The field is open to infinite possibilities, and though the results at present are small, they

are very far-reaching, and the beginning of a great work for the nation.

The school nurses' duties vary in different towns, and no hard and fast rule can be laid down. Some part of her time may be spent in assisting the doctor at the medical inspection, weighing, measuring, and testing eyes and ears. The rest of her day may be spent in visiting the homes of the children, advising the mothers as to treatment and cleanliness.

In some towns a nurse does not assist at medical inspections, but visits the schools and homes in her district, giving advice and slight preparatory treatment, and when necessary urges medical treatment.

The systematic examination of the girls' heads in school is the only way to eradicate the pediculi, and then the nits are obstinate and difficult to remove.

The parents do not take a high enough standard as regards the cleanliness of the head—the nits do not matter! The most effective method to kill the pediculi is to soak the head with paraffin or methylated spirit, but it is one much too dangerous to recommend for home treatment. By using carbolic oil, oil of sassafras, or quassia chips repeatedly the head may soon be cleansed. The hair must be cut behind the ears, where the nits are always so thick, and the remaining nits may be removed gradually by soaking well with vinegar, and combing off. It is a good plan to ask the girls to plait or tie their hair back.

In cases of very dirty heads the hair should all be cut off, and the sores and scabs softened with carbolic oil, and a starch or linseed poultice applied.

To make a starch poultice, take four table-spoonfuls of wheaten starch mixed into a smooth paste with cold water. Add one pint of boiling water, stirring well until right consistency is reached. When cold, spread on a large piece of linen to a thickness of half an inch. Face with gauze and apply to head.

Other cases which come under her notice are cases of *scabies*—a simple inflammation of the skin produced by the irritation of the "acarus scabei," and scratching of the sufferer. It is a contagious disease, and only eradicated by thoroughly washing with soft soap and nail brush all crevices between fingers and toes, bathing in hot water to which has been added 2 oz. of sulphide of potassium, thoroughly drying the body, and rubbing well into the affected parts an ointment made by mixing 1 drachm of sulphur to 1 oz. of pure lard. Clothes must be disinfected.

Impetigo is a contagious disease appearing on the face and scalp of children. Small

vesicles appear on the skin which contain serum, but rapidly become sero-purulent and rupture, which gives rise to a crust or scab.

When treating, the crusts must be removed by washing carefully with soap and water, or bathed with warm gruel water. Then zinc or boracic ointment spread on linen and applied to the surface. The general health must be improved.

Ringworm. There are numbers of parasitic applications to choose from, but it is not so much the kind of ointment used that is so important as the way in which it is applied. The hair should be cut short for an inch round the patch, or if necessary, all over the head; the head thoroughly washed at the outset with soft soap, and all scabs removed, and subsequently, before applying new ointment, the old must be washed off, and, if possible, the old hairs drawn out with forceps, for every follicle so emptied is cured.

It is only when new hair is grown and repeated examinations have failed to disclose any isolated diseased hairs that a cure may be pronounced.

Sore Eyes and Granular Ophthalmia.—Until treatment is obtained the mother should be directed to wash out the eyes with boracic lotion by drawing down the lower lid of the eye and pouring the lotion into the eye, a few drops at a time, from a small, clean teaspoon. The greatest gentleness must be used.

Vaseline or boracic lotion should be smeared on the lids when asleep to prevent sticking. Cleanliness and the general health must be improved.

The Isla Stewart Scholar.

Miss Rundle, the Isla Stewart Scholar, has been the guest of the Johns Hopkins Hospital at Baltimore, which she has found most pleasant and profitable. A visit to Washington, as the guest of Miss Nevins at the Garfield Hospital, was also greatly enjoyed. These visits will add to the delightful memories Miss Rundle will have of the great Republic when she returns home. What are needed in the nursing profession are travelling scholarships. A change of environment is the finest form of education possible. There would not be an anti-registrationist left in this Kingdom if every nurse were given the opportunity of travel, and of coming into touch with more liberal minds than her own, instead of so often adopting worn-out shibboleths. As a class we suffer much from insular intolerance, not to a bad conceit. It is the result of revolving in narrow circles.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Rowena J. Lush, University College Hospital, Gower Street, W.C., for her article printed below, on

HOW ARE BURNS USUALLY CLASSIFIED?

Burns are usually classified into six degrees.

1st degree.—Erythema or mere reddening of the skin due to increased flow of blood to the part through the dilated blood vessels. The tissues are not destroyed at all, so there is no resulting scar.

2nd degree.—Vesication or formation of blisters due to the production of a collection of fluid under the horny layer of the skin. No scar is formed. The horny layer peels off, but is soon replaced from the deeper layers. There may be some slight change in the colour of the part.

3rd degree.—Partial destruction of the skin. Burns of this degree are the most painful as the nerve endings are injured, but not destroyed. A scar forms, but as the scar tissue contains all the elements of the true skin there is no contraction.

4th degree.—Complete destruction of the skin. Ulceration occurs beneath the sloughy skin. This (the whole skin) is yellow like parchment. The nerve endings are destroyed, so there is not so much pain as in burns of the third degree. The scar which forms is composed of dense fibrous tissue, therefore unless the surface is skin grafted extensive contractions and deformity result.

5th degree.—Penetration into and implication of the muscles. Patients seldom survive such a burn unless it be possible to amputate the part. In even a favourable case there must of necessity be much deformity from contraction, and great scarring.

6th degree.—Charring of the whole limb. The burnt part comes away by ulceration as in gangrene.

No paper about burns would be complete without mentioning the constitutional effects. These effects are in many cases really of far greater importance than the burns themselves. They may also be classified into degrees.

1st degree.—Shock and congestion. After a fairly extensive burn the patient suffers greatly from shock, and often passes into a comatose state and dies. Much congestion is found and increase of red corpuscles.

2nd degree.—Reaction and inflammation. Patient recovers from shock in 48 hours or less, but the temperature rises and inflammation sets in.

3rd degree.—Exhaustion and continued suppuration exhausts patient, or he may die from inflammation of the lungs or intestines, or secondary hæmorrhage.

We highly commend the papers by Miss Paxton, Miss Mary Kent, Miss Lukey, Miss M. Punchard, Miss M. Atkinson, and also commend those of Miss E. Martin, Miss E. E. Pleuse, Mrs. Jennings, and Miss Carmichael.

Miss Paxton mentions that a burn is an injury produced by the action of solids, liquids, or gases at a high temperature, or by acids, also that fever is usually present due to the absorption of toxins from the sloughing sores, thus the patient is liable to all kinds of infection, e.g., pneumonia, congestion of the brain, stomach, intestine, leading to vomiting and diarrhoea, whilst ulceration of the bowel, and even peritonitis may supervene.

If "burned to death" the patient usually dies from asphyxia. Death may also occur from shock or heart failure, internal complications, and ulceration of the duodenum.

Miss M. Punchard notes that when there has been much shock the reactionary stage is dangerous after the first 24 hours, the high temperature and drowsiness arising from putrefaction and absorption.

After the reactionary stage, the degree of suppuration is dangerous, giving rise to blood poisoning or death from exhaustion.

Miss M. Atkinson points out that extensive burns, even if superficial, are very dangerous, also that the process of dressing is often most painful, and the nurse will show her excellence by her delicacy of touch, rapidity, and gentleness.

Miss Mary Kent writes that burns vary in their effect according to their depth, extent, situation, and the age of the patient. An extensive though superficial burn on the trunk, head, or face, especially in a child may be more serious than a deeper but limited burn on the extremities.

Miss E. E. Pleuse refers to the fact that scalds of the throat, from drinking boiling water out of kettles are very common with children, and are generally fatal from suppuration as well as shock.

QUESTION FOR THIS WEEK.

What are the chief points which should be emphasised when visiting the homes of the poor by a nurse who is engaged in combatting tuberculosis?

Rules for competing for this competition will be found on page xii.

The Matrons' Council.

THE BUSINESS MEETING.



By the courtesy of the Governors of the Leicester Infirmary, and on the invitation of the President and members of the Leicester Infirmary Nurses' League, a meeting of the Matrons' Council of Great Britain and Ireland was held in the Lecture Room of the Nurses' Home, Leicester Infirmary, on Thursday, April 27th, at 3 p.m.

Miss Rogers was in the chair. There was a good attendance of members. Letters and telegrams of regret were received from Miss Heather-Bigg, President, and some twenty members.

The following new members were elected:—

Miss M. Atkey, Matron, County Hospital, Newport, Monmouthshire.

Miss C. Haldane, Lady Superintendent, Nursing Home, Southampton.

Miss E. Jasper, Matron, The Hospital, Oswestry, Shropshire.

Miss A. Robson, Matron, Walthamstow, Leyton, and Wanstead General Hospital, Walthamstow.

The method of procedure to be observed in carrying out the terms of By-law 8, Sec. b, was then discussed, and Miss Musson gave notice that at the next meeting she would move the insertion of the words "in rotation" after "annually."

The question of the venue of the next meeting was then debated, and it was decided to meet at some centre where the Matron was a member of the Council. The Secretary was instructed to write to Miss Carpenter-Turner, of Winchester, and ask whether she could arrange for the July meeting to be held there.

The decision of the Matrons' Council to hold the April and July meetings out of London is evidently a popular one. Miss Pote Hunt wrote from Rochester expressing the hope that the Council would arrange that one of its visits to country hospitals should be to St. Bartholomew's Hospital, Rochester, and an invitation was also received from Miss Behnke, asking the Council to visit Broadlands, near Medhurst, where a "Natur' Cure" was carried out under specially favourable conditions. Miss Knight (Nottingham) and Miss

Macintyre (Wigan), who were present, also gave cordial invitations to the Council to visit those towns. It was decided that as the Council had twice recently met in the Midlands it would be desirable to hold the next meeting in the South of England. It was also decided to arrange for a visit to Broadlands on an occasion apart from the business meeting.

Miss Musson then moved a vote of thanks to Mrs. Bedford Fenwick and Miss Mollett for the part they had taken in organising and writing the Nursing Pageant. This was carried by acclamation.

A very cordial vote of thanks to the Governors of the Leicester Infirmary was then passed, and the business meeting terminated.

THE NURSES' HOME.

The members of the Council and the invited guests of the Leicester Infirmary League then inspected the beautiful new Nurses' Home, the arrangements, spaciousness, and furniture (mostly made on the premises) receiving warm admiration. In connection with the opaque glass in the lower part of the windows of the nurses' bedrooms, Miss Rogers told an amusing story. In one of the houses of a row of cottages running parallel with the Home a child was crying lustily, and its mother was heard to admonish it thus: "Now, you be a good girl and stop crying, and you shall go upstairs and see the nurses dress." After that it was considered desirable to prevent a repetition of the treat.

The members of the Council and the guests were then entertained to a sumptuous tea in the well appointed nurses' dining-room, prominent at one end being the beautiful banner of the League. Everyone thoroughly enjoyed all the excellent things provided by their hosts. It was, in fact, difficult to tear oneself away to join in the more serious intellectual banquet that followed in the lecture room.

Amongst those who accepted the hospitality of the Leicester Infirmary Nurses' League were Mrs. Spence and Miss Mollett, officers of the Matrons' Council, Miss Knight (Nottingham), Mrs. Klesz, the Hon. Albinia Brodrick, Miss Elma Smith, Miss Brey, Miss Cutler, Miss Macvittie (London), Miss Lord (Banstead), Miss Winnill (Carshalton), Miss Musson, and Miss Buckingham (Birmingham), Miss Macintyre (Wigan), Miss Jolley (Liverpool), Miss Nicholson (Pendlebury), Miss Macfarlane (Kidderminster), Miss Spittal (Loughborough), Miss Barter (Coventry), Miss L. Osborne (Rugby), Miss A. Strong (Loughborough), Miss M. Braye (Mount Serrell), Miss T. Glenn (Oakhams), Miss C. Shields (Milton Mowbray), and the following

Matrons in Leicester Miss Disuey (Lady Superintendent, Leicester Institution of Trained Nurses), Miss Gray (Matron, Maternity Hospital), Miss Hartman (Superintendent), and Miss Glass (Assistant Superintendent (Q.V.N.)); also Mrs. C. Bond, Mrs. A. J. Clarke, Mrs. Bigg, and Miss Wade, as well as a number of nurses from Leicester and the county, and others from Rugby, Nottingham, Melton Mowbray, Loughborough, and Coventry.

AN INTERESTING MEETING.

Mrs. Walter Spencer (Hon. Treasurer of the Matrons' Council) presided with great verve and geniality, when the members re-assembled to listen to addresses from Mrs. W. H. Klosz, R.N., and the Hon. Albina Broadrick.

The Chairman referred with regret to the unavoidable absence of the President, Miss M. Heather-Bigg, from whom a telegram had been received, and of Mrs. Bedford Fenwick, who had hoped to speak on the Work of a Central Nursing Council. All her words were words of wisdom, and the subject was one of which she was master. Mrs. Fenwick's had been the master mind of the whole campaign in the movement for State Registration of Nurses, and she hoped that before long her efforts would meet with the success they deserved.

She then introduced Mrs. Klosz, who had kindly consented to give an address on the Progress of Nursing in India, as a lady trained at the Johns Hopkins Hospital, Baltimore, a Registered Nurse in the State of Maryland, a member of the Association of Nursing Superintendents of India, and the Editor of the *Nursing Journal of India*.

THE PROGRESS OF NURSING IN INDIA.

Mrs. Klosz referred to the help she had received from Mrs. Bedford Fenwick in connection with the *Nursing Journal of India*, and thanked all those who had taken an interest in its welfare. She could not, she said, speak to a meeting of the Matrons' Council without referring to one of its members who had been one of the foremost workers in India, the late Miss J. W. Thorpe. It was through her efforts that the Association of Nursing Superintendents of India, and later, the Trained Nurses' Association of India, were formed. She was the one person who knew all about nursing in India, and had the different threads in her hands, and since she died three or four people had been trying to do the work which she did. Other members of the Matrons' Council holding leading positions in India were Miss Mill, at St. George's Hospital, Bombay, and Miss Tindall, Lady Superintendent of the Cama and Allbless Hospitals in the same city.

One of the problems in connection with nursing in India was that it was undertaken by both

Indians and Europeans. The Trained Nurses' Association of India was trying to bring them together, and Indians who came up to the required standard were eligible for admission, but so far only one Indian girl was in membership.

One difficulty was that there were no nursing text books for Indian nurses in the vernacular. When there was the demand for one no doubt one would be brought out. At the same time, if an Indian girl passed through a thorough training she usually learnt enough English to study English text books.

English nurses worked in India as Army Sisters and in connection with Lady Minto's Indian Nursing Service. The only way in which such nurses touched Indian nursing, as a rule, was as Superintendents. In many instances in hospitals the patients were nursed by their own relations, and the civil surgeons found themselves greatly handicapped in consequence, as these relations exercised no control, and a patient who had had an abdominal operation performed might be found walking about the ward shortly after the operation.

It was satisfactory that the Government were beginning to take an interest in nursing work and to appreciate its importance. Thus, in the Bombay Presidency, it was necessary for a nurse to attain the three years' standard of training defined by the Bombay Nursing Association, and to be registered by it in order to obtain work.

Another problem in India was that of the native dais. They were midwives by heredity, not by training, and their ways were mysterious. An attempt had been made through the Victoria Fund to give these women some training, but it had not been successful.

A more successful attempt had been that to train women, not hereditary midwives.

A difficulty of nursing in India was that the conditions were such it was impossible to send Indian girls into the homes to nurse. The problem was how to make nurses respected amongst Indians. They had the reputation, by no means always deserved, of being bad women, and men who were careful of their womankind would not allow them to nurse in cities, so the work passed into the hands of those who charged exorbitant fees, and were not a credit to nursing.

Another point was that it was quite impossible for the men in hospitals in India to be nursed by Indian women. Male nurses must be employed in male wards.

Mrs. Klosz said that she had been amused during her work in India to receive letters from nurses with whom she had trained discussing their own problems and assuming that hers were much the same.

As Superintendent of Nurses in an Indian hospital one might have to be anything from a maid of all work to a doctor. She had had to act as compounder, with the help of the British Pharmacopœia, though she knew nothing of compounding, and for nine weeks she had had to be doctor. That for a nurse rigorously trained in the belief that diagnosis and treatment were outside a nurse's province was disconcerting. When doctors in India are registered this would not be possible.

There was, in fact, nothing that a Superintendent might not be called upon to do, including settling quarrels amongst the nurses. If nurses in an American hospital were having "cat and parrot" times they would settle their differences themselves, but Indian nurses were like children, and had to be treated as such.

Another difficulty with Indian nurses was their hatred and contempt of manual labour. The best way to meet that was to do the things you expected of your nurses. If they respected you, and saw you setting the example, they came round by and bye.

The Sisters of India Society was doing good work by developing a sense of service, but they were, she thought, mistaken in not encouraging girls to train in the ordinary hospitals, their idea being that the mercenary motive was too prominent in such hospitals. But in all hospitals, whether civil or mission, where the nursing was worthy of the name, there must be the spirit of service. The development of this spirit would mean the success of Indian nursing, and be the saving of India, for Indians, naturally, served only themselves.

AN IRISH HOSPITAL.

The Hon. Albinia Brodrick then gave a delightful account of Ballincoona, the hospital which she is building at Caherdaniel, where she said she, too, had to be everything in turn from a maid of all work to a doctor, including housekeeper, farm-hand, head quarryman, plasterer, contractor, nurse, and president of a co-operative society.

The hospital, Miss Brodrick explained, was 26½ miles from the station, so that it was more satisfactory to send for a ship to bring the necessities of life. These were then landed at the little quay quite conveniently. In Kerry they never thought of arriving at the hospital through the gate provided for the purpose; they preferred to get over a wall. If you proceeded to the hospital by the more orthodox way you would pass rape, oats, vetches, beans, and a wheelbarrow of old china, which looked untidy, but its mission was to provide grit for the fowls. You would probably also pass the door mat left out to dry in the rain.

The hospital was only part of a bigger scheme. Miss Brodrick expressed the hope that it would be a centre of industrial development, also that there might be two or three little beds for tired nurses. In Ireland they never said "no" if they could help it, and thus must make provision accordingly. As an illustration of this national trait, Miss Brodrick said if you tried perhaps to reconcile two men and get one to speak to the other, you would get such an answer as "not refusing you, but I couldn't possibly do it."

The speaker explained the need for co-operative trading, and the methods by which local traders would run up an account against a customer until he was hopelessly involved. The co-operative shop had taken £800 last year, and hoped to take half as much again this. By degrees they hoped to stop emigration and revolutionise that little corner of Ireland.

At the close of the meeting Mrs. Spencer, from the chair, moved that the meeting send its affectionate greetings to Mrs. Bedford Fenwick, and she voiced the general regret at her enforced absence, and the sincere hope of all present that she would soon be restored to complete health.

This motion was seconded by Miss Rogers, who said how sorry they were not to have had Mrs. Fenwick with them, and to have missed her valuable paper, which they should all have so much enjoyed. This was carried unanimously and with acclamation.

THE WARDS.

After the wards had been inspected, the Matrons' Council were again conducted to the nurses' dining-room, where they were entertained at a regal supper at which a number of delicious dishes were provided, which the guests thoroughly enjoyed.

But what all the members of the Council really appreciated most in the lavish hospitality of their hosts of the League was the kindness and camaraderie, the good feeling that prompted and prompts these entertainments and that brings us all closer together.

All the Matrons felt proud when Miss Rogers said, "It is the proudest day of the League," and all joined heartily in the thanks to the League tendered by the Secretary at the close of the entertainment.

All of us who took part in the Leicester meeting carried away with us the pleasantest memories of a happy day, and those of us who travelled from London can add the recollection of a very delightful journey there and back.

M. MOLLETT, *Hon. Secretary.*

League News.

THE LEAGUE OF ST. JOHN'S HOUSE NURSES.

The League of St. John's House Nurses held their general meeting on Thursday, April 27th. The Hon. Secretary's report showed the continued prosperity of the League with always a balance on the right side. The members were entirely unanimous in their agreement in endorsing all that had been done in regard to the Nursing Masque, and their lovely banner was much admired. Sister Naoni, Sister Superior, was elected a member of the Executive Committee. After the meeting tea and talk became the order of the day, and the visitors had an opportunity of inspecting the house and chapel, both of which will soon be putting on a new summer dress.

M. BURR,

Hon. Sec.

The Guy's Hospital Nurses' League.



The Guy's Hospital Past and Present Nurses' League had a most successful meeting on Friday, April 28th, when, according to their custom, the members dined together in the spacious and beautiful dining-room of the Nurses' Home.

Miss Swift (the late Matron) presided at the dinner, and Sisters took the head of the many tables, everything being so well organised, and the service so expeditious, that the large number present were quickly served. Dinner was a most pleasant and informal meal, and as usual when the former nurses of a training school meet once more, the warm greetings were many, and conversation never flagged. It was continued over the coffee served in the adjoining hall, and then those present passed on to the nurses' sitting-room, looking fresh and beautiful in its new spring coat of white paint from floor to ceiling, and warm red curtains, a greatly appreciated gift, as up to the present the room has been curtainless.

THE ANNUAL MEETING.

Miss Swift, who, on the proposition of Miss Haughton, was voted to the chair, expressed her pleasure at being amongst the members of the League once more. The minutes of the last meeting were taken as read, and then the Chairman called on the Matron and Hon. Secretary to present the Annual Report. Before doing so Miss Haughton extended a hearty welcome to all former members of the nursing staff present, including Miss Jolley (Liverpool), Miss Bryan (Northampton), Miss Timbrell (Lowestoft), Miss Oyler (Gloucester), Miss Todd (Wandsworth), Miss Studdert (Hertford), Miss Newton (Ipswich), Miss Taylor (Wattford), Miss Hyland (Buxton), and last, but not least, Miss Victoria Jones and Miss Oxford.

THE ANNUAL REPORT.

Miss Haughton then reported that nearly 100 new members had joined the League during the year, and that it now numbered 1,040 members, that the Recreation Cottage at Honor Oak Park has been much appreciated and used, that 90 new books had been added to the library, 40 of which had been given by Mrs. Bonsor; the Choral Society had given some excellent concerts, and the swimming bath was much used. Miss Haughton remarked that she believed amongst the probationers they had a former teacher of swimming. She hoped the members would find her out and benefit by her knowledge. The Debating Society appeared to have taken a new lease of life (she was not allowed to be present at the meetings), and they had had three spirited debates. The seventh exhibition of the Photographic Society was on view, the Cycling Club had been discontinued owing to the impossibility of riding in London now that there was so much motor traffic.

The course of post graduate lectures had been

greatly appreciated, and it was hoped to arrange another course in the autumn.

There were some alterations in the rules, the chief being the addition of Vice-Presidents, the first proposed being Viscountess Goschen, Miss Swift, and Mr. Cosmo Bonsor. Miss Haughton said that on his election as President of the Hospital Mr. Bonsor automatically retired from the position of Chairman of Council of the Nurses' League. They were therefore delighted to have him as a Vice-President of the League, in which he took the keenest interest.

It was arranged that three of the honorary or associate members of the Council should retire each year, and be eligible for re-election after a year. The subscription to the League for third-year nurses had been reduced from 15s. to 12s.

The new Nursing Guide and Register would be ready shortly.

Miss Haughton also reported that the League had lost three members by death during the past year. Miss Eva Lavy, a successful worker in connection with the Church Missionary Society at Baghdad, who was drowned in the wreck of the Kurdistan; Miss Lowenthal and Mrs. Thompson, better known to most of the members as Nurse Jenny Thomas, who had married only a short time ago.

As Mrs. Fagge, the Hon. Treasurer, was unable to be present, Miss Haughton presented the financial report, and stated that £350 had been paid off the debt on the cottage at Honor Oak Park, which reduced it to £2,020. For the first time the income from nurses' subscriptions exceeded the expenditure.

This occasion was, she said, too good to be passed by without begging. The members had contributed £45 to King Edward's Memorial; now the Florence Nightingale Memorial, the Queen Mary's Coronation Gift, to which all the Marys, Marias, etc., could subscribe, and the Memorial Hospital to Nurse Eva Lavy at Baghdad, were all objects to which those who desired were invited to subscribe.

THE CHAIRMAN'S SPEECH.

The Chairman thought all would agree that the report was a most successful one. The League was started when the Governors gave the nurses their beautiful new home, and the present members of the staff thought that they would like past nurses, who had not had the same advantages as themselves, to come and enjoy it with them. £4,250 had been expended on the cottage at Honor Oak Park, but the old nurses had worked away, and, as they had heard, the debt had been reduced in eleven years to £2,020, and that, too, must be paid off.

But the members of the League wanted to do something away from themselves, to think of those former members of the staff now old and past work, who had fallen on evil days. They all knew how delightfully independent nurses were—and long might they continue to be so—but a proposition would be made to them by which they could help a former member of the staff needing assistance. Miss Swift said that, setting aside the untiring help of the Council and Hon. Secretary, she thought the success of the League was almost entirely due to the oneness of mind and labour of the members, who

were always ready to help with what was suggested to them. She hoped the rising generation would take example from what the past nurses had done.

BALLOT FOR NURSES' REPRESENTATIVES ON
COUNCIL FOR 1911.

Miss M. Smith then announced the result of the ballot as follows:—

Swimming Club.—Sister Unity, Nurse Tilleard.
Tennis Club.—Sister Elizabeth, Nurse Hodgkinson.
Nurses' Library.—Sister Cornebus, Nurse Cox.
Debating Society.—Sister Lydia, Nurse MacManns.
Nurses' Choral Society.—Sister Ruth, Nurse Hinds.
Hockey Club.—Sister Patience, Nurse Stewart.
Nurses' Orchestra.—Sister Surgery, Nurse Grant.
Nurses' Photographic Society.—Sister Jentie, Nurse Allen.

HON. MEMBERS OF COUNCIL.

Mrs. Hankey, Lady Fripp, and Mrs. Symonds retired, and Mrs. Lauriston Shaw, Mrs. Fagge, and Miss Ella Benson had consented to serve in their stead.

RESOLUTIONS.

The following resolution was then proposed by Miss Victoria Jones, seconded by Miss Oyler, and carried unanimously:—

"The members of Guy's Hospital Past and Present Nurses' League tender their grateful thanks to the kind anonymous donor of the portrait of Miss Swift to the League. They accept it as a fitting tribute from one who appreciated Miss Swift's work, and realised how ably she rendered her share of service to the community."

Miss Haughton said that the kind donor was a former nurse of the hospital, but she preferred to remain anonymous, and the only way by which they could communicate with her was through her solicitors. The picture had been painted by Mr. Draper. They would wonder why it was not on view, but the artist had taken it away with the object, if possible, of getting it hung in the Academy.

Sister Lydia then proposed, and Sister Ruth seconded, the following resolution, which was carried unanimously:—

"Now that the League numbers over 1,000 members, and in view of the fact that the members' subscriptions have this year met the current expenditure, it is proposed that the sum of 10s. per week should be devoted to the maintenance of an old Guy's Nurse in one of the King Edward Memorial Homes shortly to be established, and that this resolution should be laid before the Council of the Nurses' League at their next meeting."

Miss Oxford, seconded by Miss Hyland, proposed a vote of thanks to Mrs. Fagge, hon. Treasurer and Miss Jolley, who expressed her great pleasure at re-visiting her old training school, proposed a hearty vote of thanks to Miss Haughton as Hon. Secretary. This was seconded by Miss Bryan.

Miss Haughton, seconded by Mrs. Finemore, proposed a hearty vote of thanks to the retiring members of the Council; and Miss Enid Newton, seconded by Sister Beatrice, Assistant Matron, voiced the thanks of the meeting to Miss Swift for presiding. It was, she said, a very pleasant duty which had been assigned to her, for all could say

pleasant things of Miss Swift, and all of them had been helped by her.

Miss Swift expressed her delight at being back again and finding the League in such prosperity. She mentioned that on a recent visit to Egypt, as soon as she arrived she saw a Guy's Nurse and the sense of loneliness which both had felt at once disappeared.

After the meeting some of the members of the League in the Hospital greatly contributed to the enjoyment of the evening by some delightful songs. The exhibits of the Nurses' Photographic Society were also much appreciated. Many of the exhibits showed great talent and dexterity, and the difficulty must have been to award the prizes where so many of the competitors showed skill of so high an order.

The following are the names of the prize-winners:—

PRIZE LIST.

Class A.—Landscape, Seascape, and River Scenery.—1st prize, "Under the Hills, Westmorland." Miss M. Smith; 2nd prize, "A Boat Slip," Miss A. M. Phillips; 3rd prize, "On the Way to Eckbauer," Miss Herrmann.

Class B.—Portraiture, Figure Studies, and Architecture.—1st prize, "Shy," Nurse Todd; 2nd prize, "On Tramp," Miss M. Smith.

Class C.—Any subject, but not the entire work of the exhibitor.—1st prize, "The Brook: A Canadian Winter Scene," Mrs. Scott Dalgleish; 2nd prize, "Les Calanches, Corsica," Miss F. Edmonds; 3rd prize, "Florence from Fiesole," Miss M. Traill.

Special Prize for best picture in the Exhibition.—"Under the Hills, Westmorland," Miss M. Smith.

Special Prize for best picture for member working in the Hospital.—"The Old Bridge, Lucerne, Sister Jentie, Paterson.

The photographs were judged by Mr. F. T. Hollyer, and prizes were placed at his disposal by the Countess of Bective, Mrs. Cosmo Benson, and Mrs. Trevelyan Martin. The exhibits numbered 175, and depicted scenes from Italy, Florence, Bruges, South Africa, India, and many other foreign places.

A WELL MERITED DISTINCTION

On the motion of Dr. Robinson, seconded by Lord Ampthill, Mrs. Alfred Paine was elected an Hon. Life Governor of the Bedford County Hospital at the Annual Meeting last week. In moving the resolution, Dr. Robinson referred to the great amount of good Mrs. Paine had done for the hospital in various ways, and Lord Ampthill said that no one deserved the distinction better.

In connection with the ballot to fill eight vacancies on the Board of Management, the question arose whether it was the intention of the Board to limit the lady members to two, or whether the number who could be elected was unrestricted. However, in the ballot the lady nominated received the least number of votes, and was therefore not elected. It is the more to be regretted as she was a qualified medical practitioner.

The Queen Victoria's Jubilee Institute.

CONFERENCE OF NORTHERN NURSING ASSOCIATIONS.

Mr. D. F. Pennant, who presided on Friday in last week at the Albert Hall, Manchester, at the first Conference of Nursing Associations affiliated to Queen Victoria's Jubilee Institute, held outside London, explained in his opening remarks that this had been rendered necessary by the marked development of the movement in the North, and the large increase in the number of nurses.

THE SPHERE OF A QUEEN'S NURSE AND ITS LIMITATIONS.

The first subject down for discussion was "The Sphere of a Queen's Nurse and its Limitations," and in this connection Mrs. Bond, of Leicester, also presented a paper on "District Nursing as an Agency in the Prevention of Consumption," a work with which Queen's Nurses are so intimately connected.

Mrs. Bond said that the work of Queen's Nurses was of a dual nature. In all well-organised associations the nurses were carrying out preventive work while performing their ordinary duties of nursing the sick. Thus they insisted on a separate bed for a consumptive patient, and, at the same time, detected probable contacts, and gave instructions in the home management of consumptive patients, who were a terrible danger to the family. The nation is, said Mrs. Bond, realising its responsibility with regard to consumption in a way that has never been done before. . . . There is also a growing demand for special tuberculosis visitors, and it is very interesting to note from whence the supply will come. It is important that all who are interested in district nursing should recognise these facts, and that they should consider whether they will be able, as occasion arises, to take yet another step forward in the interests of humanity either by being prepared to take up the extra work in their own district nursing associations or by co-operating with some other authority in so doing.

The question of the possibility of nurses acting as agents in the spread of consumption having been raised, the Chairman said that two medical authorities on the subject, from fourteen years' experience, had authoritatively stated that there was no danger whatever of the infection of consumption being carried by nurses from one patient to another. It was only when people lived with consumptive persons, breathing the same air, laden with the microbes of the disease, that harm could ensue. Very few people did not suffer from consumption at some time or other of their lives, but they did not know it.

In connection with the suggestion that preventive work was rather useless unless compulsory notification was adopted, the Chairman suggested that the nurse would arrive at too late a stage if she only arrived when the case became notifiable. The object of preventive work was to prevent con-

sumption from getting a start by children from consumptive homes at work in the open air, to see that they are properly fed, etc. Thus the nurse's work was to deal with the great consumption before it became notifiable.

Mr. W. G. Rathbone (Liverpool) considered that Nursing Associations should continue their work to cases in which actual nursing was required, others were better dealt with by those in touch with Health Committees. Another delegate said that the Manchester Association was not allowed by its constitution to attend cases where a doctor had not been called in.

Sir Archibald Williamson, M.P., pointed out that the conditions of cities like Manchester and Liverpool differed from those of the smaller towns and larger villages, where the district nurse had to combine the functions of health visitor and district nurse.

The Chairman mentioned that 33 or 34 Queen's Nurses were at work in Ireland in connection with the crusade against consumption, and that a large fund for fighting the disease was being raised in Wales.

SCHOOL NURSING.

Mr. Rathbone explained the system which exists in Liverpool for the organisation of School Nursing in connection with Education Committees. Nurses were employed on this work for a period, and then returned to ordinary district work. School nursing was not popular, and many nurses were reluctant to take it up if they were to be side-tracked for the rest of their days, but were glad to do so for a time.

Sir Archibald Williamson pointed out that objections to the direct employment of nurses by local authorities were that they had no one to fight their battles, and might be forced to do many inferior duties, and were often paid less than a real living wage.

THE PAYMENT, AND THE SHORTAGE OF NURSES.

Other subjects discussed were the abuse of district nursing by persons who could afford to pay, provision by nurses for old age, and the payment of nurses. Miss Olga Birtz (Manchester) differed from Mr. Laurence Holt, of Liverpool, who considered £35, with board, lodging, and washing, adequate remuneration for a nurse, and the general opinion expressed was that the present salaries are inadequate.

Speaking on the abuse of the district nurse, Sir Archibald Williamson expressed the opinion that people who could afford to pay took advantage of charity. There was, however, a class of people who were not exactly poor, but who were not able to afford the guinea and a half a week for a nurse to stay in the house. Such people could give a little, and in Liverpool they had a daily visiting nurse, who gave some assistance each day, in return for some payment.

Miss Hughes spoke of the serious shortage of nurses, and of the difficulty of getting hospital nurses to obtain district nursing training. She thought this due to two causes—the prejudice of hospital nurses against district work and the increase in the occupations open to women.

The British Red Cross Society.

THE UNIFORM OF VOLUNTARY AID DETACHMENTS.

Considerable dissatisfaction is felt at the adoption by the British Red Cross Society of a uniform for the Women's Detachments which closely approximates to that of the trained nurse. This applies especially to the indoor uniform, which is a blue-grey dress of Oxford shirting, with turn-over collars and cuffs, white linen apron, and Sister Dora cap. The outdoor uniform is a plain coat or cloak with sleeves, and a cap of blue serge of approved shape, and the Badge of the Society with a Red Cross in the centre. The adoption of this uniform is optional, but if any Detachment wishes to wear one it must be that selected by the Executive Committee.

Trained nurses cannot prevent the adoption of their professional uniform by unprofessional persons, but they have every right to object to its official sanction by a Society such as the British Red Cross Society, for the use of untrained women.

Another important point is that the formation of Voluntary Aid Detachments is essentially intended to be a popular movement, and the cost of the uniform to many women whose assistance it is desired to enlist would be prohibitive.

We estimate that not allowing for the cost of making dresses the price of the necessary uniform would be between £3 and £4. As this would be worn but rarely, it would be somewhat of a white elephant when procured, and further we understand that while the nurses object to the adoption of their uniform by the British Red Cross Society, the members of the Voluntary Aid Detachments object to be dressed as nurses, so there is discontent all round. It would have been quite easy to design a working costume, in a washing material suitable for the purpose, at the cost of a few shillings, and had any practical Matron been associated with the Red Cross Committee we have no doubt she would have given them this advice.

It is thoroughly unpractical that for these Voluntary Aid Detachments so elaborate a dress should have been designed.

To quote from Form D 7.

UNIFORM FOR WOMEN'S DETACHMENTS.

The uniforms for all ranks of Women's Detachments shall be of the same pattern with the exceptions described hereunder for officers:—

For Outdoor Use.—Cloak of blue serge, stand and tall collar, fall 4 in. deep. Turn-back cuffs, 5 in. deep. Waist belt 2 in. wide, four special British

Red Cross Society buttons to front, two side slit pockets, and one inside breast pocket. Body lined 19 in. with scarlet serge, sleeves lined with glissade. Shoulder straps 2½ in. wide at base. Shoulder badges consisting of Cross between the words Red Cross and name of county, arranged elliptically in gilding metal. Red Cross Brassard (arm badge).

Cap.—Blue serge, pattern approved shape, with Badge of Society 1 inch in diameter, with Red Cross centre and county scroll with number of detachment.

Commandant and Hon. Commandant.—Red Canton dress instead of blue grey.

Quartermaster, Lady Superintendent, and Trained Nurse.—Navy blue Canton dress instead of blue grey.

For Use Whilst at Work.—Dress of blue-grey Oxford shirting, according to pattern, and is in one length from throat to ankle, and can be worn over ordinary dress in cold weather, and as the dress itself in warm weather. It is buttoned in front under a 2 in. box pleat, slightly gathered in front at shoulder and neck, being finished with an inch-wide neck band on which to fasten soft, white collar. The sleeve is a small bishop shape, with a 3 in. wristband fastening with two buttons, the bottom skirt having a 2 in. hem, and two 1 in. tucks. The waist of costume is held in by a black leather belt passing through the narrow straps of the material at back and sides and through the box-pleat in front.

Soft White Linen Collar.—To be worn with dress, consisting of two parts (2 to 2½ in. deep), a stand-up, slightly-shaped collar of double linen, and a turnover part fixed into the top, and falling over to lower edge of same, having button-holes in the under collar, back and front, to fasten invisibly on to neckband of costume.

Over Sleeves.—Of white linen, same shape as lower part of costume sleeve, the band being full large to slip on easily and not buttoned; length when finished to be 10 inches.

Panel Apron.—To be linen, having a panel front, continuing in straps (without join) over the shoulder and slightly shaped skirt sides, on both of which is a large square pocket, stitched in with skirt sides to panel front, the other side having a narrow strip continuing on the pocket, and stitched up to be held by the 2 in. waistband, which is fixed to sides of apron at the waist, passing under the panel front, and fastening at back with linen button, the straps crossing over and also buttoning on to the band, about 5 inches from either side of centre back. The Red Cross of Turkey twill (measuring 1½ inches each way) is sewn on 2 inches down from the top of bib part of panel, the bottom of the apron being finished with a 2-inch hem.

White Lawn Cap.—Sister Dora pattern in one piece, having a 3-inch hem to turn over in front, which is square, the other part being rounded, having a narrow hem and a flat tape stitched round the hem, and 1½ inches in from the edge, through which a narrow tape is run for drawing up.

Brassard.—The Brassard is to be of white calico, 4 inches wide when turned in, with cross of red Turkey twill sewn on and placed in centre. Position

on left sleeve, extends down from shoulder to centre of cross and front of arm.

Decorations and medals and the ribbons appertaining thereto, shall be worn in accordance with the official regulations.

It is open to any detachment to procure its uniform anywhere it may please so long as the patterns laid down are adhered to.

At a meeting of the City Branch of the British Red Cross Society, held last week at the Mansion House, under the presidency of the Lady Mayoress, a communication was received from headquarters that the Society adhered to their decision that the uniform of members of the City detachments must be of the official style and pattern. We are not surprised to learn that the Branch adopted a unanimous resolution stating that that decision placed an insuperable obstacle to the progress of its work in the City, as the women in training in Voluntary Aid Detachments were unable to afford the expense of providing a uniform which they would be only required, or permitted, to wear in ordinary circumstances two or three times a year.

We feel sure that many women whose patriotism would lead them to offer their services to their local Voluntary Aid Detachments, will be deterred from so doing by the cost of the uniform.

The Irish Nurses' Association.

A lecture was given by Dr. T. O. Graham to the members of the Irish Nurses' Association at 34, St. Stephen's Green, Dublin, on Tuesday in last week. The subject was "Ear and Nose." Dr. Graham very clearly explained the uses of the different parts, and had models to show the construction. He also told how the middle ear was intimately connected with the control of locomotion, and the effect of over stimulation with regard to vertigo.

Miss Reeves was in the chair, and there was a large attendance. A very hearty vote of thanks was accorded to Dr. Graham at the close of his lecture.

At a special meeting of the Irish Nurses' Association, a Sub-Committee was appointed to collect information for the chapter on Irish Nursing for the third volume of "A History of Nursing." The following members were asked to act on the Sub-Committee:—Miss Butler, Matron, Sir Patrick Dun's Hospital; Miss Cunningham, Matron, Convalescent Home, Stillorgan; Miss Huxley, Matron, Elpis Private Hospital; Miss Kelly, Matron, Stevens Hospital; Miss O'Flynn, Matron, Children's Hospital, Temple Street; Miss

Ramsley, Matron, Retina Hospital; Miss Sutton, Matron, St. Vincent's Hospital; Mrs. Killian Treacy, Matron, City of Dublin Nursing Institute.

The Irish Nurses' Association are to be congratulated on the appointment of this Committee.

American Nursing News.

A delightful dinner to Miss Goodrich was given last week by the Superintendents of New York City, who are united in a Society called the League for Nursing Education. This dinner had been planned for last autumn, when she left Bellevue Hospital for the Inspectorship of Training Schools under the Regents, but for some reason it was postponed until the other day. It was a very pleasant and heart-warming affair, for the motive underlying it was that excellent one, "Don't wait until people are dead to show appreciation of their work."

Miss Nutting was toast-mistress and Miss Wall, of the Nurses' Settlement, who had been Miss Goodrich's first Head Nurse, was very humorous and happy in her remarks.

I was allowed to drag in the Suffrage cause, indeed, Miss Goodrich did so herself as she is most earnestly a convinced believer in the need of political expression for women, who are helping in the "World's Work."

I took that opportunity of inquiring among the Superintendents in how far the impression of the London Hospital Governors is correct as to American nurses being likely to contribute to the Memorial for Miss Nightingale. I found a complete absence of response, and believe those gentlemen are mistaken in their impression. Possibly a few individuals who had personally met Miss Nightingale might wish to contribute, but the position occupied by Mr. Sydney Holland and the other directors of London hospitals, as opposed to all those educational and economic principles we stand for, is too well known for American nurses in general to be inspired to co-operate with them. Then, too, our women have set themselves to a serious task in founding an adequate memorial to Isabel Hampton Robb, and they will probably not think of undertaking more at present.

I do not doubt that the future will see nurses building a memorial to Miss Nightingale, but it will be their own, not something designed to lend a halo to those respectable gentlemen who think themselves the arbiters of nursing affairs.

L. L. DOCK.

Appointments.

MATRONS.

Samaritan Hospital for Women, Belfast.—Miss E. Allen has been appointed Matron. She was trained at the Crumpsall Infirmary, Manchester, where she has held the position of Sister. She has also been Senior Sister at Ancoats Hospital, and Assistant Matron at Mercer's Hospital, Dublin.

New Isolation Hospital, Moseley.—Miss Louise Jackson has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, and at the Isolation Hospital, Brighouse, where she held the position of Sister. She has also been Sister at the Tolworth Isolation Hospital.

The Children's Shelter, High Street, Edinburgh.—Miss Burford has been appointed Matron. She has held the position of Assistant Superintendent in connection with the Queen Victoria's Jubilee Institute, 29, Castle Terrace, Edinburgh.

The District Hospital, West Bromwich.—Miss Ruth A. Cardwell has been appointed Matron. She was trained at the Guest Hospital, Dudley. She has also been Staff Nurse at Claring Cross Hospital, London; Night Sister, Bristol Royal Hospital for Women and Children; and Assistant Matron at the Wolverhampton and Staffordshire General Hospital.

SUPERINTENDENT.

Crowborough Hospital, Sunderland.—Miss Catherine Davison has been appointed Superintendent. She was trained at the Paisley Hospital, and has held the position of Maternity Sister at the Miller Hospital, Greenwiel, and of Matron at the Alston Hospital, Cumberland. She has also had experience of private nursing, and is a certified midwife.

SISTERS.

The Forlar Infirmary. Miss Isabella Dodd has been appointed Sister. She was trained for three years at the Leicester Infirmary, and afterwards held appointments at the Borough Fever Hospital, Ipswich, and the Children's Hospital, Nottingham. For the last four years she has been engaged in private nursing in connection with the Registered Nurses' Society, London.

Wakefield Union Infirmary.—Miss Mary Florence Brown has been appointed Sister. She was trained at the Lambeth Infirmary, and has held the position of Charge Nurse at Hemel Hempstead Infirmary, and of Sister at Kingston Infirmary.

Queen Mary's Hospital for Children, Carshalton, Surrey.—Miss F. A. M. Lloyd has been appointed Sister. She was trained at the Women's Hospital, Liverpool, and the David Lewis Northern Hospital, in the same city, and has held the position of Sister at the City Hospital North, Liverpool, and at the Royal Naval Hospital, Haslar.

STAFF NURSE.

Queen Mary's Hospital for Children, Carshalton, Surrey.—Miss Christina Reid has been appointed Staff Nurse. She was trained at the Royal Infirmary, Edinburgh, from 1907 to 1910, and has since obtained midwifery training at the Royal Infirmary, Dundee.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss E. M. Goard resigns her appointment (May 1st); Staff Nurse Miss M. McNaughtan resigns her appointment (May 3). The under-mentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss G. L. Bentley, Miss M. C. Corbishley, Miss D. C. Isaacson, Miss B. Jackson; Miss C. V. E. Thompson to be Staff Nurse (provisionally) (April 13th).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.—Miss Marion E. Rogers, to Northampton, as Assistant Superintendent; Miss Betsy Shuttleworth, to Three Towns; Miss Adeline Mower, to Stockport; Miss Ethel Steele, to Sheffield; Miss Phœbe Hughes, to Blackburn; Miss Emma M. Norrie, to Crook; Miss Nora Nigel Jones, to Oxford; Miss Emily A. Bentley, to Gloucester, as Staff Midwife.

PRESENTATION.

Miss Kate Thomas, Lady Superintendent of the County Borough of Salford Infectious Diseases' Hospital, who has resigned the position after 35 years' service, has been presented by the staff with a dressing vase, with solid silver fittings, and an illuminated address. The presentation was made by Dr. Mullen, in the presence of the staff and other friends. The address, which is signed by the whole staff, stated that during Miss Thomas' tenure of office the hospital had grown from comparatively small commencements into one of the most important institutions of the kind in Lancashire, and that to this result she had in no small measure contributed by her splendid devotion, exceptional qualifications, and untiring zeal.

PASSING BELL.

Though it is some years since Miss Frances J. Chearnley gave up nursing, and retired to a little house on her brother's estate in Ireland, yet there must be many who remember her, and will hear with regret of her death on April the 24th after a few days' illness, while on a visit to friends at Hastings. Miss Chearnley was trained at King's College Hospital, in connection with St. John's House, gaining her certificate in 1882, and worked as a Sister at the Leicester Infirmary, and the Metropolitan Hospital, London, as well as in hospitals in Australia and other parts of the world, for she was a great traveller, and was never so happy as when starting off on a voyage to some distant part of the Empire.

In connection with the article in a recent issue by Miss Gladys Tatham, on "How to induce sleep without drugs," the opening sentence should read "Sleep may be artificially produced without the aid of drugs, by the use of hypnotic suggestion. The word hypnosis is derived from *hypnos* (Greek sleep)."

Nursing Echoes.



The Lady Helen Munro Ferguson has consented to give an address at the Mansion House at the next meeting of the Grand Committee of the Territorial Force Nursing Service of the City and County of London, on "The Red Cross Scheme for Voluntary Aid." This meeting will take place on May 17th, at 3.30 p.m.

The twenty-first annual report of the Council of Queen Victoria's Jubilee Institute for Nurses to her Majesty Queen Alexandra, states that the number of Nursing Associations in affiliation with the Institute employing Queen's Nurses on December 31st, 1910, were in England 505, in Scotland 217, in Ireland 120, and in Wales 105. The total number of Queen's Nurses at work on the same date were 1,795, and, in addition, 65 became Queen's Nurses on January 1st, 1911, making a total of 1860.

The income of the Queen's Fund—the National Subscription for the maintenance of Queen Victoria's Jubilee Institute for Nurses, including contributions from Queen Alexandra's Committee, is estimated at about £4,000 per annum, but the further sum of £2,500 is needed annually, and must be raised unless the Institute is to give up a great deal of its valuable work.

Might not something be done on the lines of the Visiting Nurse Association of Chicago, which, out of a staff of 61 nurses, has 5 endowed, and 21 supported by special subscription?

The new number of the *Queen's Nurses' Magazine*, which makes its first appearance as the official organ of the Q.V.J.I., contains an interesting picture of the Queen's Superintendents and Inspectors of the Southern Counties, taken at the Conference held on April 5th.

An article by a Health Lecturer who, as a suffragette prisoner, has known Holloway from the inside, is also very instructive. The writer emphasises the fact that vitality and "physical tone" are lowered by the bad ventilation and confined "exercise" of Holloway, and probably things are far worse in hos-

pit-to-date prisons. She continues: "I shall never again blame anyone for becoming abominably drunk the day they first leave gaol. Family, tradition, and natural inclination kept me from turning to alcohol, but I found the stimulation I needed in many cups of black coffee—not small ones, large ones drunk greedily one after another, and for over a week this craving for coffee never seemed satisfied."

The writer says further: "Nurses not infrequently leave hospital to become wardresses; they say the hours are shorter, and possibly the remuneration is better. It would not be hard to earn more than our ill-paid hospital nurses earn, but to me the Holloway wardresses looked far more tired and worn-out than the staff nurses and probationers of even the big London hospitals. They were too well trained or too loyal to complain to prisoners, but before I was a prisoner I had known women who worked in gaols, and I can only say that any 'prison reform' which leaves out the warden or wardress is a very imperfect reform."

On May 15th the annual meeting of the Church of England Temperance Society (Central Women's Union) will be held at Caxton Hall, at 2.30 p.m. The Union has communicated with many Matrons of hospitals urging them to interest their nurses in this important work and to attend the meeting. Dr. May Thorne and Dr. Frances Morrell will speak, and there is no doubt trained nurses could bring enormous influence for good in discouraging the use of alcohol when other stimulants would do as well. Ether, ammonia, sal volatile, and strong coffee might well be used instead of brandy, wine, and liqueurs.

A successful meeting of the Poor Law Infirmary Matrons' Association was held on April 29th, at Fulham Infirmary, Miss Ballantyne, the Matron, occupied the chair. Members had sent in questions previously, and these were discussed by many of those who were present. Amongst the questions discussed were "Is it advisable to promote our own nursing staff or not?" "Should nurses be kept on to make up any time they have been off duty through illness?" "Should the nursing staff who contract infectious illness doing their work be compensated for expenses such as an enforced holiday that this entails?" Other suggestions were made, including a central examination in sick cooking, prizes at the ordinary examinations, etc.

Nurses should not fail to note the Missionary Exhibition organised by the Nurses' Missionary League, which will be held at the Holborn Hall (corner of Gray's Inn Road and Clerkenwell Road), on Wednesday, May 10th, from 9.30 a.m. to 9.30 p.m. All nurses will be welcome, and tickets and all further particulars may be obtained from Miss H. Y. Richardson, 52, Lower Sloane Street, London, S.W. Short addresses will be given at intervals during the day, and there will be many other attractions.

Of the £2,700 subscribed by the inhabitants of Brighton and Hove for the joint memorial to King Edward VII., £1,800 has been voted to the Queen's Nurses and £100 for a statue emblematical of Peace to be erected on the front.

There was a large attendance of ladies at the Inauguration Meeting of the Ladies' Linen League, St. Bartholomew's Hospital, Rochester, held recently in the Board Room of the hospital, at which Lady Darnley presided.

The Matron, Miss Pote Hunt, after announcing that letters in support of the meeting had been received from several well-known and influential ladies, said that the object of the League was to supply garments, blankets, and linen for the use of the in-patients.

To attain their object it was necessary for those interested in the scheme to put the utmost enthusiasm into the work.

It was desired that every member of the League should contribute two garments, two articles of ward linen, or a subscription each year.

The Chairman then called upon Mrs. Lane to propose that the Ladies' Linen League be inaugurated, which was accordingly done.

Lady Darnley went on to say that the success of any great work which was undertaken by women was a foregone conclusion. It was a success for the reason that women had such an extraordinary power of longing to do good in the world, and they were there to further every splendid and noble work. The Ladies' Linen League had been suggested by the Matron, and they were all thankful to her for proposing the scheme.

St. Bartholomew's Hospital embraces a large and well populated area. As compared with 1909, the attendance of out-patients has increased by over 3,000 in the past year.

The Matron has lately arranged through the Kent Education Committee for a course of

sick room cookery to be given to the nurses during their training.

Dr. Valentine, the Inspector General of Hospitals in New Zealand, has expressed the hope in referring to out-lying settlers that they will be helped by a system of district nursing, which, when established, will be found to be such a boon that within a few years every district will have its district nurse. New Zealand has a population of about one million, and spends £236,000 on hospitals. It is suggested that the Auckland Hospital shall be brought up to date by an expenditure of from £50,000 to £70,000, so as to make it the largest and best equipped hospital in the Dominion.

It is interesting to note in the Report of Mrs. Davies, Chief Lady Superintendent of Lady Minto's Indian Nursing Service, in reference to the Bengal Branch, that this branch was brought into existence on April 1st with the installation of four Sisters under the supervision of a Senior Sister, and, since that date, the staff has been brought up to its full complement of seven.

In accordance with the stipulations laid down by the Local Committee, that at least two-fifths of the nurses appointed to this Branch should be locally trained, every effort was made to secure such but with small success. Twelve applications only were received, and, with two or three exceptions, it was found that the applicants were insufficiently trained or not eligible on account of age.

On the other hand we observe that the resignation of Miss Mackenzie (Rajputana Branch) on the completion of her term of service "was an unquestionable loss to the Branch. She was Indian trained, but soon proved herself to be quite one of the most capable and experienced members of the Nursing Staff of the Association."

In two instances vacancies have been filled in the Punjab Branch by Australian trained nurses, "both of whom have proved their professional efficiency, and have given every satisfaction."

Miss Higginson and Miss Lewin have been specially commended on more than one occasion.

Miss L. L. Dock has sent to the International Library, at 431, Oxford Street, W., the third volume of the Transactions of the International Congress on Tuberculosis, held at Washington, in September and October, 1908. The volume is a mine of information.

Reflections.

FROM A BOARD ROOM MIRROR.

Princess Louise (Duchess of Argyll) has consented to visit Bethel on July 13th to open the Little Folks' Home, which is being established as a seaside branch of the Queen's Hospital for Children, Bethel Green.

The Lord Mayor and Lady Mayress will attend the garden party of the British Home and Hospital for Incurables, at Streatham, on July 12th.

An order came into force on Monday making it compulsory upon medical officers of hospitals to notify all cases of pulmonary tuberculosis occurring among out-patients or in-patients. The notification is to be made to the Medical Officer of Health for the area in which the hospital is situated within forty-eight hours after the first recognition of the disease.

There has just died in Southwark Mr. A. J. Prestage, until recently one of the staff of Guy's Hospital. Not only did Mr. Prestage himself give half-a-century's work to the institution, but his father, grandfather, and great-grandfather spent fifty years each in the services of the hospital—a continuous service by one family of 200 years, which takes its back to the days of Good Queen Anne!

In connection with the allegations that the Parkhurst Military Hospital is under-staffed, made at the inquest concerning Sergeant Stokes, R.A.M.C., who committed suicide, a most full and searching inquiry has been instituted. Colonel Lebal Mondière, R.G.A., being President of the Court.

The work done by St. Paul's Eye Hospital, Liverpool, received a well-merited meed of praise at the 38th annual meeting last week, over which the Lord Mayor presided, and remarked that no loss of faculties was so great as the loss of sight. He had been through the institution a few days ago and saw a poor little child brought in too late to be effectively treated, and the verdict was that it would be blind for life. The memory of that child had haunted him ever since. It was proud that Liverpool had originated the system of admitting mother and child to its Eye Hospital, and that its example would shortly be followed in London.

Dr. Annie Walker, discussing the question of the treatment of school children, said that the present system, or lack of system, was not the most economical from a civic point of view. There was a limit even to the number of doctors and nurses, and if a large part of their time were taken up seeing minor cases they could not bring the same freshness and keenness to the serious ones.

Dr. J. H. Butler, President of the East Suffolk and Ipswich Hospital, has given £1,000 towards a bed in that institution in memory of his late wife.

The Medical and Sanitary Organisation of the Field Army Home Defence.

AN INTERESTING and interesting meeting was given on April 28th at the Midwives' Institute, 12, Bucklebury Street, by F. J. Warwick, Esq., M.B., Major R.A.M.C. Territorials, on "The Medical and Sanitary Organisation of the Field Army Home Defence." All those present came away with a clearer idea of the difficulties and dangers of the Medical Service Corps and the urgent need to strengthen some of the weak spots in the home defence scheme.

It was asserted that the stretcher-bearers are taken from the hands of men, many of whom are a colic and absolutely untrained; that the sanitary work will also devolve on untrained men, who will unduly perform this most necessary, but in many ways unceremonial, work; and, worst of all, perhaps, the care of the wounded in the evacuating zone—*i.e.*, on the line of communication to the general hospital, will be in the hands of the voluntary aid detachments. These are more or less in a chaotic condition at present, and, with the best will in the world, volunteers with only first aid and home nursing qualifications, and an occasional field drill, are hardly fitted to cope with the task. We are indebted to Japan for two practical items.

Each soldier is provided with an "Identity disc," which is worn round the neck, bearing the name, the number of the unit, and the religion of the wearer inscribed on it, in place of the old identification card, which was sewn on to the jacket and often lost or worn by someone else. The clothing department also issues to each, as part of his outfit, a first-aid dressing packet, containing inside its outer cover two safety pins in waxed paper, directions for use, a piece of waterproof, a roller bandage, two pieces of sterilised gauze, and two pads. This package is kept in the right-hand pocket, and if properly applied will be a safe and efficient dressing for temporary use. On the battlefield only the dangerously wounded are treated on the spot, under temporary shelter; the severely wounded are carried to the regimental aid posts (whereas before) and by the medical officer for each unit, and the slightly wounded are directed or escorted, if necessary, to the same spot, until the ambulance wagons had conveyed them to the field hospital. On the battlefield the work of the Medical Corps is limited usually to the control of first aid, the application of temporary splints, and field dressings, and the issue of identification cards to the men, a regimental aid post of wood or canvas, and treatment, a green card being used for the seriously wounded and a white one for the others.

Two realisations may improve the work of the sanitary squad, *i.e.*, the doubts from epidemics often outnumber those from wounds. The state-carts are extremely important, and are now fitted with filters of the Pastour type, whilst many deaths from cholera and dysentery are prevented by prompt administration of temporary inoculation.

Outside the Gates.

WOMEN.



Friday, May 5th, will be a momentous day for the country, when Sir G. Kemp will move the Second Reading of the Women's Enfranchisement Bill. The stars in their courses have fought for us through the ballot

both last session and this, and it the Government again trample upon the sacred aspirations of women in their righteous demand for political freedom it is probable that the deepest bitterness and resentment will be aroused. The greatest activity in suffrage circles prevails, the Irish Women's Franchise League of London is arranging a special deputation to Mr. John Redmond, and Irish women will meet the Lord Mayor of Dublin on his arrival in London to present a petition in their favour at the Bar of the House.

The National League for Opposing Woman Suffrage, largely composed of men, has been accepted for affiliation with the National Union of Women Workers. The opposition to political freedom and justice to our sex appears a somewhat Gilbertian reason for classification as a "woman worker," especially as the National Council of Women, the governing body of the Union, has on more than one occasion passed emphatic resolutions in support of Women's Suffrage!

Mr. Charles Duncan asked the President of the Board of Education in the House last week whether he was aware that as long ago as November, 1909, a specially convened conference, representing all the teachers in English and Welsh schools, elementary, secondary, and technical, voted unanimously for the establishment of a representative registration council and the institution of an effective register in accordance with the Act of 1907; and whether, in response to this expression of the deliberate opinion of the whole of the teaching profession, any steps have yet been taken to establish such a register.

Mr. Ruciman, in explaining delay, said conferences had been held on the matter at the Board's offices, and promised that the matter should be pressed forward as speedily as possible. The truth is, it is high time the Board of Education ceased trifling with the registration of teachers. They have been treated almost as unjustly as trained nurses in their demand for legal status. We can only suppose that their registration would touch the vested interests of persons in power, as it is always an economic interest which obstructs the organisation of classes of workers.

Mr. Yoshio Markino continues his amusing articles in the *English Review* on "My Idealised John Bullesses," this month touching on the woman's movement. He has most enlightened views on their enfranchisement, and remarks:—

"I start to write this chapter, and I am holding my pen at this very moment, but I feel I want to throw my pen down, for it seems to me the reason is too plain. Even the cats and dogs ought to know that much. . . . What else can I say, seeing such a strange phenomena that many well-educated and most refined John Bullesses with full sense in every respect cannot vote, only because they are women. And on the other hand, those Little Englanders, hardly worth to be called humans, are voting because they are men!"

On the courtesy shown women in England in serving them first and assisting them from carriages, he observes:—"I must say this is most beautiful national custom. But from the psychological point of view, are the men really respecting the women? I do suspect. My suspicion shall never clear off as long as such savage customs are existing—I mean the under-payment or non-voting for women."

Or candidates for parliamentary honours he writes:—"They often buy votes with a glass of beer, and sometimes by the means of telling lies. Hence I have got some disliking feeling toward the word 'diplomatic.'" Proceeding to a more intimate study of his John Bullesses, he remarks that they are good subjects for "novels, poetries, and pictures; but their inside is very much matter-of-fact."

Of the parts played by certain women in the East, Mr. Markino observes:—"They acted with a describable tyranny towards the nations, and had super-luxurious and most wickedly intimated lives. Hence in Japan or China we used to call woman, 'Flower in face and dagger in heart,' 'Super Human Evil,' 'Incarnation of the Old Fox.'" These would appear nice pet names for our Suffragettes for use in the anti-Suffrage press.

COMING EVENTS.

May 9th.—East London Hospital for Children, E. Opening of New Extension to the Out-patient Department and Open-air Shelter by H.H. Princess Marie Louise of Schleswig-Holstein. 3.15. Tea and Coffee.

May 10th.—Missionary Exhibition for Nurses, organised by the Nurses' Missionary League, Holborn Hall, 9.30 a.m. to 9.30 p.m.

May 10th.—Annual Meeting, Parents' National Educational Union, Crosby Hall. Chairman, The Right Hon. the Earl of Lytton, 5 p.m.

May 15th.—Annual Meeting, Church of England Temperance Society (Central Women's Union), Caxton Hall, 2.30 p.m.

May 17th.—Conference at the Guildhall on "Lodging-house Accommodation for Women," the Duchess of Marlborough presiding. 10.30 a.m. to 1 p.m. 2.30 to 5 p.m.

May 20th.—Visit to Lord Mayor Treloar Cripples' Hospital and College, Alton, Hants, by invitation of Sir William Treloar and his Co-Trustees.

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.

OUR PRIZE COMPETITION

To the Editor of the "British Journal of Nursing."

Miss Luky begs to acknowledge with thanks the cheque for 5s. for Competition prize, University College Hospital, W.C.

THE RESPONSIBILITY FOR HOSPITAL MANAGEMENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I note in the press reports of the dropping of an operation case by porters at a London hospital that when the jury "deplored the neglect of those concerned in not taking proper precautions in removing the patient from the operating theatre," the Coroner asked: "Where was the neglect?" (as if there were none), and continued: "Do you fix the neglect upon anybody in particular?"

The foreman of the Jury then made the statement: "We cannot do that because we do not know who would be the responsible person."

This is an extraordinary answer. Surely the Treasurer and Committee are responsible to the public, not only for the expenditure of trust funds, but for the management of the hospital, and the safety and well being of the patients, anyway those gentlemen were represented by a lawyer at the inquest, who, I am glad to see, made the statement that the authorities intended to take steps to prevent a recurrence of such an accident.

The constitutions of many of our old general hospitals are most autocratic, and on the majority of their house committees there are no professional persons who could, and should, give information on scientific details.

It is incredible that had there been one independent surgeon or trained nurse on the Committee that stretchers which are devoid of straps would be provided for the removal of insensible patients placed on an air bed. Thirty years ago it was a rule in the hospital in which I was trained for the accompanying nurse to walk close beside the stretcher and rest her hand lightly on the patient for safety's sake.

Then hospital porters should be taught first-aid in so far as the carrying of the sick are concerned.

The narrow isolation of hospitals in London does not make for up-to-date efficiency either in hospital management or nursing—in fact quite the reverse. Co-operation and comparison of new methods would be of great benefit not only to members of hospital committees but to hospital officials. Those of us who subscribe to the upkeep of hospitals

would like to see a more liberal and intelligent spirit in their management.

Yours truly,

A HOSPITAL GOVERNOR.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—In reading of the inquest on the poor patient who was dropped by the porters, I could not help thinking of the different way things were done both at the Lambeth Infirmary in my training days, and also at the Polyclinic Hospital, Philadelphia, where I worked for some long time. There the resident doctors helped, with the nurses, to remove a patient. I cannot remember a single instance of any of the porters doing it. The doctors and nurses always did the moving. It was therefore rather a shock to me that it should be necessary for the foreman of the Jury to remark that a nurse should have been with the patient. Why certainly; where else should she be?

Yours very truly,

E. F.

Fleet, Hants.

[We think it would be well that a medical officer should accompany the nurse in attendance upon all serious major operation cases from the theatre to the ward, and we agree with "A Hospital Governor" that porters entrusted with carrying patients should be carefully instructed in the best methods of doing so.—Ed.]

Comments and Replies.

Mrs. K., London.—Among the best training institutions for children's nurses are the following (obtain prospectuses from the Lady Superintendents):—The Norland Institute, 10, Pembroke Square, London, W.; the Princess Christian College, 19, Wilmslow Road, Withington, Manchester; Liverpool Ladies' Sanitary Association, 27, Lacey Street, Liverpool; St. Anne's Church of England Nursery College, Pittville Circus, Cheltenham; St. Mary's Nursery College (for educated Roman Catholic girls), Highgate Road, London, N.W. To the Norland Institute the honour belongs to being the pioneer of this work. The salaries of nurses when trained range from £21 to £80. About £40 is the average.

Notices.

OUR PRIZE COMPETITIONS FOR MAY.

In future the new set of questions will be published in the last issue each month. The questions for May are as follows:—

May 6th.—What are the chief points which should be emphasised when visiting the homes of the poor by a nurse who is engaged in combatting tuberculosis?

May 13th.—What are the most important points in nursing cases of anemia, and why?

May 20th.—How would you teach probationers to fill and apply (1) hot water bags; (2) ice bags?

May 27th.—How would you prepare (1) the room; (2) the bed; (3) the patient in a confinement case?

The Midwife.

The Central Midwives Board.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, April 27th. The first business transacted was the re-election of Sir Francis Champneys as Chairman, and the election of the Penal Cases and Finance Committees.

REPORT OF PENAL CASES COMMITTEE.

Arising out of the report of the Penal Cases Committee the Board considered a letter from the Clerk of the Council as to whether a midwife who was guilty of a breach of the rules of the Board when acting as a maternity nurse, under the direction of a qualified medical practitioner, was amenable to the jurisdiction of the Board, the following resolution was passed:—

"The Board does not consider that the midwife under the circumstances was amenable to Rule E."

Reports made at the request of the Board on a number of midwives by their respective Local Supervising Authorities were considered. In seven cases it was decided that no further action be taken, the consideration of one was adjourned for further information, and of another *sine die*.

It was decided to cite 19 midwives to appear before the Board, and two more, subject to adequate evidence being furnished by the respective Local Supervising Authorities. A special meeting of the Board for dealing with all the penal cases and applications then ready for hearing was fixed for Tuesday, May 30th, at 1.30 p.m.

REPORT OF STANDING COMMITTEE.

In reply to a request from the Clerk of the Council as to the Board's observations on a letter addressed to the President of the Local Government Board by a woman whom the Board had refused to certify under Rule B2, it was decided to reply that the application was carefully considered by the Board, who, for reasons appearing to be sufficient, came to the conclusion that it would be inadvisable that she should be granted a certificate.

A letter was considered from the Clerk of the Council transmitting a copy of a letter from the Devon County Council in regard to a suggestion of the Board that Section 1 (2) of the Midwives' Act should be amended by the deletion of the words "habitual and for gain." It was decided to communicate to the Clerk of the Council a list of those Local Supervising Authorities who have concurred with the Board's suggestion for the amendment of Section 1 (2) of the Midwives' Act, 1902, by the deletion of the above words.

The Board decided to acknowledge with thanks a letter from the Director of Public Prosecutions, informing it that Susan Hastes, of 13, Kenilworth Street, Notting Dale, whose name was removed from the Midwives' Roll on July 12th, 1906, had been convicted of man-slaughter at the Central Criminal Court on March 30th, and sentenced to four months' imprisonment with hard labour.

In connection with a letter from the Clerk of the Derbyshire County Council, inquiring whether the Board would be prepared to defray the expenses of an appeal from the Chesterfield Justices who had held that attendance otherwise than at the actual time of birth was not attendance "in childbirth," the Board approved the reply of the Secretary, pointing out that the power and duty of taking proceedings under Section 1 (2) of the Midwives' Act, 1902, was conferred on the Local Supervising Authority by Section 13 of the Act, and that co-relatively the duty of bearing the "expenses of any such prosecution" was imposed on the Authority.

APPLICATIONS FOR REMOVAL FROM ROLL.

The applications of seven midwives for the removal of their names from the Roll were granted.

APPROVAL TO SIGN FORMS III. AND IV.

The applications of the following midwives for approval to sign Forms III. and IV. were granted: Sophia Daniel (No. 9123), Gertrude Sophia Grundy (No. 24027), Ellen Lynam (No. 1998), and Kathleen May (No. 28086). The application of Dora Beryl Vine (No. 29718) was granted *pro hac vice*.

The report of the Finance Committee was received, and the date of the next meeting fixed for May 18th at 2.45 p.m.

THE APRIL EXAMINATION.

The following is the examination paper set by the Central Midwives' Board for candidates on April 25th ult.:—

1. What do you mean by "inevitable abortion?" How would you recognise this condition, and how would you treat the patient pending the arrival of the doctor?
2. Describe the position of the female urethra, including the meatus.
State fully how you would pass a catheter on a lying-in woman.
3. What are the dangers to (a) mother, (b) child, in a case where there is a purulent vaginal discharge at the commencement of labour?
Describe carefully what treatment you would adopt to guard against these dangers.
4. How would you recognise a case of occipito-posterior position of the vertex?
What are the causes of delay in the progress of labour in such a case?
5. Describe in detail how you would manage the third stage of labour in a normal case.
6. What are the causes of diarrhoea (a) in a breast-fed infant? (b) in a bottle-fed infant? How would you deal with such cases?

At Richmond Police Court on April 25th, Thomas Jones, charged in connection with Mrs. Sadler, or Palmer, a certified midwife, with the wilful murder of Elsie Sweetnam, was discharged. Mrs. Sadler (against whom other charges were preferred) was committed for trial at the Central Criminal Court on a charge of murder.

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XLVI.

Editorial.

INSURANCE AGAINST LOSS OF HEALTH.

The Bill introduced by the Chancellor of the Exchequer into the House of Commons, on Thursday, May 4th, "to provide for insurance against loss of health, and for the prevention and cure of sickness, and for insurance against unemployment, and for purposes incidental thereto" is of the greatest national importance and of special interest to nurses and midwives, because in a large number of cases it will affect both their patients and themselves. Mr. Lloyd George, in the course of his explanation of the scheme, which is modelled to some extent on that which, inspired by the great Bismarck, has proved so successful in Germany, stated that in this country 30 per cent. of pauperism is attributable to sickness, and that the administration of the Old Age Pensions Act has revealed the fact that there is a mass of poverty and destitution in this country which is too proud to wear the badge of pauperism, declines to give that badge to its children, and will suffer any privations rather than do so.

There are three contingencies against which the working classes insure: death, sickness, and unemployment, in the order mentioned, but very few are able to pay continuously the premiums necessary to provide against all three. There are, says Mr. Lloyd George, multitudes of the working classes who could not, and ought not to be asked to, afford such a sum, because it involves depriving their children of many of the necessities of life.

The Government measure will be divided into two parts (1) dealing with sickness, and (2) dealing with unemployment. The sickness branch will be sub-divided into compulsory and voluntary. The former

involves a compulsory deduction from the wages of all the employed classes, with certain exceptions, who earn weekly wages, or whose earnings are under the income-tax limit. There will, in this section, be a contribution from the employer, and a further contribution from the State. Thus, for workers earning over 2/6 per day the worker, if a man, pays 4d. a week, if a woman, 3d., the employer 3d. and the State 2d. In case of sickness of insured persons a man will draw 10/- a week, and a woman 7/6 for the first three months of sickness, and 5/- a week for the second three months. In case of permanent disablement, both men and women are paid 5/- a week up to the age of seventy, when they are transferred to the Old Age Pension Scheme. Sanatoria are also to be provided for consumptives.

The benefits of the scheme will include medical relief, and an allowance for the maintenance of the man and his family during time of sickness.

It is proposed that medical attendance shall be provided in maternity cases, on the lines of the maternity benefit of the Hearts of Oak, to cover doctoring and nursing with an allowance of 7/6 a week for four weeks.

The Chancellor of the Exchequer appears to have overlooked the fact that if, under this national scheme, medical attendance is obligatory in order to obtain the benefit of insurance, the Midwives' Act must become a dead letter, and the poor be deprived of the services of a most useful class of workers.

It is proposed to administer the Act (1) through approved friendly societies, and (2) through the Post Office. County Health Societies will also be appointed to assist in certain directions.

Medical Matters.

DISINFECTION IN THE FRENCH NAVY.

The *Lancet* states that a recently issued order on disinfection in the French navy is published in a French contemporary. A disinfecting department is to be set up in the grounds of the naval hospital at each of the great naval ports, and is to be under the direction of the medical officer in charge of the bacteriological laboratory, who will have with him for this work three sick-berth stewards and four assistants, and additional men as may be thought necessary by the principal medical officer. The disinfecting station is to be surrounded by a wall, and divided by another wall into two sections—one the infected, the other the disinfected section—each with its own gate and its own separate staff. On the infected side will be a shed for the ambulances and for the carts which bring in infected matters, the boiler-room, the workshop for the necessary artificers, a small destructor, cloak-room for its own staff, baths, dressing-rooms, and water-closets, tanks for soaking and disinfecting soiled linen, and the steam and formalin disinfectors. There is to be no communication between the sections, and the bags and hampers in which the clothes for disinfection arrive are to be passed through the disinfectors to the disinfected side where they are stored. The disinfected side will be somewhat similar, but only the extreme ends of the disinfectors will project into it. There will be cloak-room, baths, and lavatory accommodation for its staff, an office for examining and checking the disinfected matters before they are sent back, and for noting any damages that may have occurred. Stores will be kept here for the portable disinfector, sprayer, and other apparatus, and for disinfectants. The destructor will deal with rubbish, with dead animals, and other laboratory dejecta, and especially with the combustible sputum containers which are recommended. Lessons and practical demonstrations in disinfection are to be given to the sick-berth staff when under instruction; they are to be warned of the poisonous nature of the disinfectants used, and the medical officer in charge is responsible for any accidents that may occur. Each man of the disinfecting staff is supplied with a sterilised outfit, cap, blouse, trousers, boots, and gloves. All offices are to be disinfected once a year at convenient times, but any office in which a tuberculous employee has been working will be thoroughly disinfected and cleaned at once, the completeness of the disinfection to be tested by laboratory controls. Workshops are

to be periodically vacuum-cleaned and disinfected. Ships are to be disinfected when required, during their general refit in the dockyard if this can be arranged, and no ship is to be recommissioned without a general disinfection. The explosives will be removed, exposed metal surfaces thickly coated with vaseline, the men sent to barracks on land, and the ship filled with 10 per cent. sulphurous acid gas, which must be well humidified, ventilation being re-established after 12 hours. The ship is allowed to air itself for several days, and is then further disinfected with formalin: $7\frac{1}{2}$ c.c. of 40 per cent. formalin solution and $32\frac{1}{2}$ c.c. water are vaporised into each compartment for each cubic metre of space and left there for seven hours before again opening it up. Or formalin spray may be employed, 12 c.c. of the 40 per cent. solution to each cubic metre but diluted with 488 c.c. of water. The bedding is to be sent to the disinfector, and it may be added that all hammock bedding is to be put through a disinfector twice a year. The bilges are to be disinfected with chloride of lime (1 in 1212 of water and filtered). If a ship has been sunk and refloated, 50 per cent. sulphate of iron solution is to be used as a deodorant. Officers' cabins are to be disinfected and cleaned, and the bedding disinfected on every change of occupancy. The water-closets are disinfected habitually by electrolysed sea water (as used by Mr. F. W. Alexander, medical officer of health of Poplar, and described in the *Lancet* of March 24th, 1906). Crude paraffin is used in latrines and urinals ashore for destroying flies and larvæ. The steam disinfectors now on board ships are to be replaced, as the ships come in for refit, by formalin disinfectors, closed tanks in which 50 c.c. of the 40 per cent. solution are used per cubic metre. These are heated by resistance coils fitted inside them and disinfection is complete in two hours.

The cleaning of water tanks is to be supervised by a medical officer, who will examine the men to see they have nothing the matter with them; they will then have a bath and put on clean suits and aseptic sabots before entering the tanks to chip and scrape them. After all solid matters have been removed the tanks will be flamed round inside with a painter's lamp or be steamed, and then they will be lined with cement. The supply system of pipes will be washed out with a solution of permanganate of potassium. Voice pipes are to be sterilised by steam. The official order on disinfection is long and fully detailed. If it is thoroughly observed in the spirit as well as the letter much good should follow.

The Value of a Nurse in a Tuberculosis Hospital.

By DR. BENJAMIN LILL.

*Assistant to the Commissioner of Health,
Pennsylvania.*

A physician, who has had much experience in the management of tuberculosis dispensaries, says: "A tuberculosis dispensary cannot possibly get along without a nurse. She is simply invaluable." In the first place her instincts lead her to maintain a degree of cleanliness and order in the office which commands the respect of the visitor, and conduces to the comfort of the patient. In the second, there are many minor details of dispensary office work, which she can take charge of, thus saving the time of the physician, such as the care of instruments, and the taking of chest and height measurements, weighing and the taking of temperatures.

Taking histories, making records, and other clerical work are a part of her duty. It is safe to say that a physician working with a nurse can cover at least three times as much work in a given time as one without this aid. Her mere presence in the office gives the applicant a homelike feeling, and relieves the sense of apprehension that an examination always excites. Especially is this so when the patient is a woman, and in that case the aid of the nurse in arranging the dress for a satisfactory examination is essential and relieves embarrassment.

But useful as she is in the office, her services outside are of even greater importance in promoting the success of the dispensary, and the recovery of the patients. The instructions given the patient by the physician for the conduct of the patient's daily life, even though accompanied by printed cards and pamphlets, are apt to fall upon unheeding ears. With the best intentions in the world, the patient will be careless and neglectful, and will allow the idle talk of relatives, friends, and neighbours to carry more weight than the injunctions of the doctor. Matters of the utmost importance, from the standpoint of medical experience, appear trifling in their eyes because they do not comprehend their working. "Abana and Pharpar, rivers of Damascus," the high sounding names that they read in the quack advertisements in the papers, command their respect more "than all the waters of Israel." They have no use for any precept so simple as

"Wash and be clean," or for fresh air. Could anything be more ridiculous? And food? They have been eating all their lives. Sometimes the nurse must visit the patients in their homes, go over the rules of the dispensary with them, and make certain that they understand them in every detail as pertaining to personal hygiene and home sanitation. She must investigate the sleeping room, see that every provision is made for ventilation during the hours of sleep, and, not less important, for the admission of sunlight during the day; see that no one occupies the same bed, or, if avoidable, the same room with the patient. Insist on their taking the proper food at the proper hours; insist on a certain amount of rest, and in every possible way oppose the heresy that what the patient needs is exercise; instruct the well members of the family as to the danger to them of the presence of a case of tuberculosis, and as to the precautions the patient should take as to the disposal of the sputum, the indiscriminate use of table furniture, and the sterilisation of such articles after use, and the boiling of all washable clothing and bedding apart from the family wash.

As the nurse gradually becomes familiar with the family, and they become accustomed to her visits, they will make her a confidant, and if she finds another member of the family who exhibits suspicious symptoms, she will advise such person to consult the dispensary physician and have the presence or absence of the disease decided.

She will examine the house and its environment for evidences of dampness, and use her influence to have the cause of such conditions removed. The places where patients work will also be visited, and advice given for the improvement of unhygienic surroundings. If the occupation be such as is generally considered prejudicial to a consumptive she will report the same to the physician, in order that he may give such advice as he deems proper under the circumstances. The financial condition of the family will also be noted.

Subsequent to her first visit, a written report of the conditions found is rendered to the physician in charge of the dispensary. It will be her duty to note especially the directions given the patient by the physician in each case, and keep in mind those of an unusual nature, such as apply to that particular patient. She will attend to the distribution of milk and eggs, receive any complaints of quality or irregularity of furnishing them, and especially assure herself that the food is used by the patient, and not by other members of the family or by neighbours. In this way alone can

*A paper presented to the Sixth International Congress of Tuberculosis, U.S.A.

the results of the treatment be secured, and the State guard from a misapplication of its funds.

It will thus be seen that the requisites for a tuberculosis dispensary nurse are of a somewhat more exacting character than those of an ordinary nurse; that the position demands, over and above the usual qualifications, first of all fact, in order that she may be able to overcome the natural repugnance, especially marked in persons of moderate circumstances, to what they may consider an intrusion into their family circle. She must be good tempered, and not ready to take offence or resent insult. In short she must be as "wise as a serpent and harmless as a dove."

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Gladys Tatham (A. R. San. Inst.), at St. Elmo, Salcombe, S. Devon, for her article printed below on

WHAT ARE THE CHIEF POINTS WHICH SHOULD BE EMPHASISED WHEN VISITING THE HOMES OF THE POOR BY A NURSE WHO IS ENGAGED IN COMBATTING TUBERCULOSIS?

Since the discovery by Koch of the tubercle bacillus in 1882, tuberculosis has rightly been looked upon as an infectious disease, and it is the primary duty of a district nurse to impress the fact of its infectivity, and what that implies, upon the patients she visits. Only so will they be brought to understand the necessity of obeying the directions she gives.

There are certain definite factors to be taken into account when dealing with tuberculosis, its prevalence in damp houses or districts, its persistence through several generations, and its preventability. If a nurse has a case of tuberculosis in a damp house, she must do all in her power to get it rendered watertight and sanitary, for the greatest skill and zeal will be futile if conditions so favourable to the disease are allowed to continue. She ought also to try to secure a separate sleeping apartment for the patient, it matters not how small as long as there is a window capable of being widely opened day and night. Among the poor there seems a greater fear of fresh night air than in the so-called "upper" classes, but the district nurse should explain that the air at night is purer than day air, and absolutely necessary to the sufferer from tuberculosis. She can ensure warmth to the patient by filling ordinary ginger-beer bottles with hot water, or by heating a flat iron, or an oven shelf, suit-

ably wrapped up, to take the place of a foot-warmer.

The part played by heredity in the spread of tuberculosis is undoubtedly great, and the nurse should never miss an opportunity of pointing out, as tactfully as she can, the undesirability of consumptive families marrying.

That tuberculosis is preventable no one seems to doubt, and yet year after year it triumphantly carries off thousands of victims! To prevent it in the first place damp, insanitary dwellings on heavy impervious soils should be avoided; dwellings, factories, and workplaces should be freely ventilated, and not overcrowded. Expectoration in public places should be made a punishable offence, for the sputum dries, and the dust it forms is often carried for miles, teeming with the tubercle bacillus.

The tuberculous patient should be instructed how to disinfect all his excreta, his utensils, and living rooms. A simple method with poor patients is to provide them with two fireclay spitting cups to use alternately, one can be in use while the other is in the fire burning its contents, and sterilising itself. A bottle of Izal disinfectant should be obtained, and the room, clothes, and utensils frequently sprayed and washed with it.

The nurse should impress on the patients the facts that all the discharges from the body, whether the sputum in phthisis or the pus from a tubercular abscess, are equally infectious unless rigidly disinfected; that fresh air, a dry house, warmth, and sufficient food are all necessary in the fight against this awful disease, and that overcrowding and intemperance are particularly favourable to the spread of it.

We highly commend the papers by Miss M. Punchard, Mrs. Edwards, Miss F. Sheppard, Miss M. Atkinson, Miss J. Skimmer, Miss A. J. Wacher, Miss B. Mason, Miss N. James, Miss J. van Schernbeck, and Miss H. M. Harper.

Miss J. van Schernbeck writes "the home conditions form one of the first points nurses should consider, when entering the homes of the poor with the intention of combatting tuberculosis. If possible, the houses should be open to sunlight on every side, but mainly on the side where the windows are. The houses should not stand too close to one another, so that the shadow from one prevents another from receiving any but subdued light. . . . I should advise the use of a light tick of butter muslin over the blankets on which handkerchiefs are often deposited."

Miss Helen M. Harper points out that "the

linen which has been used by a phthisical person should not be washed with ordinary linen, but soaked for one hour in some recognized disinfectant before being washed. . . . Better still, the use of paper handkerchiefs, which can be burnt after use."

She also speaks of "the importance of the removal of known cases of tuberculosis to sanatoria or hospitals when possible. When this cannot be done arrangements for out-door sleeping shelters can sometimes be made. . . ."

"The dressings taken from tuberculous sores or abscesses should be treated as highly infectious, and be immediately burnt."

Miss Alice J. Waechter emphasises that "the work of the nurse in visiting poor tuberculous patients is chiefly educational. . . . She must teach and enforce the practice of *fresh air treatment*. It has been conclusively proved that patients in the open air frequently recover from tuberculosis, and patients in ill-ventilated rooms never do. In all possible cases the patient must live night and day out of doors. When this is impossible his room must be well ventilated, sunny, clean, and practically empty, no unnecessary curtains, ornaments, or books. No other person may sleep in the same room with a tuberculous patient."

Diet. The diet must be easily digestible, and flesh forming, with plenty of fat. It is only where the patient is suffering from tubercular mesenteric glands that excess of fat is contra-indicated. Plenty of cod liver oil, bacon fat, cream, etc., must be secured for the patient.

Clothing. This must be light and warm. Perhaps too much has been said in favour of wool next the skin, as woollen garments cannot be thoroughly cleaned and disinfected by boiling, and tubercular patients usually perspire freely.

Pace of mind. The patient must be spared all worry (as a rule tubercular patients are not low spirited even when extremely ill), and children must not be allowed to overstudy.

Infected food. All cases of doubtful food supply must be reported to the Local Sanitary Authority."

Our quotation from the paper by Miss E. E. Please last week should read "scalls of the throat from drinking boiling water out of kettles are very common with children, and are generally fatal from suffocation (not suppuration) as well as shock."

QUESTION FOR THIS WEEK.

What are the most important points in nursing cases of anæmia, and why?

The International Council of Nurses.

THE COLOGNE CONGRESS.

DEAR EDITOR:—You will be glad to know that the plans for the Cologne meeting are under way.

As Sister Agnes is desirous of making a complete showing of the progress of Social Service (Prevention or Health Nursing as you may prefer to call it) in all countries, I am proceeding on the following lines: We hereby ask the National Society of Nurses in each country to make itself responsible for collecting all the data in its own country, and for collating all into one report. Otherwise we should have overlapping and an unmanageable bulk of material. We hope to show the whole extent of nurses' employment by the State and municipality, in tuberculosis, infant mortality, pure milk work, public school service, out-door schools, dental clinics, and the like specialties, as well as probation officer, police officer, and truant officer work; of their activity under philanthropic volunteer agencies in similar lines, anything new such as teaching sex-hygiene, or the anatomy and physiology of sex to children and mothers (we have something to show in this direction in public schools) holding classes for children on the care of health, teaching mothers during pregnancy, and giving them instructive care during lactation, on infant feeding and children's diet, and all such work; and of their employment by industrial concerns in factory, shop, or centres of labouring people, to watch, prevent illness, and guard health.

We wish also to learn what nurses are doing in the crusade against alcoholism, against venereal disease, and the social evil, what they are doing spontaneously among themselves to prepare for such effort; what share they are taking in housing reform (as buildings inspector, tenement house inspector, or health visitor), and what new lines there are that I have not mentioned, that are opening before them.

Sister Agnes desires to have all reports on hand early enough for her to have translated in German, and a brief resumé of each made, to be distributed to the German audience. For this purpose all reports should be in her hands by the early spring of 1912. I would suggest, however, that each country preparing a report should undertake the translation of its own report into German. This should not be difficult, and would immensely relieve the President and Secretary of labour.

As it would then only be necessary for us to have the brief digests made for the meeting. But for this, too, plenty of time should be allowed because of the overloading of regular work.

Another branch which Sister Agnes wishes to have well worked up is the description by Catholic or Anglican sisterhoods of the system upon which secular training schools for nurses are conducted by religious orders. She thinks this might be helpful to the German Catholic Sisters, who are great workers, very practical as nurses, and very progressive in their willingness to follow modern educational requirements, but who have never founded secular training schools in their hospitals. As you know, they have been among the readiest to support State Registration, and to agree to its conditions.

Germany has a great deficiency of nurses. It has not enough for its population, and this is one reason for the immense overwork of German nurses. We intend, therefore, to appeal to those English, Irish, and American orders that are conducting successful training schools, to come forth to Cologne and read papers there and encourage the German Sisters to do the same thing.

May I now, through these columns, ask all countries in membership or affiliated with the International Council, as well as those outside, who may desire to send fraternal delegates, please to translate this letter for their home papers, or at least to republish its message in their own words, so that each National Association may set about collecting the information asked for by the Council, at an early date.

I am, ever sincerely,

L. L. Dock, *Hon. Sec.*
International Council of Nurses.

We would invite the officers of the National Council of Nurses of Great Britain and Ireland to carefully consider this letter, as we must decide at the next meeting of the Council what we can do to make the Cologne Triennial Meeting a success. Also will the Presidents of all the Societies and Leagues of Nurses which form the National Council reprint Miss Dock's letter in the next issue of the journal of such Societies and Leagues.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following donations:—Miss A. E. Hulme, 1s.; Miss E. Warriner, 5s.; Miss B. Cutler, 5l. 1s.; Miss B. Kent, 42; Miss Tomaley, 10s.; Miss Perkins, 10s.; Miss L. Warriner, 10s.; Miss Henderson, 5s.

The Society for the State Registration of Trained Nurses.

THE ANNUAL MEETING.

The ninth Annual Meeting of the above Society will be held on Thursday, May 25th, at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W., and it is hoped all members will note the date, and be present, if possible. The Society has accomplished much in its nine years of existence, and has now many friends of all parties in both Houses of Parliament. It is the opinion of many that there is no chance for any legislation for women in this country directly beneficial to their educational and economic status, until the vote is won. This we do not believe, although we own that the fight for justice is certainly much more strenuous for the poor and voteless than for the fully enfranchised male citizen. But that is no reason why we should shirk the fight. The more difficult it is to attain right the more energy and grit is required, and remember it is in such struggles that all the greatest qualities of character are forged and strengthened. What is the motive back of this demand for efficient professional training and education and power to keep our cloth clean? Ask yourselves that, and if you can conscientiously say: "To give the best help of hand and heart to those I serve, to prevent pain, heartbreak, and despair," then you are not going to hesitate to continue this struggle; you are not going to stand aside and let others fight for you; you are not going to be lough off, and slink away into a safe little pussy cat corner, where material comfort is assured, and your dwindling soul can be sweaked out of existence. You are going to do none of these things, but you are going to work, and work hard for the power to *do your duty*. Don't forget that on May 25th, 4.30 p.m., your attendance is claimed by your Annual Meeting.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND AND NURSES' REGISTRATION.

The following amendments to the Nurses' Registration Bill 1821, 1911, have been drafted by the Royal College of Physicians of Ireland, and forwarded to Irish Members of Parliament.

1. Omit Sub-Clauses (c), (d), and (e) of Clause 1, and insert the following Sub-Clause:—
(c) Five registered medical practitioners, three of whom shall be resident in England and Wales, and who shall be elected by the registered medical practitioners resident in England and Wales; one of whom shall be resident in Scotland, and who shall be elected by the res-

gistered medical practitioners (as set out in Schedule I), and one of whom shall be resident in Ireland, and who shall be elected by the resident medical practitioners as set out in Ireland. The method of the election of these representatives shall be similar to the method adopted for the election of the direct representatives on the General Medical Council.

The Sub-Courses proposed to be omitted from Clause 1 are as follows:—

(c) *Three registered medical practitioners to be appointed by the British Medical Association, one to be resident in England, one to be resident in Scotland, and one to be resident in Ireland;*

(d) *One registered medical practitioner to be appointed by the Medical Psychological Association.*

(e) *One registered medical practitioner to be appointed by the medical superintendents of the fever hospitals which may be recognised as training schools for nurses at fever nursing under this Act.*

The effect of this alteration would be to deprive the British Medical Association of representation on the Nursing Council, and to substitute persons who might know nothing of special branches of nursing, or an expert in psychology in relation to mental nursing, and an expert in the treatment of infectious diseases connected with a nursing school for the nursing of fevers.

The Nurses' Registration Bill at present provides for the representation of the medical profession by general practitioners, and poor law, fever, and mental specialists.

12. In Clause 21, line 1, instead of "Before suspending or removing" read: "Before proceeding to consider the suspension or removal of."

This suggested addition we consider good, it makes the intimation of absolute fair play to an accused nurse more emphatic, and might well be agreed to.

13. In Clause 23, line 2, after the word "medicine" insert the words "surgery and midwifery," and in line 3, after the word "disease" insert the words "or injury."

Surely the term "medicine" includes all its branches, so that this addition appears superfluous.

To add the words "or injury" to that of "disease" would, in our opinion, be most inadvisable. For instance, to forbid a "registered nurse," or, indeed, any other person, to treat—say by first aid—an injury might lead to disaster. Accidents are now unfortunately increasingly frequent in our streets. Such a prohibition would,

we presume, prevent a "registered nurse" with knowledge and skill from staunching hemorrhage, and every person, liable to blood to death, would prevent the alleviation of pain, the application of artificial respiration, and other treatment of injuries. This is a thoroughly unpractical recommendation, and not likely to command assent to the common sense of non-professional persons.

14. The President and Fellows of the Royal College of Physicians of Ireland are of opinion that it is expedient that the General Medical Council should stand in a similar relation to the General Council for the Registration of Nurses in the United Kingdom as the said Council does to the Central Midwives' Board under Sections 3 and 17 of the Midwives' Act, 1902.

This would substitute the General Medical Council, which has declined to organise trained nursing, for the General Nursing Council, as the Governing Body of the Nursing Profession. It is unnecessary as registered nurses would not be independent practitioners as midwives are. Midwifery is a section of medicine, Nursing is not, and until Nursing is recognised as such, the best interests of the sick will be attained by its Governing Body being composed of those who have made practical nursing and nursing discipline a special study.

Nurses and the Nightingale Annuities.

The following anonymous letter was sent to "Matron Moll-st," from the Co. Cork, and we print it to show the feeling of those nurses who approve the Annuity Scheme of the Nightingale Memorial.

MADAM.—Reading your letter in yesterday's *Daily Telegraph*, I consider it both heartless and selfish. Had the Matrons been *included* you would have written differently, or perhaps not at all. I only hope some influential person will take the matter up and *reply* to your letter. There are many good, noble women nurses (I don't include people of your class), and I hope they will get justice at last. Probably you have never had experience in private nursing to know of the weary days and nights spent by the side of suffering. You would perhaps have written differently. I am at present nursing the widow of an officer (colonel), and both the family and doctor in attendance strongly *condemna* your letter. I have been fifteen years in the nursing profession and *know* the *Matrons*.

Your letter is a disgrace to anyone bearing the title of Matron. The late Miss Florence Nightingale (God bless her memory), could she but speak, would highly approve of the scheme at present

under consideration—an annuity for those nurses who so hardly earn their daily bread.

I am, Madam,

A NURSING SISTER.

This nurse was trained only fifteen years ago, and she owns that she is nursing the widow of a Colonel, who will be in receipt of a good pension, and should therefore be paying a good salary for the nurse's services. But the system of exploiting the private nurse's work is really the reason no doubt why the nurse in question is not earning sufficient to save for old age.

The appeal for the Florence Nightingale Memorial has been sent out from St. Thomas' Hospital in the name of the Executive Committee. The names of the General Committee give the appeal an appearance of wide-spread support for the annuity scheme, concerning which they have not been consulted. The cost of the Statue is not to exceed £5,000.

The Spirit which Inspires Success.

The Countess of Dudley will be greatly missed by the nursing community in Australia. Before leaving the Commonwealth we are glad she was able to be present at Beech Forest at the installation of the first nurse under the Bush Nursing Scheme inaugurated by her.

Lady Dudley's speech upon this occasion contains much which those who attempt pioneer work might take to heart. It is so easy to begin new work with enthusiasm, amidst applause, but it is so difficult to drudge year after year for the attainment of unpopular yet beneficent reforms, and the spirit which inspired Lady Dudley's speech is the spirit which can drudge and accomplish. She said in part:

"I do not think that you will want from me to-day any mere conventional expression of the pleasure it gives me to come amongst you. Such phrases are suitable perhaps for some occasions, but not, I think, for this one; for I know that all here present are aware that for me to-day is a red-letter day, and that to be here and take part in this installation of the first bush nurse in this State means to me the realisation of a hope which has lain near to my heart ever since I came to Australia. It may be said, I know, that it is a realisation only in part; that it falls far short of what has been called the bush-nursing scheme, and that consequently it is not an occasion for unqualified rejoicing, but rather one for regret that the beginning we are making now is such a small and insignificant one compared to the largeness of our aspirations. But is it so? I think not. Personally, my feeling to-day is one of deep thankfulness and confident hope.

NO ADMISSION OF FAILURE.

"May I say at once that what has been known as the failure of the Federal bush-nursing scheme has never seemed to me to be a failure? The Federal scheme was perhaps too ambitious; possibly it aimed at too immediate a success, and so it failed; and if it failed from these causes I am glad it failed, for failure of this kind is the surest road to success. It is often the only process by which ultimate success can be achieved. I know this to be so. My experience of all work has taught it to me. And so when my appeal for the Federal scheme failed I was almost glad; at least I was not sorry. I recognised it as the natural process out of which some day perhaps—not in my time here, but still some day—success would come. And to-day I feel it is coming. Not on Federal, but perhaps more wisely on State lines; not in the way I planned, but what does that matter? Not in a large or ambitious way, but all the better for that. All thorough work must be slow; all true development must be by slight and even minute degrees.

A FAIR STRUCTURE CONTEMPLATED.

"The higher the structure the slower the progress; and we still contemplate raising a fair structure, high and of noble proportions, if slow in the building. It is of this that to-day we are laying the foundation-stone. But because our beginning is small we must not let ourselves be discouraged. All great things grow from small beginnings. The oak springs from the acorn, and the flood gathers from the first drops; if the acorn be rightly sown, and the rain steady and persistent. So may I leave this message with you to-day. Have no regrets that the bush nursing scheme which was to have been so wide-spread and comprehensive has narrowed itself down to this small beginning. If our aspirations are in the right direction we need never regret that they fall short of their intention. Wasn't it George Herbert who said: 'Aim at a star, perchance you hit a tree.' The great point is to aim at the star. If this is a true beginning, as I believe it to be, there need be no limit to the proportions which some day it may reach. My earnest hope has always been to see an organised system of skilled nursing reach far into the bush, until the needs of town and country districts are fully met.

A MODEL TO FOLLOW.

"There is no reason whatever why such a system should not follow upon the establishment of this first bush nurse whom we install in Beech Forest to-day. If she fulfils, by God's help, her mission, and those who are pledged to support her do so faithfully, she may be only the first of many such as she. And so the recognition of this need for district nursing may spread from State to State, until slowly and imperceptibly it becomes a national movement, upheld by universal support. And then, by way of the tree, we shall have reached our star; by way of to-day's small beginning we may yet realise our larger, broader scheme. Meanwhile, I am confident that the dwellers in this district of Beech Forest will do all in their power to help us by making this first venture the success we desire it to be. It was once said by a great thinker that any experiment which can benefit by one hair's-breadth a single human life is a thousand times

worth trying. I appeal for help on these grounds for this great experiment of bona fide nursing in Australia. Grant it such support that it may quietly expand until it reaches a fuller growth, until it has passed the experimental stage, and can at last reach, benefit, and safeguard these precious lives in body and township upon whose existence and well-being the future of Australia depends."

The years will not be so many before trained nursing will be included in the school system to the farthest limits of the bush. Health is a jewel, and life precious, and the trained nurse a factor in their preservation. Therefore skilled nursing the people will have.

A MISSIONARY EXHIBITION FOR NURSES.

As we go to press the Missionary Exhibition for Nurses, organised by the Nurses' Missionary League, is being held at the Hollborn Hall. We hope next week to give an account of its many interesting features.

NURSES IN THE PUBLIC HEALTH DEPARTMENT OF THE LONDON COUNTY COUNCIL.

At the meeting of the London County Council on Tuesday last the Establishment Committee reported that the Education Committee had communicated with them with regard to the hours of duty of the nurses engaged in the public health department. That Committee stated that they were of opinion that the hours of school nurses and of nurses engaged in cleansing stations should be from 9 a.m. to 4.30 p.m., with an hour's interval at mid-day, from Monday to Friday, inclusive, and that they should be required to attend at the head office on Saturdays if necessary. The Establishment Committee recommended the adoption of these hours.

ST. BARTHOLOMEW'S HOSPITAL. EXAMINATIONS AND PRIZES.

The following is the list of probationers who successfully passed the April examinations at St. Bartholomew's Hospital, London.

FINAL EXAMINATION.

Senior Probationers.—Miss Powell (Gold Medallist), Misses Roberts, Carver, Heath, Maitlan, Kite, Alexander, N. Constable, Wharry, Horman, Langworth, B. M. Martin, Breze, N. Palmer, M. King, Tait and Munro (bracketed equal), Duncum, Seeley, D. Wilkins, Cave, Norman.

PRIMARY EXAMINATION.

Junior Probationers.—Miss Gardner (Clothworkers' Prize of Books), Misses South, Pratt, Stronge, Lacey, Kennedy, Power, Saunders, Constable, Bell, James, Angus, E. Thompson, Crabtree, Hove, Robertson, Shankland, D'Arcy and E. Johnson (bracketed equal), Pearce, Davey and Tilney (bracketed equal), Ward, Dickenson, Creak, Noel, Leighton and Wells (bracketed equal), Benny, and Hopkins.

PRESENTATION

Miss K. V. Macintyre, who this month completes twenty-one years' service as Matron of the Royal Albert Edward Infirmary, Wigan, Lancs., has been presented by present and former members of the nursing staff with a solid silver tea service and a gold and amethyst bracelet.

Appointments.

MATRONS.

The Dunedin Hospital and Allied Institutions, New Zealand.

Miss Katherine M. Mackenzie has been appointed Matron. She was trained for four years and certificated, the training including sick cookery and massage, at the Western Infirmary, Glasgow; was promoted to be Sister of a large Surgical Ward and Theatre in 1906, and Second Assistant Matron in 1909. In the latter position Miss Mackenzie has gained experience in administrative work in the Nurses' Home and Hospital, and as instructress of the senior nurses, and her testimonials from the Matron, Medical Superintendent, and Surgeons bear testimony to her great administrative ability. Miss Mackenzie will leave Scotland for New Zealand early in June, and will, we feel sure, find in her new sphere of duty a happy environment. We congratulate her upon her promotion to this important position, and wish her all success.

Victoria Hospital, Swindon.—Miss E. Walker has been appointed Matron. She was trained at the Chesterfield Hospital, and has held the positions of Staff Nurse at the Royal Infirmary, Sheffield; Sister and Deputy Matron at the Hospital, Great Yarmouth; and Night Superintendent and Deputy Matron at the County Hospital, Newport, Monmouthshire.

SUPERINTENDENT.

Derbyshire County Nursing Association.—Miss Alice Loe Smith has been appointed Superintendent. She was trained at the Royal South Hants and Southampton Hospital, and subsequently worked on the staff of the Dover General Hospital, and as a member of the Army Nursing Service Reserve in South Africa during the war. She has also been Matron of the Ledbury Cottage Hospital, Lecturer on Home Nursing for the East Suffolk County Council, and Queen's Nurse, and Assistant to the Superintendent of Queen's Nurses, in Worcester.

ASSISTANT MATRONS.

Bethnal Green Infirmary, Cambridge Heath.—Miss Elith Tucker has been appointed Assistant Matron. She was trained at the Poplar and Stepney Sick Asylum, where she held the position of Staff Nurse, Ward Sister, Theatre Sister, and Night Superintendent. She has also been Second Assistant Matron and Assistant Matron at the Fulham Infirmary.

Maternity Hospital, Leicester.—Miss Annie Davies has been appointed Assistant Matron. She was trained at the Poplar and Stepney Sick Asylum and the Eye, Ear, and Throat Hospital, Salisbury, and has been a Sister at the Union Infirmary, King's Norton, and also Sister and Holiday Superintendent in the Home at Queen Charlotte's Hospital, London. She is a certified midwife.

The Asylum, Hayward's Heath.—Miss Violet Mary Spence has been appointed Assistant Matron. She was trained at the Cheddleton Asylum, Leek, where she subsequently held the position of Sister.

SISTERS.

Queen's Hospital for Children, Hackney Road, N.E.—Miss N. Adler has been appointed Sister. She was trained at the Royal Infirmary, Sunderland, and has also had experience of the nursing of sick

children at the Children's Hospital, Gateshead-on-Tyne.

North Staffordshire Infirmary.—Miss Constance Farrington has been appointed Sister. She was trained at the Devon and Exeter Hospital, Exeter.

Yardley Road Open Air Hospital for Consumption, Birmingham. Miss E. Bamford has been appointed Sister. She was trained at the Mill Road Infirmary, Liverpool, and has held the positions of Staff Nurse at the Brompton Hospital for Consumption, London, and of Matron of the Ear and Throat Hospital, Newcastle-on-Tyne.

Essex County Hospital, Colchester.—Miss Gladys Jaques has been appointed Sister. She was trained at the Royal Infirmary, Derby, where she has also done Sister's duties.

Salford Union Infirmary.—Miss Mary Mayes has been appointed Charge Sister. She was trained at the Birmingham Union Infirmary, and has held the position of Queen's Nurse in Liverpool, Sister at the Bristol Union Infirmary, and Sister at St. Pancras Infirmary (South). She is a certified midwife.

The Forfar Infirmary.—Miss Magdalen Caldwell Houston has been appointed Sister. She was trained at the Western Infirmary, Glasgow.

MASSÉSE.

The Leicester Infirmary.—Miss Isabella Dodd has been appointed Massése at the Leicester Infirmary, not, as was notified last week, by a printer's error. Sister at the Forfar Infirmary. She was trained for three years at the Leicester Infirmary, and afterwards held appointments at the Borough Fever Hospital, Ipswich, and the Children's Hospital, Nottingham. For the last four years she has been engaged in private nursing in connection with the Registered Nurses' Society, London.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss Edith M. Geard resigns her appointment; dated May 1st, 1911.

Staff Nurse Miss Mary McNaughtan resigns her appointment; dated May 3rd, 1911.

The under-mentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss Gertrude L. Bentley, Miss Mary C. Corbishley, Miss Dorothy C. Isaacson, and Miss Beatrice Jackson.

Miss Cecily Vereha Elma Thompson to be Staff Nurse (provisionally); dated April 18th, 1911.

Miss J. F. Watson to be Staff Nurse (provisionally); dated April 20th.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Ada Gibson to Leeds (Holbeck) as Superintendent, Miss Elizabeth Vickery to Scarborough as Senior, Miss Lillie L. Harris to Scarborough, Miss Anna M. Schenk to Barnard Castle, Miss Bessie M. Courtenay to Combe Martin, Miss Sara Peirce to Montgomery, Miss Eva E. Tomlinson to Penzance (Hadron), Miss Clara White to Shrewsbury, Miss Marion E. Davies to Buntingford, Miss Ethel Suche to Cudham, Miss Maria T. Carr to Widnes, Miss Hilda Burrows to Winsham, Miss Jane Jackson to Deerness Valley, Miss Ada Powell to Elloughton.

Nursing Echoes.



The military arrangements for the Coronation are now complete, and amongst those who will be allotted places on the route are members of Queen Alexandra's Royal Naval Nursing Service, Queen Alexandra's Imperial Military Nursing Service, and the Territorial Force Nursing Service, a privilege which will be much appreciated by those who are so fortunate as to obtain tickets.

It is reported from Cape Town, through Reuter's Agency, that on the occasion of the anniversary of King Edward's death, Viscountess Gladstone has written to the press throughout South Africa appealing for funds to establish an Order of Nurses as a memorial to the late King Edward. The bringing of skilled nursing to people who are wholly or partially unable to pay for such service is, says Lady Gladstone, one of the most pressing needs of South Africa. The project has been carefully considered by a committee composed of Lady Gladstone, Mrs. Botha, and Mrs. Merriam, and also Sir Starr Jameson, Mr. Phillips, Mr. Reitz, Mr. Beyers, and others.

The Mayors and other authorities throughout the Union will now open subscription lists. A hundred thousand pounds is required for the execution of the scheme, and branches of the Order will be established at suitable centres in each province, which will be controlled by a central executive responsible to a council elected by the subscribers to the memorial. The coloured and native subscriptions will be kept separate, and will be devoted to the training of coloured and native nurses at Lovedale.

We hope that in the States in which the State Registration of Trained Nurses is in force only registered nurses will be engaged in connection with this scheme, and also that some nurses of experience will be added to the committee formed to organise it.

At the recent meeting of the Council of Queen Victoria's Jubilee Institute for Nurses, it was reported that "Bryn Menai," a property at Bangor, North Wales, together with the sum of £6,000 bequeathed to the Institute by the late Miss Harriet Hughes, had been formally handed over, and that after equipment the house will be opened as a home of

rest of the year, and the Queen's Nurses in accordance with the terms of the bequest. Satisfaction was given, and by the Superintendent to County Nursing Associations might confer examinations in home nursing in connection with the Red Cross Society. Affiliation was granted to nursing associations at Bantstead, Surrey; Boreham, County Durham; Cowlinge, Suffolk; Elloughton, Yorks; Dunsham, County Meath; Buglawton (through the Irish County Nursing Association), Northampton; the Cheshire County Nursing Association; Cleveland (through the Somerset County Nursing Association), Combe Martin, (through the Devonshire Nursing Association), and Cadham (through the Kent County Nursing Association). An anonymous gift of £1,000 having been made to the funds of the Institute, a special vote of thanks in grateful acknowledgment to the unknown donor was passed by the Council. Thanks to the generosity of a member of the Council seats have been secured for a number of the Queen's Nurses on the route of the Coronation procession. The Council also received a grateful vote of thanks to the Misses Pile (Shotley Bridge) for their kind gift of £40 to the Tatler Sick Fund.

A delightful concert was given by the Maggie Madrigal Society in aid of the funds of the Hammersmith and Fulham District Nursing Association, at the Royal Horticultural Hall, Vincent Square, Westminster, on the evening of Thursday, May 4th. The conductor was Mr. Lionel Benson, who is resigning after 27 years' direction of the Society, and under his skilled guidance the cultivated voices forming the choir were at their very best.

The choir, presumably to emphasise the name they have adopted, wore black and white; the ladies for the most part white, or black and white dress, and black scarves, and the men white waistcoats and white buttonholes. The soloists were Miss Violet Devoncher Jackson and Madam Marta Wittkowska, who had frequently to return to acknowledge the enthusiastic applause which followed their charming songs, and Miss Fanny Davies' pianoforte solos were received with equal pleasure.

The work of the Hammersmith and Fulham District Nursing Association, which is affiliated to Queen Victoria's Jubilee Institute, is carried on by Miss Curtis, the Superintendent, and seven nurses, the funds being raised locally, although the two districts shared with

others in receiving a grant from the sum of money donated by Queen Victoria for the purpose of providing nurses for the sick poor. But to maintain the work amongst a population almost entirely made up of working people the requisite sum to meet the steadily increasing need for nurses has to be raised annually. There is no wealthy class, and though the inhabitants of the district show a warm appreciation of the services of their nurses a yearly deficit remains, which has to be made up from outside sources. Subscriptions or donations, however small, are thankfully received by the Superintendent, Camforth Lodge, Hammersmith.

The wife of a vicar of 21 years' experience, holds a L.D.S. Government of one of our largest hospitals, writes as follows:—I know the interest you take in the training and registration of nurses. May I draw your attention to what I cannot help regarding as a positive scandal.

My husband has been asked to recommend girls as "nurses" in asylums. Three of these girls have been bar-maids, one was an unsatisfactory scullery-maid, while others have had no employment. (I would not have taken any of them.)

In the event of the clergyman refusing a character, they obtain it from someone else! Anyone, it appears, is considered good enough to "nurse" a lunatic.

Now, if we shut these poor helpless creatures up in asylums, surely we are bound to provide suitable keepers? I prefer the old word. It is truthful, and does not mislead the general public. A girl of very doubtful character is taken and called a "nurse." I know of many cases where the lunatic has been cruelly treated, but there is no redress, for who will believe the word of a lunatic, against that of a "nurse"? Can anything be done to help these poor suffering creatures?

In no branch of nursing is it more absolutely essential that the nurses and attendants should be well educated persons of good character, and we are informed by several Matrons of asylums that of late years a great improvement has been effected, but no doubt by the training necessary in many asylums to fit candidates to pass the central examination of the Medical-Psychological Association. But there are still several means by which mental nursing might be improved.

First, reduce hours of duty, and give more whole holidays spent out of the environment of the mentally afflicted.

Second, Higher remuneration for all classes

of mental nurses, to encourage persons of high mental and moral intelligence to enter this branch of the nursing profession in sufficient numbers, to meet the very urgent needs of those most sad cases.

Third. State Registration of mental nurses, after a carefully prescribed training to include a thorough elementary knowledge of general sick nursing.

Fourth. Women medical inspectors in all asylums, public and private, and in licensed houses.

In our opinion, further protection of insane and feeble minded persons is a question of urgent public importance. We express this opinion from personal experience in connection with two cases which have come under our personal observation quite recently. It is now far too easy to place patients under restraint, and as we have no legal standard of nursing efficiency, the habit of permitting absolutely untrained persons to be placed in positions of responsibility in the care of borderland cases is scandalous. It is presumable that evidence of a very useful character in this connection will be brought before the Select Committee to which Lord Wolmer's Asylums Officers (Employment, Pensions, and Superannuation) Bill has been referred.

The annual distribution of prizes to the nurses at the Highgate Hill Infirmary took place last week. Mrs. Leonard Marshall (Chairman of the Infirmary Committee) was in the chair, and there were present Mr. T. F. Bryen, and other members of the Board of Guardians, the Medical Superintendent (Dr. A. H. Robinson), the Matron (Miss A. E. Little), and others.

The prizes are derived (1) from the interest on £75 bequeathed by a former patient for the benefit of the nurses, and (2) from the interest on £100 given by Mrs. Leonard Marshall, who has also given an extra £5 in prizes this year in honour of the Coronation.

The prizes were distributed by Miss Stansfield, Superintendent Inspector under the Local Government Board.

Smalley Prizes.—Misses Kathleen Dargon and Ellen May Carter (tie), 1st; Daisy Edmondson, 2nd; May Stoquer, 3rd.

Leonard Marshall Prizes.—Misses Rachel Fergusson, 1st; Alice Davis, 2nd; Lydia Roberts, 3rd; Frances Ives, 4th.

Miss Stansfield, in a much appreciated speech, suggested that there was a tendency on the part of nurses to think too little of what was going on in the outside world, and too much of their daily routine.

The Hospital World.

THE NURSES' HOME, LEICESTER INFIRMARY.

Nurses who received their training thirty years ago, when the accommodation provided for them was primitive in the extreme in most hospitals, when privacy either by day in the one sitting room, or by night in the bedroom shared by several, was almost impossible of attainment, could scarcely have supposed it possible that the home of their dreams would materialise in bricks and mortar during the present generation. Yet the "Edward Wood" Nurses' Home at the Leicester Infirmary, erected by Sir Edward Wood and the Board of Governors in connection with the reconstruction and improvement of the Infirmary embodies every convenience which a nurse can need or desire. Spacious corridors open into rooms devoted to recreation, to rest, to work, to writing, furnished in perfect taste according to their several purposes. The Recreation Room with its platform at one end, most beautifully decorated with spring flowers growing in moss-covered pots on the occasion of the recent visit of the Matrons' Council, will seat some 140 people. The separate sitting-rooms for staff nurses and probationers, furnished with a thoughtfulness in which comfort is combined with simplicity of design are models of what such rooms should be. The deep couches and chairs, most of them made on the premises, invite repose, the useful tables have a special distinction of their own, the "Dryad" chairs made of cane, examples of which may be seen in our illustration, are both good to look upon and extraordinarily comfortable to occupy, while polished floors of a composite material, deep red in colour, partially covered with well chosen rugs, and beautiful engravings on the walls combine to make a most harmonious whole.

But besides the sitting rooms, the nurses have the use of a library, containing both a reference and recreation library, in which silence is enjoined, and which is fitted up with every convenience for writing. Every nurse has a bedroom to herself, there is accommodation for 100, and each bedroom is furnished by a different donor, special gifts having been provided for this purpose. The dining-room with its numerous tables is delightful, and has a hot plate at one end for serving, and hot cupboards below for keeping plates warm.

Most interesting is the room set apart for the instruction of the pupils in the Preliminary School, where from six to eight probationers are usually in training. Each pupil is provided



NURSES' HOME, LEICESTER INFIRMARY: A CORRIDOR.



A SITTING-ROOM.

with a desk after the manner of a school-room. Beautiful models of an arm and a leg invite practice in bandaging, and an articulated skeleton, in its own special cupboard, affords opportunity for instruction in anatomy. The Home, in short, as a Nurses' Home should be, is a College as well.

The Board of Management of the Leicester Infirmary have every reason to be proud of the beautiful Nurses' Home, which by the generosity of their Chairman, Sir Edward Wood, J.P., and others, has been added to the institution. In the past the accommodation provided for the nursing staffs of hospitals was miserably inadequate, prejudicial to health, and even dangerous to life, as in leed, it is in some instances

at present. The Home at Leicester should certainly serve as a model to be copied by all Boards of Management who are contemplating new buildings in bringing the accommodation for their nurses up to date. The time is past when the public conscience can be satisfied that the sick shall be nursed at the expense of the health of those to whom they owe their lives. The housing of women workers is now engaging public attention, and it is realised that they have the right to adequate lodging. Hospital nurses form a large class of

those for whom such provision should be made, and the Board of Management of the Leicester Infirmary are to be congratulated on their Nurses' Home, which is second to none.



THE LIBRARY.

PROGRESS AT THE EAST LONDON HOSPITAL FOR CHILDREN.

The East London Hospital for Children, Stepney, E., was a centre of attraction on Tuesday afternoon last, when Princess Marie Louise of Schleswig-Holstein visited the institution to open the extension of the Out-Patient Department and the new Open-Air Shelter. Her Highness was received by the Mayor of Stepney resident in his scarlet robes, and chain of office, Colonel Needham, Chairman of the Board of Management, the Bishop of Stepney, Mr. W. Pearce, M.P. for Limehouse, the members of the Reception Committee, the Matron, Miss Row, and the Secretary, Mr. W. M. Wilcox. A small patient in scarlet frock and white pantofole, with her left arm in splints and a sling, presented the Princess with a lovely bouquet of pink roses, carnations, and asparagus fern.

A platform, erected at one end of the large Out-Patient Hall, was beautifully decorated with mauve and pink hydrangeas, spiraea, and fern. When the visitors passed through this Hall the string band of H.M. 1st Life Guards, which was in attendance, struck up the National Anthem. After a brief inspection of the new department, her Highness was conducted to the platform, where Colonel Needham presented an address of welcome, and the key of the new block to the Princess, and her Highness said:

"I have great pleasure in declaring the new Out-patient Department open, and also in expressing the hope that this new extension may prove of the same inestimable benefit as the old building."

A cordial vote of thanks was tendered to her Highness by the Mayor of the Borough and the Earl of Erroll.

The erection of the new Department has been necessitated by the enormous increase in the number of out-patients—95,460 being received last year.

The new extension includes an Out-patient Theatre, with preparation, recovery, and sterilising rooms annexed, two new rooms for the Casualty Officer, and an Almoner's Room.

The theatre is fitted with every modern convenience, and the recovery room adjoining is a model of its kind. It is provided with eight recovery cots; these are stands with sackling stretchers, easily removable by withdrawing two bars. Wrapped in a blanket a child recovering from an operation can rest comfortably until it is desirable to send him home. The authorities could find no model to go upon, and therefore devised the couch. Now, we are glad to learn, it is being taken up by Great

Ormond Street Children's Hospital and others, and is likely to become very popular.

The open air shelter, in connection with Hemlock Ward, has been presented by the Ladies' Association. It has a wooden roof, and the open sides are fitted with canvas shades, or wind screens. It is furnished with four cots similar to those in the ward, and white enamelled lockers with two compartments, and one wishes that the great majority of the children could be nursed in such shelters instead of within four walls.

Reflections.

FROM A BOARD ROOM MIRROR.

Prince Alexander of Teck has received the sum of £72 13s., collected by Princess Mary on behalf of the Prince Francis of Teck Memorial Fund for the Middlesex Hospital.

The Ladies' Dinner in aid of the King's College Hospital Removal Fund, held at the Connaught Rooms, was a great success. Lord Selborne presided, and the total amount collected in connection with the dinner was over £58,000. The old site, instead of being sold and the proceeds applied to the cost of the new building, will be retained as part of the endowment and upkeep of the new hospital.

Lord Donoughmore, Treasurer of the London Homeopathic Hospital, Great Ormond Street, W.C., has received a donation of £100 from J. Oxley Laurie, Esq., towards the appeal for £8,000 to complete the building of a new home for 75 nurses of the Hospital. King Edward's Hospital Fund have also made a grant of £500 for the purpose.

The Dresden Health Exhibition was opened by the King of Saxony on May 6th. *The Times* says:—For the present the main attractions here are a wonderfully planned and executed popular exhibit called "Der Mensch," and an exhibit illustrating the prevalence and nature of the worst diseases and the whole scope of measures of prevention in Germany. The history of workmen's insurance is exhaustively explained.

CHOCOLATES FOR THE CORONATION.

In order to commemorate the Coronation of their Majesties in June next, the Lord Mayor and citizens of Bristol intend presenting a box of chocolates to between seventy and eighty thousand school children.

On the lid of the box are enamelled portraits of the King and Queen on a red ground, the background being of blue, the Royal Arms in gold on white, and the device of the Royal Arms, and Thistle suitably introduced.

The execution of the order has been entrusted to Messrs. J. S. Fry and Sons, Ltd., of Bristol and London, appointed manufacturers to their Majesties and to H.M. Queen Alexandra. We are pleased to learn that this firm has received large orders for similar Coronation Boxes from other municipalities.

"HAZOL."

We have pleasure in drawing attention to a new preparation supplied by Messrs. Allen and Hanburys, whose name is a guarantee for the purity and excellence of any goods supplied. "Hazol," the preparation in question, is an antiseptic solution of Witch Hazel composed of the spirituous distillate of Witch Hazel with the active principles Thymol, Menthol, Eucalyptol with Benzoate, Bicarbonate and Borate of Sodium. It is used as a mouth wash, a nasal douche, a gargle, and a dressing for wounds, and is also prescribed for internal



use to counteract the abnormal fermentations of dyspepsia, and as a prophylactic agent in infectious disease. It is fragrant, non-poisonous, and non-irritating.

Any nurse, who has not already secured one, may obtain a sample bottle of "Hazol" by writing to Allen and Hanburys, Ltd., 37, Lombard Street, E.C. A copy also of the leather bound note book specially compiled for the use of Maternity Nurses, together with samples of the "Allenburys" Food for Infants (1, 2, and 3), Diet for Nursing Mothers, Invalids and the aged, Milk-Cocoa, Milk-Food Chocolate, and "Café Vierge," a concentrated essence of pure coffee, may be had by all those who are unacquainted with these products. The actual preparations wanted should be specified when making application.

INVALID BOVRIL.

We have pleasure in drawing attention to the "Invalid Bovril" supplied by Bovril, Ltd., 152, Old Street, E.C. "Invalid Bovril" is specially concentrated. It is rich in proteid matter, and has no added seasoning. It is also scientifically standardised, and therefore of unvarying quality.

Outside the Gates.

WOMEN.



The passing of the Second Reading of the Women's Enfranchisement Bill, presented by Sir George Kemp, in the House of Commons, by the splendid majority of 167, on May 5th, and the fact that for four years in succession the House of Commons has passed the Second Reading of a Women's Suffrage Bill by a substantial majority, prove unmistakably the feeling of the House of Commons, reflecting that of the country. The only question which now awaits solution is: When is the Prime Minister going to give facilities for the further discussion of the Bill in order that Parliament may give effect to the will of the people?

Mrs. Garrett Fawcett, LL.D., President of the National Union of Women's Suffrage Societies, writes in the *Times* that in the main the income of the Society "is derived from almost innumerable small subscribers, who, with unbounded generosity, give again and again out of their small incomes and slender earnings, because they believe with Mr. Roosevelt that political liberty for women will be the means of improving the status of women all over the world. I greatly prefer this as a financial basis of our Society to the thousands that may be contributed by a Rothschild to prevent Englishwomen from voting in their own country," and Mrs. Pethick Lawrence, Honorary Treasurer of the Women's Social and Political Union, quotes in the same issue of our contemporary, as a "typical instance of the feeling of working women towards this movement, the case of an old woman in Exeter who, on attaining the age of 70 years, sent 5s. (the whole of the first instalment of her old age pension), expressing her regret that this was the first contribution she had been able to afford."

The Coronation year is to be signalled by the greatest procession of women ever seen in the world's history. On Saturday, June 17th, this procession will march from Westminster Embankment to the Albert Hall, where a mass meeting will be held. Every Suffrage Society in the Kingdom is to take part, and the Historical Pageant of Women, representing notable characters from the dawn of history to the present day, will add greatly to the picturesqueness of the procession. Miss Olive Smith, 4, Clement's Inn, W.C., will give all information to those willing to help.

Conferences of immense interest to the community will be held in Dresden on June 8th and 9th, during the Hygiene Exhibition. On the former date the German Branch of the International Abolitionist Federation will discuss "The Problem of Claustrine Prostitution," and Dr. Marie Stelzner will deal with the question: "Are there born Prostitutes?"

The German Society for the Propagation of Venereal Diseases holds its annual meeting on June 9th, and both Professor Eilenberg, of Berlin, and Dr. Lowenfeld, of Munich, will introduce the subject of Sexual Abstinence and its Influence on Health.

It is with painful interest, says *The Standard*, that we read that at this Exhibition of Hygiene the Berlin Police will have a special exhibit of the methods employed by them for the examination of prostitutes. The actual methods are, of course, similar to those in use, though for a very different purpose, and under different circumstances in every woman's hospital. This public exhibition before curious crowds who can have no scientific understanding of them is an extraordinary illustration of the way in which the regulation system destroys all sense of decency in those connected with it. It will have two opposite effects on different sections of the public; in some it may be feared that it will strengthen the erroneous belief in the "necessity" of prostitution; but in others, and let us hope this may be the larger number, it will arouse disgust and indignation against the outrageous system.

Book of the Week.

LADY FANNY.*

Lady Fanny Benning felt just at present that the seven years of her married life were rather lonely and wasted years. She was, in fact, intolerably bored by her husband, of whom at the same time she was quite fond. She contrives to make the fashionable physician order her a prolonged change.

"I want you now," he eyed her fixedly, "to go away—you live in Leicestershire, I think? To go abroad. Alone. I mean without your own relations."

Lady Fanny looked down. "Thank you," she said almost inaudibly.

"Go," Sir Benjamin eyed her swiftly, "for three months, six if you can."

Back in her own home she wonders "how she could have thought of leaving Harry alone at Dulsey—alone in this big light room looking over the big empty park. No. She would not go. He would miss her—she knew he would." But poor Harry contrives the same evening to say and do the wrong things, and she conveys to him that Sir Benjamin had ordered her away alone for a rest cure.

"Harry Benning looked rather grimly out into the park. Women were strange beings. Rest cure. What could Fanny want to rest from?" She goes to cousins at Lucerne where she has a most unrestful time, in consequence of her cousin's husband falling desperately in love with her. This episode in the story seems quite unnecessary, and in no way adds to its attraction.

The real romance follows later, when she bids farewell to her relatives, and alone with her maid proceeds to Vulpera.

* By Mrs. George Norman. (Methuen and Co., Ltd., London.)

Fanny had made a friend, she who had made so few friends," and her friend was a fellow traveller, Prince Felsenberg, a man of striking personality and charm. From the first they are strongly attracted to each other, the Prince believing Fanny to be a young widow.

Fanny and Prince Felsenberg had been climbing the woods to Avrom up through the clear, warm air, drowsy with the buzz and hum of insects.

"I am too happy to talk," he murmured presently.

"Too lazy. We do lead a lazy life," Fanny panted. It had begun to dawn on her how strange was the life she was leading. From morning until fairly late at night she was in this young man's company.

The crisis comes when they are overtaken by a terrific thunderstorm while they are on an excursion among the mountains.

An extraordinary red glow lingered after the disappearance of the sun, while over the Schellenberg a curious leaden greyiness was stealing.

Fanny lost her head. "Maurice," she cried wildly, "Maurice, save me!"

"She flung herself demented into his arms, hiding her face against his heart."

Distressed at the situation her imprudence has brought about, she writes to her husband asking him to come out to her.

Fanny was to start next morning—for home and England. . . . She got silently into the open carriage. She glanced round for one moment—was this Vulpera? This early rain-washed, coldly gleaming hotel close shuttered, irresponsible."

At the rise of the road Harry turned and raised his hat to the fading group on the Wildness steps.

But Fanny did not turn.

Far up on the gorge above the Inn, Maurice, who had started at seven, stood watching for the carriage.

It came in sight. He saw it cross the bridge below, turn heavily along the lovely, lonely way towards Süs, then he, too, slowly, and with the frown that Fanny knew, turned, and took his way in the opposite direction.

H. H.

COMING EVENTS.

May 11th.—Norfolk Square Nurses' Club. Meeting. Address by Miss Macdonald on "Private Nursing." 3.30. Tea and music.

May 15th.—Annual Meeting, Church of England Temperance Society (Central Women's Union), Caxton Hall, 2.30 p.m.

May 22nd.—The Rural Midwives' Association. Eighth Annual Meeting. Lord Clifford of Chudleigh will preside. 3, Grosvenor Place, S.W.

May 24th.—Asylum Workers' Association. Annual General Meeting, 11, Chandos Street, Cavendish Square, W. Sir William J. Collins, M.D., F.R.C.S., D.L., in the chair. 2 p.m.

May 25th.—The Society for State Registration of Trained Nurses. Ninth Annual Meeting. The Medical Societies' Rooms, 11, Chandos Street, Cavendish Square, W. 4.30 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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."
Miss Lush begs to acknowledge with thanks the cheque for 5s. for Competition prize.
University College Hospital,
Gower Street, W.C.

BROKEN CONTRACTS.

To the Editor of the "British Journal of Nursing."
DEAR MADAM.—It is extraordinary how little nurses think of their business contracts, and I was pleased to read your remarks in last week's issue. Women workers have so many family calls that no one would wish to deal hardly with nurses, but irresponsibility should not be encouraged. I have been compelled to insert a penalty for breach of contract in my regulations, as any excuse seems good enough for not fulfilling them. At home this is bad enough, but in India it must lead to much irregularity. I do wish girls could be taught at school that to break a contract is dishonest; to make a promise and not to fulfil it is untruthful. As wage-earners also they should be taught business. Now they know nothing of it.

Yours truly,

SUPERINTENDENT.

THE UNIFORM OF VOLUNTARY AID DETACHMENTS.

To the Editor of the "British Journal of Nursing."
DEAR MADAM.—We nurses resent our uniform being worn by domestics and others, but you are quite right in stating that many women who are in earnest in wishing to help the Voluntary Aid Detachments of the Red Cross Society are opposed to wearing nurses' uniform. Apart from the cost they prefer a distinct dress. A capacious apron overall of pin-point or linen would answer their requirements indoors, and outdoor uniform is quite superfluous. Many nurses do not now wear it. As the Red Cross Society do not intend to provide any uniform, if they want sensible women to help them, the dress to be worn must be as cheap as possible.

Yours truly,

A PATRIOTIC MATRON.

COTTAGE HOSPITAL STAFFS.

To the Editor of the "British Journal of Nursing."
DEAR MADAM.—Should the patients in Cottage Hospitals be left in the care of a servant? I have lately visited a most charming Cottage Hospital, where we were received and taken round by a maid (I believe a general servant), the nursing staff consisting of a nurse, who was out, and an

assistant, who is also the district nurse of a wide area, so, of course, was also out. What would happen if under these circumstances a bad accident was brought in, because surely accidents do happen in every district, and surely the hospital should be staffed so that a trained nurse should be always on duty to receive them!

"Some day there will be a big scandal, and then the Committee will wake up to their responsibility," remarked my friend, who was a resident. "But they are all men, and are quite sure that one woman 'can manage' night and day duty in the wards, the housekeeping and domestic affairs, and that any relaxation is worldly and unnecessary."

Yours truly,

N. B.

[The majority of cottage hospitals are very insufficiently staffed, and great risks are run by patients. Too much charity is being done in many directions at the expense of the health of women workers. We often receive complaints of the "slavery" from Matrons of cottage hospitals.—Ed.]

Comments and Replies.

Country Matron.—The Matron should select and recommend all probationers for appointment. She should also have power of suspension. The Committee who, as trustees of the subscribers, are responsible for the whole hospital staff, should appoint and discharge all nursing officials. The Matron cannot demand absolute power (as she is herself an officer), without incurring unnecessary difficulties, and placing herself in an invidious position where contentious persons are concerned. The Matron should be Chief Nurse, and united in professional co-operation with every member of the nursing staff—their guide and friend. If she ranges herself with others against the best educational and economic interests of the nursing profession generally, she loses professional caste, becomes a sort of buffer, and earns lip service only.

Notices.

OUR PRIZE COMPETITIONS FOR MAY.

In future the new set of questions will be published in the last issue each month. The questions for May are as follows:—

May 15th.—What are the most important points in nursing cases of anemia, and why?

May 20th.—How would you teach probationers to fill and apply (1) hot water bags; (2) ice bags?

May 27th.—How would you prepare (1) the room; (2) the bed; (3) the patient in a confinement case?

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

The Midwife.

Midwives and the National Insurance Scheme.

Midwives should pass no time in drawing the attention of the Chancellor of the Exchequer and of the Members of Parliament, in whose constituencies they reside, to the fact that though a large proportion of poor women engage midwives for their confinements, and the qualification of certified midwives is tested and registered by the State, yet no provision is made for their employment under Mr. Lloyd George's National Insurance Scheme. Unless the Bill is amended in this respect in the Committee stage we fear that many midwives will find themselves deprived of their present meagre means of self-support, as women entitled to free medical attendance, through the insurance societies, will not pay midwives to do this work. If the voice of the voiceless woman worker is to be heard on this question her protest must be raised without delay.

Practical Text-book of Midwifery for Nurses.

An excellent text-book for midwives is that by Dr. Robert Jardine, Professor of Midwifery in St. Mungo's College, Glasgow, and Obstetric Physician and Gynaecologist to the Maternity and Women's Hospital, Glasgow, published by Henry Kimpton, 263, High Holborn, W.C., price 5s., a new edition of which has just been issued. The book is based on the lectures which Dr. Jardine has been in the habit of delivering to the nurses in the above hospital, and is dedicated to the Matron and Nurses of that Institution "in recognition of the zeal and devotion with which they perform their duties."

The author states in his preface that in the Glasgow Maternity Hospital the nurses who have had three years of general training in medical and surgical nursing are now required to take a course of training for four months, and those women who have not had any training in nursing are required to take a six months' course before they are qualified to enter for examination for a diploma.

"Probably," he proceeds, "it will be urged that there is too much in the book for nurses, but I do not think so, and I speak from an experience of the training of nurses of close upon twenty years. In England, midwives are now legalised practitioners of midwifery within certain limits, and before long the same will probably be true of Scotland. It is therefore the duty of those responsible for the training of these women to see that they have a thorough knowledge of their work. A little knowledge is always a dangerous thing, and this is as true of midwifery as of anything else. The midwife who is to be dreaded is the one who knows little, and is quite incapable of recognising anything

abnormal, and not the one who knows her subject thoroughly. Throughout the book I have endeavoured to indicate the conditions in which a midwife would be justified in acting on her own responsibility, and when she should send for medical assistance. I have also tried to indicate what she should do in the event of her being placed in the unfortunate position that she could not obtain such assistance. In common humanity she is bound to do the best for her patient, and to enable her to do this she should be thoroughly trained."

In his introduction Dr. Jardine deplors the fact that while "the course of training for medical and surgical nursing usually extends over a period of three years, to the training of midwives, only as many months are usually devoted; yet a midwife who attends cases alone undertakes a much graver responsibility than any medical or surgical nurse, who never works except under the direction of a doctor. The time spent in obtaining experience in midwifery nursing is far too short."

ANTISEPTICS AND ASEPSIS.

The scheme of all books on midwifery for nurses and midwives is to a great extent identical, but it is, of course, worked out in various ways. The chapter on antiseptics and asepis in Dr. Jardine's book is specially admirable. He not only defines the procedure to be carried out, but explains at length the underlying principles which a midwife must understand if her work is to be intelligent. After stating that Semmelweis made the important discovery that puerperal fever was nothing more nor less than blood poisoning in a puerperal woman, the author shows that the microbes causing blood poisoning are, unfortunately, present nearly everywhere, and especially where there is any dirt, and it once they gain access to any part of the body through a wound they quickly multiply, poison the system, and set up fever. The tissues of the body, when in a healthy condition, are able to overcome the action of these microbes to a certain extent. If the resistant powers of the body are below par the introduction of septic material, or microbes, into the system is fraught with very great danger to the patient. During labour, and the puerperium or child-bed period, a woman's system is very much below par, and therefore every endeavour must be made to prevent the introduction of any septic material.

Writing of the advantage of the *aseptic method*, by which organisms are prevented from entering a wound, over the *antiseptic method*, by which one strives to destroy or get rid of any organisms which may find their way into a wound, the author writes: "Can the aseptic method be applied to midwifery work? We believe it can, and from a large personal experience can say that it is the much better method."

"In aseptic midwifery, just as in aseptic surgery, everything which touches the patient in the field of operation must be sterilised or rendered

aseptic, and the field of operation must also be made aseptic as possible, and must be kept so during the whole time of the labour and lying-in period.

"How is this to be accomplished? We shall first deal with the hands. Under ordinary circumstances the hands are very septic, and if the unwashed hand be introduced into the womb sepsis will in all probability be the result. The hands and forearms, then, must be sterilised or rendered aseptic before any internal examination of the patient is made.

"To thoroughly sterilise your hands and forearms you must bare the arms to the elbows and wash them with warm water and soap, scrubbing them thoroughly with a clean nail brush. Special attention must be paid to the finger nails, which must be kept short. When the hands and arms have been thoroughly washed they are laved with turpentine, which removes all traces of soap or grease, and is in itself a powerful antiseptic. The turpentine is washed off with methylated spirits and then the hands and arms are bathed in a strong antiseptic for a few minutes. Perchloride of mercury, 1 in 1,000, or carbolic acid, 1 in 20, are about the best antiseptics to use. The hands will now be as nearly aseptic as you can render them, and you can touch a wound or make an internal examination without any risk. You must bear in mind that your hands will at once become septic if you touch anything which has not been sterilised, such as your own face or clothing, or any part of the patient outside the field of the operation. If you do touch anything you must at once soak your hands in the antiseptic solution.

"In private midwifery work the turpentine and methylated spirit are generally dispensed with; thorough washing with soap and water, and then soaking in the antiseptic, is the usual routine.

"How to Render Instruments, etc., Perfectly Aseptic.—This can be done by soaking them for at least 15 minutes in 1 to 20 carbolic lotion (perchloride of mercury would blacken metal instruments). The handles and the blades of the instruments must be covered by the antiseptic solution. There is a much quicker and better method—viz., by boiling them for a few minutes. Forceps, etc., should be made all metal; wooden handles would be affected by boiling. A nurse will only have a glass douche nozzle, catheter, scissors, and a nail-brush, which can all be boiled. A gum elastic catheter, of course, would not stand boiling more than once or twice, and therefore it should not be used. The dressings or diapers can be boiled or sterilised by steam; the latter method is used in hospitals, but in private work it is not convenient. Aseptic diapers and obstetric bed sheets are now supplied by different makers at a very small cost, and these should be used. The third great essential is that the field of operation must be rendered aseptic. We have to deal with the external genitals, the vagina, and the uterus. The external parts are septic, the same as any other part of the surface of the body, but how about the vagina and the uterus?"

The author shows that in a normal condition these are not only aseptic but contain protective organisms, and that therefore in the majority of

cases an antiseptic douche given before labour will do more harm than good.

In the brief space at our disposal we have dealt at length with asepsis, because if a midwife's method in this respect is adequate and carefully carried out, her work, assuming her skill, will be successful. But the book should be read in its entirety and will repay careful study. M. B.

Midwives and the Third Stage.

Dr. H. Vallance (Pontisbright, Lewis) has addressed a letter to the *British Medical Journal* with regard to a case of death in childbirth to which he was recently summoned to find the patient already dead. It appears that the woman, aged 28, was delivered of a live child after a labour lasting nineteen hours. The certified midwife in attendance endeavoured to express the placenta for about three-quarters of an hour, but without result, and then introduced her hand and removed the placenta. A little over an hour later, after washing the patient and the baby, the midwife left the house; on returning half an hour later she found that the patient had died. A *post-mortem* examination showed inversion of the uterus, the fundus being about level with the external os. A piece of membrane measuring about 6 in. by 4 in. was found adherent to the uterus. The placental site was at the fundus, and did not show signs that the placenta had been adherent. At the inquest no evidence of infringements of the rules of the Central Midwives' Board was elicited, and the midwife was absolved from any blame in her conduct of the case. Dr. Vallance continues: This case is of interest, first, on account of its rarity, as it is said only to occur once in 200,000 times; and, secondly, because in Section 17 (b), Rule 4, of the Central Midwives' Board, a midwife is allowed to make efforts at expression of the placenta for an hour before calling a doctor. This appears to me to be too long a time, especially in view of the above unfortunate result. It is with the view of eliciting expressions from your readers as to the desirability or not of this rule being altered that I have ventured to report this case.

It appears to us that unless there was excessive bleeding, in which case a medical practitioner should have been summoned, and the midwife might have been forced to act in the emergency before his arrival, she should have sent for medical assistance before inserting her hand in the uterus. Three-quarters of an hour is not a long time for the placenta to be retained if the conditions are normal, and is not cause for special anxiety.

It is an indication of the necessity for aid to women in childbirth, provided for in Mr. Lloyd George's National Insurance Bill, that the question of the State endowment of maternity should have been advocated at the Sectional Conference of the Women's Co-operative Guild at Bridgewater by Miss Harris, the Assistant Secretary, and at a Conference of the Southern Section, held in London on May 3rd, when a paper was read by Miss Llewellyn Davies, who discussed a contributory compulsory scheme supplemented by a national grant.

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XLVI.

Editorial.

THE HEALTH VISITORS' BILL.

The Bill to enable Local Authorities under the Notification of Births Act, 1907, to appoint Health Visitors, presented in the House of Commons by the President of the Local Government Board, provides that

1) "The local authority for the purposes of the Notification of Births Act, 1907, of any area outside London in which the Act is for the time being in force may appoint suitable women, to be known as health visitors, for the purpose of giving to persons advice as to the proper nurture, care, and management of children under five years of age, including the promotion of cleanliness.

2) "The qualifications to be possessed by persons appointed to be health visitors under this section shall be such as the local authority may, after consultation with their medical officer of health, require."

The Bill is strongly opposed by the Women's Local Government Society, which at two recent Conferences held at Caxton Hall has passed resolutions expressing its opinion, "that any woman appointed in the future to carry out the work popularly known as 'health visiting,' should be qualified and appointed as sanitary inspector, and should hold additional qualifications for the special work of health visiting."

The Society further, at the last Conference on the subject, held on Monday, at which fifteen important organisations, including the National Union of Women Workers and the Women's Industrial Council were represented, agreed, on the motion of Mrs. Maitland, seconded by Dr. S. C. Lawrence, M. O. H., Edmonton, that the Health Visitors' Bill is calculated

to lower the high standard of work maintained by women officially employed by sanitary authorities, by encouraging the appointment of women without adequate qualifications, without the necessary powers, with too narrow range of work, and with practically no status, and that if the Bill as now before Parliament should come on for second reading, it should be actively opposed.

It will be seen from the text of the Health Visitors' Bill, that no definite qualifications are to be required of health visitors. We therefore support the action of the Women's Local Government Society in its opposition to the Bill as at present before Parliament. The qualifications required of these officials should be definitely stated, or there can be no guarantee that their knowledge is adequate.

It is stated by the Women Sanitary Inspectors' Association, that "the result of the Health Visitors' (London) Order has been the almost total cessation of the appointment of women as Sanitary Inspectors, and a diminution of their numbers in some Boroughs (e.g. Finsbury) by the substitution of Health Visitors at a lower salary, and without sanitary training."

Women who appear specially suitable to discharge the duties of Health Visitors are three years' certificated trained nurses, who further hold certificates as Sanitary Inspectors. If the office of Health Visitor is to be effective and respected, those holding it must be efficient. If women "without adequate qualifications" are appointed, the status and prestige of these new officials must inevitably suffer, and mothers of families may be forgiven if they receive advice as to the "proper nurture, care, and management of children," given by spinsters with uncertain training, with some reserve, if not derision.

Medical Matters.

HEREDITY AND INSANITY.

Dr. F. W. Mott, Pathologist to the London County Asylums, and Fullerian Professor, Royal Institution, sums up his conclusions on Heredity and Insanity at the close of a series of six lectures delivered before that body on the subject as reported in the *Lancet* as follows:—

1. Hereditary predisposition is the most important factor in the production of insanity, imbecility, and epilepsy. It is the *tendency* to nervous and mental disease, generally speaking, which is inherited. This may be termed the neuropathic taint.

2. Education, sanitation, and the rest, as Bateson has stated, are only the giving or withholding of opportunity for good or ill.

3. Alcohol is a powerful coefficient, but not of itself the main cause, in the production of insanity, except in the rather infrequent cases of alcoholic dementia.

4. Certain types of insanity may be transmitted with greater frequency than others. This has been termed similar heredity. The types are: Periodic insanity (also termed "manic-depressive"), delusional insanity, and epilepsy. The general rule, however, is for a different type to appear.

5. Mothers transmit insanity and epilepsy with much greater frequency than do fathers, and the transmission is especially to the daughters.

6. Anticipation or antedating is the rule whereby the offspring suffers at a much earlier age than the parent; more than one-half of the insane offspring of insane parents are congenital idiots or imbeciles, or have their first attack in the period of adolescence. This adolescent insanity may take an incurable form of dementia in a large number of cases; in others it is usually mania, melancholia, or periodic insanity, and not infrequently epilepsy with or without imbecility. Very rarely does the parent become insane before the offspring. This is a strong argument of hereditary transmission, possibly hereditary transmission of an acquired character.

7. Regression to the normal average may be (1) by marriage into sound stocks, or (2) by anticipation or antedating leading to congenital or adolescent mental disease terminating the perpetuation of the unsound elements of the stock.

8. High-grade imbeciles who are not at present in any way checked in procreating owing to social conditions interfering with survival of the fittest, together with chronic drunkards,

neurasthenics, and neuropaths, are continually reinforcing and providing fresh tainted stocks.

9. Recurrent insanity owing to the fact that patients are not segregated for any length of time is probably the most potent cause of insane inheritance. Facts tend to support the opinion that the recurrent types of insanity during lucid intervals may breed a stock of potential lunatics and paupers.

10. Nature is always striving to go back to the normal average and only relatively few of a stock are insane. A stock with a streak of insanity when combined with genius is not bad, and the same may be applied to a nation; but we only want a streak of genius and insanity, the great body of the nation should be of good normal average, for I believe that nation will possess the greatest potential virility in the struggle for existence that can breed from the greatest number of men and women with good bodily health who possess a large measure of the three attributes of civic worth—viz., courage, honesty, and common sense, combined with parentage, pride of family, and pride of race.

THE TREATMENT OF DIABETES.

The *British Medical Journal* reports that M. Le Gendre, in a French paper, sums up the treatment of diabetes thus: All meats can be taken, for preference with a good deal of fat if it is digested; oils, cheese, and cream are useful; eggs and shellfish can also be eaten. Green vegetables are particularly to be recommended; potatoes are recommended by Mossé in large amounts, as they seem to diminish the sugar and polydipsia; their richness in potash salts appears also to play a favourable part. Oatmeal is frequently tolerated; peas, lentils, and beans are to be avoided. Oranges, gooseberries, and raspberries, and stone fruit can be taken; raisins should be forbidden. Milk is valuable, particularly in diabetes with albuminuria, but it is often badly digested. Wines are generally well borne, but beer, cider, liqueurs, and chocolate must be forbidden. The best drink is pure water with lemon juice, or tea or coffee. Bread should be avoided as much as possible, and replaced by potatoes. Of drugs, the best are alkalis, as bicarbonate of soda. Vichy water is valuable, and the action of this water can be increased by two cachets a day of benzoate of lithia 25 centigrams, bicarbonate of soda 1 gram, benzoate of soda 25 centigrams. All medicaments which depress the nervous system are to be avoided if the patellar reflex is absent or weak. In these cases stimulants are indicated; quinine is also useful; codeine is also of value.

Clinical Notes on Some Common Ailments.

By A. KNAYLE GORDON, M.B., Cantab.

FITS.

(Continued from page 378.)

We come now to the treatment of fits, rather of the patient who is suffering from one, and we can best deal with the subject by considering first what should be done to a person actually in a fit, and then how the recurrence of the attacks may be prevented.

Now we have to remember that to the lay mind a fit is a very alarming occurrence, and the natural instinct of the bystander is to do as much as possible; generally, many people do the same thing, all at once and accomplish nothing of any value except getting in each other's way, though it must be admitted that this is of itself of some importance inasmuch as it prevents some at least of the prospective remedial measures from being applied to the patient. Perhaps the only point on which unanimity is at all common is that all the household at once consults the domestic medicinal supplement of the cookery book, a literary effort which was probably written about the time of the battle of Waterloo, and whose precepts are generally distinguished for a similar heroic activity.

As a matter of fact, it is very seldom that we require to treat a single fit at all. We have to see that the patient does not hurt himself or others during the fit, but unless the attack is unusually protracted so that the circulation of the patient shows signs of failure, or he passes from one fit into another with but brief intervals of consciousness, we can usually do more good by treating the bystanders. The response of a certain much-wearied house-physician to an importunate sister who wanted to know what she was to do if one of her patients had a fit, namely, "Let him fit," perhaps made up in practical utility what it lacked in courtesy.

For convenience, we can divide this part of our subject into two parts, namely convulsions in infants (and young children) and fits in adults. In infants it is more often advisable to interfere during the attack than it is in adults, as the resistance of the patient is not so great, and we may, therefore, adopt measures which are calculated to check the convulsions if they do not stop of themselves in a short time or if the colour of the child is at all bad. In this connection, blueness of the lips is not of such bad import as pallor of the face, for the former rapidly improves as soon

as the child gets some deep inspirations, while the latter indicates that the left side of the heart is not acting well and that there is, therefore, danger of the brain not receiving enough blood.

In infantile convulsions, the best remedy lies in immersion of the child up to its neck in a warm bath to which a little mustard may be added. This generally checks the attack, and its only drawback lies in the fact that, if the attack is of itself a fatal one, the remedy is apt to receive the blame. Still, as this applies to almost every procedure that appears to the laity to be at all heroic, fear of the consequences should not deter us from adopting a generally useful measure.

Another very useful remedy is an enema of castor oil, or, if this is not at hand, a simple enema. As very many convulsive attacks are due to a loaded rectum this often acts like a charm, and in any case can do no harm. If the convulsions are very severe, a small dose of chloral hydrate may be added to the enema, but this requires some caution in its administration, as babies do not always stand chloral well. After the attack, when the child is able to swallow, a sedative such as two or three grains of bromide of potassium may be given in a mixture every four or six hours. A careful watch must in all cases be kept on the stools for the presence of intestinal worms, which are not infrequently a cause of infantile convulsions. If the infant is "teething" the old-fashioned remedy of lancing the gums is more useful than is now generally supposed. Like venesection in other complaints, it has fallen into unmerited disrepute.

In adults, the problem is more complex, as the fit may be due to so many different causes, but we must first attend to the position and comfort of the patient so that he does not injure himself. He should be laid flat on his back on the ground, the clothes should be loosened about the neck, and in a female any tightly fitting corsets should be removed. Then, a spatula, or a piece of smooth wood, should be placed between the teeth so that the patient does not bite his tongue. In the fit itself this is all that is necessary, unless the attack is very prolonged, in which case a few inhalations of chloroform may be given. The mistake that is almost always made by the sympathetic bystander is the administration of something stimulating. Generally, brandy is given, but the feminine alternative of a cup of hot tea or coffee is almost as bad. The mere existence of convulsions of any sort is an absolute bar to any stimulant, and if the attack is due to a cerebral hæmorrhage, the

blinding is made more extensive by these means. Most of the "drunk or dying" tragedies have arisen in this way. A man has a fit; someone gives him brandy, and the policeman who eventually appears on the scene smells the stimulant and labels the patient as a candidate for the police cell, and so it has happened that when the cell has been opened the next morning in order that the unfortunate man may be haled before the magistrate, he has been found dead, and the post-mortem examination has disclosed a large cerebral hemorrhage. The evening papers have then debated on the incompetency of the authorities concerned.

In attempting to prevent the recurrence of fits we have two objects in view, to diminish the excitability of the nerve cells in the brain, so that they do not respond quite so readily to stimuli (or messages from various parts of the body), and then to search for any source of irritation which may be keeping up the attacks, and remove it if possible.

For diminishing the irritability of the brain cells, there is nothing to equal bromide of potassium or of ammonium. The bromides have a direct action on the cells themselves, and unless the dose is too large do not usually affect the patient's general health to any marked extent. Under a course of the bromides, any fits which are not due to an irritant often pass away completely, and it is possible to give them for an almost indefinite period. In epilepsy they are the only drugs that are of any real value, and in hysteria they are often almost as useful.

When the nurse sees a patient for the first time after any fit, she should endeavour to obtain a specimen of the urine for examination, as a convulsion is not infrequently the first sign of grave disease of the kidney, which has not previously given rise to any symptoms except general ill health. If the urine be not examined, it is quite easy to mistake the case for one of epilepsy or even hysteria. This error is a very grave one as far as the patient is concerned, for it means that no attempt would be made to eliminate the uræmic toxins by hot packs, and so on, in the manner described in a former paper in this series.

It is also very important that the nurse should observe—when she sees a patient in a fit—in what group of muscles the convulsions begin, and whether they are confined to that group or become generalised. Convulsions that begin and remain in one part of the body point to the existence of an irritant, which is annoying one particular part of the brain, so,

in such a case, we are often able to determine what part of the brain is affected, and if that part is in an accessible situation, it may be possible to cure the patient by removal of the irritant. In this connection, I may describe a case which came under my notice not long ago and which illustrates the importance of the observation of a trained nurse. The patient was a child who had suffered for some weeks from headache, vomiting independently of food, and general muscular wasting, together with increasing dimness of sight. These signs, coupled with the fact that on examination of the eye a condition of inflammation of the ends of the optic nerve was found, pointed to the existence of a tumour somewhere within the skull, but that was as far as we could get. The wasting progressed, and the child was rapidly becoming blind, but any surgical procedure was hardly possible as there was then no indication whatever as to what part of the brain was affected. Though she was seen repeatedly by many medical men, no localising signs could be detected until one day the nurse reported that, for a short time only, there was a convulsive movement of the eyeballs when the eyes were directed to the right, and also a slight twitching of the fingers of the right hand, together with a slight loss of consciousness that lasted for a few moments only. Some days passed, but there was no return of these signs; still there was this observation of the nurse, who was quite positive on the point. Slight as the signs were, they yet, when taken together with some other small points, suggested that the right half of the cerebellum was probably affected. An operation was therefore performed, and on opening the skull in this region a large mass was found pressing on the right half of the cerebellum; this was removed, and the child made a complete recovery, and regained her sight. Had it not been for this one observation, it is possible that relief might have come too late, or not at all, as it was not by any means certain that the localising convulsion would have recurred.

It should always be remembered that convulsions may be feigned, and it is by no means uncommon for a malingerer to secure admission to hospital (generally just before Christmas) by a well timed fit in the casualty room. It is always good practice, in any fit, to make sure that the patient has not secreted a piece of soap in his mouth wherewith to imitate the foaming, which, though beloved of the novelist, does not, as a matter of fact, often occur in a real attack of convulsions. When the malingerer falls down "insensible" he

usually averages not to find himself in the process.

The degree of the paucity of the body cells within the scope of this article, but it is important that the nurse, who sees the patient when the physician is not there, should make every observation which is calculated to help him in deciding what is to be done for the relief of the patient.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Mabel Finn, Royal Infirmary, Glasgow, for her article printed below.

WHAT ARE THE MOST IMPORTANT POINTS IN NURSING CASES OF ANÆMIA AND WHY?

Anæmia or want of blood may be divided into two classes. It may be due to a severe loss of blood, subsequent on an accident or a hemorrhage, or it may be due to the blood being poor in quality. This latter form of anæmia is very prevalent among women and girls, and is characterized by the patient having remarkably pale lips, gums, and skin.

One of the most distressing symptoms of anæmia is constipation, and the nurse in charge of an anæmic patient should pay close attention to this point. Mild purgatives could be frequently administered, and massage of the bowel proves of great benefit in promoting peristalsis.

Loss of appetite is also another marked characteristic of this disease, and in dealing with this symptom, a nurse has often great difficulty; not only is there the disinclination to feed to contend with, but it usually happens that an anæmic patient is also a dyspeptic. The diet, therefore, should not only be of a blood-forming nature, but should also be light and easily digested, and served as temptingly as possible.

Should there be a marked increase of adipose tissue noticed, it should not be regarded as a sign of improvement, for it is often indicative of the absence of oxygen-carrying properties in the blood. Instead of being carried to, and used up by, the various tissues, the fat accumulates.

In nursing a case of anæmia great care should be exercised to prevent bed-sores. Whether the patient is emaciated or not, the poor condition of his blood should always be held in mind, and even slight pressure, with a case of this kind is apt to occasion local anæmia, or bed sore.

It is also on account of the poorness of the

quality of an anæmic patient's blood that he cannot sustain his weight, and the nurse should always see that this is remedied by means of his food, or their equivalents.

Owing also to the impoverished state of it, a patient suffering from anæmia is very apt to become irritated by venous air, and on this point of nursing a nurse cannot be too careful.

In long-standing cases of anæmia, a nurse should be most careful in the management of her patient. Sometimes the blood is of so poor a quality that with rough handling a hemorrhage might quite simply be brought about.

The patient should be kept resting as quietly as possible, for breathlessness and palpitation are symptoms of anæmia, and these might be brought on by any undue exertion or excitement.

The patient, who is generally feeble, listless, and disinclined for exertion in any form, should, especially on sunny days, be persuaded to take a little out-door exercise once a day at least, and as the treatment of anæmia sometimes extends over many weeks, a change of air, of interests, and of surroundings often proves most beneficial.

We highly commend the papers by Miss Jessie Wachter, Mrs. Phillips, Miss E. J. Moakes, Miss F. Sheppard, Miss H. Gibson, and Miss P. Roberts.

Miss E. Moakes emphasizes the importance of keeping the mouth clean, and ascertaining that the teeth are in good condition. Also that the meals should be frequent to prevent the patient becoming exhausted before the last supply is gone, as long intervals often bring about faintness. A cup of tea made with milk, or a glass of milk with or without brandy should always be given before rising.

Miss J. Wachter writes that "plenty of fresh air and sunlight are required, the patient must not wear tight corsets for fear of proptosis. This, by the way, may be the primary cause of the anæmia."

"Loss of blood from any cause such as hæmatæmia, epistaxis, etc., must be treated at once, or the already debilitated patient may get brain anæmia. Directly the hæmorrhage ceases rectal salines are most useful, one of two pints may be given, and repeated in an hour. It is also advisable to raise the foot of the bed, open the windows, give fluid by mouth (unless gastric trouble is present), and bandage the limbs. Pernicious anæmia is a very bad form. Arsenic seems the most useful drug, while bone marrow seems to do good.

Antiseptic treatment as indicated mouth washes are indispensable."

Miss F. Sheppard advocates "a full generous diet containing relatively much albumen; soups (unless there is much dyspepsia, then small quantities), salt in abundance, large quantities of fluid, two or three pints daily, no re-cooked meat or food of any kind, vinegar, or pickles, or similar acids."

Mrs. Phillips states that with anæmic people the heart-beat is weak, the circulation feeble, and for this reason they suffer from cold, and the air they breathe must be warmed. Raw beet, green vegetables, and fruit juices are given, as they contain the iron and other salts in which the body is deficient.

QUESTION FOR THIS WEEK.

"How would you teach probationers to fill and apply (1) hot water bags, (2) ice bags?"

Butsinger's reporting for this competition will be found on page xii.

National Council of Nurses of Great Britain and Ireland.

The Isla Stewart Oration will be delivered in London by Miss Cox-Davies, Matron of the Royal Free Hospital, on the evening of Saturday, July 1st. On that day the Summer Meeting of the League of St. Bartholomew's Hospital Nurses will be held in the afternoon, so that it is hoped many of the members will manage to be present at the Oration.

The Cologne Congress Programme.

Miss J. C. von Linsdorf Heim invites for explanation of certain terms used by Miss G. L. Deck in her paper relating to the Cologne Congress Programme, in which, as Home Secretary of the International Council of Nurses, she asks for information on the "Progress of Social Service and Preventive Nursing from the National Councils." Miss Heim is not familiar with the terms "probation officer" and "truant officer," and seeks further information. We believe these terms are applied to officials in connection with Children's Courts, in which the United States of America is leading the way. "Truant officer" probably applies specially to the official dealing with school children, who for some reason have absented themselves without leave, and who may or may not be sick.

Progress of State Registration.

STATE REGISTRATION IN VERMONT, TENNESSEE, AND IDAHO.

We heartily congratulate the nurses in the States of Vermont, Tennessee, and Idaho, U.S.A. Their Registration Bills, for which they have been working hard, have been passed by the Legislatures, the Acts signed by the Governors, and have thus become law. This makes twenty-nine American States which have granted legal status to trained nurses in the past eight years!

How different is the treatment of trained nurses in this country! Every Session for eight years our Bill has been introduced into the House of Commons, and has been blocked at the instigation of certain ungenerous employers of nurses, who have, under the cloak of charity, grasped the monopoly of their work and wages, supported interminably by a few nursing officials receiving the highest salaries in the profession in England.

How ever, every Legislature, no matter in what quarter of the globe, which acts justly towards its trained nurses by providing for their systematic education and registration, thus protecting its sick poor, puts a nail into the coffin of philanthropic privilege.

STATE REGISTRATION FOR NURSES.

Miss Letitia Covert Boyl, B.N., a graduate of the Colorado Training School for Nurses, and who for four years was a member of the Colorado State Board of Nurse Examiners, has done good service by publishing in pamphlet form a summary of the Registration Laws in force in the United States of America, with the registration requirements in each of such States, the penalties for violation of the laws, and the reasons for which certificates of registration may be revoked.

The object of the publication is to "compile a comparative summary of the laws in the United States governing the registration of nurses, with a bibliography upon the subject, and put it in a shape that will prove serviceable to the masses in those States yet to seek legal enactments, and be of use as a basis in the gathering of more data to complete the history of the registration movement in the United States." The pamphlet entitled "State Registration for Nurses" is published by W. B. Saunders Co., 9, Henrietta Street, Covent Garden, London, W.C., and all interested in the registration movement will find it most instructive and useful. This educational pamphlet should be found in all Nurse Training School Libraries.

The Nurses' Missionary League Exhibition.

The Nurses' Missionary League is to be congratulated on the success of its first exhibition on May 9th at the Highborn Hall, organised by the forty-five nurses. Throughout the day fifty nurses visited the Exhibition, and forty-three sold medicines at the short addresses given at frequent intervals, the "Sinh-shows," the Chinese Feast in charge of Miss Tippett—the Zenana, where Miss Houghton and Miss Hobbs described the life of Indian women, and a depressed-looking widow in white sat on the floor and ground corn for the evening meal—and the Japanese reception, organised by Miss A. M. Henry, given at pleasure as well as much information to numbers.

Blindness is prevalent in Japan, and no wonder. Imagine numbers of people with bad eyes touching first an idol, previously touched by hundreds of others with eyes in an infectious condition, and then placing their fingers on their own eyes, hoping for healing!

The numerous lists provided in connection with the Chinese Feast were supplied from a Chin-se restaurant, and though they did not appear appetising to Western eyes, they are really delicious in China. Some abstinence was necessary in managing the cup of tea with the inverted saucer on the top, people with long noses being specially handicapped, and surely those who are to eat comfortably with chopsticks must begin their apprenticeship on eating from babyhood in order to acquire the art. Various interesting exhibits were on view here, including the outfit of a Chinese doctor, whose practice includes the belief that there are some 200 places in the body which may be punctured to let out the poisons, or the evil spirit, causing the disease. In one instance Miss Tippett, of the Wilson Memorial Hospital, Poo-gyongtu, China, tells that the patient's heart was punctured, and death, of course, ensued. The doctor gave strict instructions that the man was on no account to be disturbed for some hours, pocketed his tee, and made off! The instruments used for making these punctures are supposed to be made of gold or silver, but in reality are usually of steel, often rusty and dirty, and are a cause of much agony and pain as well as a great danger.

Can anyone but of the life of Indian women in the Zenanas without wishing to do something to lighten the burden of the infertile days, the dreariness of outlook which sur-

rounds the barren sisters? And yet of the Indian women's status we read, and yet the fruit of its appeal should be ever useful rather than lessened by this fact. Year in year out the standard life goes on behind the purdah, varied by the pain and peril of childbirth—a very real peril indeed when skilled help is not forthcoming—and the one change to look forward to in the future is that to widowhood, when the woman's treatment as something degraded. Henceforth her coloured clothing and ornaments are discarded, she is dressed in white, and becomes the bride of the household.

Truly the appeal of the Zenanas can never lose its urgency or lessen its insistence with those who have ears to hear, until the present conditions are swept away. As is always the case when an injustice is done, it eventually reacts upon those who perpetrate it, and the men of India who have come into touch with modern progress find they are handicapped by their wives, who are still untouched by its influence.

So in regard to the adoption of Christianity, a man who desired to profess his belief and to accept Christian baptism, went home to find that his mother had beaten herself until the blood came, and his wife was dressed as a widow. To a man who cared for his wife, and who knew well what the life of an Indian widow meant the struggle was terrible. "How can I let my little wife become a widow?" was his cry, "I can't do it."

Again, we were told that the key to the Christianizing of India is the instruction of the women. To gain this the only is like rowing with one ear. The women have an enormous influence in an Indian household, and when the young Christian children will be taught from babyhood.

One of the hardest work is where all worked hard was Miss Tippett, for in addition to presiding over the Chin-se Feast, with the aid of other willing helpers, she gave many addresses in the course of the day, besides speaking at the evening meeting. At one of the afternoon addresses she told of the hardship undergone by the Chinese women at the time of their confinements. A rope is tied round the waist and gradually drawn tighter and tighter. The patient is held up by her hair, and for three days and nights is not allowed to go to sleep. Is it any wonder that much ill health arises from the time of childbirth, and also that exhaustion and infrequently results in death? Miss Tippett, who has a strong vein of humanitarian feeling, her intense earnestness, told the tale of a patient to whom she

had given enough Blaud's pills to last for a week, and who returned the next day for more. Questioned, she said that she had taken those supplied as one dose. "After that," said the speaker, "we thought she must have an iron constitution."

She emphasised that the need for workers in China at the present day cannot be exaggerated. The crisis at present was unique, the doors were open wide for the heralds of the Cross to pass through. And yet—and yet—though every one in the mission field was over-worked funds were wanting, not only to send new workers out to take advantage of new openings, which might later be closed if the present opportunity was not seized, but even to send back workers on furlough.

The speaker also told the story of a clergyman who, feeling that very few workers were sent out to the mission field from his parish, preached two wonderful sermons on the subject, and said that he would be in the vestry after the service if anyone wished to volunteer for work abroad. After a time a timid knock was heard at the door, and his own daughter appeared. "Father," she said, "I have thought about what you said, and I should like to offer for mission work," and the father replied, "Oh, but my darling, I didn't mean you." "Until," said Miss Tippet, "we are willing to give to the point of sacrifice little will be done."

The exhibits which were arranged on stands round the room, included models of hospitals, interesting photographs, native appliances, native work, bark cloth from Central Africa, anklets from the West Coast, and other things whose name was legion. The book stall of the Nurses' Missionary League, always a prominent feature at its meetings, was specially attractive, and amongst the pamphlets on sale were "The World's Need," a reprint of addresses given to the League, and published in this Journal, and its new Hymn Book.

We must not omit to mention the Chinese Dispensary, which vividly depicted the difficulties of the workers when patients imagine that wounds can be treated without the removal of dressings, and that ointments are supplied for their personal consumption.

THE EVENING MEETING.

At the Annual Meeting of the League in the evening, Mr. McAdam Eccles, F.R.C.S., presided, and opened it with a devotional address. He stated that the League had now 1,500 members, 500 of whom were volunteers for foreign service. When one considered the field for their labours, however, they could only be regarded as the disciples regarded the five

loaves and the two small fishes—"What are they amongst so many?" Nevertheless, they could be multiplied by the power of Christ. The League was a power both at home and in the Mission Field, where the fields were white unto the harvest.

The General Committee was then elected for the ensuing year, the Chairman of the meeting succeeding Mr. Herbert Lankester, to whom a hearty vote of thanks was passed, as Chairman of the Committee. A similar vote was accorded to Miss Maxwell, the retiring Treasurer, and Miss E. F. Mackenzie elected in her place. Miss Mackenzie then gave an interesting address on "Vocation," and Miss Tippet followed. Speaking of "The Open Door" and the urgency of the need for nurses, she disclaimed all need of sympathy in her chosen work, and said "Had I twenty lives every one of them should go to China, and, if need be, be laid down there." No nurse, she said, need be afraid of not having enough responsibility and scope, they were unlimited. The greatest hardship was to know what might be done, and had to be left undone for lack of workers.

In regard to nurses who were uncertain as to their "call" to mission work she claimed that the need and the ability to meet it constituted the call, and one day they would have to answer the question as to why they did not respond. There was a golden opportunity now to go in and possess the land which might never return. Nevertheless, the hospital to which she belonged was now closed for lack of workers. On August 26th she hoped to set her face Chinaward and open it again.

The Rev. C. C. B. Bardsley, M.A., who gave the closing address, spoke of the importance of being happy. Incidentally he told the tale of a curate who was drilling a Band of Hope in its songs, and said, "Now children, we will take 'Little drops of water,' and put *plenty* of spirit into it." His recipe for happiness was "If you are not happy, get happy; if you have got happy, keep happy; to do that make other people happy."

The members of the Manchester Branch of the Hospital Officers' Association recently spent a full and pleasant day in London. They were met on their arrival by Mr. Walter Alvey (Secretary of Charing Cross Hospital), the President, and other officers of the Association, and the day's programme included visits to the Royal National Orthopaedic Hospital, St. Thomas's, Charing Cross, the Hospital for Sick Children, Great Ormond Street, in the morning, then an adjournment for the President's luncheon at the Hotel Russell, and afternoon visits to the London Hospital, and St. Bartholomew's, where tea was provided.

Memorials to Miss Nightingale.

The Matron-in-Chief and the members of Queen Alexandra's Imperial Military Nursing Service are to be congratulated on having instituted a memorial of their own to Miss Florence Nightingale, the great founder of Army Nursing, which is eminently dignified and appropriate. As will be seen in our correspondence columns, this has taken the form of a window in the chapel attached to the Queen Alexandra Military Hospital, Grosvenor Road, S.W., which is to be dedicated on Wednesday next by Bishop Taylor Smith, Chaplain-General to H.M. Forces, and unveiled by Field-Marshal Earl Roberts, V.C., K.G.

THE DERBYSHIRE MEMORIAL.

At a meeting of the sub-committee formed for promoting a memorial to Miss Nightingale in Derbyshire, held at Derby under the presidency of the Duke of Devonshire, it was decided to erect a statue of Miss Nightingale in the grounds of the Royal Infirmary, at Derby. It was stated that the cost would be £1,500.

WE DEMAND AN EXPLANATION.

It seems almost incredible that from the list recently issued to the public of persons forming the General Committee of the Nightingale Memorial Fund, the name of Miss Mollett has been deleted. As Miss Mollett has not signified her intention to resign the seat she was invited to accept, it is imperatively necessary that an explanation of this matter should be publicly forthcoming without delay. We therefore call upon the Hon. Secretary of the Fund, Mr. G. Q. Roberts, to publicly state the reason for deleting Miss Mollett's name from the General Committee, and if none is forthcoming, to give his authority for this high-handed action, which appears as arbitrary as it is indefensible. If this gross discourtesy to one of the most deeply respected members of the nursing profession is intended to intimate to her colleagues that their names only are required to bolster up the unpopular scheme projected by the Executive Committee of the Fund, and that to venture to express an opinion as Miss Mollett has done will lay them open to summary dismissal, it is high time that the ladies who form the General Committee should reconsider their most undignified position. We hope there will be no attempt to burke our demand for an explanation. If this is not forthcoming we must conclude that we have here the result of that intolerant spirit of absolutism which dominates the anti-registration hospital official towards trained nurses, the matrons included, in its most offensive form.

It is a relief to turn to the straight ethical views on this question expressed by the editor of the Foreign Department of the *American Journal of Nursing*.

"In regard to suggestions that have been, or may be, made as to the participation of nurses of all countries in a memorial to Miss Nightingale it should be remembered that the authorities of St. Thomas' Hospital, and Miss Nightingale's own relative, who represents her in the affairs of that school, are fixedly antagonistic to State registration, and are among the most hostile opponents of organisation on self-governing lines among nurses. Hospital and training school directors in London have steadily ignored all of those organisations of British nurses who represent self-government in their alumnae and national associations, and who have been carrying on the campaign for legal status and State examination. It is therefore a question in how far any common ground could be arrived at if foreign organisations took part in a memorial, especially as the preference of the English hospital directors is for some charitable form for the memorial, whereas self-respecting nurses very properly resent this, and wish for a memorial which shall fitly express Miss Nightingale's great public services. At a public meeting held in London recently under the auspices of all the anti-registrationists (nurses being given a back seat), it was agreed that a statue of Miss Nightingale, "not too costly," should be erected with a part of the funds, and annuities for destitute nurses provided with the rest. It was stated that American nurses were eager to contribute. The editor of the Foreign Department desires to point out that, if nurses contribute to this particular memorial they will either help to build a cheap statue, or they will insult their British sisters by offering them charity. The officers of the International suggest that nurses wait until the Cologne Congress and there decide what a nurses' memorial to Miss Nightingale should really be."

We are informed that the Lady Marcus Beresford and Miss Ethel McCaul, R.R.C., have resigned from the Executive Committee of the Nightingale Memorial Fund.

QUEEN'S NURSES AND THE CORONATION.

The Secretary of Queen Victoria's Jubilee Institute for Nurses asks us to make it known that of the hundred seats which have been presented for the Queen's Nurses to view the Coronation Procession, a certain number have been offered to the officials directly employed by the Institute, and the remainder have been allocated to the Queen's Superintendents and Nurses throughout the United Kingdom according to their length of service under the Institute. As the first Queen's Nurses were enrolled in January, 1891, it is unlikely that seats will be available for any nurses who have not worked as Queen's Nurses for at least sixteen years.

Practical Points.

Moccasins for Cold Feet.

The *Child*, which is always very up-to-date, publishes this month the accompanying illustration of a child's moccasin, which, by the kindness of the Editor, Dr. T. N. Kelynack, we reproduce. Our contemporary says that "many children, especially those who are delicate or diseased, suffer greatly with cold feet, particularly during the winter and spring. It is remarkable how many kind parents and considerate nurses remain ignorant and neglectful in regard to proper clothing of the extremities, and especially of the lower limbs. Our attention has recently been directed to the artistic and sensible moccasins supplied by Messrs. W. C. Leonard and Co., 85, Main Street, Saranac Lake, N.Y. Their chief features



CHILDREN'S MOCCASIN.

are indicated in the accompanying figure. They consist of the first quality sheepskin, with the heavy wool fleece retained on the inside. They are admirable for tuberculous and tuberculously disposed children undergoing open-air treatment. For nursery and bedroom use they cannot be surpassed. They can also be worn over the ordinary shoes, or used with heavy wooden hose. The price of the 6 in. moccasin is one dollar. An adult size is available for men and women." Now that the patients in many hospitals are spending so much time on verandahs and in open-air wards, these moccasins should have a wide field of usefulness.

Legal Matters.

TARRED AND FEATHERED.

A woman, giving the name of Jessie Watt, who described herself as a hospital nurse, prosecuted a married woman, Violet Crole, at Westminster, on Monday, for assault, and damage to a costume. The prosecutrix said she had been staying with the prisoner's husband for a fortnight, and went to her house on Saturday afternoon. The prisoner opened the door and threw a bucket of tar and feathers all over her. Mr. Francis, who said there was a good deal behind the story, remanded the prisoner, releasing her on her own recognisances.

We have communicated by telephone with the Westminster Police Court, but are unable to ascertain what qualifications the prosecutrix possesses for describing herself as a hospital nurse.

Appointments.

MATRONS.

Royal South Hants and Southampton Hospital, Southampton.—Miss Ellen Beatrice Harradine has been appointed Matron. She was trained for three years, and certificated at Guy's Hospital, after which she had some experience of private nursing, and was then appointed Sister-in-Charge of the Ward Maids, and in 1904 Sister of Esther Ward. She has held the position of Assistant Matron since 1909 at Guy's, so that she has had excellent experience to qualify her for the appointment.

The Mageough Home, Dublin. Miss Colvin has been appointed Matron of the Infirmary. She was trained at Dr. Stevens' Hospital, Dublin, and has held the position of Assistant Matron in that institution for the last eight years.

Devon and Cornwall Homoeopathic Hospital, Plymouth.—Miss Jessie Greening has been appointed Matron. She was trained at the Birmingham and Midland Hospital for Sick Children and the General Hospital, Northampton, where she subsequently held the position of ophthalmic nurse. She has also held the position of Sister at the Jaffray Hospital, near Birmingham, and at the institution to which she is now appointed Matron.

ASSISTANT MATRONS.

St. Nicholas' Home for Crippled Children, Pyrlord, Surrey.—Miss Marjorie Denman has been appointed Assistant Matron. She was trained at the Birmingham and Midland Hospital for Sick Children, and has since been Sister at St. Nicholas' Home.

The Cardiff Infirmary, Cardiff.—Miss Sadie Hutchinson has been appointed Assistant Matron. She was trained at the Royal Infirmary, Manchester, and the Sanatorium, Hull, and has held the positions of Night Sister at the County Hospital, Ryde, Senior Sister and Deputy Matron at the Miller Hospital, Greenwich, and Senior Sister and Deputy Matron at the Princess Alice Memorial Hospital, Eastbourne.

SISTERS.

West Cumberland Infirmary, Whitehaven.—Miss Clara Lensdale has been appointed Ward and Theatre Sister. She was trained at the Chesterfield and North Derbyshire Hospital, and has held the position of Staff Nurse at the Stanley Hospital, Liverpool, and of Sister at the Children's Convalescent Home, Moseley, near Birmingham. She has also had experience of private nursing.

Princess Alice Memorial Hospital, Eastbourne.—Miss L. M. Hitchins has been appointed Sister. She was trained at the East Lancashire Infirmary, Blackburn, and the Children's Hospital, Nottingham, and has held the position of Staff Nurse at the Royal Infirmary, Manchester, and of Theatre Sister at the General Infirmary, Chester.

QUEEN VICTORIA'S JUBILEE INSTITUTE

In connection with Queen Victoria's Jubilee Institute for Nurses, Queen Alexandra has approved the appointment of the following to be Queen's Nurses:—

To date January 1st, 1911.—Nora Grace Mary Nigel-Jones, Portsmouth Training Home.

To date April 1st, 1911.—Annie Madeley and

Charlotte Norman (Birmingham), (Sanger) Ho' Reach Training Home; Sarah Heap, Louisa Langford, and Adeline Ruby Mace, Brighton Training Home; Mary Evelyn Newberry, Gamberwell Training Home; Nancy Jones and Isabel Murray, Cardiff Training Home; Cornelia Hoogenhijk, Darwin Training Home; Mildred Katharine Northcott, East London (Southern Division) Training Home; Nellie Frances Pollett, Gloucester Training Home; Mabel White, Hackney Training Home; Gerardina Catharina van der Steen, Liverpool (Central) Training Home; Claudia Gaultin, Liverpool (Derby Lane) Training Home; Isabel Holme and Marion Whitford, Johnstone, Liverpool (East) Training Home; Mary Emma Richards, Liverpool (North) Training Home; Harriett Buckley and Eva Maynes MacCulla, Manchester (Arndwick) Training Home; Gerla Eliza von Lousen, Manchester (Bradford) Training Home; Alice Hebb Davies, Mary Elizabeth Riddell, and Alice Mary Rogers, Manchester (Haipharge) Training Home; Edith Mary Constable, Mary Ellen Gee, Clara Gaultay, Ethel Julia O'Gorman, and Emily Wilkinson, Manchester (Salford) Training Home; Marion Elsie and Elizabeth Josephine McBride, Metropolitan Nursing Association Training Home; Edith Margaret Allis, Northampton Training Home; Daisy Elizabeth Chart, Antoinette Christine Henriette van Ham, and Emily Leighton, Portsmouth Training Home; Maaijtte Magdalena Hester de Bruyne, Bella Rilla Mackintosh, and Gertrude Mary Wellsted, St. Olave's Training Home; Nellie Rose Wilkinson, Sheffield Training Home; Kathleen Evans, Elizabeth Cockburn Grant, Catherine Agnes Mercer, Mary Newell, Margaret Nicol Sm, Mary Marwick Sinclair, and Jane Elizabeth Wilkie, Scottish District Training Home, Edinburgh; and Mary Anne McConville, Bridget McVeigh, Kathleen O'Grady, and Mary Sexton, St. Lawrence's (Dublin) Training Home.

Transfers and Appointments.—Miss Alice Vaughan, to Hleanor; Miss Gertrude Sears, to Chelsea; Miss Edith E. Burks, to Torquay; Miss Gwendolen Chatfield, to Putney; Miss Ann Brock Beeton, to Royston; Miss Ellen Jopson, to Manchester (Bradford); Miss Ellen Isherwood, to Buglawton and North Rode; Miss Catherine White, to Woodlands; Miss Florence M. Goodwin, to Norwich.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss M. Barton, Staff Nurse, to be Sister (May 1st).

PRESENTATION

Miss Sadie Hutchinson, who has resigned the position of Sister at the Princess Alice Hospital, Eastbourne, on her appointment as Assistant Matron at the Cardiff Infirmary, has been presented with a half-hunter gold watch by members of the nursing staff and patients. The presentation was made, in the course of a concert, by the Rev. M. B. Stuart-Fox, Chaplain of the Hospital, who said how keenly Miss Hutchinson's loss would be felt there, and referred to the good influence she had always exercised. Miss Hutchinson has also been the recipient of other gifts, including a silver flower vase, and a beautiful travelling clock.

Nursing Echoes.



The Society of Women Journalists will hold their Annual Dinner this year on June 20th, in Coronation Week, so that they may entertain foreign and colonial journalists in London at that great event. Mrs. Bedford Fenwick, the President, will preside, and it has been decided that certain women's papers may be associated with tables, and thus gather together congenial parties. The *BRITISH JOURNAL OF NURSING* has been invited to take a table, and has arranged to do so, and a limited number of tickets are therefore available through the Editor, price 6s. 6d., exclusive of wine, application for which should be made to Miss Brey, 131, Oxford Street, W. Mrs. Klossz, the Editor of the *Nursing Journal of India*, will be amongst the guests of the "B.J.N.," and many interesting people are to attend.

"View Day" at St. Bartholomew's Hospital on Wednesday in last week once again drew many visitors to the wards. The decorations were gay and fresh, each ward, for the most part, adopting one colour, and carrying out the scheme in spring flowers, with excellent results. "Elizabeth," the new maternity ward, had the greatest number of visitors, all naturally being desirous to see the recent alterations. The babies were on their very best behaviour, not a cry was to be heard, and they looked sweet, sleeping peacefully in their cradles decorated with pink ribbons to match their mothers' pink bed jackets, and the pink tulips which decorated the ward tables. "View Day" is a day when all the wards keep open house, and as usual tea and cakes were hospitably dispensed everywhere.

The nurses' new asphalt tennis court, which has been laid down between the cloisters and the wall surrounding the General Post Office, and the new Linen Room came in for their full share of visitors.

Sir William Treloar and his co-trustees at Lord Mayor Treloar's Cripples' Hospital and College, at Alton, have invited a number of guests to meet the Lord Mayor and the Lady Mayoress at Alton on Saturday, May 20th. The hosts are providing a special train, on which they will entertain the party at luncheon on the way down, and will give tea on the return journey. All that remains to ensure a

delightful day is that the sun shall shine, when Alton will be seen at its loveliest. It is delightful that the whole time spent at Alton can thus be devoted to seeing the Hospital and College, at which a quite wonderful work is being carried on by devoted doctors and nurses. An interesting incident will be the presentation by the Lord Mayor to the fortunate nurse of a gold medal, instituted by Sir William Treloar in memory of his wife.

A very pleasant "At Home" was given by Miss Gordon at the Norfolk Square Nurses' Club, 51, Norfolk Square, W., on Thursday, May 11th, when Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association, gave an address on "Private Nursing," which she prefaced by saying that no nurse is really successful who allows ideals to drop out of her scheme of things, and she owed much to a Sister in her training school who early in her career impressed upon her "never allow yourself to lose hold of ideals."

Selfish women should, above all others, avoid the nursing profession; they could not become good nurses, and were bound to miss success. Private nursing, though it had its hardships, had also its sunny side. Ingratitude was not a very common experience of good nurses, the vast majority of patients treated their nurses well, but it was not unnatural that households absorbed in a great anxiety should be apt to be unmindful of the needs of the nurse, and to fail to realise that her life was spent in the midst of similar emergencies. It was the duty of the nurse to maintain her efficiency by securing sufficient rest, fresh air, and suitable food.

At the conclusion of Miss Macdonald's address, which was accorded a hearty vote of thanks, tea was served, with true Scotch hospitality, in the pleasant dining-room provided for those who make use of the Club, and afterwards those present adjourned to the drawing-room, where a musical programme of exceptional excellence was enjoyed. The pianists were Miss Marion Pye and Miss Agnew, and the vocalists Miss Phyllis Pethick, Mrs. Westmacott, and Mrs. H. Basan, who contributed much to the pleasure of the afternoon.

At the meeting of the London County Council on Tuesday last the Education Committee reported in connection with the provision for medical treatment, it is estimated that some 92,000 children will require treatment for eye, ear, nose, and throat ailments, and some 6,000 for skin ailments (of which 3,500 will be ring-

worm cases), also that in connection with the Council's scheme for medical treatment, it has been found that in many cases the parents require to be instructed as to the syringing of the ears of their children, the insertion of atropine in their children's eyes and as to the care of children after operation for adenoids and enlarged tonsils. A sum of £500 has therefore been included under "provisional sums" for possible schemes for providing for this work to be undertaken by nurses. Provision has also been made for improving the working of the Council's arrangements with the hospitals. At the present time it is not possible to obtain early information from the hospitals as to the attendance of the children, and there is a considerable number of children who cease attendance before treatment is completed. It is therefore desirable that some provision should be made at the hospitals and medical treatment centres in order that cases may be followed up and leakage avoided. Provision is also made for the salaries of additional nurses in connection with the scheme for the cleansing of verminous children. It is proposed that one nurse shall be allocated to each of the 24 stations.

Miss Beatrice Kent, Nurses' Lodge, 9, Colosseum Terrace, Regent's Park, will be pleased to hear from nurses able to take part in the Coronation Procession of Women for the Vote, to take place on Saturday, June 17th. We hope nurses will attend in their indoor uniform, as their dainty appearance and the knowledge of their good works, assures them a very sympathetic reception from the public.

A number of nurses were present at a meeting of the Nurses' Union, held at the Hampstead General Hospital on Saturday last, when the guests were received by the Matron, Miss Gregory, and Miss Dashwood. Dr. Percy Lush presided, and spoke warmly of the Nurses' Union and its magazine "Links." He also played in a stringed quartette with the daughters of Sir Alfred Pearce Gould, who, with two friends, supplied the musical programme. The speakers were Dr. Willoughby and Miss Wilbraham Taylor, who spoke of the aims of the Nurses' Union. Tea was served in the Nurses' dining and sitting-rooms, after which many of the visitors were shown round the wards by members of the nursing staff.

The annual meeting of the Canadian National Association of Trained Nurses will be held in the Public Library Building, Niagara Falls, opening on May 22nd. Miss Mary Agnes Snively, the

President, will be in the chair, and a great gathering is anticipated; she sends greetings to her friends in England, and wishes they could be present.

We are glad to learn that Miss Suively sails for England in August, and intends to spend the winter in Devon and Cornwall, so that we shall have the pleasure of seeing her again before long.

The Territorial Force Nursing Service.

We are officially informed, and have pleasure in announcing, that arrangements have been made for 130 members of the Territorial Force Nursing Service to be present on the line of route on the day of the Coronation of King George V. and Queen Mary on June 22nd, and on the occasion of the Royal Procession on the following day. The Principal Matrons of the general hospitals and from four to six members of the Service in each Command, are being invited to be present on the two days, through the General Officer Commanding-in-Chief, and the names of those selected to attend each day will be forwarded to the Matron-in-Chief, Territorial Force Nursing Service, at the War Office forthwith.

The uniform of the Territorial Force Nursing Service must be worn, and particulars of this uniform will shortly be forwarded to the Principal Matrons. The members of the Service who receive invitations will assemble at the Middlesex Hospital by the kind permission of Prince Alexander of Teck, and the Board of Management of the hospital and an officer has been appointed to conduct them as a body to the seats reserved for them at the Queen Victoria Memorial opposite Buckingham Palace.

The Irish Nurses' Association.

On Friday, May 19th, at 3.30 p.m., the Hon. Albinia Brodrick will give one of her delightful lectures on Kerry at the offices of the Irish Nurses' Association, 34, St. Stephen's Green, Dublin, when all nurses and their friends will be welcome. The lecture is in aid of Ballincونا (the house of help), which Miss Brodrick with so much personal devotion is building at Caherdaniel in that charming county. The members of the Irish Nurses' Association are, with reason, proud of their new offices in the lovely old house in St. Stephen's Green, and will no doubt be glad of the opportunity of inviting their friends to hear an interesting lecture, and to see their new possession.

Reflections.

FROM A BOARD ROOM MIRROR.

The Duchess of Hamilton and Brandon will lay the commemoration stone of the new Nurses' Home of the London Homoeopathic Hospital on Tuesday, May 23rd, at 2 p.m., and will afterwards open the grand Sale of Work arranged by the Ladies' Guild in fulfilment of their promise to raise £500 towards the Extension Fund of the Hospital, to help to pay for the much needed wards for middle-class contributing patients.

The West Kirby Convalescent Home, which was the first institution of its kind to provide an open-air ward for children suffering from tuberculous affections not of a pulmonary character, is to be congratulated on the results which have demonstrated beyond doubt the wisdom of this method and the necessity for its extension. This, owing to the generosity of Mr. E. F. Callister, who has given £800 for the purpose, is now possible, and the foundation stone of the new extension was recently laid by Miss Callister. It is tribute to the good work done by the nurses that Mr. Callister said he had for many years been attracted to the Home by reason of the consideration and kindness of the nurses to the children, and he had been waiting several years for an opportunity of doing something to show his appreciation of the work carried on there. This must be very gratifying to Miss Bryant, the present, and Miss Douglas, the late, Matron.

A new gynaecological operating theatre has recently been opened at the Cardiff Infirmary by Lady Aberdare, after whom the theatre has been named. The operating theatre is fitted up in the most up-to-date manner, and a students' gallery at the north end, separated from the table by a glazed screen, the full length of the room. The heating apparatus of the theatre is done by means of two sets of radiators, one set being heated by hot water to the temperature of 70 degrees, and the other by steam, designed to raise in five minutes the temperature to 90 degrees if necessary. The ventilation is simple, fresh air being introduced through carbolised wool behind the radiators, and the vitiated air extracted by 18-inch blade electric fan. One of Thompson and Ritchie's hospital operating standards, with 8 ft. long arm electric bulb, is arranged to carry light over any part of the table during operations. The operating room is lighted by four 100 volts bulk-head ceiling lights. The floor is of terrazzo, and the walls are lined with white Sicilian marble. The ceiling is in Parian cement and enamelled white. Interior painting is enamelled white, and the radiators are finished in aluminium paint. The operating theatre is splendidly lighted by a north top light, the full width of the building, in addition to end and side lights. The sterilising room, entered by an archway from the operating theatre, is also lined with marble, and is fitted up with the latest steam sterilisers, for dressings, dishes, water, and instruments. Cardiff has good right to be thoroughly proud of the latest addition to its Infirmary.

The "Healtheries" at Dresden.

The Special Correspondent of the *Times* gives most interesting information concerning the Dresden Health Exhibition, who says that it promises to be of extraordinary value and importance. A great deal of space has rightly been given to the illustration of the whole system of workmen's insurance in Germany. From insurance the spectator passes to disease. "All that is known of the sources and methods of infection is explained exhaustively with a great wealth of bacteriological detail. There is a special section of great interest for 'immunity and protective inoculation,' arranged by Dr. Ehrlich and Dr. von Wassermann, and the greatest living authorities have dealt specially with tuberculosis, cancer, syphilis, and kindred diseases, and plague. It is noteworthy here, as indeed throughout the exhibition, that a highly 'modern' frankness has prevailed. It is not merely that wax casts of the most repellent kind abound, but every public aspect of disease is treated with absolute openness. Modern Germany seems to have arrived already at the final conclusion that in such matters the only safe principles are statistical accuracy and fullest publicity.

"A great deal of light is thrown on the care of the teeth in Germany, with reference especially to the school clinics which are springing up all over Germany. There is a special section dealing with 'care of the young,' with an extraordinarily interesting department illustrating the methods and successes of the modern institutions for the prevention of infant mortality. As is well known, Germany has made great progress in this work in recent years, and the success achieved is the principal set-off to the constant fall in the birth-rate. Every aspect of baby-tending and infantile pathology is here laid bare, with luminous demonstration of the greater mortality among bottle-fed infants and the precise effects of irregular nutrition and insanitary surroundings.

"The greatest attraction of the exhibition is a 'Popular' Section, in which the whole mechanism of the human frame is displayed by countless models and photographs, and all that is good and bad for man, as well as much that is neither good nor bad, is illustrated in every conceivable way. Whether from a physiological or a pedagogic point of view the contents of this enormous building are wonderfully interesting and stimulating. The guiding idea, constant repetition of the normal and the perfect among all the abnormalities and degeneracies, is never lost sight of. The principles of sound living are inculcated both systematically and exhaustively. The evils of alcohol are demonstrated—and no less effectively the ravages of corsets upon both the outside and the inside of the female body—and every application of the health-giving properties of air and sun and water is displayed, together with an exhaustive examination of food values and healthy housing. The exhibition is intended to show the public how to get more health for its money, and so food-stuffs and other things are examined from the point of view of the comparative amount of nutritive and other benefits that might be purchased for a mark."

Spots.

During the last epidemic of small-pox many little towns were much troubled in their communal consciences because they had no isolation hospitals. One town, to my knowledge—for I had the happiness to be staying there at the time—was so worried by the lack of any place wherein to put possible victims of the dread disease that they set to work to provide such a place without loss of time. There was no time to build; there were no buildings of any sort available; but fortunately the town is situated upon a wide tidal river. What could be better or safer than a boat, anchored a sufficient distance from the shore? The idea was received with enthusiasm, and its originator was regarded as a public benefactor, almost worthy of a statue in the market square.

A suitable boat was soon found, and as she was considered to be nearing the end of a long and arduous career the price was not high. The interior was fitted up suitably for its purpose—two small wards with two beds in each, one small cabin with two beds for the nurses, and one little kitchen with a one-berth cabin opening off it for the cook-housekeeper-wardmaid-general. A dark, mysterious hole was labelled "store-room," and a cupboard showed in letters of black upon its white-painted door the words "Dispensary."

The next thing for the men of affairs to do was to engage the cook-housekeeper-wardmaid-general (hereafter to be known as the C.H.W.M.G.). She was a difficult person to find. Many women answered the advertisement in the local paper, but some objected to doing their work in the vicinity of a small-pox patient, and the boat was so small that it would be impossible for anyone on board not to be in the immediate vicinity of the patients. Others disliked sleeping on a shelf (as they rudely termed the delightful berth provided for them), and demanded room for their boxes, and cupboards and drawers in which to place their impedimenta. Some even wanted an assistant, though none could say where the assistant was to put herself, the kitchen and the cabin being only built for one, and a small one at that. All objected to being vaccinated, for, as they truly said, no woman could be expected to cook and scrub if she had a bad arm, and if she had not a bad arm that was proof that she need not have been vaccinated.

At last a woman was found who answered all requirements. Having "done for" her old man until he died, and having been cook-housekeeper to an old lady until she died, she

had no doubt but that she would be able to do for the measles and "small-poxes" until they died—or recovered. She also argued that, seeing as how she had never had the small pox up till now, it wasn't likely that she would go and catch it at her time o' life, and so there was no call for her to be vaccinated. And so fearful were the authorities of losing such a treasure that her arguments carried the day, and she was not vaccinated.

There was no difficulty in finding nurses—the one thing lacking was a patient. Daily the C.H.W.M.G. climbed on board the "Lily Ann" and dusted pound, and reported to the Medical Officer of Health that all was in order. "Indeed," she said, "everything is that ready it would make you ill if you saw it."

Ten days after the "Lily Ann" had been pronounced ready for service a certain Mrs. Smith called at the Town Dispensary for "a bottle to cure the spots." The dispenser (who was new to the town) advised Mrs. Smith to see the doctor.

"Young fellow," said she, "do you think I have nothing to do all day that I can waste my time seeing a doctor. You just put me up a bottle and I'll be all right in a jiffy."

But the "young fellow" was obstinate, and at last persuaded Mrs. Smith to see a doctor. It transpired that she had small hard spots upon her face. The doctor required if she had had pains in her back.

"Yes; and so would you if you had to take in washing for a living."

"Have you had headaches?"

"Oh, yes; but I can't take much notice of headaches. If you've got to earn your living you can't be always thinking of aches and pains."

To cut a long story short, the end of it was that Mrs. Smith was suspected to be suffering from small-pox. It was difficult to protest that she had often had the spots before, that the other dispenser had always given her a bottle of stuff that cured her in a day or two, and if only he had been here instead of that dunder-headed thing w'd be no talk of small-pox. Still protesting, she was taken on board the "Lily Ann," her children were taken to the workhouse and isolation, and the washing was put into strong disinfectant, and then, after much sorting and re-sorting, returned to its various owners. The local paper was enjoined for some time by very bitter letters from the owners of the address linen, about the unobtainable way in which it had been treated. Also Mr. Smith returned home from one of his frequent jaourneys in search of work, and made the lives of those in authority a burden to them by reason of his complaints: Firstly,

of the destruction of his household gods; secondly, of the expense of leaving his children in the workhouse; thirdly, of the detention of his wife, that by depriving her of her munifications, and incidentally of his only means of support.

Neither of matters altogether satisfactory on board the "Lily Ann." As soon as the patient, with her attendants, were embarked, the boat was towed some distance from the shore and anchored. Now on the opposite side of the river lies another little town; and the rulers of this town, no less public-spirited than their neighbours, were horrified at having an isolation hospital, or an apology for one, thrust under their very noses, and in forcible language demanded its immediate removal. The anchor was weighed, and the "Lily Ann" came to an uneasy resting place half-way between the two shores. The weather was stormy and the tides ran high, and the C.H.W.M.G. proved to be no sailor.

She begged the doctor every time he called to take her back in his boat to shore, but he was hard-hearted, and told her she must get used to it.

The doctor had his own worries, for his one and only small-pox case would not proceed on text-book lines, and he had never had the privilege of seeing a small-pox case before. As he sorrowfully remarked: "My hospital was in such a healthy town no one ever had any recent d'seases."

The C.H.W.M.G. took possession of one of the beds in No. 2 ward, and one of the nurses took her place in the kitchen. The other nurse played the part of wardmaid and nurse to the C.H.W.M.G., while the small-pox patient spent her time on deck (wind and weather permitting), reviling the town councillors to passing boatmen. No power on board that boat could make her stay in the ward, much less in bed.

At the end of ten days the spots had disappeared. The nurse's good cooking, combined with plenty of fresh air and freedom from wash-tubs, had made the patient look a picture of health. There could be no shadow of doubt that she had been unjustlyly detained. Again was the anchor weighed, and Mrs. Smith, the two nurses, and the C.H.W.M.G. (now convalescent) were received by a large crowd, who cheered them enthusiastically, and by a band, composed of one cornet, one flute, two tin whistles, and a concertina, playing with great spirit. "When Johnny Comes Marching Home."

I have it on good authority, that no member of that Town Council lets sneeze that tin-worn to spite the foe.

M. H.

Outside the Gates.

WOMEN.



Princess Victoria of Schleswig-Holstein attended the annual distribution, at the Crystal Palace, on Saturday, May 15th, of prizes and certificates awarded by the Royal Society for the Prevention of Cruelty

to Animals for the best essays on kindness to animals written by scholars and pupil teachers in elementary schools.

On Friday in last week the Lord Mayor of Dublin attended in State at the Bar of the House of Commons, in accordance with the privilege enjoyed by the representatives of the Corporation of Dublin, and presented a petition from the Lord Mayor, Aldermen, and Burgesses of that city, under their common seal, in favour of the Bill which is before the House to confer the Parliamentary franchise on women. As he left the House he was loudly cheered by a gathering of enthusiastic women.

In the evening a banquet in honour of the Lord Mayor of Dublin was held at the Connaught Rooms, W.C., at which Mrs. Pankhurst presided, and in responding to the toast of his health, which was proposed by Mrs. Pankhurst, he said there was nothing in Ireland at the present moment but the most heartfelt desire amongst the people of Ireland to be on the most friendly terms with the people of England, Scotland, and Wales. If they did not obtain freedom for women coincident with getting the management of their local affairs they would only have half won the fight, and the victory would be only half worth taking. Mrs. Fawcett, in proposing the toast of "The Conciliation Committee," said it was not the first time in the history of the feminist movement that Ireland had come to their side by a quick, generous, decisive, courageous action at the psychological moment, and this was especially true of the demands for University education for women, and in placing women on the British medical register. Mr. W. S. Maclaren, M.P., responded, and said that the opposition to the Bill had collapsed, and was only based on the assertion of some mystical right of men to govern.

The Empress Dowager of China has held her first reception in the Forbidden City at Peking of the ladies of the Legations. The *Globe* gives an interesting account of the function. Headed by Lady Jordan, of the British Legation, the party were conducted to one of the inner halls of the Palace by a group of magnificently-attired Princesses, who stood in a semi-circle, and, as the foreign ladies approached, formed two lines and led the way to the Throne. The audience chamber was draped in exquisite yellow silk, and the Empress Dowager was seated on a throne of beautifully-embossed black wood. On a table in front of Her Majesty lay a richly jewelled sceptre, which was at once lifted earnestly

and carried away by a group of attendant eunuchs. The Dowager then rose and shook hands with the foreign ladies in turn as they came before the throne. Her Majesty was richly dressed, but not clothed in official robes.

The little Emperor, who is five, was present, the personification of youthful dignity, as he bowed gravely to each lady as she passed before him. On the top of the Emperor's hat was seen the famous Emperor's pearl, a jewel of wondrous size and lustre. The Chinese are superstitious about this pearl. It is the common belief that when that pearl is lost the dynasty will end, and not before.

Luncheon was served to the visitors, and they were afterwards permitted to inspect the Dowager's gorgeous apartments, a privilege never given before.

Book of the Week.

THE ROGUE OF RYE.*

This is a story of events that happened in the beginning of the 19th century, just after the breaking of the Peace of Amiens. The Rogue of Rye, though ostensibly a buyer for a London fish-monger, was suspected to be engaged in a more lucrative, if less lawful, trade than the selling and catching of fish.

At this time "no one talked or thought of anything else but the coming of the French. When would they come? How would they come? What would happen if they did come? The Rogue, alias Gabriel Sevier, by right of birth possessed the privileges of a French citizen, and had, moreover, some mysterious relations with the French Government, which enabled him to visit France unchallenged. . . . Napoleon never did a meaner thing than when, on the sudden rupture of the Peace, without the slightest warning, he arrested and imprisoned all the inoffensive English folk who were enjoying themselves in France. In every town ladies and gentlemen were hauled out of theatres and hotels, even dragged from their beds, and compelled to sign papers declaring themselves prisoners of war. Among these unfortunate captives was the young Countess of Ullswater." It was to procure her escape that Gabriel Sevier was commissioned. "The Earl is willing to spend any sum in reason. He has left the matter in my hands, and I've sent for you. If the thing is to be done, you're the man to do it."

Lionel Colebrooke, a lieutenant in the Militia, flouted by pretty Nancy Eldridge at the inn, had thrown himself down among the bracken and looked out on the sea. He is presently surprised by the crew of a French privateer, who, taking him for a spy, make him prisoner, carry him off, and place him with the other prisoners of war on parole at Verdun, amongst whom was the Countess of Ullswater.

* There were two stories among the English society at Verdun—one aristocratic and exclusive.

* By W. Willmott Dixon. (Chatto and Windus, London.)

of which the Duke of Newcastle and Lady Fitzwater were the victims, the latter more cowardly.

A large part of the story describes life in the fortress among those people who in their various ways endeavor to make the best of a bad thing.

Gabriele Savio's appearance in Verdun was naturally very astonishing to Launo, to whom he was well known by sight. What could possibly have brought him there? Who and what could the Rogue be that he was thus able to penetrate into a hostile country without any attempt at disguise? He soon learns that Gabriele intends to include him in his plan of escape, but he finally declines to break his prison.

But circumstances alter cases, and finding their liberty curtailed and more subjected to the hardships of the fortress their parole was therefore cancelled, they were at liberty to take advantage of the Rogue's negligence, which in the end placed them safely and supply with their friends.

This is not a remarkable book, but it is pleasantly written, with plenty of incident, rather too much, in fact—as the love affairs of so many young people are apt to become rather confusing. But we are happy to state that most of them got what they wanted, and the rest did the next best thing.

H. H.

LITERARY NOTE.

Mr. Havlock Ellis has written a critical and biographical introduction to an English translation of "Love and Marriage," by Ellen Key, the famous Swedish feminist, and author of "The Century of the Child." In this treatise, which is to be published immediately by the Putnam's, the author attacks complex problems most vital to the welfare of the human race. Ellen Key's daring opinions may not be accepted by all, but they are presented with a calm and a philosophy free from any trace of sensationalism. As Mr. Havlock Ellis says: "Her writings are the candid expression of her intimate self." The book is published in half-a-dozen languages.

A HANDY CATALOGUE.

Is there anything more fascinating to the book lover than a new catalogue of books? Old friends stand out from its pages in letters of gold, new editions bring within reach books longed for but till now unattainable, and new books by favourite authors must be marked to be secured as soon as possible. Such a catalogue is that issued by Messrs. W. & G. Foyle, 135, Charing Cross Road, W.C., which gives lists of new and forthcoming books, theological and devotional, historical and biographical, poetical and dramatical works, besides works of fiction and of reference. For many, "Everyman's Library," in which the books are published at the uniform price of 1s. in cloth and 2s. in leather per volume, is most attractive, and no one need be a stranger to such standard books as Carlyle's French Revolution (2 vols.), Emerson's and Froude's essays, Sir Walter Scott's, Dickens', and Kingsley's novels, and many more, when they can be obtained at this price. We advise our readers to write for the catalogue.

VERSE

He is more, the only one,
With wit (it) flashing hand,
He sees the naked spot to cut,
He sends the wand in-stead
Sive and satin silk and gold,
Trusses of loom and bone!
What pigs of alabaster hold
What water trained to wine!
From *The M. M. M. S. S.*
By HUGH OWEN MURPHY.

COMING EVENTS.

May 28th.—Monthly Meeting, Central Midwives' Board, Caxton House, Westminster. 2.15 p.m.

May 29th.—Lecture on "Kerry" by the Hon. Adama B. Brück at 34, St. Stephen's Green, Dublin, in aid of Ballinacorney. All nurses and their friends will be welcome. 3.30 p.m.

May 30th.—Visit to Lord Mayor Treloar Cripples' Hospital and College, Alton, Hants, by invitation of Sir William Treloar and his Co-Trustees.

May 22nd.—The Rural Midwives' Association. Eighth Annual Meeting. Lord Clifford of Chudleigh will preside. 3, Grosvenor Place, S.W. 3 p.m.

May 23rd.—London Homoeopathic Hospital, W.C. Laying of Commemorative Stone of the New Nurses' Home, Great Ormond Street, 2 p.m. Grand Sale of Work to be opened by the Duchess of Hamilton at the Hospital, 2.30 p.m.

May 24th.—Queen Alexandra's Imperial Military Nursing Service. Dedication and unveiling of the Memorial Window to the late Miss Florence Nightingale in the Chapel attached to the Military Hospital, Grosvenor Road, S.W. 3.30 p.m.

May 25th.—King Edward's Coronation Fund for Nurses. Annual General Meeting, Dublin.

May 27th.—Asylum Workers' Association. Annual General Meeting, 11, Chandos Street, Cavendish Square, W. Sir William J. Collins, M.D., F.R.C.S., D.L., in the chair. 2 p.m.

May 28th to June 7th.—Women's National Health Association of Ireland Health Exhibition, Balls Bridge, Dublin.

May 25th.—The Society for State Registration of Trained Nurses. Ninth Annual Meeting. Mrs. Bedford Fenwick in the chair. Mrs. Kloss will speak on the need for Registration in India. The Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W. 4.30 p.m.

May 25th.—The Colonial Nursing Association. Annual Meeting. H.R.H. Princess Henry of Battenberg will be present. The Lord Ampthill, G.C.S.I., will preside. 3, Grosvenor Place, S.W. 3.30 p.m.

May 30th.—Catholic Nurses' Guild. Lecture on "Spiritualistic Phenomena and Their Interpretation," Convent of the Visitation, Harrow. Nurse members may bring a friend. 5 p.m.

May 30th.—Central Midwives' Board. Special Meeting. Penal Cases. 1.30.

May 31st and June 1st.—Shoreditch and Bethnal Green District Nursing Association. Sale of Work, 80, Nichol's Square, Hackney Road, N.E.

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.

A FEW QUESTIONS FOR MR. LLOYD GEORGE

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—A question which is very considerably exercising the minds of midwives is what will happen to them if, under Mr. Lloyd George's National Insurance Bill, it is the doctors and nurses who are to be paid for attendance on maternity cases. It is to be hoped that when the Bill is next under discussion in the House of Commons the Chancellor of the Exchequer will make a plain statement as to the position of midwives if the Bill becomes law. I presume that in drawing up this Bill Mr. Lloyd George is aware that certified midwives are not trained nurses?

A correspondent of the *British Medical Journal* asks, with some reason: "Is the 30s. grant for motherhood anything special? If the woman did not get the 30s. 'special benefit' would she not be entitled to her 7s. 6d. per week for 'invalidity,' and this in four weeks would amount to 30s. Why not call a spade a spade, and do not say you are giving a woman a 'special benefit' when she is only getting what she is entitled to. What tee is the doctor to get, and what the nurse? Is the woman to divide the 30s. between the doctor and the nurse, or is it for the woman herself? If the latter, are the doctors to attend midwifery cases free, and as part of their other duties—more philanthropy?"

The latter part of the question is answered by the Act, which provides that the maternity benefit "shall be administered by the approved society of which she is a member, or if she is not a member of any society by the Local Health Committee." The other point raised is open to question. Few, it any, women of the working class lie up for more than a fortnight at the time of their confinement, and I doubt if they would obtain "invalidity" allowance for a month if special provision were not made for the maternity benefit.

Again, as nurses in hospitals come under the provisions of the act, and will thus have to pay three-pence a week to insure themselves, they want to know what benefit they will receive. At present they have free medical and nursing treatment when ill. Will their employers (the Hospital Committees) feel inclined to provide these in future if they have to contribute weekly to the insurance scheme? If not, the nurses will be far worse off than at present.

And medical students want to know where they come in. How are they to get experience if every woman is to be entitled to medical treatment? The answer to that is that it is high time the medical schools stopped covering unqualified practice, and that the out-patient maternity work of students

was directly supervised by registered medical practitioners.

I could find many more questions for Mr. Lloyd George, but must not trespass further on your space.

Yours faithfully,
CERTIFIED MIDWIFE.

ARMY NURSES' MEMORIAL TO MISS NIGHTINGALE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I think it may be of interest to your readers to know that the dedication and unveiling of the memorial window to the late Miss Florence Nightingale, erected by members, past and present, of the Army Nursing Service, and the Queen Alexandra's Imperial Military Nursing Service, will take place on Wednesday, the 24th inst., in the Chapel attached to the Queen Alexandra Military Hospital, Grosvenor Road, S.W.

The dedication by the Right Rev. Bishop Taylor Smith, C.V.O., D.D., Chaplain-General to H.M. Forces. The unveiling by Field Marshal the Right Hon. Earl Roberts, V.C., K.G.

I am, yours faithfully,

E. M. MCCARTHY,
For Matron-in-Chief, Q.A.I.M.N.S.
War Office, Whitehall, S.W.

NURSES AND THE GREAT SUFFRAGE PROCESSION ON JUNE 17th.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I should feel very grateful if you would allow me a little space in our Journal for the following announcement: I have been appointed organiser of the Nurses' Section of the Women's Freedom League Procession of the 17th of June, being a division of the great Suffrage Procession which is to take place on that day. I should be glad, therefore, to have the names as soon as possible of as many nurses as are willing and able to walk in the procession.

The question of uniform is one of opinion and individual taste, but we earnestly hope that no nurse will entertain the false notion that to wear it on such an occasion is to dishonour it! Surely, the exact opposite would be the right view to take. I always feel that I do honour to my uniform when I wear it in the great and good cause of the Freedom of Women.

We are very anxious to have a good contingent of nurses—and who is to tell we are nurses if we are in multi?

Hoping for a good response to my letter,

I remain, yours truly,
BEATRICE KENT.

10, Colosseum Terrace,
Regent's Park, N.W.

Notices.

OUR PRIZE COMPETITIONS FOR MAY.

The remaining questions for May are as follows:

May 20th.—How would you teach probationers to fill and apply (1) hot water bags; (2) ice bags?

May 27th.—How would you prepare (1) the room; (2) the bed; (3) the patient in a confinement case?

The Midwife.

The Central Midwives Board.

APRIL EXAMINATION.

LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives Board, held in London on April 25th, 1911, the number of candidates examined was 321, of whom 270 passed the examiners. The percentage of failures was 16.6.

LONDON.

British Lying-in Hospital.—A. C. Butler, A. J. Harris, A. Smith, L. E. Spittle.

City of London Lying-in Hospital.—A. L. Bray, D. M. Burt, S. Clapham, E. M. Collis, E. C. Flamsteed, M. A. Lewis, F. M. Loveland, M. C. Osborne, E. Postle, E. Rothwell, E. E. C. Willson, M. F. Wilson.

Clapham Maternity Hospital.—L. Atkinson, E. M. S. Crawford, V. B. Cumming, J. Fairweather, W. Little, E. F. Pushoe, E. Snook, E. A. Thomas, D. Turner.

East-End Mothers' Home.—W. M. Burd, F. E. Ford, E. M. Grundy, T. Harris, F. M. Ménard, E. M. Parslow, A. M. Purcell, M. Williams.

General Lying-in Hospital.—A. B. Beeton, E. M. Bone, L. G. Castle, M. A. Chessell, E., Dalgleish, A. M. Dumford, S. A. Foster, J. French, M. L. Frith, H. F. W. Garland, L. E. Gill, M. J. Gobert, M. C. B. Hayes, M. G. Ingram, R. Jarmain, B. W. Killick, M. Lewis, A. Macleod, M. F. May, A. M. Moon, J. Morgan, B. M. Morley, E. S. Niblett, M. Roberts, A. J. Spencer, E. Steele, F. Tacon, E. G. Thomson.

Guy's Institution.—M. L. Forsaith, F. M. Hepburn, A. M. McAta, E. M. McKittrick, F. A. Morgan, C. L. Rose, M. E. Vane.

Lambeth Parish Workhouse.—M. E. Gotts, E. M. Houghton.

Kensington Union Infirmary.—L. Copley, S. F. Quinlivan, E. M. Walton.

London Hospital.—M. S. Behn, F. E. Oldfield, R. Oxley, N. Quihampton, J. J. F. D. Richards, E. A. Stevens.

Middlesex Hospital.—F. M. E. Cookson, E. L. Olding, E. C. Pimlott, A. S. Rogers, A. Wallbank.

Queen Charlotte's Hospital.—M. G. Allbutt, E. S. Ashforth, S. Atack, L. M. Blenkarn, G. E. Broad, I. N. Brodie, M. L. Carr, C. S. Cowan, B. M. Derry, L. E. H. Dickson, E. F. Emberton, M. I. Harford, F. L. Hitching, K. H. Johnston, A. Leech, A. E. Powell, B. J. D. Reid, A. F. Rogers, E. F. Simpson, C. M. Skelton, Z. Steele, J. I. Thomson, M. M. Walters, E. A. Williams, G. T. Woodward.

Salvation Army Maternity Hospital.—G. E. Gaiger, E. Hatfield, M. Hoeguard, B. S. McMillen.

Shoreditch Union Infirmary.—J. Jackson, E. Smith.

University College Hospital.—J. A. Cuthbertson, E. M. Grounds, E. M. Palmer.

West Ham Workhouse.—A. Ainsworth, M. E. Sherlock.

Wandrich Military Families' Hospital.—H. J. James, M. E. J. Wood.

PROVINCES.

Abbeystead, Louise, Maternity Hospital.—E. J. Knott, D. E. Warwick.

Birmingham Maternity Hospital.—S. C. Pritchard.

Breadford Union Hospital.—F. E. Storey.

Bristol Royal Infirmary.—E. Bleazby, M. Rossi.

Brighton and Hove Hospital for Women.—E. G. Barker, K. Brindley, G. A. Bryett, V. M. Cobbett, M. Doll, F. R. Holmes, E. Newton, C. Stapley, I. M. Warner.

Chatham Military Families' Hospital.—R. E. Dible.

Cheltenham District Nurses' Association.—E. M. H. Langley Smith.

Dorby Royal Nursing Institution.—E. M. C. Goodall.

Dorset and Cornwall Training School.—L. Nether-ton, L. L. J. Norris, E. J. Spargo, E. M. Vowles.

Gloucester District Nursing Society.—E. L. Suche, C. J. White.

Ipswich Nurses' Home.—S. A. Petch, M. E. Spelding, E. E. Willers.

Kingston-on-Thames Union Infirmary.—J. M. B. Deacon, F. Meadows.

Leeds Maternity Hospital.—L. Baldoek.

Leicester Maternity Hospital.—C. I. Lane.

Liverpool Maternity Hospital.—E. Atkin, V. G. Barr, C. J. Bridson, C. Cowin.

Liverpool Workhouse Hospital.—F. I. Ashby, P. M. Jackson, C. McKinley.

Manchester, St. Mary's Hospitals.—E. S. Gray.

Norwich Maternity Charity.—M. A. Shirley.

Nottingham Workhouse Infirmary.—E. Wild.

Plaisiour Maternity Charity.—A. Ames, M. L. J. Ansell, K. B. Archer, M. G. Boundy, E. M. Chapman, B. L. Collings, M. E. Davies, L. M. Griffiths, M. W. Hedgecock, H. Henn, M. M. Hughes, M. S. Hutchison, B. Jones, S. E. Kelly, A. J. Kerswell, C. M. King, C. E. Kitch, L. J. Lee, M. J. Morgan, F. G. Packwood, M. Paylis, A. M. Price, L. E. Rumble, F. E. M. Sheppard, R. Thomas, K. C. Thompson, M. L. Wagstaff, A. S. Wellington, E. Westcott, J. Williams.

Portsmouth Military Families' Hospital.—E. S. Davies.

Portsmouth Workhouse Infirmary.—A. Delahay, L. A. Vinnell.

Sheffield Jessop Hospital.—G. E. Butler, M. G. Ramsbottom, F. M. Starbrook.

Stoke-on-Trent Union Workhouse.—L. A. Dadd.

SCOTLAND.

Dunfermline Maternity Hospital.—C. Reid.

Edinburgh Royal Maternity Hospital.—R. M. Duncan, V. Edington, M. A. H. Gavin.

Glasgow Maternity Hospital.—G. M. Barnett, G. W. Ferris, B. Mackay, E. M. Morgan, A. Ross.

Glasgow, Stobhill Hospital.—M. G. Moir.

IRELAND.

Belfast Incorporated Maternity Hospital.—E. Sevestre.

Dublin, Rotunda Hospital.—M. J. Baker.

ABROAD.

Hong Kong, Government Civil Hospital.—A. E. Gorham.

PRIVATE TUITION.

A Belshaw (Nottingham Workhouse Infirmary), G. M. Bolton, F. O. B. D. Booker, F. E. Bouttell, F. L. Broughton West, C. M. Clark (Salvation Army Maternity Hospital), A. M. Cook, M. A. Corcoran, F. B. Dangerfield, M. Davies, Z. F. Donnelly, A. F. Easton, S. A. Eva, S. Evans, M. A. Fennell, J. Glover, M. E. Green, P. E. M. Greenard, M. J. Griffin, L. C. Guilford, C. A. Holland, E. M. Holstead (Nottingham Workhouse Infirmary), J. A. Hughes, J. Hutchinson, M. Inglis, J. I. S. Jacob, L. J. James (Kingswood Nurses' Home), E. Jones, F. Kay, M. R. King, D. M. Kinselle, R. Lander, E. F. Leresche (St. Mary's Hospitals, Manchester), V. L. Lunt, E. A. McIntyre, L. B. Mapleston, A. Marshall, N. W. Poplow, A. Perrin, J. L. Prestidge, F. E. Quilliam, A. L. Reid, E. J. Roberts, F. Rodmell, M. Sheehy, F. E. D. Shute, M. A. Smith, M. D. Smyth, M. E. Stanton, M. E. Tharme, E. E. Tomlinson, E. Towns, A. J. Watts, S. A. Webb, E. West, M. L. Williams, S. M. Wilson.

The Rotunda Hospital, Dublin.

The principal business before the Board of Governors of the Rotunda Hospital at a recent meeting was the consideration of a report of a Special Committee appointed in February last to consider and report upon the Master's proposals for the construction of two new modern Labour Wards. The Committee reported that they were satisfied that a change in the Labour Wards was urgently necessary, owing to the large increase in the number of maternity patients treated in the Hospital since the construction of the existing Labour Wards, causing over-crowding, which militated against the welfare of both patients and nurses. The number of patients admitted had increased from 1,599 in the year 1890 to 2,596 in the year ended 31st March, 1911. The nursing staff had also increased. Consequent on these increases the Labour Wards had become too small for the work performed in them, and the necessity for a radical change in their construction and management had become apparent. Such change was, however, up to the last few years, impossible, as no space was available for new wards. This state of affairs was, however, completely changed by the building of the new Annex for Nurses, as by removing the nurses to this Annex two large top wards in the Thomas Plumket Cairnes Wing had been emptied. The Committee recommended that one of these large wards, with the three small wards beside it, should be formed into a distinct unit for the reception of maternity patients, separate from the lying-in wards.

A Mothercraft Club.

At an influential meeting held at the Eastbridge Hospital, Canterbury, recently, it was decided to form a "Mothercraft Club" in connection with the Canterbury Maternity Association. Mr. Frank Wacher, Medical Officer of Health, was elected President, and Mrs. C. W. Bell and Mrs. Ferguson Joint Secretaries. It was further decided: "That the club be open to all mothers of infants under one year of age and to expectant mothers living in the municipal area of Canterbury, and irrespective of religions or other differences. That members are not bound to employ the Maternity Association's nurse at their confinements. That infants requiring other than dietetic or hygienic treatment will be referred to their family doctor. That no infant suffering from any infectious complaint be brought to the club. That members shall pay 1d. per week for membership of the club; this entitles them to infant consultation, a cup of tea, and any classes that may be held."

Miss Morgan, the Queen's Nurse working as the Maternity Association's midwife, explained how voluntary helpers might assist the work. They could act as visiting members of the club to inquire as to absence from meetings, and to see that the recommendations given at the club were being carried out; they could make baby flannels and woollen vests, give patterns to be sold to the mothers at cost price, and assist at a needlework class to show mothers how to cut out, make and mend; they could give social help at the club meetings, take charge of the children brought by members, prepare the room, tea, and books, and help to keep registers of members and records of infants.

"Minding the Baby."

An admirable little booklet, "Minding the Baby," by Mrs. Leonard Hill, is published by Mr. Edward Arnold, 41 and 43, Maddox Street, Bond Street, W., price 3d. in paper, or 6d. in cloth cover. Dr. Christopher Addison, M.P., who contributes the preface, states that it is intended for the use of Teachers in Public Elementary Schools, and as a class book for elder girls, for young mothers, etc. The preparation of such a book was suggested by the Bill which Dr. Addison has introduced into Parliament, whereby it is provided that simple instruction in the care and feeding of infants shall be given to all older girls in public elementary schools, to the need for which there is abundant testimony.

The practical teaching given in this little book is imparted in a pleasant form, and deals with "The Bath and How to Give it," "Clothing," "How Baby is Fed after it is Bathed and Dressed," "How Babies' Bottles are Kept Clean, and Why," "How Baby spends its Day after being Washed, Dressed, and Fed, and How to Keep a Baby Well," "How to Know if the Baby is Thriving," "How to be Happy with Baby," etc. The booklet could usefully be circulated by midwives, nurses, and such societies as the Mothers' Union.

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XLVI.

Editorial.

"TARRED AND FEATHERED."

The constant appearance in the law courts, and in the dock of persons who claim to be trained nurses without affording any evidence of training, may well incite every nurse of repute to work without ceasing for the passing of an Act which shall establish a definite standard of training for members of the nursing profession, followed by the registration under prescribed conditions of those who have attained it; for many persons, who claim to be trained nurses, cannot fail to bring an honourable and honoured profession into disrepute with the public who are at present unable to discriminate between those who are and are not what they assume to be.

Last week, in the Westminster Police Court, a case was heard in which the prosecutrix was stated by her solicitor to be a "sick nurse who qualified in South Africa." On enquiry at the Court we were informed that the statement was unsupported by any evidence, but, we may point out, that in South Africa, in the Colonies of Cape Colony, Natal, and in the Transvaal, registration of nurses is in force. Therefore, anyone trained and not registered in any of these Colonies is not a person for whom the nursing profession can be considered responsible. If on the other hand the person concerned in the case under discussion is so registered, the Board which registered her may well consider the question of "infamous conduct in a professional respect" in connection with the circumstances which led to her being "tarred and feathered" by an injured wife. The solicitor for the defence remarked that the letters written by the prosecutrix were of such a disgraceful character that he hardly

cared to read them in court, and the magistrate said that it surprised him that such atrocious letters on both sides should have been written. "The case was not one in which he was inclined to assist anyone. A more unpleasant history one seldom listened to. The wife had had provocation no doubt, but nothing could justify an outrageous assault of this character."

It is not necessary to go into the details of the circumstances which led up to the assault. Suffice it to say that nothing could more forcibly point to the urgent need for the organisation of the nursing profession. It certainly dishonours the profession of nursing when the leading daily paper in the country is able to publish accounts of police court proceedings under such a heading as "A Nurse Tarred and Feathered," and the country is placarded with posters in the same sense. Yet nurses have no power of dealing with the offender, either by proving that she is outside their ranks, or by exercising disciplinary powers.

It is the undoubted right of all professions to be able readily to ascertain whether a claim to membership can be substantiated, and to maintain order and discipline in their ranks.

The disorganisation of the nursing profession in this country must not be laid to the charge of nurses. They have pleaded, for the last twenty-three years, for legislation giving them the necessary powers of professional control. The responsibility must be placed where it rightly belongs, with the small group of London Hospital Chairmen, and the officials in their service, who, for economic reasons, have strenuously opposed legislation to protect the sick, and our honourable profession, and who are apparently content that such scandalous episodes can occur.

Medical Matters.

THE SCHOOL CLINIC.

Mr. Ernest T. Roberts, Chief Medical Officer to the School Board of Glasgow, writing from the School Board Offices, 16, Royal Exchange Square, Glasgow, contributes to *The Child* an article on the above subject, in which he says:—

The subject may conveniently be considered under two heads: (1) Examination clinics; (2) treatment clinics.

(1) *Clinics for examination of special cases* were commenced by me in October, 1909, at the offices of the School Board of Glasgow, Saturday mornings being reserved for this purpose. The work has gradually increased, and it is now necessary also to set apart Tuesday afternoons and Thursday mornings. Infectious diseases of the skin, for example, ringworm and scabies, are examined on Thursdays. The cases not included in this category are seen on Tuesdays and Saturdays, and amongst these may be mentioned (a) phthisis, a number of which are recommended for sanatorium treatment; (b) children absent for long periods, and suspected of being employed by their parents, or believed to be receiving no proper treatment; delicate children, some of whom are recommended for change of air; (c) physically defective children are examined for admission to special classes, generally, however, at suitable centres, or in their homes, though a few are seen at the office. A nurse is always in attendance to assist at the examination. The examination of mentally defective children usually takes place at the schools at which they are being educated prior to their transference to the special classes. The cases are submitted by the school medical officers, the head masters, or the attendance department.

(2) *Treatment Clinics.*—At present no clinics for the treatment of disease have been established under the School Board. By means of a printed form parents are notified of the existence of any disease or defect discovered by the School Medical Officer, and are urged to obtain proper medical advice. In the case of poor children this may mean a dispensary or hospital, but the responsibility for the choice in this direction is left with the parent. It should be noted that there is a legal duty devolving upon parents or guardians to "provide medical aid" for their children. Section 12 of the Children Act, 1908, clearly defines this position.

There are many conditions which could be treated at a convenient centre, such as the School Board Offices. I refer to skin diseases,

especially the infectious varieties, such as ringworm and impetigo, pediculosis of the head, chronic inflammation of the eye, otorrhœa, etc. The treatment of this last-named condition is often very unsatisfactory when carried on at home, whereas it is a common experience in the centres for physical defectives that ears, which might otherwise go on discharging for long periods, when attended to regularly by a trained nurse, heal up quickly. Similarly children in attendance at the ordinary schools who are the subjects of otorrhœa, could receive treatment daily at the school clinic. Much good might also be done by the establishment of a dental clinic for the treatment of necessitous cases. A great number of children suffer from decayed teeth, and although this condition is pointed out to the parents very little is usually done to remedy it.

Dr. Andrew J. Laird, Medical Officer of Health to the Borough of Cambridge, and Medical Officer to the Education Authority, who also contributes an article to our contemporary on the same subject, writes:—

In the short space at my disposal I do not propose going into the arguments in favour of municipal school clinics, and will content myself with pointing out that, strong as those may be, they apply with special force to *dental clinics*. There are at least two reasons for this: (1) The elementary school child would, without such clinics, go practically untreated; the only treatment they would ever be likely to get would be by unregistered practitioners, and this would probably be limited to extractions; and (2) conservative dental treatment requires to be carried out year by year throughout school life, and the expense of such treatment, say for several children in a working-class family would present an effectual bar to the work being done. This is amply borne out by experience at Cambridge, as well as at Cardiff and Kettering.

The age period, five to eight years, was adopted.

The Method of Examination.—The age period being different from that required for medical inspections, examinations of the dentist are carried out quite apart from those of the School Medical Officer. A careful and detailed examination of each tooth is made, with the help of probe and mirror. It is early caries that we wish to deal with. . . . This is a matter of extreme importance, as there is an entire absence of pain when the caries is treated early. If treatment is delayed until caries is extensive pain results, and children will not return the following year, with the result that so much work is simply wasted.

Yellow Fever.

The story of the connection of the mosquito with malaria is now well known, and it is realised that the problem of its elimination is identical with that of the *anophelis* mosquito. It is beginning to be understood that the conquest of yellow fever is similarly dependent on the eradication of the *Stegomyia fasciata*, the yellow fever mosquito, and a most interesting report has been compiled on the subject relative to the work of the late Major Walter Reed, of the Medical Corps of the United States Army and the Yellow Fever Commission, which was presented to the Senate and printed, with illustrations, for the use of that body. The preface states that the work of Major Walter Reed, and the Commission of which he was President, and the masterful mind, have been so beneficial and far-reaching that its importance is considered secondary to no other scientific achievement.

In the course of a popular lecture delivered at Galveston under the auspices of the University of Texas, by Dr. James Carroll, Assistant Surgeon in the United States Army, which is included in the compilation referred to, the lecturer spoke in part as follows:—

Yellow fever, or yellow jack, as it is more familiarly called, is, so far as our knowledge goes, strictly an-American plague or pestilence, and our earliest authentic accounts of this disease record its occurrence in the West Indies at the middle of the seventeenth century. Before the time of Sydenham, oriental plague, typhus fever, small-pox, cholera, pernicious malaria, and yellow fever were all called putrid or pestilential fevers. It was believed they were due to the same cause, and that they were transmitted through the atmosphere as visitations from God. At that time the science of medicine stood upon such a low plane that the best English physicians were just beginning to learn that there were differences between measles and small-pox, typhoid fever or typhus fever, and malaria, etc. Harvey had only recently announced the circulation of the blood, and Malpighi had followed him with a demonstration of the blood corpuscles in the smaller vessels (capillaries), uniting the arteries and veins. Peruvian bark, that blessing in malarial fevers, was barely known at the time when yellow fever first prevailed at Barbados, Jamaica, Santa Domingo, and Martinique, and later at Vera Cruz. In 1761 the disease was carried from Vera Cruz to Habana by the Spaniards, who lost 3,000 persons from it in that year alone, and in 1780, out of an army of 8,000, about 2,000 died of yellow fever within two months after landing

at Habana. It is further reported that in 1791 there were over 1,600 victims to yellow fever in the Spanish garrison and squadron at Habana. More recently, for the 10 years from 1870 to 1879, inclusive, 11,746 deaths are recorded for the city of Habana from yellow fever alone. Spain paid dearly for the Pearl or the Antilles in both men and treasure, for besides decimating her troops in Cuba, the disease followed them across the Atlantic and appeared in epidemic form in various cities of the Peninsula from time to time.

The female mosquito at certain periods in her existence experiences a physiologic need for blood. The hemoglobin of the blood seems necessary for the maturation of her ova, and she will not deposit her eggs until she has obtained a meal of blood. The male insect cannot transmit yellow fever, because, having no need for it he never sucks blood, and while his proboscis will provide him with fruit juices it will not penetrate the animal skin.

The occurrence of a number of cases of the so-called "bilious remittent fever" of short duration should always excite suspicion, for such cases, when found in groups, are almost invariably cases of genuine yellow fever. . . . At the present day nothing less than the absolute demonstration by an experienced observer of the presence in the blood of malarial parasites or spirillums would justify any other diagnosis than yellow fever; and even if they were shown to be cases of malarial or relapsing fever, modern scientific medicine requires that in the case of the former at least the patients should be rigidly protected against the bites of mosquitoes, since we know that malaria, like yellow fever, can be transmitted in no other way than through the bite of that insect, if we except experimental inoculation. In the case of relapsing fever, of the manner of transmission of which we know absolutely nothing, it would be wise to take the same precaution.

In 1897 the sensational announcement was made that Dr. Giuseppe Sanarelli, an Italian bacteriologist, working upon the island of Flores in Monte Video, had discovered the cause of yellow fever in a bacillus that he had found in about 50 per cent. of the patients examined by him. . . . It is amusing now to think of the fearful respect with which we handled the culture from Dr. Sanarelli's laboratory, because we were fully prepared to accept it as the cause of yellow fever from what we knew of Dr. Sanarelli's reputation as a bacteriologist. After several months it became apparent that this supposed yellow fever bacillus of Sanarelli was nothing more nor less than the common hog-cholera bacillus, an organism that was much better known in America than abroad.

The results obtained by the Army Board are summarised as follows:—

1. *Bacillus icteroides* of Sanatelli was shown to be practically identical with the bacillus of hog-cholera, from which it differs only in the source from which it is obtained.

2. Yellow fever is transmitted by a mosquito of the genus *Stegomyia*, and all attempts to bring about the infection through contact with bedding, clothing, and dejecta of yellow fever patients have resulted in failure. Hence it follows that disinfection against yellow fever is valueless.

3. Yellow fever can be produced experimentally by the injection of blood drawn in the first and second days of the disease, but this has no direct bearing upon the transmission or prevention of the disease in its epidemic form.

4. The specific germ of yellow fever is sufficiently minute to pass through the pores of a bacteria-proof filter, and it is destroyed by a temperature of 131 degs. Fahr.

The following, therefore, may be safely assumed:—

1. Disinfection in the prophylaxis against yellow fever is effective only when it takes the form of fumigation and destroys mosquitoes.

2. Yellow fever patients can be the source from which other cases spring only when they have been bitten by the proper mosquitoes; consequently in the yellow fever zone all acute febrile cases not diagnosed should be handled as though they were yellow fever, and should be kept rigidly behind safe mosquito screens and netting. So far as has been shown the yellow fever patient is dangerous when bitten by mosquitoes during the first three or four days of the fever only, but since relapses may occur, every precaution should be maintained as long as the temperature remains elevated.

3. The hospitals intended for the treatment of suspected cases of yellow fever should be located upon ground that is high, well drained, away from creeks, pools, and standing water of any kind, free from mosquitoes, and not surrounded by grass or shrubbery. All entrances and exits to such hospitals should be provided with close-meshed wire screen spring doors, and similar screens should be fixed immovably over every window and other opening communicating with the exterior. Standing water should not be permitted in barrels or vessels of any kind, and broken crockery, tin cans, or other possible retainers of rain-water should be systematically searched for within a radius of several hundred yards, and removed.

4. In general sanitation all surface pools should be promptly drained and filled in with

gravel, or covered with petroleum. Petroleum should be applied systematically to standing water in all ditches, pools, rain-water gutters, etc., that can not be filled up or emptied. The margins of ponds should be deepened, to enable the fish to reach mosquito larvae.

5. Water should not be permitted to stand uncovered in houses; and rain water in cisterns or barrels, when not used for drinking purposes, should be treated with petroleum. If the water is used for drinking all openings, vents, etc., should be closed with wire screens or tightly-fitting covers. Periodic examinations should then be made for wigglers (larvæ) or mosquitoes, because the female mosquito may pass through a very minute opening when seeking water on which to deposit her eggs. By means of these and other similar measures the number of mosquitoes may be greatly reduced, and the chances for the conveyance of the infection, should it happen to be present, will be thereby greatly diminished.

Stegomyia fasciata, the yellow fever mosquito, is a house-dwelling and house-breeding insect. Particular attention should therefore be paid to the smallest as well as the larger collections of standing water within and about habitations.

6. After the removal of a patient his room and the adjoining ones should be at once tightly closed by pasting paper over all cracks and openings, and then fumigated with insect powder, tobacco, or sulphur, to destroy mosquitoes. When the room is opened after a few hours these should be swept up and burned.

7. Experience at Habana has shown that patients suffering from yellow fever, upon their arrival at a port, can be carried through a thickly populated city to a properly screened hospital, and there treated without the slightest danger to the community, so long as they are rigidly protected against mosquitoes. Money spent for the purpose of disinfection against yellow fever is wasted, for yellow fever in epidemic form can only be contracted through the bites of mosquitoes of a single genus.

8. When a house is infected with yellow fever it simply contains infected mosquitoes. In the absence of this insect no amount of filth, heat, or moisture is capable of generating the disease.

9. As the yellow fever mosquito does not bite, as a rule, between the hours of 9 a.m. and 3 p.m., it is practically safe for non-immunes to visit infected localities between these hours for the transaction of business.

10. It is now certain that before the lapse of many years, the disease, yellow fever, will have become extinct.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Emily Bleasley, Old Sneyd Park, near Bristol, for her article on the question:

HOW WOULD YOU TEACH PROBATIONERS TO FILL AND APPLY (1) HOT-WATER BOTTLES. (2) ICE-BAGS?

HOT WATER BAGS

When teaching a probationer how to fill and apply hot-water bags, the first consideration, of course, is the cure or comfort of the patient. The second consideration is the care of the bags. Thirdly, the probationer must be careful of her own hands, as splashes and consequent scalds are easy to get if care is not taken in filling.

Let us take these points in reverse order, or rather take the second one first.

To make your bag last as long as possible never fill it with boiling water. The water may be quite hot up to 200 degs. Fahr., but not boiling, as it swells and cracks the rubber. Never fill the bag while the kettle is on the fire or gas, thus bringing the bag close to the flame and risking burning it. But take your kettle off. Stand it on one side for a few minutes, or quicker, add a little cold water, and then fill your bag, first taking care to press the air out so as to avoid the splashes. The bag must then be put in a flannel cover and applied wherever required.

If the patient is quite conscious and able to move her limbs, etc., freely, she may, if she wishes, have the bag with its flannel cover next to her nightdress. But in cases where the patient is paralysed, unconscious, under, or just coming round after an anæsthetic, the bags should never be next her, but must have a good thick fold of blankets between.

ICE BAGS.

Ice bags should be about half filled with ice, which has been broken up into small pieces so as to equalise the weight, and to fit it in through the neck of the bag. Except when applied to an unshaven head one should never be directly applied to the patient, but should have a fold of lint between. The full weight of the bag should not be allowed to rest on the patient, but it should be hung from a pulley or cradle, or some arrangement devised to lift it so that it just rests on the part.

As soon as the ice melts the bag should be emptied and re-filled, or taken off altogether. Keep the part under the bag as dry as possible.

We highly commend the papers by Miss Alice Wacher, Miss A. Edmunds, Miss F. H.

Curtis, Miss E. F. Lukey, Miss M. K. Steele, Miss J. L. Gwillop, Miss N. Thompson, Miss G. M. Browne.

Miss Gilbert writes that in filling both these appliances two important things should be borne in mind, (a) the comfort of the patient; (b) economy on account of the perishable nature and expense of the material.

A hot-water bag should never be entirely filled—it will be hard and uncomfortable—but in such a manner that when the average bag is placed on a flat surface it is about two and a-half inches in thickness.

Bags after use should be hung upside down to ensure thorough drying, and be slightly inflated before being put away for an indefinite time.

In connection with filled ice bags, Miss Gilbert says that a sprinkling of salt will help to intensify the cold, and sawdust may be added to soak up the water, thus assisting the ice to last for a longer period.

Miss Alice Wacher points out that new rubber bottles should be placed in a basin of cold water with the stopper out, and soaked for 24 hours, otherwise the rubber becomes porous.

In regard to ice-bags, Miss Wacher says that the ice should be split in the direction of the grain. The pieces should be about the size of walnuts, for if too small it melts and gets warm too soon.

Miss Lukey is of opinion that the pieces of ice should not be larger than almond nuts. She also writes:—The probationer should be careful to place the bag so that the lid is on the top. It is advisable not to put an ice bag directly on the patient; if possible it should be suspended by means of a cradle and bandages or from the bed-posts. A patient having ice-bag treatment, especially a child, requires careful attention, being liable to collapse. The limbs must be kept warm by means of hot-water bottles and the pulse watched.

QUESTION FOR THIS WEEK.

How would you prepare (1) the room; (2) the bed; (3) the patient in a confinement case?

Rules for competing for this competition will be found on page xii.

EXAMINATIONS.

At the recent examination of probationers at the Central London Sick Asylum, Hendon, all the candidates were fortunate in satisfying the examiner. The pass list, in order of merit, is as follows:—Misses Main, Kestle, Crisp, Hill, Brown and Armstrong (equal), Curtis, Wagstaff, and O'Callaghan.

Lord Mayor Treloar's Cripples' Hospital and College.

Saturday last was a memorable day at Lord Mayor Treloar's Cripples' Hospital, at Alton, for, on the invitation of Sir William Treloar and his co-trustees, the Lord Mayor, Sir T. Vezey Strong, and the Lady Mayoress visited the Hospital, being conveyed there by special train, with a large number of guests invited to meet them. Luncheon was served in the train en route, as London and its suburbs were quickly left behind, and we sped past the motor and aeroplane tracks at Brooklands, till the pines of Hampshire came in view, with the characteristic commons ablaze with sheets of golden gorse, where later the

at Alton Park Station, within the grounds, where the Matron, Miss Robertson, and the Medical Superintendent, Mr. Gauvain, were waiting to receive the Lord Mayor and Lady Mayoress.

THE MUSEUM.

Near the station is the "Mansion House Museum," built, and built right well, by the College boys, and where Lady Strong this year commemorated her visit by performing the opening ceremony. Here the boys have already a collection of stuffed birds, specimens of eggs and other treasures, which will no doubt be added to from time to time by kind friends as well as by the boys themselves.

Close to the station also are the rabbit hutches, fowl houses, dove cotes, etc., which have been built by the lads for their pets.



THE FOREST SCHOOL.

purple heather will make the autumn glorious. Pibright and Aldershot, dotted with white tents, showing that some regiments have already gone into camp, were quickly passed, and then the character of the country changed once more, as Farnham, with its wooded parks, rich meadows, and numerous hop-fields, was reached, the upright poles now bare, which later will be swathed and crowned with the glory of the health-giving hops, with their graceful foliage, clinging tendrils, and delicate blossoms. After that Alton was quickly reached, just an hour and eighteen minutes after we left Waterloo, and the train drew up

THE HOSPITAL.

After leaving the Museum the party proceeded to the Hospital, containing 280 beds, where Mrs. Henry Fielding Dickens unveiled the brass over a memorial cot presented by the Dickens Fellowship, whose little occupant sang the verse of a spring song to the assembled company without the slightest shyness. Although the child's head-board testified to his name as Reginald Bryan, he stoutly refused to answer to any name but "grandfather," evidently a pet name in the ward. The glass observation wards, the spinal wards, where specially devised stands with smart turkey-

twain covers take the place of beds, the general wards, the plaster-room and out-patient department, all of which have recently been described in this journal, were then visited, and received warm admiration, not only for the scientific perfection and good nursing, order which characterise them, but because of the happy humanitarian atmosphere diffused by everyone— from Sir William Treloar, who is evidently a prime favourite with the children, to the youngest probationer. It is an atmosphere in which little children blossom out and flourish exceedingly.

THE COLLEGE

The College itself is a hive of industry and happiness. The boys here may have been patients in the Hospital, but more frequently they are received into the College direct, and taught skilled trades. Neither is evidence wanting of their skill, as anyone may learn by sending for the catalogue of the portmanteaux, suit cases, s, kit bags, attaché cases, ladies' blouse cases, travelling bags, book carriers, etc., which are made by the boys.

In his preface to this catalogue, Sir William Treloar says that many years' experience and work in assisting the cripples of London have taught him that they can be broadly divided into two classes: (a) those needing prolonged medical treatment for the cure of their deformity; and (b) those for whom complete correction of deformity cannot be hoped, but who nevertheless can become quite self-supporting if taught a suitable trade.

For the first class he has devised the hospital at Alton, and for the second the College.

The boys were busy at work on Saturday, when it was evident that nothing shoddy is turned out from the workshops of the College. Good solid leather, hand-sewn by expert craftsmen, is alone used in making the leather goods. Another feature is that the same worker entirely finishes the particular article he commences, and so is encouraged to take a real pride and personal pleasure in the work he does. The result is that although the College has only been working two years the goods on view would have been a credit to any London firm. In the tailors' shop the same busy and contented order prevailed. Under their trade

teacher the boys were turning out suits, etc., even the shoemakers were making good, strong, hand-sewn boots and shoes.

There are sixty boys in the College, and they all do their own domestic work. At eight the breakfast bell rings, after which they go to work under the various trade teachers. In their recreation time each boy is free to follow his own bent, but they are encouraged to play games, and can even give a good account of themselves in a game of football against an outside team.

DAME ANNIE TRELOR MEDALS.

In the course of the afternoon a few of the guests were witnesses to an interesting incident, when Sir William Treloar, meeting the Matron in the grounds, presented her with the first of the gold medals which he has instituted as a memorial to his wife.

The medal, which is pointed oval in shape, and suspended from a pale blue ribbon, bears the figure of charity bending over a child, and round the edge the words "Dame Annie Treloar Medal." The reverse side is inscribed, "Awarded to Janet P. Robertson, May 20th, 1911, in recognition of duties faithfully performed."

All too quickly the bugle sounded to summon the visitors from various parts of the beautiful grounds to the spacious College Hall for the final ceremony.

Sir William Treloar presided, and after prayers, said by the Bishop of Croydon, read the following telegram from the Queen Mother.

"Let me wish all my dear little 270 children a very happy day, and hope some day I may have the pleasure of seeing you all in the Home."

ALEXANDRA.

He then invited the Lord Mayor to present the two Dame Annie Treloar medals, one of gold gained by Miss Theodora Clements after three years' training, and one of bronze gained by Miss Doris Helen Gately at the end of the second year of training. The presentations were made by the Lord Mayor, who shook hands most cordially with the two blushing recipients.

Sir William Treloar, on his own behalf and that of his co-trustees, offered their warmest thanks to the Lord Mayor and Lady Mayoress



BADGE OF QUEEN ALEXANDRA LEAGUE.

for visiting Alton. It was a little world for the people who lived there, and the day was made memorable to them by the opening of the museum, the presentation of the Eugene Sandow prize—a cricket set for progress in physical culture—the unveiling of the Dickens Fellowship Cot, and the presentation of the medals to the nurses. Sir William also thanked all those who had come to see the place. The resolution was seconded by Sir William Dunn, and carried by acclamation.

The Lord Mayor, in responding for himself and the Lady Mayoress, said that the privilege was theirs. They had been most impressed by what they had seen. The greatest privilege that the position of Chief Magistrate gave to the holder of the office was to bring a much wider interest into his life than he could attain in his individual capacity.

It was the responsibility of the man so circumstanced to see to it that the great influence attached to the office, which was the oldest in the constitution of the country, was used in support of great and noble causes. He hoped the nurse who had won the gold medal, instituted by Sir William Treloar in memory of his wife, who in the early stages of the scheme had done so much to inspire her husband to provide for poor crippled children who could not help themselves, would wear it with satisfaction to herself, with credit to the institution, and with advantage to the patients, there and elsewhere, from the training she had received.

The Hospital and College had a mission so lofty in purpose, so useful in its methods that it was the duty of all present to consider how they might help forward its work and

"Aid the right that needs assistance,
Oppose the wrong that needs resistance,
Work for the future in the distance,
Aid the right."

A hearty vote of thanks to Sir William Treloar was then passed with acclamation, and the interesting ceremony was at an end.

As they entrained for London, the guests were enthusiastic in their expressions of delight at all they had seen at Alton, and we may hope availed themselves of the privilege of subscribing generously in its support on the cunning little cards placed on the tea tables, and gathered up by the Secretary.

Our illustration of the Forest School on page 110 shows that, either in or out of doors, school (conducted by nurses) goes on regularly.

The Badge of the Queen Alexandra League on page 411 is given to every child who subscribes or collects one guinea a year. Those wishing to do so should write to Sir William Treloar, 123, Mansion House Chambers, E.C. M. B.

Progress of State Registration.

The annual meeting of the Society for the State Registration of Trained Nurses takes place on Thursday, 25th May, at 11, Chandos Street, Cavendish Square, W., and Mrs. Walter Spencer extends a kind invitation to the members to tea after the meeting at 2, Portland Place, W. We hope members will make every effort to be present to encourage those who have been working hard all the year in their interest. We must always remember that the opposition would have been worn away years ago if each of those associated together for registration reform had done her share of the drudgery.

Members of the Societies affiliated to the Central Committee for the State Registration of Nurses will combine to congratulate Dr. J. A. Macdonald on his election as a direct representative of the medical practitioners of England and Wales on the General Medical Council. Dr. Macdonald is one of the five representatives of the British Medical Association on the Central Registration Committee.

AUSTRALASIAN NURSES NEXT.

The *Australasian Nurses' Journal* brings the best of news this month. "There seems every probability," writes the editor, "of having State Registration of Nurses in New South Wales by the end of the present year, judging from the favourable reception accorded by a Minister of the Crown to the deputation of the Australasian Trained Nurses' Association. The present Government is evidently in entire sympathy with State Registration of Nurses.

"The present Bill is one that should be welcomed by all the members of the A.T.N.A., for if it becomes law the State itself will protect and guard their interests by demanding a definite standard of training from all nurses, and will give the nursing profession a status of their own. We are pleased that the latest addition to our Association, namely, the Mental Nurses, are also included under the Bill, with a mental nursing representative on the Board.

"State Registration has proved its value both to the public and the nursing profession in the United States and in New Zealand. In England the demand for such legislation is becoming more and more insistent, and it is only the many vested interests, and the diversity of training, that prevent the passing of such an Act.

"To the State the registration of trained nurses means much, for by it the sick public are protected from the inefficiently trained, and therefore often dangerous, nurse."

"The thanks of the whole nursing profession are due to Dr. Mackellar, who has fathered this Bill, not selfishly, but with the best interests and welfare of the trained nurses at heart."

The deputation from the New South Wales Council of the Association which waited upon the Minister for Public Instruction in the New South Wales Government, to ask his interest in the Bill for the State Registration of Nurses, was introduced by Mr. David Fell, M.L.A., consisted of Miss Kendall Davis, Miss Gould, Miss Newill, Mrs. Ashburn Thompson, Miss Sanders, Dr. Dansey, Dr. Sinclair Gillies, Dr. Blackburn, Dr. Davidson, and Dr. Binney.

Mr. Fell, in introducing the deputation to the Minister, Mr. Beeby, said that the measure was intended to protect the sick public from nurses who were inefficiently trained, and whose ignorance might mean the difference between life and death. The Australasian Trained Nurses' Association, which covered all the States of the Commonwealth except Victoria, had done much during the last twelve years not only to raise the standard of training but to establish a uniform and recognised standard for the whole of Australia. There were more than 3,000 nurses in the Association, of whom more than 1,800 were resident in New South Wales, and its standard was the recognised one for trained nurses and hospital matrons. The Association now asked that Government should take over the task of registration, and give a legal standing to nurses, such as was given to the medical profession. This was desired not only in the interests of the nurses, but in the interests of the sick.

Dr. Sinclair Gillies, Dr. Dansey, Dr. Blackburn, and Miss Gould, Matron of the Sydney Hospital, also spoke to the same effect.

Mr. Beeby said he was so interested in the matter that he hoped to interest all his colleagues so much that the Bill would be made a Government one, but if he failed to do that he had promised Dr. Mackellar that he would personally place it before Parliament. He thought, however, that he would have no difficulty in making the matter a Cabinet one. He thoroughly agreed with the provisions for the future high standard of registration, but the question of vested interests would have to be considered.

Mr. Fell thanked the Minister for his sympathetic hearing.

We congratulate our Australasian colleagues and we wish their Registration Act safely inscribed on the Statute Book. Such legislation is very helpful to the progress of our cause at home.

Time was when Britain led the way in all humanitarian progress, and it is sad evidence of degeneration that the welfare of its sick, and efficiency of its nurses, have been so long at the mercy of the greedy professional philanthropist and his political puppets.

The Asylum Workers' Association.

As we go to press Sir William Collins, F.R.C.S., D.L., is presiding at the annual meeting of the Asylum Workers' Association, at the Medical Society's Rooms, 11, Chandos Street, W., which has now 5,276 members, an increase of 701 on last year. The annual report shows that the receipts for the year were £411, the largest amount on record, but the expenditure was also unusually large, and in order to secure a credit balance at the end of the year it was necessary to levy a charge on the Homes of Rest Fund for the expenses of management, a practice which, for the last two or three years, has been in abeyance. The most considerable expenditure has been in the production and distribution of *Asylum News*, the net cost of which amounted to nearly £250. Dr. James Nicoll has again gratuitously edited the paper, a task of no mean magnitude, and recurring monthly throughout the year.

In regard to the working of the Asylum Officers' Superannuation Act, it is stated that "with further experience of the working of the Act it may be desirable to endeavour to obtain amendments of such clauses as are shown to be obscure or defective in their application. There can, however, be no doubt that the Asylum Officers' Superannuation Act has secured advantages for asylum workers which for years they have been denied, and which must tend to improve the service of the insane."

The experience of ten years has shown that some modification in the medal regulations originally adopted is desirable, and the amended regulations provide that in future all candidates must have been five years members of the Association, and must have had at least 25 years' service. The adjudication of gold and silver medals respectively is to be left to the judgment of the Committee after consideration of the certificates of service and of the nature of the posts held.

In regard to the legislative proposals now before Parliament, in connection with Lord Wolmer's Asylum Officers' (Employment, Pensions, and Superannuation) Bill, the report states that the grievance of unduly long hours of duty in the wards of some asylums, particularly in Ireland, has from time to time been sympathetically considered by the Executive Committee. It was not thought prudent (in 1909) to load a Bill, seeking for the first time in the face of considerable opposition to gain assured pensions for asylum workers, with provisions for limiting their hours of labour, but now the influence in the constituencies of asylum voters has increased, and what was formerly unattainable may now be in the sphere of practical politics.

REWARDS FOR LONG SERVICE.

The following nurses and attendants received medals for long service:—

GOLD MEDALS.

Attendant W. Jones, N. Wales Counties' Asylum, Denbigh, 41 years and 2 months' continuous service in one asylum.

Nurse B. Allen, District Asylum, Mullingar, 37 years' continuous service in one asylum.

SILVER MEDALS.

Attendant W. Pomeroy, Public Asylum, Jersey, 40 years and 11 months' continuous service in one asylum.

Nurse G. Towns, Glasgow Royal Asylum, 32 years' continuous service in one asylum.

BRONZE MEDALS.

Twenty-six bronze medals were also awarded to the unsuccessful candidates for the above.

Fever Nurses' Association.

The Annual Meeting of the Fever Nurses' Association was held on Monday last at the offices of the Metropolitan Asylums Board, E.C.

Dr. E. W. Goodall presided, and, having thanked the Association for the support accorded him during his term of office, invited the new President, Dr. Pearson of the City Hospital, Seacroft, Leeds, to give his Presidential address.

THE PRESIDENT'S ADDRESS.

Dr. Pearson, in addressing the members, said that the Association was now recognised to be of considerable importance, and eulogised the efforts of Dr. Goodall, Dr. Caiger, and Dr. Biernacki on its behalf. He then referred to the objects of the Association, and to the question of reciprocal training, advocating that all nurses during their general training should have not less than a year's experience of fever nursing. Fever nurses should be taught to be as careful as surgical nurses, and to keep the wards free from sepsis and cross-infection, otherwise infectious hospitals might constitute a danger.

Referring to the syllabus of training issued by the Association, he thought that, though good, it

was not quite perfect. Instruction might with advantage be included in elementary physics and chemistry, descriptive lectures, and clinical demonstrations by medical practitioners might also be given, and a standard lecture book in the form of questions and answers, corresponding with the syllabus, could with advantage be arranged, also frequent oral examinations. The Sisters should be called together and instructed in the methods of attaining uniformity in giving instruction.

REPORT OF THE COUNCIL.

Dr. Biernacki then presented the Report of the Council, which showed that the total number of members and registered nurses was now 1,152. The period of grace in which nurses might register without passing a special examination should now expire, but it was proposed to extend it for another year. An examination would, however, be held in October of this year for those who desired to present themselves.

In regard to the question of State Registration of Nurses, several societies during the year intimated to the Central Registration Committee that they desired additions to or alterations in the State Registration Bill. Amongst these was one that affected fever nurses in a special degree, namely, that a clause should be inserted in the Bill extending definite recognition to reciprocal training—an arrangement under which fever training would count towards general training, and *vice versa*. The delegates of the Fever Nurses' Association supported this proposition. In the result the Central Registration Committee declined to introduce the clause on the ground that it was unnecessary, as there is nothing in the Bill to prevent the permissive adoption of reciprocal training. Subsequently the Executive Committee obtained counsel's opinion on this point. This opinion was to the effect that it was open to the Council instituted by the Bill to refuse to permit reciprocal training if it so desired. The Executive are of opinion that steps should be taken in due course to obtain the insertion of a clause in the Bill dealing with the question of reciprocal training.

The following medical men and nurse members were elected to fill vacancies on the Council:—Dr. H. Benton, M.O.H., East Ham; Dr. Cameron, South-Eastern Hospital; Dr. R. Haldane Cook, Enfield and Edmonton Isolation Hospital; Dr. D'Amico, Isolation Hospital, West Heath, Birmingham; Dr. J. Fletcher, City Fever Hospital, Mansell; Dr. Ta'Bois, Clare Hall Hospital, South Mimms, Barnet; Miss Keen, Matron, Fever Hospital, Willesden; Miss Rhind, Lady Superintendent, Cork Street Fever Hospital, Dublin; Miss Ross, Matron, Western Hospital, S.W.; Miss Rainbow, Brook Hospital; Miss A. Smith, Eastern Hospital; and Miss Thomas, City Hospital, Sheffield.

The Report was adopted, on the motion of Dr. Goodall, and the Financial Report was then presented by the Hon. Treasurer, Dr. Caiger, the largest item being £14 3s. for legal advice.

The question of the payment of the travelling expenses of provincial members of the Council and Committees was brought up by Dr. Caiger.

The Territorial Force Nursing Service.

UNIFORM.

The following Regulations have been issued for the uniform of the above Service:

PRINCIPAL MATRONS AND MATRONS.

Cap.—Blue-grey with scarlet facings, with silver "T" at each corner.

Dress.—Blue-grey material the same colour as the cape, with one row of braiding on the sleeves for Matrons, two rows for Principal Matrons.

Bonnet.—Blue-grey straw with blue-grey velvet bow and ribbon strings.

Collars and cuffs.—White linen.

Cap.—A square of white muslin.

Gloves.—Grey.

Silver badge.—Of the Service.

SISTERS.

Cap.—Blue grey with scarlet facings, with silver "T" at each corner.

Dress.—Blue-grey washing material the same colour as the cape, with a band of the same material piped with scarlet, and worn on the right sleeve six inches above the wrist.

Bonnet.—Blue-grey straw with blue-grey velvet bow and ribbon strings.

Collars and cuffs.—White linen.

Cap.—A square of white muslin.

Gloves.—Grey.

Silver badge.—Of the Service.

NURSES.

Cap.—Blue grey with scarlet facings, with silver "T" at each corner.

Dress.—Blue-grey washing material the same colour as the caps.

Bonnet, collars and cuffs, caps, gloves, and silver badge.—The same as for Sisters.

(1) The uniform must be of exact Territorial Force Nursing Service pattern and of correct material, except that in time of peace members who possess a grey uniform dress similar in colour to the authorised cape will be permitted to wear it with the cape, but the distinguishing mark of rank must be added to the sleeve.

(2) The purchase and wearing of the uniform is optional in time of peace, and it must on no account be worn except when members are officially present at any special function as members of the Territorial Force by permission of the Matron-in-Chief acting through the Principal Matrons.

(3) The silver badge of the Service must be worn on the right side of the cape.

INSTRUCTIONS.

The following instructions are issued for the guidance of members of the above Service in connection with the purchase and provision of uniform:—

	1. Prices.	s.	d.
Cape	...	1	10
Cap	...	1	3
One pair silver-plated "T's"	...	0	3
Postage and packing and fixing "T's"	...	0	6
		6	10

The rest of the uniform can also be obtained at the following prices:—

Dress material (serge)

For Principal Matrons and Matrons. Price—3s. 11d. per yard. Width 50 inches.

Dress material (washing)—

For Sisters and Nurses. Price 8½d. per yard. Width 28 inches.

(Patterns of the dress material can be obtained from the firm supplying the uniform if members prefer to purchase it themselves.)

Bonnets 8s. 6d. each (triumph).

Collars 6d. each.

Cuffs 6½d. per pair.

Gloves 2s. 6d. or 3s. per pair.

2. *The Sisters' and Nurses' dresses must be made according to the following directions:*—

The skirts must not be gored but gathered into the waistbelt at the back, and the material must be cut on the straight.

The skirt must clear the ground by 2 inches and have two tucks at the bottom.

Bodices must be quite plain, with coat sleeves buttoned to the elbow, and with belts of the same material as the dresses to be worn without buckles.

Collars and cuffs to be fastened with white studs, and to be worn outside by Sisters and Nurses.

Summer Camps.

The Nurses' Missionary League is this year organising two summer camps for fully-trained nurses, or those in course of training. The purpose is (1) to provide a holiday which will also be an opportunity for inspiration and help in the Christian life; (2) to consider the work of the Nurses' Missionary League as a missionary agency and a bond between Christian nurses. It is intended that that holiday shall be both restful and inexpensive.

In the mornings there will be devotional readings and conferences, and most of the afternoons will be free for recreation and rest. Each evening there will be a missionary or devotional meeting.

The first camp will be held from July 4th to 11th at Selsey-on-Sea, Sussex, where there is good bathing, tennis, and walks. Nurses are advised to take their bicycles. The registration fee, if paid before June 14th, will be 1s.

The second camp will be held from July 14th to 21st at Pensarn, near Abergele, North Wales, in the midst of lovely scenery and excursions. There are lovely sands and the bathing is good.

Registration forms may be obtained from the Secretary, Miss Richardson, Sloane Gardens House, 52, Lower Sloane Street, S.W. The entire cost at each camp will be 18s. 6d. each for those sharing a room, and 25s. for a single bedroom.

The rapid growth of the nursing profession in this country in the last two generations is a record of absorbing interest, which still waits for a historian to set it down. In this age the nurse stands conspicuous for devotion to duty, for self-control,

for watchfulness, and singleness of mind. In the past throughout Christendom nursing of the sick has been in the hands of the religious orders, and there are not wanting signs of a Christlike spirit in the nursing world to-day, in a generation not less devoted to God's service because better trained in mind and body.

The League, which is now eight years old, has over 1,500 members, of whom 128 are doing mission work abroad, and 400 more preparing to go out. To train an adequate supply of native nurses, and show to them the sacredness of the human body and of the humblest service, the Christlikeness of the work, these are some of the aims of a missionary nurse.

The needs of our Indian Empire constitute a strong appeal to every English heart, and the preventable suffering in heathen lands might well stir us did we but place ourselves within reach of the call. There are many more doctors working to-day in the mission field than nurses. This fact alone may well justify the existence of the Nurses' Missionary League, which aims (1) to bring before fully trained nurses the needs of the various agencies undertaking medical mission work; (2) to create and sustain interest in the evangelisation of the world by means of meetings in hospital, literature, lectures, camps, etc.; (3) to form a bond of strength and inspiration for all nurses in all lands who wish to take any share in making Christ known to men.

THE LONDON HOMŒOPATHIC HOSPITAL.

The London Homœopathic Hospital in Great Ormond Street, W.C., had ideal weather for the laying of the Commemoration Stone of the Nurses' Home by the Duchess of Hamilton and Brandon, on Tuesday last. Her Grace was received at the principal entrance to the hospital by Mr. Stillwell, Chairman of the Board of Management, members of the visiting medical staff, Miss Clara Hoadley, the Matron, who presented a beautiful bouquet of pink carnations on behalf of the nursing staff, Mr. E. A. Attwood, Secretary, and others.

The Duchess then proceeded to the Nurses' Home, the path across the road being kept by rows of nurses on either side, and a silver trowel having been presented by the Architect, Mr. E. T. Hall, her Grace deftly spread the mortar, and declared the stone well and truly laid. The road was then once more recrossed, and in a ward of the new Sir Henry Tyler wing, on the invitation of Lady Perks, President of the Council of the Ladies' Guild, her Grace opened a Grand Sale of Work, and expressed the hope that this Sale, organised by the Ladies' Guild, would be quite as successful as any of its predecessors. She congratulated the Guild on the attractive appearance of the stalls.

In the ward above, tea, and later supper, tables were invitingly arranged, and still higher Mr. Savage Cooper gave afternoon and evening performances of Milton's Masque of "Comus," in which a Maypole Dance by members of the Children's Guild was introduced with great effect.

Appointments.

NIGHT SUPERINTENDENT.

Royal Asylum, Montrose.—Miss Isabella Duncan has been appointed Night Superintendent. She was trained at the Western Infirmary, Glasgow, and has held the positions of Charge Nurse at the Bellefield Sanatorium, Lanark; Sister in the Surgical Wards at the Northern Infirmary, Inverness; Assistant Matron at the District Asylum, Edinburgh; and Staff Nurse at the Northern Nursing Home, Aberdeen.

HEALTH VISITOR AND SCHOOL NURSE.

Macclesfield Corporation.—Miss Clara E. Smith has been appointed Health Visitor and School Nurse. She was trained at the Union Hospital, Rochdale, and has held the positions of Day Sister and Night Superintendent at the Hunslet Union Infirmary, and of Staff Nurse at the Hospital for Women and Children, Leeds. She has also had experience of District Nursing.

SISTERS.

Tolworth Isolation Hospital, Surbiton.—Miss Fanny Robinson has been appointed Sister. She was trained at the Lewisham Infirmary, and has been first Assistant Nurse at the Brook Hospital, Shooter's Hill, S.E.

Brighouse Isolation Hospital.—Miss E. M. McKay has been appointed Sister. She was trained at St. Luke's Hospital, Halifax, and has been Sister at the South-Eastern Hospital, New Cross; the City Hospital, Dingle, Liverpool; and the Statutory Hospital, Weston-super-Mare.

APPOINTMENTS AT GUY'S HOSPITAL.

ASSISTANT MATRON.

Miss Evelyn Densham has been appointed Assistant Matron at Guy's Hospital. She was trained there from 1901-1904, and has had experience of private nursing in Egypt. From 1905 to 1908 she held the position of Sister in Queen Victoria Ward, and from 1908 to the present time that of Sister Clinical. She is a certified midwife.

HOSPITAL HOUSEKEEPER.

Miss Ida Cornwell has been appointed Hospital Housekeeper at Guy's Hospital, where she received her training from 1901-1904. She has had experience of private nursing in Egypt, and has been Night Sister, Theatre Sister, Sister in the Actino-Therapeutic Department, and in Queen Victoria Ward. She is a certified midwife and certified masseuse.

SISTER.

Miss Margaret Hogg has been appointed Sister in Queen Victoria Ward. She was trained at Guy's Hospital from 1905-1908, and has had experience of private nursing. She has also been Medical Night Sister. She is a certified midwife and a certified masseuse.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Alexandra White, to Shropshire, as County Superintendent; Miss Grace Hunt, to Belper; Miss Alma Packham, to Thorpe and Ardsley; Miss Ellen Goble, to Manchester (Hulme); Miss Katharine Andrews, to Clevedon; Miss Edith Jeffreys, to Kingston.

Nursing Echoes.



During her visit to London the German Empress paid a visit to the German Hospital at Dalston, to fulfil a promise to visit the Children's Ward. Naturally her Majesty had a most enthusiastic welcome, and spoke with almost all the children in the ward, going from cot to cot, bending over the little sufferers with caressing words and touches. The children were very excited, and most of them very shy, but the Empress put them all at their ease with her kindly "Good-day, little one." Several nurses also were warmly shaken by the hand, and spoken with in the most kindly manner. London agrees that the German Empress was very gracious and charming during her recent visit.

We are asked to announce that at the recent meeting of the Grand Committee of the Territorial Force Nursing Service of the City and County of London, held on May 17th, at the Mansion House, the Lady Mayoress presiding, a resolution was adopted recommending that the limited number of London nurses for whom seats are to be provided opposite Buckingham Palace to view the Coronation Procession on June 22nd, and the Royal Procession on the following day, should be selected by ballot. It was unanimously agreed that by this means of selection everyone would be satisfied, even if they were not amongst the fortunate few to have seats.

Lady Helen Munro Ferguson's address at the meeting on the organised Red Cross Scheme for Voluntary Aid, covering its spheres of usefulness from the front to the base hospitals, was exceedingly instructive, and proved how necessary the inclusion of highly skilled male and female nurses would be if the scheme was to be effective. The diagrams used by Lady Helen in illustrating her address made the scheme exceedingly clear, and she was accorded a hearty vote of thanks for her kindness in attending and instructing those present.

The unveiling ceremony of the Florence Nightingale Memorial window at the Chapel of the Military Hospital, Millbank, fixed for Wednesday last (May 24th), has been unavoidably postponed.

From the *Nursing Journal of India* we learn that the nurses' memorial to Miss Nightingale will take the form of a bust in bronze, to be placed in the Victoria Memorial Hall, which is being erected in Calcutta. As the late Queen Victoria and Miss Nightingale were contemporaries and friends it is thought that to place the bust in the Memorial Hall would be less "local" and more representative than to place it in the Calcutta Cathedral, as originally proposed.

Miss J. E. Pritchard, the Hon. Secretary of the Indian Nurses' Nightingale Memorial Fund, has received a letter from the Secretary of the Victoria Memorial saying that "His Excellency, the President, and the Trustees, will thankfully accept this historically important contribution."

The nurses in India have managed their own memorial to the Founder of their profession, and all has been harmoniously accomplished. That is as it should be.

There has for some time been a movement on foot to start the "Nurses' Social Union" in London. As far back as April of last year a meeting was held at Aubrey House, Kensington, which was largely attended by representatives from all branches of the nursing profession. Miss Eden explained the aims and objects of the Union, and there was a unanimous opinion expressed that it would be found useful to London nurses, and that the ground was not covered by any existing Society. Later in the year a provisional committee was appointed to whom was entrusted the task of finding a Board organiser and other initial arrangements. Miss Egestorff has consented to act as organiser. A Board has been formed, and was affiliated by the Central Council at its annual meeting in February last, the President for the year being Miss Alexander, of Aubrey House, Kensington, the Hon. Treasurer, Mrs. Fowke. One branch has been formed for Kensington and Paddington in the West, and another will shortly be started at Stepney in the East of London.

Miss Clayton is the Branch Organiser of the former and Miss Egestorff of the latter.

It has been determined in the first instance not to limit the membership, and invitations to meetings to residents within these areas. Considerable interest in the Nurses' Social Union has been aroused amongst nurses in various parts of London, and although the moment does not appear ripe to form other branches, it is hoped that by the plan of admitting members from the nursing profession throughout the Metropolitan area that sufficient enthusiasm will be aroused to make people come

forward and form independent branches, until eventually the whole of London is covered.

Three meetings have already been planned for the current year; the first two will be held at Aubrey House, Kensington, on May 29th and July 19th, and will be joint ones. Miss Hughes has kindly promised to give an address on her visit to Australia on May 29th. Later in the year a visit to the Royal College of Surgeons, and to one of the large London hospitals, has been planned. Those desiring membership or further information about the Union should apply to Miss Egestorff, Holt House, Bancroft Road, E.

A pioneer step was taken in Liverpool when the West Derby Guardians, at their meeting last week, approved of the action of the Committee of the Mill Road Infirmary in recommending the appointment of six additional probationers, to enable eight hours per day to be arranged for nurses engaged in the phthisical ward at the Infirmary. The Rev. J. N. Baker, Chairman of the Committee, said they would all agree that continuous nursing in these wards was injurious to the nurses engaged there, and also to the detriment of the patients themselves. This is indeed a step in the right direction, which the authorities of every hospital providing for the care of phthisical patients should quickly emulate.

Both the National Associations of Nurses, the American Society of Superintendents of Training Schools for Nurses, and the Nurses' Associated Alumnae of the United States, hold their annual Conventions in Boston, U.S.A., from May 29th to 31st. A most interesting programme has been arranged, questions of vital importance are to be discussed, and many social functions are arranged. The Presidents of the two Societies, Miss M. Riddle, of Newton Hospital, Mass., and Miss Jane A. Delano, R.N., Superintendent of the Army Nurse Corps, and Chairman of the National Commission of the Red Cross Nursing Service, are women of extraordinary ability, who have done first class service for the profession they adorn.

Boston is a most attractive centre for such gatherings with its splendid Museum of Fine Arts, its magnificent Public Library, Harvard University, its marvellous Botanical Gardens, and Hospitals and Nursing Homes second to none in the United States of America. What happy days we passed there just ten years ago! Would that it were possible to attend the forthcoming inspiring Convention, but that cannot be, and we must look forward to meeting our American friends at Cologne next year.

Reflections.

FROM A BOARD ROOM MIRROR.

The Duke of Norfolk has offered to give to Sheffield five acres of land in one of the suburbs as a site for the cripples' home which it is proposed to erect as a Memorial to King Edward. The Sheffield Memorial Fund now amounts to £15,600. The duke's gift is estimated to be worth £800.

The Berkshire County Memorial to King Edward will take the form of a children's ward in the new wing of the Royal Berkshire Hospital. The fund now amounts to over £6,000.

Princess Henry of Battenberg has given her patronage to the Coronation bazaar to be held at the Royal Horticultural Hall, on June 8th and 9th, in aid of the National Blind Relief Society. Princess Louise Duchess of Argyll is President of the Society and herself presides over a stall.

It has been arranged that on Hospital Sunday, June 18th, the Lord Mayor will attend in civic state the morning service at St. Margaret's, Westminster, the afternoon service at St. Paul's Cathedral (when the Judges will also be present), and the evening service at the City Temple.

Donations and subscriptions amounting to about £4,000 were announced at the annual dinner of the French Hospital, at which the French Ambassador presided.

The annual Poor Law Conference of the South-Eastern and Metropolitan Divisions is to be held this year at Portsmouth on June 8th and 9th.

The Hon. Secretary, Mr. A. H. Ward, pleaded at the annual meeting of the National Federation of Christian Workers Among Poor Children for a National Bureau for Children, which could investigate the prevention of infant and child mortality. The matter of heredity would have to be tackled sooner or later.

The medical press, and also many of the dailies, are pointing out the disastrous effect which the National Insurance Bill will have upon the status and quality of medical practice, if passed in its present crude form. "Fancy," exclaims one doctor, "treating a bad case of syphilis for twelve months for 1s.!" Surely this is sweating *in excelsis*. The Bill smashes up the independent work of general practice, and thus cuts at the root of progressive medicine. "We can't all be 100 guinea specialists right away," another doctor remarks.

The scheme can only succeed with the co-operation of the whole medical profession, as Dr. A. G. Bateman, General Secretary of the Medical Defence Union, points out, and he is of opinion that the Government will not be able to find 10,000 'blacklegs' in the profession. Midwives are placed in an equally hopeless position, as for

nurses their skilled labour, where the poor are concerned, is already undermined by the semi-trained women provided by County Nursing Associations, and exploited in private practice by hospital and institution committees. The pittance paid to many hard-working nurses cannot be retore further reduced if they are to clothe themselves decently, and have a sufficiency of food.

THE HEALTH EXHIBITION IN DUBLIN.

"*Li Brocasail*," the great Health and Industrial Exhibition at Ballybride, Dublin, was opened on Wednesday, 24th inst., and through the energy of the Women's National Health Association of Ireland, has aroused interest near and far.

1. The Health Exhibits of the Association include a Nursing Exhibit, lent by the Nurses' Social Union.

- (a) Demonstration of Washing a Baby.
- (b) Baby Exhibits.
- (c) Food Exhibits.
- (d) Food Demonstrations.
- (e) Hygiene and Nursing Expedients.
- (f) Collection of Dolls dressed in various Nursing Uniforms.
- (g) Transport Expedients and Demonstrations.
- (h) Demonstrations with Microscope, etc.
- (i) Things for Sale.

2. The Dental Exhibit. 3. Babies' Club. 4. Pasteurised Milk Depot. 5. How to keep a House Clean. 6. Danger from Fire. 7. Disinfection. 8. Models of Cottages and the dwellings. 9. Belfast Bureau of Information. 10. Literature. 11. "Slaime" Stall. 12. Travelling Health Exhibition. 13. Paper Patterns of Children's Clothing. 14. Dress Cutting. 15. Travelling Health Caravan. 16. Open Air School.

The Health Conference is arranged to be held on the 25th and 26th inst., and the Side Shows arranged appear very amusing. We have no doubt the Exhibition, which remains open until June 7th, will be visited by many thousands of people, and that they will derive a vast amount of useful information therefrom. We have great faith in visual instruction.

THE "SANITAS" COMPANY, LIMITED.

At the annual general meeting of the "Sanitas" Company, held at their Linn-house Works on the 17th inst., the Chairman (Mr. C. T. Kingzett, F.I.C., F.C.S.) congratulated the shareholders upon record sales and profits in respect of their disinfectants and sanitary appliances.

The increase, both in sales and profits, was larger than in any previous year of the Company's 33 years' history. A Diploma of Honour was awarded to the Company's Exhibit at Brussels, and the (only) Grand Prix for Disinfectants was won at Buenos Aires during the year under review.

A final dividend of 7 per cent., making in all 7½ per cent. for the year was declared, £2,000 was added to the reserve fund, £3,000 to contingency account, and a balance of £2,978 8s. 6d. carried forward to next account.

Outside the Gates.

WOMEN'S LODGING HOUSES.



A very interesting Conference on Lodging House Accommodation for Women, convened by the National Association for Women's Lodging-Houses, was held at the Guildhall on Wednesday, May 17th. The

Lord Mayor, who opened the Conference at the Morning Session, extended a welcome to it on behalf of the Corporation. It was glad to place the Council Chamber at the disposal of the Conference, as of all institutions striving for the betterment of the people. Those present were apparently to devote their attention to matters concerning women, to their adequate housing in town and country. It was doubtful, however, how far they could deal with a question of interest to women which was not of equal interest to men.

"The woman's cause is man's; they rise or sink together, dwarfs or godlike, bond or free."

Women, so far, had received less than their rights. That applied to women's interests politically as well as socially. It was just that time and money should be devoted to further the welfare of women who were in the less fortunate ranks of society, for, in general benevolence women had less than their fair share. He was in complete accord with the objects of the Association which had convened the meeting, and he would probably find himself in accord with the machinery by which it was proposed to attain them. If women did not obtain complete justice through this agency it might be hoped they would at least have an instalment.

The Duchess of Marlborough then took the chair, and a hearty vote of thanks for his kindness in opening the Conference was accorded the Lord Mayor, proposed by Mr. Moore Bayley (representing H.R.H. Princess Christian), and seconded by the Rev. James Marchant, who said that the endorsement by the Lord Mayor of the recognition of the moral equality of men and women ordained by the society would stimulate legislative and municipal action. In responding, the Lord Mayor said that if he did not believe *strictly* in the moral equality but in the moral *superiority* of women he should have a poor opinion of the race. He was glad on one point at least to find himself not only in accord with but in advance of the programme of the Association.

The Duchess of Marlborough, who prefaced her remarks by thanking the Lord Mayor for the use of the Guildhall and for the civic recognition thus given to the aims of the Association, said that matters concerning women did not always receive such kindly encouragement.

Her Grace proceeded to say that as it was the first time she had had the pleasure of addressing so many of her fellow workers, she took the oppor-

tunity of thanking them for the honour they had done her in electing her President of the Association. It would be her earnest endeavour to promote its aims, which were just and necessary.

They were met to bring about a higher and more moral standard of life in the young womanhood of the country, and they relied on the truism that health and decent surroundings were necessary factors. They were, therefore, specially concerned with the provision of decent hygienic lodgings for young working girls and women. It was not difficult to imagine the effect which degrading and shameful conditions of life must in a short time exert over a young and frail sensibility. No attempt was at present made to give moral instruction in the schools; this was left to the voluntary agencies.

Criticism was directed against the propaganda of the Association to provide lodging-houses for women on the ground that it tended to destroy home life. She thought that those who spoke so elegantly on this point had not seen the home. When this consisted of one or two rooms for the accommodation of a large grown up family, with the father perhaps a fallen drunkard, the decencies of life were unattainable. Also the lodging homes were intended for those who were homeless—the widow in search of work, the factory girl, the servant in search of a situation. It was unreasonable to expect people who had to live at a low standard of decency and cleanliness to have a high moral standard. The housing question was at the root of social reform.

Lady Maclaren said that a great wave of industrialism had passed over the country, and society had not moved on to meet the new conditions. There was a great need of cheap and suitable lodgings for women. Young girls were migrating from the country to the towns to obtain the means of self-support, but no thought was given as to where and how they were to live, and the need for cheap and sanitary lodgings at a cost within their means was urgent for all grades and ranks of women workers. In some northern towns it was the custom to lock the servants out for the night if they had not returned by 10.30, and the police said that they had no place to which to take these girls for a night's lodging except the police cells. Immoral persons often frequented the common lodging-houses on the look out for young girls. Also in these houses means of washing and especially of washing clothes were most inadequate. People might employ a dirty man, but no one would employ a dirty woman. Municipal lodging houses could be made to pay. In Glasgow they paid 4 per cent.

Mrs. Hylton Dale said that the personal observation of ladies who had disguised themselves as tramps and slept in verminous common lodging houses and casual wards showed that there was an immense lack of accommodation for women of all grades and ages. There were critics who said there was no demand on the part of the women themselves. That might be so, because they were inarticulate.

Mrs. Mary Higgs, of Oldham, who, disguised as a working woman, had penetrated into casual wards and common lodging houses, sent a paper in which she said that the primary necessity of women was a place to live in in safety. The lives of many of our fellow women were full of hardship, nay, of peril. One girl in Sheffield forced to leave her home because her father had thrown boiling water over her was found by the police sheltering in a sewer. A lady who had spent some time in common lodging-houses in London was horrified at what she saw, yet these houses were registered under the London County Council. She could not see that it was right for a municipal register to tacitly cover vice.

Dr. Sykes, M.O.H., St. Paneras, spoke of the need of prevention, and Mrs. Charles Morrison (Liverpool) referred to the evil of sublet rooms—let to men, women, or both, and no questions asked. She said that "If Christianity does not get rid of one-roomed dwellings, one-roomed dwellings will get rid of Christianity." She spoke of the need for inspection of lodging-houses, especially at night, and the obvious impracticability of the women's sleeping quarters being inspected by men. "We need," she said, "city mothers as well as city fathers. The city beautiful must be morally clean and pure, as well as architecturally so."

Miss Beckett gave an interesting account of the work of the Church Army. The Rev. G. Z. Edwards said a week ago he had spent the night locked up in a cell with two other men, who told him in all friendliness he had better look out or in six or eight weeks he would be done for. If this was the case with a man, six hours might accomplish the ruin of a woman.

Mr. F. C. Mackereth spoke of the difficulty of any woman arriving in a town in England late at night of getting into a respectable house unless she had a man with her. "It is," he said, "damnable."

In the afternoon the two principal papers were by Councillor Margaret Ashton, of Manchester, on "Municipal Houses," which she emphasised could be made to pay, and by Mrs. Bramwell Booth on "Private Enterprise." Mrs. Lachlan Mackinnon gave an interesting account of an Aberdeen experiment.

WOMAN LUNACY COMMISSIONER.

When the Lunacy Bill came on for second reading in the House of Lords recently, Lord Courtney of Penwith moved an amendment to the first schedule with the object of giving a discretion to the Lord Chancellor to appoint a woman as a paid as well as an unpaid Commissioner. The Lord Chancellor agreed that it would not be easy to overstate the importance of having women associated with the care of the insane, and he unreservedly assented to the principle of the amendment; but he could not accept the amendment at the present time, this being a bill of a temporary character. We hope that before long Lord Courtney of Penwith's suggestion will be carried into effect.

THE KING REWARDS COURAGE.

On Tuesday (yesterday) the King, at Buckingham Palace, presented the Albert and the Edward medals to a number of recipients, for gallantry in saving life.

Miss Hilda Elizabeth Wolsey, a nurse at Hamwell Asylum, was decorated with the Albert Medal (second class) for saving the life of a patient who had escaped on to the roof, by following her along the narrow guttering 27 feet above the ground, and holding her at great personal risk until assistance was rendered.

Miss Amy Madeline Jacques was similarly honoured for going to the assistance of her brother when he was suddenly attacked and knocked to the ground by a savage bull. His father, who went to his assistance, was tossed, and then the animal again attacked the son. Miss Jacques, seizing the bull by the horns, pulled its head away, but was unable to release her brother. Summoning the help of the woman, she again held the bull while the man dragged her brother, who was insensible, and severely injured, into safety.

Book of the Week.

MRS. THOMPSON.*

The title of this work is comprehensive. From cover to cover Mrs. Thompson looms large. Withdraw Mrs. Thompson and there is nothing left. But she is as admirably capable of sustaining our interest as she was of running Thompson's established 1813. Onward it was an old-fashioned shop, but inwardly its structure had been almost entirely modernised. The mirrors were perhaps overdone. So as Mrs. Thompson ascended the short flight of stairs out of "Bedding, etc.," a pleasant middle-aged woman in stately black, with pendant chateleine, climbed opposing steps to meet her on every landing. A procession of Mrs. Thompsons advancing from "Woolens," another converging column of Mrs. Thompsons from "Crotches and Chintzes," innumerable Mrs. Thompsons shown by the glasses, some looking bigger, some slighter, but all the glasses showing a large bosomed, broad hipped woman of forty-five, with florid colouring and robust deportment, a valiant solid creature, seeming, as indeed she was, well able to carry the burden of the whole shop on her firm shoulders.

As she disappears through the door of communication, we get a picture of her in her private life. Really it was a pity that she had a private life. It was hardly a success, and she was great otherwise. She worshipped her daughter, a decent-looking, fairly attractive young woman, not likely to obtain from the world at large the gaze of admiring satisfaction with which an adoring mother regarded her.

Mrs. Thompson made the mistake of her life when she promoted young Marsden to "Household Crockery," from which exalted position he dared to aspire to her hand and an equal partnership in the business.

* By W. B. Maxwell. (Hutchinson and Co., London.)

We are surprised and disappointed at Mrs. Thompson's easy resignation to the cause, and at her zoning of a man twenty years her junior, whose ambition was patent to everyone but herself. As Mrs. Marsden, her glory as a successful, nay triumphant, business woman gradually departs—

Thompson's established 1813 declines, and its rival, Bene's, once on the verge of bankruptcy, eclipses it. During those twelve slow months, the visible, unmistakable prosperity of Bene had been stupendous.

When her vicious, dissolute husband brought her to apparent ruin, he accepts that which he believes to be the remnant of her fortune in exchange for her freedom.

It is at this moment that she declares "I am Bene's."

She had seen the only means by which she could successfully extricate herself from an impossible situation. Only she could have turned an overwhelming defeat into a transcendent victory.

"Talk about giving women the vote," cried Mr. Prentice noisily. "That woman ought to be Prime Minister."

We should have had no quarrel with Mr. Maxwell if he had chronicled Mrs. Thompson merely as a business woman, but if the humiliation of her married life was necessary for the development of her genius, it could surely have been presented in a less sordid manner.

II. II.

COMING EVENTS.

May 24th to June 7th.—Women's National Health Association of Ireland Health Exhibition, Balls Bridge, Dublin.

May 25th.—The Society for State Registration of Trained Nurses. Ninth Annual Meeting. Mrs. Bedford Fenwick in the chair. Mrs. Kosz will speak on the need for Registration in India. The Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W., 1.30 p.m. Tea by kind invitation of Mrs. Spencer, 2, Portland Place, W., after the meeting.

May 26th.—Meeting of Chelsea Infirmary Nurses' League, the Infirmary, Chelsea. Lecture on District Nursing, illustrated by lantern slides by the Lady Hermione Blackwood.

May 27th.—Meeting of Nurses' Social Union, Aubrey House, Kensington. Address on Nursing in Australia by Miss Amy Hughes.

May 30th.—Catholic Nurses' Guild. Lecture on "Spiritualistic Phenomena and Their Interpretation." Convent of the Visitation, Harrow. Nurse members may bring a friend. 5 p.m.

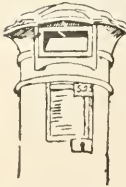
May 30th.—Central Midwives' Board. Special Meeting. Penal Cases. 1.30.

May 30th.—Women Writers' Suffrage League. Annual General Meeting, New Reform Club, 10, Adelphi Terrace, W.C. Chair, Miss Evelyn Sharp, 3.30 p.m.

May 31st and June 1st.—Shoreditch and Bethnal Green District Nursing Association. Sale of Work, 80, Nichols Square, Hackney Road, N.E.

June 17th.—Central Midwives' Board. Examination. London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

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 STATUS OF MENTAL NURSES.

To the Editor of the "British Journal of Nursing."

DEAR EDITOR.—I think many mental nurses will be very indignant at the remarks in a recent issue by the wife of a vicar of 21 years' experience. Though a life governor of one of our largest hospitals, she is evidently very ignorant of the working of asylums. It is well there are more charitable and broader-minded people in the world than some vicars and their wives. If a girl has been a barmaid or unsuccessful servant it does not surely follow that her character is doubtful. I should not (and I have had many years' experience in hospitals and asylums as a Matron) like to say that amongst the many thousands of nurses in general hospitals there are none of doubtful character, or who have been barmaids or unsuccessful servants previously.

A vicar's wife concludes that anyone is considered good enough to nurse a lunatic. I don't think many will agree with her. A barmaid or an unsuccessful scullerymaid may be as easily trained to become a good nurse as the daughter of a clergyman or a nobleman. Certainly amongst the many hundreds of applicants I have dealt with I do not remember a barmaid amongst them. It is a strange coincidence so many should have applied to this vicar for his testimony.

In an asylum, as in any other institution, a girl wishing to enter its service must produce testimonials; no one is accepted without. If her conduct proves good, and if she faithfully obeys the rules of the institution, she is kept and trained. As soon as she enters its service she is called upon to help to promote the welfare of the patients in respect to bodily, mental, and moral needs, and while so doing is certainly entitled to be called a nurse. I admit there may be many who think lightly of nursing the insane, but are there not such in every profession?

An asylum is a place designed solely for the care and treatment of the patients whom it receives, and no *ill* treatment is allowed.

Nursing in general hospitals has progressed during the last few years, and it is progressing in mental hospitals. What the writer states now might have been said with truth 15 or 20 years ago. I think if she were to become acquainted with some of the up-to-date asylums, their patients, and their nurses her assertions would not be so sweeping, nor would she revert to the term *kepo*. One thing, I admit, would improve matters in many institutions if the Matrons entirely dealt with the selection of their staff, but in many cases much difficulty

is caused by the applications being made, in the first place to the Medical Superintendent, and afterwards often dealt with by the Clerk.

Hoping I am not trespassing on too much space.

Yours truly,

A MATRON.

THE CELTIC TEMPERAMENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The constant depreciation of Irish nursing standards by giving the best matronships in Dublin to ladies trained in England, some of whom only hold a two years' certificate, when our best Irish system includes three years' practical work in the wards, has received ventilation in the press, and we have been left unconvinced of the wisdom or justice of our exclusion in spite of interested arguments.

I hear that a paper recently read by one of the English matrons in Dublin has given offence to our countrywomen, and is considered in the worst of taste, but the truth is that temperamentally very few English people are in sympathy with us Celts, and being notoriously lacking in tact they no doubt tread on our toes, quite unintentionally, from the very superior elevation from which they look down on us. Anyway, if we must be dominated by Britishers at least our best-paid posts might be given to women with knowledge of the world. When this has been the case we have managed to agree, and as a proof we warmly appreciate the great work accomplished by Miss Huxley in Ireland.

Yours sincerely,

IRISH TO THE BACKBONE.

NOTICE.

Will "A Health Missioner," whose article on "The Choice of Fit Persons" appeared in *The Midwife* Supplement of our issue of February 18th, kindly send her present address to the Editor.

OUR PRIZE COMPETITIONS FOR JUNE.

June 3rd.—What care should bed-pans and like utensils, also spittoons, receive in order to prevent odour, and insure perfect cleanliness?

June 10th.—Mention some forms of respiration that indicate serious conditions, and describe them.

June 17th.—Describe a curriculum which would qualify a Sister to become an efficient teacher of practical nursing in the wards.

June 24th.—What are the usual causes of hypodermic abscesses?

Notices.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

The Midwife.

An Interesting Case.

Mr. J. Wilson, F.R.C.S., reports in the *Lancet* a case of intussusception in an infant reduced by an air enema as follows:—

The child was a male, and when I first saw it, a week after its birth, was quite up to the average in size and weight for an infant of that age. It was being fed at the breast, and, as the mother told me, was the best child she had ever had, and did not give the least trouble. It had been suddenly seized with pain early that morning and had since been vomiting all its milk. They produced two napkins which were soiled with what looked like blood and stringy mucus. Inquiry elicited the fact that the last proper motion took place the evening previous about 6 p.m., and that the child vomited for the first time shortly after the pain seized it that morning. The child did not seem to be in any great pain when I saw it, but every few minutes it vomited a small quantity of bile-stained fluid. The abdomen was soft and on palpation I failed to discover a tumour of any kind. However, whilst palpating in the right iliac region the child became very restless and began to whimper.

I diagnosed the case as one of intussusception, either ileocaecal or ileocolic, and before leaving I told the mother that it would be possibly necessary to open the abdomen in order to put the child right. When I returned a few hours later the condition of affairs was unchanged; the child still continued to vomit bile-stained fluid at intervals, and although it attempted to suck when put to the breast, the smallest quantity of milk was immediately ejected.

The parents absolutely refused to allow an operation, nor would they allow me to give the baby chloroform. I attempted to reduce the intussusception by means of a warm water enema, but the tenesmus was so great that without an anæsthetic I found this method to be impracticable. I was about to give the case up as hopeless, when I thought I might try the effect of pumping air into the bowel. So I laid the infant upon a pillow in the centre of the kitchen table, and by means of an ordinary Higginson's syringe I pumped in air till the abdomen assumed a distinct fulness. As there was no means of ascertaining whether reduction had taken place or not, I returned the child to its mother and left the house fully convinced that under the circumstances there was very little hope of the child living. Nevertheless, when I called the next day I was agreeably surprised on being told that the child had vomited only once or twice since I left on the previous day, and that most of the milk was being retained. The mother showed me a napkin which had recently been soiled with something very like mæconium. The next day the napkins were stained a

distinct yellow, and the child had ceased to vomit. It is now about five months old and looks quite healthy and contented. I do not know if intussusception has been reduced by an air enema before, but on this occasion I think the end quite justified the means.

The Central Midwives Board.

A Meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, May 18th, Sir Francis Champneys in the chair.

CORRESPONDENCE.

A letter was read from a firm of solicitors at Bristol, asking the Board to reconsider their decision not to admit a woman to the Roll who had made application during the extended period of grace, and had been refused. She had since been summoned for practising midwifery without being certified. Her solicitors supported their application by a petition signed by local people, and stated that there were only four midwives in the parish in which the woman resided, and two of them were over 70 and in receipt of old age pensions. The Chairman said that the Board had carefully considered the circumstances before arriving at their decision. It was agreed to reply that the Board had now no power to add further names of midwives in practice before 1905 to the Roll on that ground, as the period of grace expired on September 30th.

REPORT OF STANDING COMMITTEE.

The Board, on the recommendation of the Standing Committee, accepted alterations suggested in the revised rules by the Clerk of the Council, the Chairman having informed it that they were merely drafting alterations.

The Board considered a letter from the Inspector of Midwives of the County Borough of Hull, as to the difficulties experienced by midwives in obtaining medical help in cases of emergency, and decided to reply in connection with it that the midwife is not responsible to the Guardians; but to the Local Supervising Authority, and to the Board.

A letter was read from the Clerk of the Council transmitting for the observations of the Board a letter with enclosures addressed by Mr. Harold Baker, M.P., to the President of the Local Government Board, in regard to the case of Annie Ireland, late No. 4107, whose name was removed from the Midwives' Roll on March 30th, 1911.

The Secretary was directed to communicate the facts of the case to the Privy Council.

The Secretary reported that on counting up the papers written at the Examination of April 25th it was found that one paper was missing. The candidate nevertheless declared that she had handed in her paper and in the circumstances the Chair-

man had directed that she should be given the opportunity of writing another paper. The candidate attended accordingly at the Board Room on April 28th for the purpose of writing a paper already selected by the Chairman, between the hours of 2 and 5 p.m. At 2.30 she was found to have on her lap an open copy of the Rules of the Board and an open copy of a text book on midwifery. He (the Secretary) had accordingly directed her to leave the offices of the Board, and had informed her that she would not be admitted to the oral examination on May 1st. His action was subsequently confirmed by the Chairman.

A letter was read from the lady Hon. Secretary of the institution which prepared the candidate, who had received her training by means of a county education grant. This lady thanked the Board for giving the candidate an opportunity of writing another paper, and regretted the circumstances detailed above. She hoped the Board would take a lenient view, as she thought the candidate's conduct due to dullness rather than deceitfulness. Her superintendent spoke well of her general suitability and practical work, and Miss Hughes and Miss Twining were of opinion that these slower women settle down in country districts better than more ambitious nurses.

The Standing Committee recommended that the candidate be not admitted to any examination of the Board previous to that of June, 1912.

The Chairman said that the writer of the letter appeared to wish to substitute a certificate of extreme stupidity for one of moral character, the case was an aggravated one, it was improbable that the candidate's original statement was correct, papers did not get lost.

Sir George Fordham suggested June, 1913, as an alternative date. It was a case of serious fraud, and he questioned the advisability of re-admitting the candidate to examination at all. If she had proved so untrustworthy in the present instance her trustworthiness in her work in future was doubtful.

The Committee's recommendation was adopted, and it was decided further that the candidate be required to present a fresh schedule before entering for any future examination, and that the persons signing her certificates of moral character be previously approved by the Board.

APPLICATIONS.

Applications from five midwives for the removal of their names from the Roll were granted.

The application of Dr. James Adams, F.R.C.S., for approval as a teacher was granted.

The applications of the following midwives for approval to sign Forms III. and IV. were also granted:—Catherine Wilhelmina Mary Campbell (No. 4056), Neta Winifred Mackintosh (No. 24591), Mary Langham Muriel (No. 9780), Anna Violet Thurstan (No. 27631), Edith Minnie Walton (No. 27836). The following application was granted *pro hac vice*:—Annie Helen Hamilton Jones (No. 24571).

The next meeting of the Board was fixed for June 15th.

THE NEXT EXAMINATIONS.

The next examinations of the Central Midwives' Board will be held on June 14th in London, at the Examination Hall, Victoria Embankment, W.C., in Birmingham, Bristol, and Leeds, at the University, in Manchester at Victoria University, at Newcastle-on-Tyne at the University of Durham College of Medicine. The Oral Examination follows a few days later in each case.

The Rural Midwives Association.

Lord Clifford of Chudleigh presided at the eighth Annual Meeting of the Rural Midwives' Association, held by invitation at 3, Grosvenor Place, on Monday last, at which many friends and well-wishers of the Society are present, and spoke of the useful work done by the Association and its efforts to bring about an amendment of the Midwives' Act in certain directions. The adoption of the report was moved by Mrs. Charles Hobhouse, and seconded by Mr. Francis Freemantle, M.O.H. for Hertfordshire, and after its adoption Mrs. Debell, Hon. Secretary of the Marylebone Branch Health Society, read a paper on the provision of homes and training for mothers.

The objects of the Association are to train midwives for work in rural districts, to investigate the need for midwives in various localities, and to work with local authorities in the matter of supplying midwives in the country.

The National Society of Day Nurseries.

The Hon. Eustace Fiennes, M.P., presided at the annual meeting of the National Society of Day Nurseries, at 35, Chesham Place, on Monday last, when it was announced that thirteen additional crèches had been affiliated to the Society, and that the efficiency of the crèches since the opening of the year has been well maintained. It was also reported that the Executive Committee had under consideration a scheme for training school children in the proper care of children in connection with the affiliated crèches. The Acting Hon. Treasurer, Mr. S. F. Hoffmann-Goldsmid presented the financial report, which showed that the income had failed to meet the expenditure by £131. Mr. Hoffmann-Goldsmid asked those who were unable to give pecuniary help to give cast-off clothes and toys, and the Chairman said that the Society was doing work which in some countries was not left to voluntary effort, but was under State control.

Uncertified Midwives.

The Lancashire County Council instituted proceedings at the Roxton Police Court on May 17th, against Jane Stevenson, 134, Middleton Road, Roxton, and Fanny Blomley, 263, Middleton Road, Roxton, for practising as midwives although not certified under the Midwives' Act. In each case a fine of 10s. and costs was imposed.

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XLVI

Editorial.

THE ENDOWMENT OF WOMEN'S EDUCATION.

It is an auspicious indication of the interest of the Queen in women's education that her Coronation Year is to be marked by the inauguration of a scheme for the endowment of home science in connection with King's College for Women, University of London, and that on her Majesty's Birthday, May 26th, the announcement should be made of the foundation of an institution, to be called "Queen Mary's Hostel," as a residence for women students and their practical training in the domestic arts, by means of which it is proposed to foster a sounder knowledge of the laws which govern health, sanitation, and household economy. The promoters of the scheme believe that by insuring that "in the future every girl's education shall include some knowledge of the science which affects her home problems, and some practice of the domestic arts, the whole standard of home life would be raised, and trained experience substituted for instinct and tradition, which have hitherto been the chief guides for mothers."

The *Times*, commenting on the scheme, remarks, "if the nation is to hold its own in the world, it must seriously set itself to do what the rest of the world is doing—in many cases much more strenuously than we have yet learnt to do—to substitute organised knowledge for instinct, tradition, and the rule of thumb in all departments of human activity. If we cannot school ourselves to do this—to make as good a use in the coming time of the rule of knowledge as we made of the rule of thumb in the days when there was no rule of knowledge to guide us—we shall assuredly find ourselves

worsted in the long run in the industrial struggle for existence."

Briefly then, for the details of the scheme have received wide publicity in the daily press, it is the outcome of the desire to mitigate the present gigantic waste in infant life, and the loss to the nation by preventable disease due to ignorance—in these matters, trained nurses play an important part, and the scheme has therefore a special interest for them. More and more their skilled work is requisitioned in social service of this nature, and the means whereby they may best qualify themselves to respond to the demand made upon them has engaged their serious consideration.

To give effect to the above ideas, it was necessary for a University to open its doors to special courses for training women in the study of the science of the household, and thus ensure for our schools a continual supply of teachers trained to impart the knowledge on which the necessary reforms must be based.

King's College for Women has made a most successful start, but adequate endowment is needed, as no University courses are self-supporting in this country, and the cost of first class teaching cannot be met out of fees alone. It is therefore necessary to raise the sum of £100,000—£20,000 to provide a hostel for the practical training in domestic arts, and as a residence for women students, £20,000 for building and equipping laboratories, and £60,000 for the endowments of salaries for professors and lecturers.

Already two generous donors have come forward, one to provide the funds for Queen Mary's Hostel, the other for the laboratories, and, in addition, £10,000 have been subscribed towards the £60,000 required for the endowment of professorships and

lectureships in such subjects as Chemistry, Hygiene, Physiology, and Economics.

Knowledge is the golden key with which men open the avenues to success, and by the endowment of universities and educational courses the opportunities of acquiring it have been liberally opened to them. The same key in the hands of women will be no less potent for good.

Now that the necessity of the endowments of Colleges for Women for the teaching of domestic science has been realised, we hope that someone will discover the need for endowing a College of Nursing.

Medical Matters.

DIMINUTION OF ENTERIC FEVER IN INDIA.

The Report of the Sanitary Commissioner with the Government of India for 1909, published by the *Lancet*, gives some interesting details as to the measures directed against enteric fever, concerning which we read:—The diminution in enteric prevalence has been manifest all over India; in 1908 there were 11 stations in which admission-rates of over 30 per 1,000 from this cause were recorded; in 1909 not a single station (except the enteric convalescent dépôt at Naini Tal) had such a high rate as this, Benares showing the highest prevalence of 28.3 per 1,000. Meerut and Lucknow each had 56 cases; Rawal Pindi had only 21 cases, compared with 93 in 1908; and Secunderabad 20 compared with 80. The Sanitary Commissioner relates briefly the history of the measures that have been undertaken within the last few years to bring about this amelioration. As far back as 1905 arrangements had been made for a medical officer to visit the scene of Koch's successful antityphoid campaign in South-West Germany; in that year Captain E. D. W. Greig, I.M.S., was deputed for this purpose and studied Koch's methods on the spot. In 1906 the subject was taken up at the Central Research Institute at Kasauli, under the direction of Lieutenant-Colonel (now Sir D.) Semple; and in the same year a standing committee on enteric fever was appointed, presided over by the principal Medical Officer I.M.'s Forces in India. Four principal administrative measures were recommended:—(1) Enteric convalescents to be isolated away from other troops at some suitable hill station, and their excreta to be systematically examined to determine when they become free from infectivity; (2) all troops engaged in the handling of food, as cooks, mess

servants, men employed in regimental dairies and soda-water factories, to be medically examined as to their freedom from typhoid infection — no enteric convalescent to be employed in any such duty; (3) orderlies nursing enteric patients to be inoculated, and not to attend on other patients; and (4) as the employment of soldiers of combatant units for the nursing of typhoid patients is dangerous to their comrades, with whom they mix freely in the intervals between their nursing duties, and as some of these nursing orderlies had been found to be typhoid carriers, it was considered that a special corps of male nurses should be constituted as soon as possible. Upon these lines a very effective anti-typhoid campaign has been carried out. A convalescent dépôt for typhoid patients was opened at Naini Tal in April, 1908, from which date until the end of 1909 (the year under review) 655 men were received and treated; 550 underwent bacteriological examinations necessary for the detection of carriers; of these, six were discovered in 1908 and seven in 1909. A second convalescent dépôt was opened at Wellington for the Southern Command in June, 1909; here 123 men were dealt with, of whom 64 underwent complete bacteriological examination; one man was found to be an intermittent chronic carrier. At these dépôts all convalescents are kept for more than four months; even if no bacillus carrier was detected the removal of the enteric convalescents from their stations, and their segregation where they cannot be a danger to others, would fully justify the establishment of the dépôts. Moreover, it is the best treatment for the men themselves, and materially diminishes the cost of invaliding to England. The second and third recommendations, as to thorough examination of all men who are concerned in the handling of food for troops and the employment of special orderlies for enteric patients, are being fully carried out. The recommendation as to formation of a special corps of nurses has not yet been adopted, as the teaching now given to the nursing orderlies, and the stringent rules as to disinfection, are considered to have minimised the danger referred to.

ANTI-TYPHOID INOCULATION.

Two further preventive measures have been undertaken. Instead of waiting until the patients feel ill enough to go to hospital, frequent inspections have been held with a view to finding out enteric cases in an early stage of their illness. The other preventive measure has been anti-typhoid inoculation. During 1909 this has been extended in a most satisfactory manner, and the measure may be considered to have been a popular one.

The Care and Management of the Insane.

A most useful book which is not so well known as it deserves to be by nurses trained in general hospitals is the "Handbook for Attendants on the Insane," published by the authority of the Medical-Psychological Association, for there is much in it which is useful to all nurses to know.

To quote in part from the instruction given as to the care and management of the mental condition of the patient, we read as follows:— It is very important to consider how far, and to what extent, an insane person differs from a sane individual. Formerly it was the universal custom, and it is not uncommon even nowadays, to lock up a person who becomes insane as having entered an entirely separate division of humanity, incapable of being trusted, and a subject of wonder if he retains any signs of intelligence or orderliness. Now, of course, we know that this is mostly wrong; an insane person is a sane person gone wrong in his mind, more or less. In only one respect does he differ essentially from his former self—he becomes non-responsible. In all other matters we should try to deal with him as an ordinary man, as far as his illness will permit. At first, of course, until some idea of the case is formed, it is necessary to be on guard against possibilities.

On taking charge of him the attendant should at once try to obtain his confidence by kindness and sympathy of manner, by watching over his comfort, and by explaining the misapprehensions which so commonly exist in the minds of the insane. In this way his ideas and feelings, the character of his delusions, and the probable nature of his conduct may be learned. The attendant will then be better able to guide and control him in a suitable manner. An attendant will do the same in taking charge of any case, recent or chronic, which is unknown to him, and in both it will probably be found that the treatment of a patient as a *reasonable being*, as far as may be, will make the management of him easier. . . . If he finds a real friend—unexpectedly, perhaps—in his attendant, he will probably be only too glad to lean on him for advice and assistance to the benefit of all concerned.

It does not require a long residence in the asylum ward to discover a leading fact which works against recovery or real improvement. In almost every case an insane person is an *intensely selfish man*. It is not meant that he necessarily wants to have more than his neighbours of food, space, and comfort. But *self* is

his only study, all his thoughts, feelings, and actions are judged by his own conditions. It comes about in this way. The first instinct of man is to live and have his being, and for this end he studies his own interests only. To that first instinct are added others of a finer nature, with higher desires and wider feelings, each adding lifting him higher above the mere animal. The last and finest of these are a desire to do good to others, affection for friends, and reliance on religion. When the brain storm comes these last additions go by the board, self is raised above others, friends are forgotten and unloved for, and though there may be prating about lost souls, etc., true personal religion is not found even, perhaps, where once it stood most strongly. The unfortunate man is driven in on himself; he can only ponder over himself and his grievances; and unless relief is brought to take his mind on to brighter and better subjects, he can but go from bad to worse. It may be said that the majority of the old chronic patients who line the walls of a ward, silent, surly, and resistive, have gone through these stages.

It must be obvious that the best remedy, the best means to cut short downward progress, is occupation, both mental and physical, which acts by substituting a worthier subject than self for thought. That is where a skilled attendant can do so much towards restoration. When the right time comes he will find means or opportunity, for instance, for the patient to give him a little help, or perhaps to get him to take charge of some trifling matter that will flatter him; or he may get him to give a helping hand with some other sufferer, thus encouraging a feeling of responsible usefulness, and leading him to think of others.

One of the great difficulties in the daily life of the ward is the dealing with the false ideas of patients. These include delusions, illusions, and hallucinations. The treatment of them must mostly depend on their own nature, as well as on the character of the patient and his illness. It is of no use discussing them with veritably obstinate men, nor with one who states his delusions to start an argument, or perhaps to pick a quarrel. So, too, with patients who have nourished a fixed delusion for years discussion is hopeless.

But on the other hand it is not right to say that an attendant shall never argue about delusions with any of his patients. One of them may look to him as his best friend, and, in fact, the attendant may be the only one who gets a favourable opportunity of saying the right thing at the right moment. When then a "sensible" patient appeals to him for aid can he send him away with flat denial, with no attempt to explain his difficulties?

The case is made much more difficult when *hallucinations* are present. In but very few of these cases can any good be done. When the hallucinations occur in acute insanity, as they so often do, there is but little opportunity of talking about them; they are part of the attack, and often go as the attack passes away, or remain when recovery does not take place. On the other hand the hallucinations often mark a further stage in such cases as described above, where a man is driven in on himself; and they are quite incurable, not only from the lapse of time, but because they almost invariably confirm the patient in his unhappy, miserable ideas, centring in himself. Still, if a patient asks in a right sort of way for any explanation that the attendant can give him from his experience, the best thing to say is that the brain plays queer tricks with people, & allows happy, funny, sad, and all kinds of memories to come into one's mind without any apparent reason, and in the same way it allows old memories of voices once heard to come back unbidden. This is reasonably near the truth, and it may serve to start a beneficial doubt; at all events it saves the need to give the only other explanation—that the patient is downright out of his mind.

It will be seen from the foregoing that the book is of great use, not only to those who have the care of the insane, but to private nurses who have charge of those difficult border-line patients who are so often classified as nerve cases. Beside which, as it may happen that a patient suffering from an ordinary disease may be found to have a mental taint, it behoves all nurses to know something of the care of the insane.

Scottish Matrons' Association.

The quarterly meeting was held in the Board-room of the Western Infirmary, Glasgow, on Saturday, the 20th inst. The President occupied the chair. Forty-one members were present. Four new members were elected. At the close of the meeting an opportunity was given the members to visit the new wing of the Infirmary, and the Nurses' Home. Afterwards Miss Gregory Smith (Matron) entertained the visitors to tea.

How time flies! Miss M. S. Rundle, the Isla Stewart Scholar, has completed her year's college course in New York, and has started on the return journey. Miss Rundle has planned to come home by the delightful St. Lawrence River trip, passing the lovely Thousand Isles and the rapids.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Cambridge Street, Warwick Square, S.W., for her article printed below on the question:—

HOW WOULD YOU PREPARE (1) THE ROOM (2) THE BED, (3) THE PATIENT FOR A CONFINEMENT CASE?

Although there is not always time to make any extensive preparations before labour, a nurse will do well to approach the ideal of asepsis as nearly as she can.

1. The room should be of fair size, and capable of getting plenty of fresh air and sunshine. If possible, it should be thoroughly cleaned from ceiling to floor, and all the woodwork, etc., dusted over with a duster wrung out in hydrag. perchl. mercury 1-1000. A piece of linoleum or a druggist should surround the floor near the bed to protect the carpet from stains. A fire should be burning.

2. The bed should preferably be a single one, and should consist of a moderately firm mattress on a wire spring. The mattress should be covered with a mackintosh, a blanket and sheet should be spread over this in the ordinary way. A smaller mackintosh covered with a draw sheet should be placed over the bottom sheet to reach from the shoulders to the knees of the patient, and prevent soiling of the bed. A pillow, bolster, top sheet, and blanket complete the bedclothes. A hard pillow or small footstool should be within reach for the woman to press her feet against.

3. The patient should be given an enema of soap and water at a temperature of 105 degs. Fahr. After it has acted she should have a warm bath and be put into a clean nightgown, clean petticoat (or labour skirt), clean white stockings, and clean dressing jacket. The nightgown should be pinned up above the waist. It will be more comfortable if the patient has her hair done in two plaits. The nurse must thoroughly wash the vulva and surrounding parts with soap and water, dry them, and rewash them with hydrag. perchl. mer. 1-2000. A sterile towel should be put on until the discharges become extensive, when it is better to remove it and keep the parts antiseptically swabbed, removing all mucus, faeces, etc., and keeping the patient absolutely clean. Douches should not be given unless there is a vaginal discharge, or unless ordered by the medical man in attendance.

We highly commend the papers by Miss M. W. Foster, Miss Emily Bleazby, Miss O'Brien,

Mrs. E. F. Mookes, Miss G. Gibson, Miss L. Fosyth, Miss K. E. Denny, and Miss F. Sheppard.

Miss M. Atkinson writes that the bed should be placed in such a position that when the patient lying upon it is on her left side the edge to which her back is turned is easily accessible to the attendant.

Mrs. Mookes says.—Attend to your own hands, see that they are perfectly clean, scrub for ten minutes with soap and water, then soak them in antiseptic solution, taking care never to touch your patient except with perfectly clean hands, doing everything in the quietest and quickest manner possible. Never ask a patient what to do. Do your duty—you know it.

Miss Bleazby states.—In preparing the room for a confinement case the main objects which we desire to attain are: (1) perfect cleanliness—i.e., as great an absence of germs as possible, thus lessening the risk of sepsis to the patient; (2) the absence of an unnecessary quantity of furniture and knick-knacks, so that there may be plenty of room to move about and attend to the patient, and space to lay down the things necessary for use. (3) A good light.

Miss M. W. Foster, describing the labour bed, says:—Make the bed up with clean bottom sheet, pillow cases, draw sheet pinned with four safety pins to the sides of the bed. Over this put a full sized piece of mackintosh sheeting, cover with a sheet, and pin to the bed the same as before. Then make the bed in the ordinary way. Roll the top bedclothes down to the foot of the bed, having two extra blankets to cover the patient during labour. Fix a roller towel to the rail at the foot of the bed for the patient to pull on. After all is over remove the top draw sheet and mackintosh, and loose blankets, and place the top bedclothes, which are ready at the foot of the bed, over the patient.

Miss K. E. Denny points out that the first essential in preparing a room for a confinement case is its cleanliness. With this in view it is best to have only a few pictures and ornaments, and to cover the floor with linoleum, so that each day it can easily be wiped over with a damp cloth, thus insuring the absence of fluff and dust.

QUESTION FOR THIS WEEK

What care should be taken of bed-pans and like utensils, also spittoons, in order to prevent odour, and insure perfect cleanliness?

Rules for competing for this competition will be found on page xii.

The Society for the State Registration of Trained Nurses.

THE ANNUAL MEETING.

The Ninth Annual Meeting of the Society for the State Registration of Trained Nurses was held at the Medical Society's Rooms, 11, Chandos Street, W., on Thursday, May 25th, Mrs. Bedford Fenwick, President, being in the chair. There was a good attendance of members.

THE PRESIDENT'S ADDRESS.

The minutes of the last meeting having been read and confirmed, the President delivered the following address:—

NURSING ECONOMICS.

The optimistic temperament prefers to anticipate and look forward to success rather than to live either in the past or the present, but as it is from what we have accomplished in the past that we can gauge our success in the future, I propose to touch to-day on the economic condition of nursing, which is the crux of every question where legislation is concerned. It is close on a quarter of a century since the trained nurses in this country realised the necessity for professional organisation, and a few ardent spirits met together to discuss the question. Few of them realised—and it was lucky they did not—the almost insurmountable difficulties in the path which led to economic independence for a class of women workers than whom at that time no class was more dependent.

We may as well own the fact that from the moment the nurses attempted to co-operate to better their condition, all the forces of privilege and prejudice were let loose, and determinedly ranged against any attempt upon the part of the workers to think and act for themselves.

This is the land of commerce, and as a nation of shopkeepers it is useless to ignore its significance. We have in our struggle learned the simple lesson—that it is not safe, it is not compatible with either physical or spiritual evolution, that one human being should be at the mercy of another; and that hunger—common physical hunger, is the arbiter of human destiny. This is the rude, elementary, natural, somewhat brutalising law which compels the weak to demand the protection of the strong, and by the strong I allude to that corporate power comprised in the three estates of the Realm empowered to govern.

There is no moral influence strong enough to enforce just conditions of life for the weak in this Christian country. Human beings still

starve and rot in hovels day by day, and are sweated unto death so that others may, with twinkling feet, walk delicately.

Thus it comes that to organise the members of any profession or trade the law must be invoked and all the powerful social influences, when unlashel in opposition, must be with almost superhuman determination and energy fought step by step.

A quarter of a century ago the pioneers of nursing reform were young and trustful beings. They demanded justice, and, of course, their demand would be at once conceded! Political economy was a science they had yet to study, and its laws were to be acquired by some very unpleasant lessons.

"Think of our sweetly ingenuous demands! How child-like and bland!" "Please, Mr. Hospital Autocrat," we said, "we think we could help you concerning our own affairs. Only

'The toad beneath the harrow knows,
Exactly where each tooth-print goes.'

"We are the people who have laboured interminable hours in the service of the sick. We have swept and garnished your dirty wards and reduced mortality to a minimum. We have slept in stuffy tenements, and from our scanty salaries supplemented your supper of one sardine. Our brothers the healers, hustling and impatient persons, are soaring away into realms of asepticism and demanding expert service from breathless and unministered Pros. We must soar with them.

"We only require a few such simple things.

"We only want liberty of conscience and speech and press; free exercise for our mental faculties, so that we may evolve a sound system of professional education. We want to become expert workers; we want the State, of which we form part, to recognise us as such. We want legal status and power to protect our cloth.

"We only want to be self-respecting, self-supporting human beings, with the power to do our duty in that state of life to which we have been called by God."

What ingenuous prattle!

As if these demands did not comprise the sum total of human grace!

Cannot you see Mr. Hospital Autocrat smile—and then grow purple in the face?

Anyway, the struggle for the State Registration of Nurses has taught us many truths. One, that there is money in unorganised labour for those who manipulate that labour. We were cheap; efficient education would cost money; the hall-mark of legal status would raise our price, and that the managers of the largest and richest charitable institutions combined to prevent. For a quarter of a century they have treated our just demands with

unscrupulous opposition, and it is this lack of generosity which has convinced us that no class of worker is safe until protected by legislation; that to leave nurses to the mercy of even the most altruistic *avvogel* may result in bleached bones.

Now the members of this Society thoroughly realise the conomic situation.

For just here duty steps in. We are associated together not only for our own protection but primarily for the protection of the sick we serve, and we are determined to have the educational and economic condition of our profession placed upon a thoroughly sound basis, to enable us to do our duty. And there are signs that this most discreditable struggle between the weak and strong, between right and wrong, will at no distant date result in victory for us. Recollect what difficulties we have overcome in the past, and what enormous progress the organisation of nursing has made all over the world.

Let us give credit first to conscience, whose divine inspiration no temporal power can control. It was conscience which inspired the professional press, through which the nurses of the world have become articulate. We may congratulate ourselves that it was from this land that the first message went forth in print—the teaching of Florence Nightingale—followed by the *Little Nursing Record*—now the *BRITISH JOURNAL OF NURSING*—which first awakened the nurses of the world to action, so that in every land the nurses now have their organisations and their professional press—and many have legal status. What bogies of prejudice have been tilted at at the point of the pen, and overthrown! And now in this country, year by year, thoughtful men and women are in increasing numbers associating themselves together to urge the Government to give time for the Bill for the State Organisation of Trained Nursing, so indispensable an adjunct to progressive medicine, a demand which cannot now be long refused.

But a long and strong pull is now demanded; energy, personal service, money—we want as much of each as you can possibly give. It all means self-sacrifice, but our profession is founded on that. Don't be content to look on whilst a few labour to breaking point. Don't let England be the very last land to grant recognition to its band of devoted nurses and protection to the sick, and if we don't hurry up this will be the invidious result of our dependent economic condition. Let us make up our minds that one more annual meeting—making a round decade of meetings—shall be our last, and that it shall be held next year for the purpose of proclaiming that our Bill has become law.

THE ANNUAL REPORT AND AUDITED ACCOUNTS.

The President then called on Miss M. Brey, Hon. Secretary, to present the Annual Report and Financial Statement.

The Report stated that the wisdom of the action taken by the Society in initiating negotiations with Societies supporting the principle of State Registration of Trained Nurses, which resulted in their uniting their influence in support of one Bill, through a Central Committee, had been abundantly justified.

One hundred and eighty new members had joined the Society during the last year, making a total of 3,027 since its foundation, an increase of 55 on the previous year, which was the more satisfactory since Scotland and Ireland had now their own societies, actively working to promote State Registration of Nurses. Reference was also made to the subject of reciprocal training in connection with infectious nursing, and it was pointed out that under Clause 12 of Mr. Munro Ferguson's Bill, which provides that the course of training prescribed by the Council may be passed through "in the wards of a hospital, or of hospitals, approved by the Council," the principle of reciprocal training was definitely and deliberately introduced into the Bill.

The Fever Nurses' Association, as notified in their Annual Report, nevertheless desired "to provide against the possibility that a Council set up by the Bill might refuse to let hospitals adopt reciprocal training if they desired to do so," and obtained counsel's opinion on this point, which was "to the effect that it was open to the Council instituted by the Bill to refuse to permit reciprocal training if it so desired." The Executive Committee of that Association were therefore desirous to obtain the insertion of a clause in the Bill dealing with the question of reciprocal training.

NEED FOR A DEFINITE STANDARD OF NURSING EDUCATION.

The need for the adoption of a definite standard of nursing education, and its protection by the State, had been forcibly brought home to nurses and the public, during the past year, by the action of the Governors of St. Bartholomew's Hospital, who, for over a quarter of a century, had required their probationers to have three years' training in the wards of the hospital before certification, but who, ignoring their own standard, appointed to the vacant Matronship a candidate holding the inferior qualification of two years' training in the wards of the London Hospital. Such a disregard of accepted standards would have been impossible in making an appointment to the medical staff, as the General Medical Council enforces definite standards of medical education. It was essential in the public interest that an analogous method should be adopted in the case of the nursing profession.

VEXATIOUS LEGISLATION.

The attention of the members was drawn to the danger to nurses of the introduction of clauses vitally affecting their interests into the private Bills of Corporations (as exemplified in the "London County Council General Powers Act, 1910"), which might become law without their knowledge

that such legislation was contemplated, and without their possessing power to influence legislation affecting thousands of trained nurses personally and financially.

The Section of the L.C.C. Act "to provide for the licensing of Employment Agencies," which was inserted between sections dealing with the smoke nuisance and the acquisition of lands by the Camberwell Council, brought within its scope Associations of private nurses formed for their mutual benefit, and put these highly skilled professional workers under the supervision of unprofessional officials acting for the licensing authority, who had the right to enter the premises of persons holding licences "at all reasonable times," and to inspect their premises and books. While the professional "Agent" who strove to secure for nurses just remuneration for their work was liable to this supervision, employers, including the Committees of charitable institutions, were exempt. These might, and did, receive the fees earned by nurses, paying them salaries from which fifty per cent. of their earnings was a very usual deduction.

The effect of the Act had been to place a premium upon the sweating of nursing labour by making it impossible for the workers to co-operate.

The points with which the Society was specially concerned were (1) the lack of the enforcement of any standard of professional knowledge for those supplying persons purporting to be trained nurses to the public; (2) that they could carry on this business under the authority of the London County Council, without giving any guarantee that the nurses they supplied had received the training, and acquired the skill, necessary to make them safe attendants on the sick. This afforded one more proof of the necessity for a system of Registration of Trained Nurses under a professional body appointed by the State.

REGISTRATION OUTSIDE THE UNITED KINGDOM.

It was also stated that in New South Wales a Nurses' Registration Act would probably become law this year, and that during the last twelve months such Acts had become law in 5 more of the United States of America, bringing the number of States in which registration of nurses is now in force up to 29, and that all these Acts had been passed during the eight years in which the Nurses' Registration Bill had been before the House of Commons in this country, but had been persistently blocked at the instigation of a small clique of hospital authorities in London hospitals, who feared "State interference" with their present unrestricted powers.

The report concluded by expressing the opinion that there was no doubt the House of Commons was in favour of such legislation, and that if the Nurses' Registration Bill was accorded time for a second reading that it would have as favourable a reception as it had in the House of Lords in 1908.

THE EXECUTIVE COMMITTEE.

The Executive Committee, with the addition of Miss Beatrice Cutler, were then re-elected to serve for the coming year.

VICE-PRESIDENTS.

The following ladies were unanimously added to the list of Vice-Presidents:—Mrs. Walter Spencer,

Miss L. V. Houghton, Matron, Guy's Hospital, Miss Cutler, Assistant Matron, St. Bartholomew's Hospital, Miss E. M. Musson, Matron, General Hospital, Birmingham, and Miss A. Smith, Matron, Kingston Infirmary.

THE FINANCIAL STATEMENT.

The Financial Statement showed a balance of £45 16s. 11d. in hand, which the President pointed out might be increased if all members who were annual subscribers sent the shilling subscription promptly.

Mrs. Bedford Fewwick also reminded the members that the passage of the Bill through the House of Lords had cost £100, and that for the last 25 years nurses had been paying to promote this reform of national importance. To get the Bill through the House of Commons it would certainly be necessary to call for a similar sum, and the nurses would again pay. Their opponents were rich men, but they did not put their hands into their own pockets to finance this industrial battle. The Central Hospital Council for London, which was the active opponent of Nurses' Registration, had taken power to defray its expenses by annual contributions from the constituent hospitals. That was to say, out of money subscribed by the charitable public for the relief of the sick poor.

RESOLUTION.

The following Resolution, proposed by Miss Beatrice Kent, and seconded by Mrs. Shuter, was carried unanimously:—

"That the Ninth Annual Meeting of the Society for the State Registration of Trained Nurses notes with regret that the Government have not yet granted facilities for the discussion of the Nurses' Registration Bill, now for the ninth time before the House of Commons, and would most earnestly plead that effect should be given, at the earliest possible date, to the unanimous recommendation of the Select Committee on Registration of Nurses (1905), that it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State."

"This Society begs to draw the attention of the Government to the fact that the Nurses' Registration Bill is now supported by the following medical and nursing societies, representing a united membership of 30,000 registered medical practitioners and trained nurses, resident in every quarter of the United Kingdom:—The British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Scottish Nurses' Association, the Association for the Promotion of Registration of Nurses in Scotland, and the Irish Nurses' Association."

"Further, that the opposition to the organisation of trained nursing by the State emanates from a few hospital governors and officials, and from the medical and nursing staffs under their control, and not from any organised associations of either medical practitioners or nurses."

"Further, that State Registration of Trained Nurses is already in force in the South African

States of Cape Colony, Natal, and the Transvaal; in New Zealand; in 29 of the United States of America; in the German Empire; and in Belgium. That during the last year Bills for the State Registration of Nurses have been drafted in every State of the Commonwealth of Australia, and in the Province of Ontario in the Dominion of Canada, and it is imperatively necessary for the welfare of the sick in this country, and for the trained nurses who serve them, that a minimum standard of nursing education shall at an early date be enforced by Act of Parliament, so as to enable these indispensable workers to give a guarantee of efficiency to the public, and to avail themselves of a system of reciprocity, in the exercise of their profession, in Dominions beyond the seas."

In proposing the Resolution, Miss Kent said that she failed to understand the object of a Select Committee, unless it was to form public opinion. The Select Committee on Nurses' Registration had taken an immense amount of evidence, and in 1905 presented a unanimous report in its favour. The next step was naturally that facilities should be granted for the Bill. Nothing else was reasonable and logical. She supposed we were "to wait and see." We had waited, but we did not see. Nurses could help on the Registration movement by talking about it. If they were good registrationists they would also support and subscribe for the BRITISH JOURNAL OF NURSING, the official organ of their Society, and induce others to do the same. It was a journal to be proud of. Briefly, Registration would be both a protection to nurses, and a safeguard for the sick public against fraudulent nurses. Three words might form the watchword of its advocates. Aspiration, articulation, co-operation.

Mrs. Shuter seconded the resolution, which was passed unanimously.

The President then proposed from the chair that a copy of the Resolution should be sent to every member of the Government, asking that facilities might be given to Mr. Munro Ferguson's Bill. The only people who were listened to were those who were pertinacious. Nurses had waited in patience for long, but their patience was becoming exhausted. They must have public meetings and plain speaking, and bring their opponents to the bar of public opinion as they had already brought them before the Select Committee of the House of Commons, and the House of Lords. Pseudo philanthropists could no longer be permitted to block this reform.

THE NEED FOR STATE REGISTRATION IN INDIA.

Mrs. W. H. Klosz, R.N., Editor of *The Nursing Journal of India*, then presented a most interesting paper on Nursing in India, which we hope to publish in full next week.

After a vote of thanks to the chair, proposed by Mrs. Maxwell St. John, R.R.C., the majority of those present accepted the kind invitation of Mrs. Walter Spencer to tea at 2, Portland Place, where as usual they received a most kind and hospitable welcome.

M. BREAY,
Hon. Secretary.

The Colonial Nursing Association.

The annual meeting of the Colonial Nursing Association was held on May 25th, at 3, Grosvenor Place (by kind permission of Mr and Lady Esther Smith), H.R.H. Princess Henry of Battenberg honoured the meeting with her presence.

The President, Lord Amptill, opened the proceedings by saying how deeply grateful the Association was for the unflinching interest of her Royal Highness. He believed that she had never failed to be present at its annual meeting, and she had a real and sincere regard for its welfare. Sir Frederick Treves would speak from the internal aspect, from what he had observed he would like to say how exceedingly well served they were by the Executive. They displayed a passionate zeal for the cause, and the reason for this zeal was that the work was not merely philanthropic, it was patriotic, truly imperial.

Sir Frederick Treves, who moved the adoption of the report, which was taken as read, said that he was familiar with many of the colonies connected with the Association and also with the hospitals, medical officers, and nursing arrangements. Taken as a whole, the hospitals were remarkably good, but it was a great mistake to suppose that they could be run entirely on European lines. In the tropics, for instance, an operating theatre would in some cases be unendurable, and the best operating room under those circumstances was the verandah outside the patient's bedroom.

In the matter of nurses any medical man would say the supply was insufficient. The Colonies required very special nurses, as they had infinitely more responsibility than those at home and they should have initiative capacity and organisation. They should be the very best obtainable. If necessary, the pay should be a great deal higher, in order to secure first grade nurses.

No terms could exaggerate the benefit of a stay in hospital to the native patient. It was the finest education he received. Lessons were learned of cleanliness, health, method, sympathy, and, above all, of the kindness of the white race. Nothing was so great a factor in bringing the races together as the hospital, and in the hospital there were no persons so powerful as the nurses in promoting an understanding between the races, and they were a great political power for good. In addition to the native patients were the white men, the actual founders of empire, mostly junior officials, planters, and pioneers, many of them leading hard lives and having no resources to fall back upon. To these young men came the tragedy of disease, and after lying in their beds, nursed or not nursed by their "boy," to be carried down to the hospital and tended by an English nurse was like entering Paradise. What they appreciated most of all was the thought that this was provided by those at home. Of all Societies supported, this should be the first.

The adoption of the report was seconded by Sir Alfred Sharpe, K.C.M.G., who said that the advent of the nurses had reduced the European mortality in Nyasaland by quite one half. All nurses should

take a course in tropical hygiene before coming out; he stated the pay now offered them was lower than that of the most subordinate European official, and should be increased. There could be no better investment for the Colonial Office than the establishment of well equipped hospitals with good nursing staffs in tropical colonies.

The report was adopted.

Mrs. Charles Hohhouse said that the work had greatly developed of late years. In the tropics, where the influence of the Association was at work, the mortality of young children had enormously decreased.

Sir John Anderson, G.C.M.G., moved a vote of thanks to Princess Henry of Battenberg, which was carried by acclamation, and Sir Claude Macdonald, who spoke of the work of the Japan Branch of the Association, from personal knowledge as its President, and others, also addressed the meeting.

The Annual Report, which was taken as read, gives some interesting details of the work of the Association, which shows its widespread influence. Further developments of the work include the supply of a Nurse Matron for the Jesselton Hospital, British North Borneo; a Nurse Matron for a new Maternity Home recently started by the Government in the Seychelles; a Matron for the Kingston Hospital, Jamaica, and the Victoria Hospital, St. Lucia; while additional nurses have been supplied for private work with the Ceylon Nursing Association, the Madrid Nursing Association, and at the Victoria Hospital, Tientsin. In the autumn the Taikoo Hospital, Quarry Bay, Hong Kong, was successfully opened, and the Nurse-in-Charge has since been kept busy. From Costa Rica the Hon. Secretary reports that the Nurse has "rendered valuable service during the recent earthquakes, especially in the many surgical cases, and the South African Church Railway Mission Magazine, writing of one of the nurses who had completed her three years' work, said, "She has gained the affection and friendship of all about her." She leaves a big gap."

Seven nurses attended the course in Tropical Medicine during the year, and two returning from service in the Colonies were granted a post graduate course in general hospitals.

Nine additional Silver Badges for meritorious service of five years and upwards have been bestowed. Fifty Matrons and nurses in all have now received the decoration.

The report states that there is continued and ever increasing need, and a wide scope for further effort. The Committee urgently appeal for financial support from all interested in our Colonies, and in our fellow countrymen beyond the seas, so that it may be possible to extend the benefits of skilled nursing wherever in distant lands the necessity still exists.

The report of the Scottish Branch, which has interviewed and accepted seven applicants during the year, expresses the desire that it should be more widely known amongst employers and heads of shipping firms, whose interests are to some extent involved in the health of those who are working for them in distant parts of the Empire.

League News.

THE CHELSEA INFIRMARY NURSES' LEAGUE.

A very pleasant meeting of the Chelsea Infirmary Nurses' League was held on Friday, May 26th, when Lady Hermione Blackwood gave a most interesting address on "District Nursing," beginning with its earliest foundations. Having acknowledged her indebtedness for much information to "A History of Nursing," by Miss Nutting and Miss Dock, she said that for many years district work was looked upon as a branch of nursing suitable for the failures of the profession, and even as lately as 1900 great regret was expressed when a clever nurse trained in a large London hospital announced that she had decided to take up district nursing, as it was considered she was wasting her talents in so doing.

The work of a district nurse was essentially preventive as well as remedial; and hygienic, scientific, and technical training were requisite as a preparation.

In early days district and hospital work were closely associated. In primitive times sickness and insanity were looked upon as emanating from the powers of evil, and those who were skilled in healing were more often feared than loved, as they were thought to derive their power from the same source. Medicine men often beat their patients unmercifully. The Teutonic women, however, had knowledge and skill, and went out with their men to the battle-field to care for the sick and wounded. At that time nursing and doctering were not looked upon as separate arts.

The speaker then referred to the founding of the first deacons and deaconesses by St. Paul, Phoebe of Cenehrea being the first deaconess appointed.

The Orders grew and spread through Asia Minor, Gaul, and Ireland. The deaconesses at first lived in their own homes, later they came more under the dominion of clerical influence, and finally were forbidden to marry on pain of death.

Lady Hermione referred to the "widows" of later days, the Abbesses who ruled related houses of monks and nuns, the foundation of the Order of St. Benedict, the Crusades, which were a fruitful cause of the foundation of the Knightly Orders—the Knights Templar, the Red Cross Knights, the Knights of St. John of Jerusalem and of St. Lazarus. Then came the foundation of the Franciscans by the great St. Francis of Assisi, and of the poor Clares by his friend and disciple St. Clara. An excellent development of St. Francis' organisation was the foundation of the

Tertiaries, or third Order, composed of those who, owing to home ties, were unable to take full vows. Of the same period was St. Elizabeth of Hungary, whom the grey nuns took for their patron saint, and other notable nurses were St. Catherine of Siena and St. Catherine of Genoa.

Nursing was not in those days regarded so much from the standpoint of the love of humanity as that of a penance and atonement for sin. And there must have been opportunity for self-discipline, for fresh air was dreaded and sanitation most rudimentary. It is narrated that even Marie Antoinette narrowly escaped being drenched by a pail of slops thrown from an upper window of the Palace, which was the usual method of disposing of such refuse, and in the fourteenth century Erasmus had to leave England on account of the unpleasant smells.

An old book giving to foreigners certain English sentences necessary for their use, puts into the mouth of a courier these words when engaging rooms for his master:—"I trust there are no fleas, bugs, or other vermin," and again: "William, wash your feet to prevent the fleas from jumping."

The foundation of the *Béguines*, the Sisterhood of the Common Life, the Sisters and Daughters of Charity by St. Vincent de Paul, were all briefly alluded to, and the speaker described the Home founded under the supervision of Louise de Marillac as the first district nursing home. The dissolution of the monasteries, with consequent hardship to the sick, was also touched on, and the dark period of nursing—from the 17th to 19th century—till the foundation of the first real training-school at Kaiserswerth, where both Mrs. Elizabeth Fry and Miss Florence Nightingale studied the system.

With the establishment of the Training School of St. Thomas' Hospital by Miss Nightingale a new era was entered upon. In Liverpool Mr. William Rathbone was striving to raise the stamp of nurses in the Infirmary, and endeavoured to do so by raising their wages. They celebrated the event by all getting drunk!

One of the first district nurses amongst the sick poor was Miss Agnes Jones, whom the speaker was proud to claim as belonging to the North of Ireland. At one time the mistake was made of making district nurses almoners rather than nurses. A most important event in district nursing was the foundation by Queen Victoria of the Queen Victoria's Jubilee Institute. Now there were 1,800 Queen's nurses working all over the country. These had three years' hospital training and district

training in addition, for even a well-trained nurse might be at sea in nursing a patient in a four-poster on a feather bed. Also, in hospital, discipline could be enforced, but in a man's own house a nurse had to learn how to get her own way without giving offence. During their district training nurses had to attend a regular course on sanitation. When enrolled as Queen's Nurses they might be sent to a crowded district of the Metropolis or to the Hebrides.

The nurses sent to the congested districts of Ireland by the efforts of the Countess of Dudley, in connection with her Fund, were very specially picked Queen's nurses. In some districts they had no one to speak to all the year round but occasionally the parish priest or the doctor, and the inspector twice a year.

One nurse, who on three successive occasions when returning from a twenty-mile bicycle ride, after visiting a maternity case, found a summons to attend a similar case, and had to go straight out, to find in one instance a cow tied to the bed-post. Describing the social service work of nurses in America Lady Hermione said that America had got ahead of us in science. The nurses work in dispensaries, milk depots, babies' camps, tuberculosis night camps, visit convalescents about to leave hospitals, do school nursing, etc.

In Canada district nursing was carried out through the Victorian Order.

A number of slides were then thrown on the screen, and we saw once again many of the famous women of days gone by with whom we were acquainted through the Nursing Pageant, when they passed in procession before us in all their bravery as living pictures. Then there was the Doctor of Physic from Chaucer, interesting scenes from Canada, a nurse on the patient's door-step in the deep snow, a tubercular patient being nursed on a flat roof, district nursing amongst the Italians in Boston, and a Babies' camp. Coming to the United Kingdom we saw a nurse in tarpaulins in Cornwall, and some charming scenes in Ireland, including a Queen's Inspector being carried out to a boat by the boatman in order to accomplish her round.

The vote of thanks to Lady Hermione Blackwood, proposed by Miss Barton, President of the League, was cordially accorded.

As nurses must surely have been inspired to read "A History of Nursing" for themselves, if they have not already done so, we may say that it is published by G. P. Putnam's Sons, 24, Bedford Street, Strand, price £1 1s. It should be in every nurses' library.

Territorial Nurses and the Coronation.

The following members of the Territorial Force Nursing Service have been allotted places to view the Coronation Procession and the Royal Progress. The selection was by ballot.

No. 1 (CITY OF LONDON) GENERAL HOSPITAL.

Coronation Procession, June 22nd.

Principal Matron: Miss Cox-Davies, Royal Free Hospital. Four members: (1) Miss M. Rigby, St. Bartholomew's Hospital; (2) Miss E. Gregory, Maison de Santé Brochant, Paris; (3) Miss M. Kennedy, Weybridge; (4) Miss M. Cockshott, Tunbridge Wells.

Royal Progress, June 23rd.

Six Members: (1) Miss Bröchner, Queen's Nurse, Winchester; (2) Miss A. L. Adams, St. Bartholomew's Hospital; (3) Miss M. Mayhew, Registered Nurses' Society; (4) Miss Macfarlane, Matron, Royal Ear Hospital, Dean Street, Soho; (5) Miss Aeton, Matron, Lewisham Infirmary; Matron, T.F.N.S.; (6) Miss A. Hill, St. Bartholomew's Hospital.

A reserve list has also been selected by ballot from which any unexpected vacancies will be filled.

No. 2 GENERAL HOSPITAL.

Coronation Procession, June 22nd.

Five Members: (1) Miss Riddell, Matron, Chelsea Hospital for Women, Fulham Road, S.W.; Matron, T.F.N.S.; (2) Miss E. Robertson, Home Sister, Queen's Hospital, Birmingham; (3) Miss Daun, Assistant Matron, Middlesex Hospital; (4) Miss Padbury, L.C.C. School Nurse; (5) Miss Chippindale, Sister, Clapham Maternity Hospital.

Royal Progress, June 23rd.

Six Members: (1) Miss Hills, Assistant Matron, St. Mary's Hospital; (2) Miss Frances Hildyard, Sister, Middlesex Hospital; (3) Miss Margaret Davis, Sister, St. Mary's Hospital; (4) Miss P. C. Rancecroft, L.C.C. School Nurse; (5) Miss Frances Arehold, Sister, St. Mary's Hospital; (6) Miss May Symes, University College Hospital.

No. 3 GENERAL HOSPITAL.

Coronation Procession, June 22nd.

Principal Matron: Miss E. Barton, Chelsea Infirmary. Four members: (1) Miss Pinsent, Matron, Royal National Orthopedic Hospital, Matron T.F.N.S.; (2) Miss Holden, Matron, Richmond Hospital, Dublin, Matron T.F.N.S.; (3) Miss Skerman, Registered Nurses' Society; (4) Miss Young, Charge Nurse, Western Hospital, Fulham.

Royal Progress, June 23rd.

Six Members: (1) Miss Brockie, Liverpool; (2) Miss Maudling, Liverpool; (3) Miss Ray-

ment, Sister, Kingston Infirmary; (4) Miss Griffin, School Nurse (County of Kent), Maidstone; (5) Miss Orgies, Private Nurse; (6) Miss Munro, late Sister-in-Charge, St. Thomas' Home, St. Thomas' Hospital.

NO. 4 GENERAL HOSPITAL.

Coronation Procession, June 22nd.

Principal Matron: Miss M. E. Ray, King's College Hospital. Four members: (1) Miss M. P. Scovell, Matron, Swansea General and Eye Hospital; Matron, T.F.N.S.; (2) Miss M. Orhard, Ward Sister; (3) Miss V. Merriman, Ward Sister; (4) Miss H. C. Miller, Registered Nurses' Society.

Royal Progress, June 23rd.

Six Members: (1) Miss F. Hancock, Night Sister; (2) Miss C. L. Cockrell, Private Nurse; (3) Miss S. Hands, District Nurse; (4) Miss D. E. Humphreys, Registered Nurses' Society; (5) Miss E. Pease, Private Nurse; (6) Miss A. E. Rayner, Ward Sister.

As this will be the first public appearance of members of the Service in their distinctive uniform, they are sure to occasion a good deal of interest as they march in a body from Middlesex Hospital to the Mall.

Queen Victoria's Jubilee Institute.

A Conference between representatives of the Council of Queen Victoria's Jubilee Institute for Nurses and of its affiliated County Nursing Associations was held at the offices of the Institute, 58, Victoria Street, S.W., on Wednesday, May 24th. Mr. D. F. Pennant (Hon. Secretary of the Institute) presided, and many members of the Council were present.

The effect of the National Insurance Bill on the work of district nursing in general and on the nurses themselves was explained by Mr. Pennant. Provision was made in the Bill for approved societies to make grants for the support of district nurses, and it was most important, if the Bill passed, that this power should be used for the payment to a District Nursing Association by the societies, of the cost of nursing the societies' members within the area covered by the particular Association, but it was pointed out that in regard to those persons, who under the Bill would be in the position of deposit contributors and not members of Friendly Societies, there was no corresponding provision for any power to make the payment in respect of them, and in its absence, while there might be an increased difficulty in obtaining voluntary contributions from employers, the people most in need of the nurses' services might be left unprovided for. Then there was urgent need for the payment of a midwife being provided for out of the maternity benefit. The position of the nurses themselves also claimed attention; few nurses, if any, were at the present time members of approved societies, and their position as deposit contributors would be most undesirable.

Appointments.

MATRON.

Girls' Industrial School, York.—Miss Sarah Jane Bell has been appointed Matron. She was previously Superintendent of the Kitchen Department at Cheddleton Asylum, North Staffs.

SUPERINTENDENT.

Bradford Home, Manchester (in affiliation with Queen Victoria's Jubilee Institute).—Miss Ada S. Wood has been appointed Superintendent. She received her general training at the Dumfries and Galloway Royal Infirmary, and her district training in Liverpool, and has worked as a Queen's Nurse at Litherham, Droylesden, Brixton, and Penzance, at the last place being Senior Nurse. She is a certified midwife.

SCHOOL NURSES.

City of Sheffield.—Miss M. E. Hollinshead and Miss E. J. Hall have been appointed School Nurses. The former was trained at Oldham Union Infirmary, and has been nurse at Braintree Infirmary, and Queen's Nurse and Temporary School Nurse at Sheffield, and the latter was trained at the West Herts Hospital, Hemel Hempstead, and has been Charge Nurse at Over Hospital, Gloucester, Queen's Nurse at Cheltenham and Sheffield, and has also done private nursing, and acted as temporary School Nurse at Sheffield.

APPOINTMENTS AT GUY'S HOSPITAL, S.E.

SISTER.

Miss Jentie Paterson has been appointed Sister of Out-Patients. She was trained at Guy's 1905-1908, was Sister at Queen's Hospital, Birmingham, 1909, and Preliminary School Instructress at Guy's 1909-1911; cert. massage Incorporated Society of Trained Masseuses, 1909.

PRELIMINARY SCHOOL INSTRUCTRESS.

Miss Frances Nora Kingzett has been appointed Preliminary School Instructress. She was trained at Guy's 1907-1910, was on the Private Staff and Surgical Night Sister 1911. She is a certified midwife, and holds the certificate (distinction) of the I.S.T.M., and Raphael medal for massage.

NIGHT SISTER.

Miss Edith L. Sweet Escott has been appointed Surgical Night Sister. She was trained at Guy's 1907-1910, has done private nursing in Egypt, and is a certified midwife.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss E. C. Stewart resigns her appointment; Miss C. W. Jones, Staff Nurse, to be Sister (May 27th).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.—Miss Lydia Birchall, to Caton; Miss Minnie Ancombe, to Burgess Hill; Miss Mary C. Jones, to Banstead; Miss Elizabeth A. Dickenson, to Norton-in-the-Moors; Miss Bertha Fjoulkes, to Brixton; Miss Janet Linton, to Reading.

Nursing Echoes.



By the courtesy of the Committee of Management of the Royal Hants County Hospital, Winchester, and by invitation of the Matron, Miss Carpenter Turner, the Matrons' Council of Great Britain and Ireland will hold its next meeting at the Royal Hants County Hospital, Winchester, early in July.

In addition to placing a room at the disposal of the Council for their meeting, the Committee have the kindness to invite the members to tea and supper, an invitation and token of good-will which will be greatly appreciated by them. The historic City of Winchester, with its glorious Cathedral and its far-famed Hospital of St. Cross, has numberless features of interest to visitors, and the view from the nurses' sitting room at the County Hospital, including the Cathedral, and St. Cross, set like jewels in a beautiful plain of one of England's fairest counties, stretching right away to the English Channel, is probably unsurpassed by that from any hospital in the Kingdom.

Miss K. M. Mackenzie, Matron-elect of the Dunedin Hospital, will leave London by the Orient line on June 9th for New Zealand, and hopes to reach her destination about the middle of July. Miss Mackenzie thoroughly realises her good fortune in having been selected for this very desirable post, and is looking forward to her work in this beautiful and progressive Dominion.

The *St. John's House News* just issued, and always well edited, contains many interesting items, including a letter from the late President, Sister Charlotte, C.S.P., who has now settled down at St. Peter's Memorial Home at Woking, and is always pleased to see any of her friends in the nursing world.

The *News* also contains a portrait of the new President, Miss Laura Baker, reproduced from this journal.

The annual meeting of the King Edward's Coronation Fund for Nurses was held last week in the Royal College of Surgeons, Stephen's Green, Dublin. The Countess of Aberdeen presided. Sir Andrew Reed, Hon. Treasurer, read the seventh annual report, which stated:—The Council are glad to be able to state that the Society is in a satisfactory

condition, and shows fair progress. In a quiet way it is doing good work. SIXTY nurses have joined the Society since the last report, made in May 1910. The number of nurses who are registered members of the Society are 185, being an increase of 43 over the number registered last year. Thirteen members applied and received help from the Society since the last general meeting, May, 1910. The sums granted varied from £5 to £10, making a total sum of £107. The total of the grants of the previous year was £62. The balance-sheet shows the financial condition of the Society, with a balance to the credit of its current account in bank and in hand of £9 3s. 11d. The capital of the Society, which is invested in the names of the three trustees (Sir James Murphy, Bart., Andrew Beattie, Esq., D.L., and William Fry, Esq., J.P.), now consists of £5,034 9s. 6d., of Midland Railway (England) Debenture (2½ per cent.) Stock, which cost £1,003 15s. 10d. It should not be forgotten that this Society is solely a Benevolent Fund, and that it could not possibly be entirely maintained by the interest on the capital invested added to the small subscriptions (2s. 6d. yearly) paid by the members. As the members increase in number, as time advances, a larger number will require help.

The President of the Royal College of Surgeons, of Ireland, in moving the adoption of the report, laid stress on the fact that at present the nursing profession "has been much over-worked and under-paid." The following ten members were elected on to the Council: Miss Kelly (Lady Superintendent, Stevens' Hospital), Miss M'Donnell, R.R.C.; Mr. James Crozier, T.C., J.P.; Sir Francis R. Cruise, M.D.; Mr. Marcus Tertius Moses, J.P.; Sir Christopher Nixon, Bart.; Mr. T. A. O'Farrell, J.P.; Sir Lambert Ormsby, M.D.; Sir Andrew Reed, K.C.B.; and Sir Wm. Watson, D.L. As the result of the ballot the following five ladies were declared to be the representatives of the nurses:—Miss Powell, Miss M'Givney, Miss Butler, Miss Mullaly, and Miss Colvin.

The Memorial to the late Isabel Hampton Robb is being widely supported by the Nurses' Societies in America. Already they have contributed upwards of four thousand dollars, and hope to make it ten thousand. The Memorial is to take an educational form, as it was for the higher education of nurses and the uplifting of the whole profession, for which this noble woman gave so unsparingly of her genius during life.

The Hospital World.

MAISON DE SANTÉ PROTESTANTE, BORDEAUX.

We have pleasure in publishing on this page a group of the members of the Nurse Training School at the Maison de Santé Protestante, Bordeaux, with their Directrice, Dr. Anna Hamilton, to whose indomitable energy the School largely owes its success. On either side of her are Mlle. Debard, Sister, and Mlle. Mignot, Staff Nurse, and behind the classes of first and second year probationers, and the district nurse.

The report for the year 1910 of the Maison de Santé Protestante gives very satisfac-

ceive a salary of four pounds per month (all things found). This nurse has paid about 1,200 visits, and has performed 1,484 dressings in the homes of the poor. Since 1901 there have been 58 certificates given to nurses; 20 probationers are in the school. Of the certificated nurses 22 are in civil hospitals as Matrons or Sisters, 26 are private nurses; 3 are in nursing homes; 7 have married. A great many applications are received. The cost of the hospital, out-patient department, and nursing school has been 54,720 francs in 1910. The expense for one day is 476 francs.

In her report of the School for the year 1910,



DR. ANNA HAMILTON (Centre) AND THE NURSING STAFF,
MAISON DE SANTÉ PROTESTANTE, BORDEAUX.

tory results. One more doctor has been added to the visiting list, which numbers now 21 doctors. In-patients have received 11,459 days of care in the wards, medical, surgical, and lying-in. There have been 11,600 out-patients attended; 2,808 dressings have been done for them, and they have received 2,553 prescriptions free of charge, and 1,260 electric treatments and 255 minor operations. A benefactor, Mr. Nath. Johnston, has given over 20,000 francs, so that the district nurse should re-

fer to the teachableness and industry of the pupils, and to their desire to do their duty conscientiously. She speaks also with gratitude of the gift of M. Nathaniel Johnston to provide the visiting nurse for the poor.

This service, tentatively inaugurated in 1908, has developed a surprising vitality, and promises to relieve, year after year, an infinity of misery. Dr. Hamilton mentions in her report that a patient who died recently of

rather in a most desirable form, and by the dispensary were placed by the visiting nurse, on the arrival of the nurse. Lines mentioned has finally had to read to the Mission Sisters, Protestant, and his nurse, for getting her into the hospital.

The infants' consultations have proved a great success, and necessitated the provision of further accommodation for the large number who attend. By the generosity of an anonymous donor baskets have been provided to receive the children's clothes. Each child, when weighed, is wrapped in a sheet of silk paper, folded over the woman swaddling clothes. This is changed for each baby, as is also that which lines the baskets for the clothes.

Dr. Hamilton also refers to an innovation in the Nursing School by the introduction of "carnets d'exercices pratiques" (note-books of practical work, which she has adapted from one used at the London Fever Hospital, to meet the needs of a general hospital. Dr. Hamilton has kindly sent us a specimen of these neat little books, $5\frac{1}{2}$ inches long by 2 $\frac{1}{2}$ inches wide, and covered with dark blue material. Inside are enumerated all the different practical duties with which the pupils must become conversant during their training, in the wards, the maternity department, the theatre, the dispensary, and in regard to administration. The books are controlled by the Sisters, who have to sign that each nurse has had instruction in all the subjects enumerated before the completion of her training. They are supervised from time to time by Dr. Hamilton, who can thus judge of the progress each pupil is making.

The School is noted for the thoroughness and system of its training, and in consequence for the excellence of the pupils it sends out into the world.

IRISH NURSES' ASSOCIATION.

Last week a party of over forty members of the Ulster Branch of the Irish Nurses' Association drove in brakes from Belfast to Carrickfergus, where, after seeing over the salt mines, they had a picnic tea. The weather kept fine, and everyone enjoyed the long drive, and the picnic was quite the most successful the members have enjoyed.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following donations:—Miss E. J. Hurston, 5s.; Miss E. M. Jones, 5s.; L. F., 5s.; Mrs. Klesz, 4s.; Miss Rose Conway, 2s.

Reflections.

FROM A BOARD ROOM MIRROR.

When Prince Henry of Battenberg repaired the rainbow bridge at Ealing last week or missed by the long branch of the Queen Alexandra League in support of Lord Mayor Peckham's Cripples' Hospital at Abing, a bouquet was presented to the Princess by a little girl formerly a cripple, who after nine months' treatment at the hospital, has been completely cured of hip disease.

The Clapham Maternity Hospital's Dispensary for General Diseases has now added to its work at the Battersea centre a branch for carrying out the tuberculin treatment of phthisis on Dr. Canine Wilkinson's method, which has lately been so much discussed in the medical press. The director of this Clapham Hospital medical work (Dr. Angelo McCall), who has had many years' experience in the "open-air treatment of consumption," appears to be one of Dr. Wilkinson's converts, who believe that while sanatoria are of immense importance for patients who can afford the requisite time and money, the treatment of the phthisical sick poor of London can be more advantageously carried out, and at one-fifth of the cost, by following Dr. Canine Wilkinson's methods. Patients who wish for treatment are required to bring a written record of their temperature for two or three days, and to attend regularly twice a week. The treatment at the Tuberculin Dispensary, 31, Albert Bridge Road, S.W., is absolutely free, but contributions are gratefully received.

Like other institutions of its kind in London the Queen's Hospital for Children, Hackney Road, has hitherto had a Committee composed exclusively of men. At the annual meeting on 24th May (Col. Lord William Cecil, C.V.O., in the chair) a new departure was taken by the appointment of two ladies on the Committee of twenty Governors elected for the ensuing year. The ladies appointed are Lady William Cecil (Baroness Amherst of Hackney) and Miss M. J. Godlee. No other children's hospital in London has yet placed women on its committee, and the Hackney Road institution is thus left to act as the pioneer in this direction, on which it is to be most heartily congratulated. The hospital has 34 beds in London, and will shortly have 30 beds at a seaside branch at Boxhill, which is to be opened on 13th July by H.R.H. Princess Louise, Duchess of Argyll, and which will be known as the "Little Folks" Home.

The in-patients last year numbered 1,970, and the new out-patients 32,975 (84,317 attendances). The hospital has practically no endowment, its income from investments being only £340 a year. Its expenditure is about £13,000 a year, and its cost per patient works out at a much lower figure than that of most other institutions of the kind. The nursing of the little folks is as devoted as it should be to make it worthy of ranking as a "Queen's" hospital.

Our Foreign Letter.

FROM NEW YORK.

Messrs. Newton Chambers and Co., Ltd., Thorncliffe, Sheffield, write to us in reference to a report published in our issue of May 27th, in which the Chairman and Managing Director of the Sanitas Company, Ltd., stated to the shareholders that at the International Exhibition held at Buenos Ayres the only Grand Prix bestowed was awarded to his company for its exhibit of disinfectants.

They point out that this statement is incorrect since they themselves were awarded not one, but two, Grand Prix at the Buenos Ayres Exhibition, 1910, one for their Izal Disinfectant and the other for Disinfecting Apparatus.

The 45th Annual Report of Dr. Barnardo's Homes National Incorporated Association shows that to the 31st December last 73,251 children have been dealt with. In 1910, 2,815 children were admitted (2,243 permanently and 572 temporarily). Two-thirds come from the Provinces and one-third from the Metropolis. 9,130 boys and girls of all ages were under the care of the Association at the close of the year. Included in this number were 300 boys in training for the Navy and Mercantile Marine at the Watts' Naval Training School in Norfolk, and on the training ship, the "George L. Munro," stationed at Yarmouth. Nine hundred and seventy-seven emigrants were sent out during the year (962 to Canada and 15 to Australia and New Zealand), making a total of 22,614; 98 per cent. are successful. The death-rate covering all of the Homes was remarkably low—only 6.28 per 1,000, and this notwithstanding that of this great family 1,065 were babies under five years of age, and 914 belonged to the sick, ailing, blind, deaf and dumb, and incurable class. The audited accounts and balance-sheet were adopted, showing the total income for the year to be £232,474. Of this amount £59,464 came from legacies. The total amount subscribed to the Homes since their foundation by the late Dr. Barnardo in 1866 was nearly 4½ million pounds.

Asylum Workers' Association.

LIST OF BRONZE MEDALLISTS.

Last week we published the names of the nurses and attendants who were awarded the Gold and Silver Medals of the Asylum Workers' Association this year.

Bronze medals have also been awarded to the following members of the Association, all of whom have over 25 years' service to their credit.

Attendant R. Walters, Inspector A. A. Williams, Attendant T. Grainger, Attendant T. Brooks, Attendant J. H. Hodges, Attendant D. Jenkins, Attendant J. Mitchell, Attendant W. Ramsay, Attendant F. Tydesley, Attendant J. Dennis, Attendant H. Machell, Attendant C. E. Fox, Attendant W. Carter, Attendant W. Brooks, Attendant J. T. Leech, Attendant J. Brownfield, Attendant J. G. Bennett, Attendant W. H. Horton, Attendant A. J. Ireland, Attendant A. Phinister, Attendant B. Bennett, Nurse F. McArthur, Nurse (Mrs.) E. Astill, Nurse M. J. Goodchild, Nurse L. Wilkinson, Nurse (Mrs.) A. S. Dovey.

DEAR EDITOR,—You must hear what a glorious Woman Suffrage Parade we had in New York on May 6th, and what an impression it made. Over three thousand women marched, and two hundred of the Men's League. Of course, that is not to be compared with the wonderful English parades, but it was the biggest and most beautiful we have had yet here. At the head of the procession were three banner bearers, and then came the section representing the contrast in women's sphere a hundred years ago and now. A sedan chair, carried by four men, carried a little lady of the olden time, and after it followed a float representing the home industries of our grandmothers—the spinning, brewing, baking, and weaving in the home. Then came modern groups of self-supporting women in every imaginable occupation—lawyers, doctors, and all the other usual groups, women farmers, women aviators, women engineers, architects, business women, real estate dealers, and there was even a woman pilot and some captains (river and lake boats). Miss Peck, the mountain climber, marched. The athletic girls made a charming group. But you will be especially interested in the nurses. Our nurses' squad did not look as captivating as yours, since we have no street uniforms, but about fifty came out, which was better than I had expected. Miss Wald, founder and head of the Nurses' Settlement in New York, marched, with several others of the staff, among them two of our coloured (negro) nurses. Miss Goodrich, New York State Inspector of Training Schools, came down from Albany to march. Miss Nutting and her assistants marched and so did the Isla Stewart Scholar, Miss Rundle. Two others were Superintendents of hospitals. One of the oldest living Bellevue nurses came out, Miss Anne Brennan, an Irishwoman, and aunt of the former Superintendent of the same name. She was in the School in Sister Helen's time, and was only strong enough to walk a little way. So you see we did pretty well. Nurses all over the country are coming into the suffrage movement. In Baltimore there is a Miss Dixon, a Johns Hopkins nurse, who devotes herself entirely to it, being a woman of means. She is active in editing a suffrage paper called *The New Voter*, and is a most keen and energetic pursuer and heckler of machine politicians. She has been especially fearless in exposing the close relation between corrupt politics and vice in Baltimore.

In Richmond there is an ardent group, and several nurses there are leading spirits—Miss Minor, and Miss Preston Cocks, and Miss Cabaniss are all nurses, and all socially important, and they are consumed with the fervent enthusiasm of those who see a great spiritual significance in enfranchisement. Miss Elizabeth Preston Cocks is bending her energies to the moral aspects, and the relation of woman suffrage to the welfare of children. In the west, where we hope for new victories this year, the nurses are, of course, all suffragists. I will write more in another letter.

L. L. Dock.

Outside the Gates.

WOMEN.



In last week's *Lates for Women* will be found a very useful map, showing the starting points in the Great Procession on June 17th, in support of the Conciliation Bill (Enfranchisement of Women) for the various societies, and the class sections into which they are divided. Nurses have been invited to join the processions organised by several societies, but surely it would be more impressive for all those who can wear uniform in-door and out to walk together, and thus show a bold front. Nurses are to range up in Section H. 3 on the Embankment. We hope they will make a good show. They are favourites of the man in the street, as they well deserve to be. *A place in the ranks awaits them.*

The Pageants of Prisoners, of Queens, of Empire, and of historical heroines will make a brave show, indeed, this Procession is calculated to make an immense impression on the imagination and sense of justice of the enormous crowds, which we hope will give it an enthusiastic welcome. A nation which crowns queens cannot afford to be so illogical as to ignore the rights of women to liberty of conscience, which legal status can alone secure to them.

The very unsatisfactory pronouncement of the Chancellor of the Exchequer of the Government's policy on the Women's Enfranchisement Bill will delude nobody. By the postponement of time for the Bill's consideration the Cabinet overrules the decision of the House of Commons, which, by a huge majority, demands the settlement of this question. There is ample time to pass the Bill this session. The refusal to grant time is a thoroughly unstatesmanlike policy, and is calculated to intensify the burning sense of injustice in women to a dangerous degree. The only hopeful sign in this prolonged struggle with tyranny is the growing sense of justice upon the part of men who are not political helots.

The National Insurance Bill is arousing a tremendous outburst of indignant criticism. The whole medical profession is on the warpath, and the Women's Co-operative Guild, an organisation of 27,000 working women, have issued a statement from which we quote, as the Bill affects married women:—

"The most serious defect in the Bill needing immediate amendment," they write, "is the total exclusion of all married women who are not wage-earners from sickness, medical, disablement, and sanatorium benefits. It means that, roughly, five million women are shut out from what is called a 'National' Insurance Bill. The exclusion has no doubt arisen because the Bill has been con-

structed, not on the basis of employment, but of wage-earning employment. The fact that a married woman's work in the home is not paid in cash is the cause of this great injustice to the largest class of women. Their exclusion gives a sort of sanction to the view that work in the home is less arduous and honourable than that of the direct wage-earner, and it is also an incentive to married women to go out to work. . . . The exclusion from sanatorium benefit of non-wage-earning married women who are bearing children, and living with children all day long in the house, makes the talk of abolishing consumption little short of ridiculous. . . . We welcome the maternity benefit as an instalment of a great and far-reaching reform. From a national point of view it is the most important feature of the Bill."

"Women's knowledge and experience in matters connected with sickness and health and their organising and administrative ability," the writers conclude, "should be utilised on all the bodies charged with the working of the Bill. We, therefore, ask that it should be made compulsory that at least one-third of the Insurance Commissioners, the Advisory Committee, and the Health Committee should be women."

Book of the Week.

THE MAJOR'S NIECE.*

In an introductory letter the author informs us that the red haired curate is the villain and not the hero of the piece, so it is from this point of view that we must regard that delightfully irresponsible person, the Rev. J. J. Meldon, curate at Ballymoy, to which place "no visitor would go for its scenery, which is uninteresting, nor to play golf, for there are no links."

The district has but one resident landlord, Major Kent, of Portsmouth Lodge, and he only owns a small property. The curate is regarded as vulgar by Mrs. Ford: is liked by Mrs. Gregg, who is younger than Mrs. Ford, and enjoys the friendship of Major Kent. By the actual natives of the town he is treated with a sort of wondering contempt. They appreciate his easy manners and friendly helpfulness; but they have grave doubts about his sanity, and speak of him among themselves as a decent poor man, though, maybe, not quite right in his head.

The Major quite unexpectedly learns that his niece, of whom he knows not even her age, is coming to make a protracted stay with him, and the passage where he confides his difficulties to Meldon is one of the most amusing in a very amusing book.

"Dear J. J., what am I to do with the girl? How can I keep her here? How am I to entertain her?"

"Don't let that get between you and your sleep. I'll entertain her for you. I'll be getting my holidays almost at once, and I'll not go away except for a week just to see my own little girl.

* By George A. Birmingham. (Smith, Elder, and Co., London.)

"I'll stay here in Ballymoy and entertain your niece."

"No you won't," said the Major firmly, "I simply daren't face Margaret if she heard I'd allowed the girl to spend the summer flirting with the curate."

"She might do a great deal worse," said Meldon. "But you forget that I'm engaged to be married. I wouldn't flirt with anyone. What I propose to do is to take her out for rides and get up picnic teas and boating parties and play lawn tennis with her. Don't you fret about her Major. She'll enjoy her time all right."

Among the things that he insisted on the Major providing for his niece's entertainment were complete sets of tennis and croquet things. (Meldon said every girl delighted in playing either one game or the other, and that both must be provided as it was impossible to know beforehand which Miss Marjorie might prefer.) A six weeks' subscription to three ladies' papers, ten pounds of chocolate creams mixed with fondants, a bicycle; and a fashionable stationer was written to for two dozen "At Home" cards of the latest design.

There were only four people in Ballymoy, including Meldon, to whom they could possibly be sent; so it was calculated that the two dozen would suffice as summonses to six parties. These were to include simple afternoon tea, a water picnic, at which Meldon considered it would add to the pleasure of those who were good sailors to see the others violently ill. A dance.

"I can't dance."

"You can if you like. Don't be selfish, Major. You mustn't expect a charming niece to stay with you and make life brighter in your home without putting yourself out a little to entertain her."

And as a wind up, a sort of grand finale, we might have a paper chase. I am sure Miss Marjorie would enjoy a paper chase. You and she could be the hares. I would lead the hounds in hot pursuit. I rather fancy myself cheering on Mrs. Ford when she gets entangled in a barbed wire fence."

"I suppose all this is quite necessary?"

"Absolutely. You can't entertain a girl with less."

It was, perhaps, a good thing that Miss Marjorie turned out to be only ten, for we feel quite sure that otherwise she would have lost her heart to J. J. Meldon, and he already had his "own little girl."

A quite delightful volume.

H. H.

COMING EVENTS

June 1st to June 7th.—Women's National Health Association of Ireland Health Exhibition, Balls Bridge, Dublin.

June 1st.—Shoreditch and Bethnal Green District Nursing Association, Sale of Work, 80, Nichols Square, Hackney Road, N.E.

June 7th and 8th.—Hospital for Women, Soho Square, W. Exhibition, in support of the Hospital, of Antique and Modern Plate at Mansion House, lent by the City Companies to the Lord Mayor and Lady Mayoress. Tickets 10s. 6d.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Many thanks for your cheque for 5s. for competition prize received this morning.

Yours truly,

E. BLEASBY.

Sneyd Park, near Bristol.

MIDWIVES AND NATIONAL INSURANCE.

To the Editor of the "British Journal of Nursing."

MADAM,—Will you allow space in your valuable paper for us to call attention to the Clauses in regard to maternity benefits in Mr. Lloyd George's Insurance Bill, which specially concern us as midwives.

There are 30,000 women on the Midwives' Roll, and we, the Midwives' Institute, being the only incorporated body of midwives, feel bound to speak on behalf of this large number of useful members of the community, who are unable themselves to voice their views.

Your readers may not know that 50 per cent. of the total number of births in England and Wales are attended by midwives: the percentage would necessarily be much higher amongst the class insured under Mr. Lloyd George's Bill. We, therefore, feel that we have a right to speak.

It is very difficult to understand exactly what *are* the provisions of this Bill. In one part it says that the woman entitled to maternity benefit shall not be entitled to sickness or medical benefit for four weeks after her confinement. In answer to a question put by Mr. Lees Smith, and reported by the *Daily Telegraph*, Mr. Lloyd George said that the maternity benefit under the Bill (which covered medical attendance) must be regarded as additional to sickness benefit, and not as a substitute for it. If this means that a woman can be entitled to sickness benefit in addition to maternity benefit, it will be a great relief to many poor women to know it, and it would leave the 30s. (which, by the bye, is not apportioned by the woman who has paid for it, but by a Health Committee, *as may be prescribed*), presumably for medical attendance and extras, including nursing.

We would ask that it should be laid down in the Act that the lying-in woman shall have entirely free choice as to whether she employs a doctor or a midwife, and liberty to choose that doctor or midwife; also, if she employs a midwife, and it is necessary for the midwife to send for a doctor, that his fee shall be assured.

The medical profession is able through its powerful organisations to influence Parliament. The

midwives, by reason of her sex, excluded from any participation in making the laws that concern her, and the only hope of obtaining a small medium of justice is by appealing to the public through the Press.

Yours faithfully,

AMY HUGHES,

President, Midwives' Institute.

JANE WILSON,

Vice-President, Midwives' Institute.

ROSALIND PAGET,

Hon. Treasurer, Midwives' Institute.

R. P. FYNES-CLINTON,

Secretary, Midwives' Institute.

The Incorporated Midwives' Institute,
12, Buckingham Street, Strand, W.C.

THE MORAL STANDARD FOR MIDWIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I read with amazement the decision of the Central Midwives' Board in relation to the candidate, who said she had handed in her examination paper—which could not be found—and who, when granted an opportunity of again going in for the examination, was found with a text book on midwifery on her lap, cribbing of course.

The decision that this woman, whose name for some reason is kept secret, should again be admitted to examination next year, is outrageous after what Sir George Fordham said at the meeting of the Board, "It is a case of serious fraud," and I do not wonder he questioned the advisability of re-admitting the candidate to examination. The truth is the candidate is one of many uneducated women very differently trained by means of a county education grant, and the institution which trained her is determined, if possible, to have her foisted upon the unsuspecting poor. This it is the duty of the Midwives' Board to prevent. As the Chairman said, "Papers do not get lost," so we must presume that although he suspects a woman of fraudulent untruth, and one who moreover has been proved guilty of fraudulent conduct at an examination, he considers this woman, devoid of moral character, is good enough to be placed on the Midwives' Roll. It is most unjust, and I hope the Midwives' Associations will take some action in the matter before so unreliable a person is permitted to care for poor trusting lying-in women in their hour of need. There is plenty of penalising of poor old "bona-fides" who err from ignorance, but it is the duty of the Midwives' Board to prevent criminals supported by social influence being recognised as certified midwives. Any standard seems good enough for women's work when controlled by men. How would the General Medical Council deal with a medical student guilty in like measure? We know well he would be rigorously excluded from the medical profession. It is the duty of medical men, who control the Midwives' Board, to enforce the same moral standard for midwives. We cannot help ourselves, as we are excluded from direct representation on our own disciplinary Board.

Yours truly,

CERTIFIED MIDWIFE AND CERTIFICATED NURSE.

THE STATUS OF MENTAL NURSING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I wonder why your correspondent considers an unsuccessful scullery-maid likely to make a good nurse. A successful one possibly might, if she had sufficient general education, in addition to other qualities. But nursing is not in my opinion a profession which lends itself to the usual employment of failures of any other calling, as it makes most exacting demands upon those who adopt it if they are to do so with credit to themselves, and to the profession which they enter. We want the best, either of raw material or of those who have already tried their mettle in other professions, but the failures had better betake themselves elsewhere; they are not wanted in our hospital wards.

I am, Dear Madam,

Your faithfully,

MATRON.

AN UNKNOWN FRIEND.

To the Editor of the "British Journal of Nursing."

Miss Hutchinson thanks the friend who so kindly sends her each week the BRITISH NURSING JOURNAL. Her address is no longer Dera Ismail Khan, but is now Y.W.C.A., Lahore, Punjab, India.

Comments and Replies.

"Chaire Desmond."—We know of no hospital in London where nurses are taken for a post graduate course in surgical (or medical) work without paying for it. You might write to the Matrons of some of the special hospitals, such as the Chelsea Hospital for Women, Fulham Road, S.W., the Samaritan Free Hospital, Marylebone Road, N.W., the New Hospital for Women, Euston Road, and the Hospital for Women, Soho Square, W., in all of which the surgical work is good, and make inquiries. "Practical Nursing," by Isla Stewart and H. E. Cuff, published by Blackwood and Sons, and "Food and Dietsaries," by Sir R. W. Burnet, published by Charles Griffin and Co., Ltd., Exeter Street, Strand, are both excellent manuals.

Notices.

OUR PRIZE COMPETITIONS FOR JUNE.

June 3rd.—What care should bed-pans and like utensils, also spittoons, receive in order to prevent odour, and insure perfect cleanliness?

June 10th.—Mention some forms of respiration that indicate serious conditions, and describe them.

June 17th.—Describe a curriculum which would qualify a Sister to become an efficient teacher of practical nursing in the wards.

June 24th.—What are the usual causes of hypodermic abscesses?

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

All information concerning the Society and its work can be obtained from the Hon. Secretary, 431, Oxford Street, London, W.

The Midwife.

Midwives and the National Insurance Bill.

We are glad to observe that on the second reading of the National Insurance Bill attention was drawn to the stake which midwives and nurses have in the Bill. On the resumed debate Mr. Ramsay Macdonald, as reported by the *Times*, said first, "it really was a most extraordinary thing that up to now doctors had been paid to attend disease—the more disease the better it had been for the medical faculty, although of no profession was it truer to say that economic interests had never regulated their conduct. Not until the introduction of this Bill had there been any attempt to establish a system of social organisation which would use the doctor not merely for the purpose of attending to disease, but for eliminating it altogether." Mr. Macdonald proceeded to say "there was also a well organised body of midwives and sick nurses whose interests under the Bill ought to be very carefully considered."

The Chancellor of the Exchequer, dealing with the criticism which has been directed against the measure, said "vested interests were entitled to ask that no legitimate right of theirs should be interfered with unless Parliament were prepared to give them an equivalent. The vested interests in this case were not merely legitimate, but beneficent—friendly societies, collecting societies, doctors, nurses, midwives, and hospitals. Not merely ought Parliament to give them an equivalent, but to treat them with care, consideration, and tenderness. Under this Bill they would not merely receive an equivalent, but would be in a better position than they ever were before."

So far so good. But what is required is an explicit declaration of the position of midwives under the Bill. At present midwives attend half the confinements in England and Wales, yet in connection with the Maternity Benefit no mention is made in the Bill that the thirty shillings can be applied to the payment of midwives' fees, and Mr. Lloyd George explicitly stated on the first reading that this was to cover the expenses of doctoring and nursing. We refer our readers on this point to a letter in our correspondence columns from the officers of the Midwives' Institute, which puts the situation very plainly.

We further draw attention to the statement of the Chancellor of the Exchequer in the House of Commons last Monday. "Healing was the first charge; maintenance of the worker came afterwards. The doctor had the first charge, the first cut. The State was raising £25,000,000, and there was nothing to prevent the doctors from walking off with every penny of that money—except their own consciences and the common sense of the community."

It does not need the financial ability of a Chancellor of the Exchequer to determine if the medical

profession has the right to the whole £25,000,000, what proportion the midwives, whose vested interests are important, can claim. Further, the right of the lying-in woman to employ a midwife if she wishes should be safeguarded. Midwives should press for definite recognition of their right to employment, and payment for services rendered.

The Central Midwives Board.

At a Special Meeting of the Central Midwives' Board, held at Caxton House, S.W., on May 30th, 11 penal cases were heard, with the following results:—

SIRUCK OFF THE ROLL.

Mary Abbott (No. 16563), Derbyshire. Charged with negligence in two cases. One patient died.

Ellen Leatherland (No. 9826), Nottingham. Charged with negligence. Patient died. The Medical Officer of Health for Nottingham attended and said she was incurably ignorant, impossible to teach, and typical of a large class of midwives in his district.

Fanny Lestchick (No. 19914), Leeds. Charged with negligence in two cases. One patient died. Verdict at inquest added that death was accelerated by grave neglect of midwife.

Maria Smith (No. 9833), West Riding. Neglect in complying with requirements of C.M.B. Dr. Kaye, Medical Officer for the district, attended. He said that in his neighbourhood they were fast going back to the "Gamps," and that the state of things was very serious. The doctors covered these women on the plea of "emergency," and that it was very difficult to get substantial evidence that they worked for gain. The Chairman requested him to write a letter to the Board to this effect, and promised to forward it to the Privy Council.

Ann Wathey (No. 3010). Negligence in two cases.

SEVERELY CENSURED.

Elizabeth Hannah Bardsley (No. 21114), Manchester. Neglect in complying with the Rules of the Board.

Annie Maycock (No. 8932), Derbyshire. Charged with neglect in two cases, and drunkenness. The latter charge was an isolated instance.

Louisa Millard (No. 5212), Bristol. Negligence. Patient died. This midwife thought 95 degs. Fahr. the normal temperature, and said she would send for the doctor at anything over 98 degrees.

CENSURED.

Emma Louisa Wood (No. 4170). Negligence.

CAUTIONED.

Ellen Potter (No. 20264), Sheffield. Charged with negligence. The accused was present, defended by her solicitor. Much conflicting evidence was given.

NO ACTION TAKEN.

Mary Boulard (No. 22578), London, C.M.B. examination certificate. Charged with drunkenness. Evidence showed this was not habitual, but want of work and privation had been the incentive. She had pawned her certificate.

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XLVI

Editorial.

THE PREVENTION OF DESTITUTION.

The National Conference for the Prevention of Destitution, organised by an influential Committee, of which the Lord Mayor is President, was attended at Caxton Hall last week by several hundred delegates from all parts of the country, who were welcomed by the Mayor of Westminster.

The Lord Mayor in his presidential address, said that the Conference was memorable, even in an age of Congresses and Conferences, as the first time that representatives of municipalities, and other local governing bodies, from all parts of Great Britain had ever been invited to consider how destitution could be prevented. At present they were emptying out the basin while the tap was still running. Each year 200,000 people became destitute for the first time. Much of this new destitution was preventable. It was high time that we organised our machinery for prevention, up to at least as high a degree of efficiency as our machinery for relief.

The Sections of the Conference were Education and Public Health—which had a joint meeting to consider the medical inspection and treatment of school children—Unemployment, Mental Deficiency, and Legal and Financial.

In connection with the medical inspection of school children, Dr. E. W. Hope, Medical Officer of Health, and Dr. A. A. Mussen, Assistant Medical Officer of Health for Liverpool, in a joint paper, explained that it had been found convenient in Liverpool to associate the medical inspection of school children with the Department of the Medical Officer of Health. The results had been very gratifying. The large staff of female sanitary inspectors available for

following up cases of neglect and defect, whether of person or clothing, had been able to effect many improvements within the power of the parents to accomplish.

In the Section of Mental Deficiency the paper by Dr. F. W. Mott, Pathologist to the London County Asylums, had a special interest for nurses. The speaker pointed out that the relation of insanity to destitution was twofold (a) insanity was the cause of destitution from the fact that feeble-minded and epileptic, as well as insane, children were liable to be born of parents who were either insane themselves, or came from a neuropathic stock, and (b) destitution might easily induce insanity in temperamental conditions that favoured its development.

Again, in the Education Section, Professor Sadler, the President, pointed out that the care of the physical condition of the children, not only in the school but in the home, was at least as important as the continuation of their intellectual development. The supervision of education must extend beyond the limits of childhood to the furthest frontiers of adolescence.

In the Public Health Section Sir T. Clifford Allbutt described the hospital as but a patch on disease, charity organisation as a patch on pauperism, the refuge as a cloak for the ineffectual; State subsidies as a patch on destitution. Were we in the long run to expect much more of reformatories and colonies, or would they also prove to be no more than patches on grown-up indolence, shuffling, plausibility, and depravity? In a corporate life there should be no parts living an atrophied, a cankered, or a parasitic existence.

These are all subjects which are of the greatest interest to nurses, who in their degree can help to make the machinery for the prevention of destitution efficient.

Medical Matters.

SEA SICKNESS.

Dr. Ageka, in an article in a French contemporary, as reported by the *Daily News*, urges that sea sickness should be made a serious study. He believes that in the majority of the cases the nervous prostration which sets in before the actual sickness has a purely physical or bodily origin. The trouble is wholly due to the mechanical effect of the rolling of the ship upon the loose internal organs in the body. "The stomach, liver, and intestines are all free to move, and they react to the unaccustomed motion by transmitting through the intermediary of the sensory nerves their sufferings to the brain or nervous centres, whence in their turn emanate defensive but ill co-ordinated reactions. If, for example, the stomach is affected, that organ has no surer means of defence than of expelling its content, which on normal occasions is almost the sole cause of the trouble. But, alas, in sea-sickness the cause is external to the stomach and vomiting gives no relief."

There are, therefore, three ways of dealing with sea-sickness: (1) reducing the mechanical effect of the rolling upon the internal organs of the body; (2) producing anaesthesia of the stomach; or (3) diminishing the excitability of the nervous centres. The two latter require powerful and dangerous drugs, such as cocaine, the use of which should be confined only to short sea-journeys. The most logical method is to wear some kind of abdominal bandage or stays to protect the organs against the movement of the ship. In strong and healthy folk these organs have very little play, being more or less fixed. As a consequence they rarely suffer from sickness. But with the large majority of people "the simple wearing of a special adapted belt gives marvellous results." The difficulty is, however, that existing appliances are no protection against lateral movement, though they are efficacious enough against vertical movement. "What is wanted, therefore, is that some thought should be given to the invention of the most practical form of belt; with our present resources a result should be quite feasible without going so far as the 'triple bond of brass' recommended by Horace."

THE PREVENTION OF CONSUMPTION.

Sir Shirley Murphy, Medical Officer of Health for the County of London, speaking on behalf of the Marylebone Dispensary for the Prevention of Consumption, expressed the opinion that the dispensaries for preventing consumption were far and away the best methods that had been inaugurated for dealing with the disease.

Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

RHEUMATISM.

We now come to the consideration of a disease, or rather a mixture of diseases, about which there is perhaps more confusion in medical literature than any other ailment. This difficulty has arisen partly because most writers have not made it quite clear to what group of symptoms they are applying the term rheumatism, but mainly because it is only recently that certain work in the laboratory has made the task of classifying the numerous ailments that had previously been included in the descriptions of rheumatism in their proper pathological position.

Originally the name rheumatism was given to any disease that was characterised by pain and swelling in one or more joints. When this was accompanied by feverishness and sweating, and the illness was obviously acute, it was called rheumatic fever, but when the pain persisted, though the sufferer was able to be up and about to a certain extent, it was called chronic rheumatism or "rheumatics," the latter being thought to be merely a less painful and more persistent variety of the acute disease.

Recently, however, it has been discovered that rheumatic fever is due to a particular micro-organism which is found in the blood in persons suffering from that disease, and which, when introduced into animals, reproduces the complaint in them also. This organism is not, however, present in the chronic cases, and it seems probable that these latter do not bear a relation to rheumatic fever at all, and in fact may be due to a totally different cause. We will therefore consider first the true rheumatic fever, and then touch briefly on the more chronic diseases which affect the joints.

The onset of rheumatic fever is usually quite sudden; the patient feels very ill, and has a headache and a sore throat, together with a general aching which soon, to use his own words, "settles" into one joint—usually a knee or ankle, less frequently a wrist or shoulder. Sometimes two or more joints are affected, but it is more usual for one joint to suffer first. The affected joint is very painful and extremely tender, so that the patient cannot bear even the weight of the bed clothes on it. Very soon there is swelling, and, it may be, some redness also, and the joint is found on examination to be distended with fluid.

The general symptoms are now well marked. There is high fever; in fact the temperature

may run up to an alarming height of 107 degs., or even more. There is profuse perspiration, and the sweat has a peculiar sour smell, and is acid when tested with litmus paper. The patient is usually delirious; the tongue is dry and coated, and there is generally some constipation.

The duration of the illness is very variable, and depends mainly on how many joints are affected in succession, it being not uncommon for all the acute symptoms to recur, with swelling of another joint, just as the first one is getting well.

So far it would appear as if rheumatic fever was simply an attack of inflammation of joints associated with a high temperature, but in reality the affection of the joints is not the most important part of the disease from the clinical point of view; in fact we may have true acute rheumatism without any affection of joints at all, especially in young children. The organism which is the cause of the disease has also a tendency to attack the heart, causing inflammation of its lining membrane and the lungs, where it gives rise to pneumonia, and the nervous system, when we get chorea (or St. Vitus dance, as it is popularly called), and it is most important that we should recognise that all these complaints are part and parcel of the same disease; in fact, all of them have been reproduced in experimental animals by inoculations with the organism derived from cases of true rheumatic fever.

When the heart is affected we get swelling of the thin membrane which covers the valves, and then an excrescence forms so that the flaps of the valve are prevented from coming together properly at each beat of the heart. What happens now depends mainly on whether the condition has been recognised and treated or not. Under favourable circumstances the inflammation of the valve subsides, and the patient may recover without any permanent change in his heart; but if he is allowed to get up too soon, strain is placed on the valve while it is still weak and inflamed, and permanent leakage in the valve results, so that the patient suffers from heart disease for the rest of his life. It is not uncommon thing to get such a history as this:—

"My little girl has been ailing and short of breath for a week or two, and she cannot play with the others without feeling faint." On further inquiry one finds that six months or so previously she was feverish for a few days, but her mother got her a bottle of medicine from the chemist, and after a day or two in bed she felt much better, and was allowed to get up. She had pains in her knees, but no atten-

tion was paid to them as they were thought to be "growing pains." On examining such a patient one often finds not only that there is a murmur to be heard over the situation of the mitral valve, but—what is much worse—there are signs also of a permanently damaged heart wall. A very large part of the heart disease in this country is due to unrecognised inflammation of a valve, the original illness having been "treated" by a bottle of medicine from the chemist, or a package of a patent medicine.

In chorea the heart is almost always affected, perhaps more often than in attacks of rheumatism of the joints.

Rheumatic fever may also affect the skin, when we get rashes of various kinds. Most of these are of the urticarial type, and resemble a nettle rash, but not infrequently the eruption looks rather like that of scarlet fever, and, inasmuch as both diseases are associated at the onset with inflammation of the tonsils, difficulty in diagnosis is apt to arise. Incidentally these rheumatic eruptions are often followed by well marked peeling of the skin. Another sign which is met with in a few cases of rheumatic fever is the development of small swellings in the tissues underneath the skin, which are known as rheumatic nodules.

The first essential in the treatment of rheumatic fever is absolute rest in bed in the recumbent position, and the patient, even in the mildest attacks, should not be allowed to move from his bed for any purpose whatever, and should not attempt to do anything for himself. Unfortunately, the general public is not sufficiently impressed with the importance of mild attacks of this disease, so that it is sometimes difficult to persuade the relatives of the patient that a trained nurse is absolutely essential. The sheets should be removed from the bed and the patient placed between blankets; he should, moreover, be clad in a flannel gown that is made to open both back and front for convenience in changing, an operation that may require to be very frequently performed on account of the profuse sweating. Another point is that he should not only be allowed, but encouraged, to drink plenty of fluid which serves to dilute the poisonous products of the rheumatic organism. To many people the bare idea of a patient with a high temperature and a raging thirst being allowed to drink cold water is a heresy of the deepest dye, which is treated—after the manner of heresies—by torturing the heretic, or, in other words, by allowing him to remain thirsty.

Fortunately, we have a drug that is almost a specific in cases of rheumatic fever, namely, salicylate of soda. Whether this acts by killing the organisms or interfering with their

growth, and their power of manufacturing toxins, or merely as a chemical antidote to the rheumatic poison, we do not know, but there is no doubt as to its efficacy. It often acts best when combined with an alkali, such as bicarbonate of soda. Under its influence, the pains subside, the temperature comes down, and the patient soon feels much more comfortable. The nurse should watch for signs of an overdose, which are buzzing in the ears, and a peculiar deep gasping condition of the respiration; sometimes delirium occurs, or a feeling of faintness.

In chorea, absolute rest in a quiet room is essential, and one often feels that the noisy ward of a children's hospital is hardly suitable for these patients. Salicylate of soda may be given, but it is generally also necessary to soothe the irritated cells of the brain; for this purpose bromide of potassium is useful, and some cases do well on large doses of arsenic.

Unfortunately, both rheumatic fever and chorea are apt to leave the patient more susceptible to attacks of the organism so that relapses and repeated attacks are not uncommon.

The President of the General Medical Council on Nurses' Registration.

The following reference to Nurses' Registration was made by the President of the General Medical Council in his opening address at its recent session:—

A measure providing for the Registration of Nurses was on February 27th introduced in the House of Commons as a private member's Bill; and it has since been printed. The Bill proposes to create a General Council for the United Kingdom, whose duties shall include the framing of rules for "regulating and supervising and restricting within due limits the practice of registered nurses." Such rules are to be subject to the approval of the Privy Council; but no provision (such as exists in the Midwives' Act) is made to ensure that the rules, before being approved, shall be submitted to this Council for consideration. The Council has already informed the Lord President that it regards such a provision as necessary, in view of the conditions and responsibilities of medical practice. On calling the attention of the authorities to the above-mentioned omission, I was informed that, should the Bill be proceeded with, steps would be taken, in accordance with the terms of the Privy Council's communication of March 18th, 1910 (*Minutes*, vol. xvii., p. 181), to procure the insertion of a suitable amendment on the lines of that proposed for the new Midwives' Bill.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss Amy Phipps, St. George's Infirmary, Wapping, E., for her article on the question:—

WHAT CARE SHOULD BEDPANS AND LIKE UTENSILS, ALSO SPITTOONS, RECEIVE IN ORDER TO PREVENT ODOUR AND INSURE PERFECT CLEANLINESS?

It is of the first importance that bedpans, urine bottles, etc., should, except when in actual use, be kept in an airy, well-ventilated place, right away from the sick room. It is preferable that bedpans should be kept in a rack, made to hang upon the wall, where they can be in fresh air: They should always be kept covered in their passage to and from the patient, and with advantage a little disinfectant may be placed in the pan before use, care being taken, however, that it does not come in contact with the patient's skin. After use excretions should be emptied, and the pan sluiced first in cold water, then with some disinfectant (carbolic, 1-20), and finally washed with very hot water, a mop being used to clean handles, etc. The mop also must be kept clean and as aseptic as possible. An excellent plan is in vogue in many institutions for rendering bedpans, bottles, etc., absolutely safe and sterile.

A special iron steriliser is kept for the sole purpose of boiling up such articles once or twice a day. In this way we are quite certain that any germs that may have been present are rendered harmless. Any excreta ordered to be kept for inspection should be placed away from the sick room, and covered with a cloth wrung out in carbolic lotion (1-20).

For a case of fever, and, of course, especially typhoid, a strong disinfectant should be placed in the pan, such as perchloride of mercury (1-1000), and after use the pan should be cleansed, a little of the solution left in it, and covered with a towel wrung out of the same. A special pan should be strapped and kept for these cases. Failing possibilities of sterilising, the articles should once a day be well washed in a large tub of very hot water, with some disinfectant powder. All lavatories, etc., should be kept well flushed with water and disinfectants.

Spittoons should be made of earthenware, with a lid of the same. Before use they should have a small amount of antiseptic lotion put inside, except in a case of unsound mind. In such case Izal may be used with safety, or a little water only may be put in. It must be borne in mind that sputum is comparatively harmless whilst it is moist, but if allowed to dry the germs become active, and it is then that they

are so productive of disease. Therefore spittoons should be emptied frequently. After emptying they should first be washed out with cold water, then with very hot water, and finally rinsed through an antiseptic solution, the emptied contents being disinfected carefully and washed away subsequently. Spittoons should, if possible, be sterilised at least once daily, as nothing else can quite compare with this. For phthisical patients a much better plan is a receptacle which can be burnt whole with the contents on a very hot fire, care being taken in its removal from the patient that nothing is spilt. This is then replaced frequently by an entirely new one of a pattern made of cardboard.

We highly commend the papers by Miss M. Denny, Miss Robertson, Miss H. Holmes, Miss E. Bleazby, Miss Fenton, Miss E. F. Lukey, and Mrs. Moakes.

Concerning spittoons, Mrs. Moakes writes:—"Spittoons of any kind require very particular care, as expectorations of all kinds are disagreeable and offensive. I should burn all this kind of matter, whatever the cause—diphtheria, phthisis, or any other complaint. I always line a spittoon with paper, ready for the patient's use, from a roll of sanitary paper, and take away at once all expectorated matter to the fire or furnace, and leave the vessel washed out with a disinfectant and water. See that the handles are perfectly clean. I have often, when visiting poor homes, and people who did not understand the importance of keeping a spitting vessel clean, shown them the use of paper linings, and found how delighted they were to know a method of keeping a disagreeable article sweet and clean for a patient's use."

Miss Bleazby points out that "To keep bed-pans and other utensils of that description perfectly clean and free of any offensive odour it is necessary that each time a pan is used it shall be thoroughly swilled out under the tap with cold water. Adherent matter—faces, etc.—must be carefully removed from all crevices and bends with tow, or a brush made for the purpose. When the utensil is a bed-pan with a hollow handle a brush must be passed through this and rubbed round to remove all particles. When the utensil is a slipper a thin brush must be used to get well into the 'toe.'"

QUESTION FOR THIS WEEK.

Mention some forms of respiration that indicate serious conditions, and describe them.

Rules for competing for this competition will be found on page xii.

Miss Luckes on the Bart's Débâcle.

"Let sleeping dogs lie," is a wise old saying of the peace loving, and we think Miss Luckes, Matron of the London Hospital, would have done well to curb her animus in her annual letter to "London" nurses against those who objected to the "nobbling" of the "Bart's" matronship for one of her retinue of assistants. But as Miss Luckes has thought well to issue broadcast statements on this smouldering wrong which are not accurate, it becomes our duty to the nursing staff at St. Bartholomew's Hospital to correct them.

THE APPOINTMENT OF MISS MCINTOSH.

Miss Luckes writes that the appointment of her senior assistant as Matron of St. Bartholomew's Hospital

"Was made an occasion for a most unfair attack upon the London Hospital Training School, and upon all connected with it, by those who have always been ready to disparage our work. Fortunately, the unworthy spirit which prompted the noisy commotion these agitators determined to make was apparent to all who knew enough of what was going on to be interested in the subject. The unworthy attempts to stir up strife, and make a difficult position still harder, only did the minimum and not the maximum amount of harm.

"It seemed to us very hard lines on the majority of the 'Bart's' Nurses that they should be misrepresented to the public as disloyal to the authorities of their own hospital, for we heard on every hand that many past and present 'Bart's' nurses were prepared to accept the decision of their own Committee, and to give Miss McIntosh the loyal support which is due to every Matron who accepts a responsible post with a determination to do her duty.

"When the time came for Miss McIntosh to enter upon her present work she was most kindly received on every hand, and is now happily settled down, determined to do her best for the grand old Hospital, and for all the nurses connected with it. Those who know Miss McIntosh know how loyally she would work to maintain its best traditions, and how little ground for anxiety 'Bart's' nurses had in receiving anyone so straight-forward and just as Miss McIntosh to be their Matron."

Everyone who ventures to differ from the Matron of the London Hospital on professional matters is a "noisy agitator," inspired by an "unworthy spirit," so we may let that pass, but her statement that an unfair attack was made on the London Hospital nursing system over the appointment of her senior assistant as Matron of St. Bartholomew's Hospital is untrue. *Facts* were put forth—simple facts—which no amount of bluster and verbosity upon the part of Miss Luckes can controvert.

The certificated nurses of St. Bartholomew's Hospital, who formed the Defence of Nursing Standards Committee, considered it their duty and their right to place before the Treasurer and Governors the depreciation of their three years' training and certificate, which would inevitably result from placing a woman as Superintendent of Nursing in their School, whose professional qualification of two years' training would not qualify her to be a Staff Nurse! A woman, moreover, who had never had charge of wards, or independent superintendence, as Matron of a hospital, and whose whole professional associations were with an institution the unjust economic conditions of which for nurses are condemned by all unprejudiced persons. Moreover, the Defence of Nursing Standards Committee were well aware of the interested interference of the officials of the London Hospital concerning the Bart's appointment.

In common with the whole nursing world Miss Lückes knows that nearly every sister and nurse in the hospital signed a statement to the Treasurer, Almoners, and Governors, contradicting an inspired paragraph in the press that they were satisfied with the appointment.

Ultimately the "London" nominee was thrust upon the Nursing School of St. Bartholomew's, upon the threat of the Treasurer to the Governors to resign, if this most unjust election were not approved. The Governors thereupon betrayed their trust to their own nurses, and, for the sake of expediency, dealt a blow at the educational and disciplinary standards of their Nursing School, from which it will never recover until the wrong has been righted.

The choice of resignation and loss of well earned pensions for the Sisters, and of resignation and educational disruption for nurses in training, or submission to this decision, was the cruel alternative which these working women had to face. The few who could claim their pensions did so, and departed; the majority, influenced by necessity, remained. It is almost impious of Miss Lückes to use the word "loyalty" in connection with this treatment of their nurses by the officials and Governors of St. Bartholomew's Hospital. Compulsory submission to injustice never breeds "loyalty," the gracious essence poured out of the human heart only before things sweet and lovely. Loyalty at "Bart's" is reserved for the memory of that noble woman, whose whole life of devoted service has been purposely and most cruelly depreciated by those who owed it honourable recognition. As her professional antagonist may appear for the moment that Miss Lückes

has triumphed over the great dead. But surely ultimate power is with abstract good.

The Nursing School of St. Bartholomew's Hospital may or may not be given the power in the future to regain its prestige and self-respect, but until it is given such power it ranks as the mere *dependance* of the London Hospital—an institution ruthlessly commercial in its relations and entirely devoid of professional ethics towards the Nursing Profession as a whole.

WELCOME HELP.

The President of the Society for State Registration acknowledges with many thanks £2 2s. towards expenses of the Nursing Pageant from the President and members of the Kingston Infirmary Nurses' League, £1 1s. from Miss Janet Stewart, and 2s. 6d. from Miss Tindall, Bombay, to the General Fund.

WEDDING BELLS.

Miss E. Nicholson, Lady Superintendent of the Manchester Children's Hospital, Pendlebury, has resigned the appointment owing to her approaching marriage with Mr. Charles Roberts, F.R.C.S., surgeon to that institution. Miss Nicholson, who was trained at St. Bartholomew's Hospital, was gold medalist of her year, and Mr. Roberts has won many honours in his profession. A wide circle of friends will wish Miss Nicholson every happiness in the new life before her.

IRISH NURSES' ASSOCIATION.

A very pleasant meeting of the Irish Nurses' Association was held on Saturday, June 3rd, at the Richmond Hospital, by invitation of Miss Holden. The weather was all that could be desired and the beautiful grounds looked their best.

Tea was served on small tables under the trees, and tennis, croquet, races, games, and Aunt Sally were indulged in afterwards, prizes being given to the successful competitors. Madame La Frande, Palmist, proved a great attraction.

The resident staff very kindly provided a band, and the evening closed with dancing on the lawn.

The following Programme of Summer Amusements has been arranged:—

Thursday, June 22nd.—Killiney Hill, Victoria Gate. Cyclists meet at Donnybrook Terminus, 4 p.m.

Saturday, July 15th.—The Scalp. Cyclists meet at Clonskea Tram Terminus, 4 p.m.

Friday, July 28th.—Howth Summit. Cyclists meet at The Crescent, Clontarf, 4 p.m.

The Nature Cure at Broadlands Sanatorium.

People often say "It only I could get a real rest away from all the daily puff-blowing worries, how I should enjoy it," or "The doctor says I am not really ill, only in need of a real rest," but where to go—that is the question."

Now for such cases—to say nothing of people really ill—there is nothing like life under the most natural conditions—a Nature Cure in fact—and the very place where such a cure can be taken under the most scientific and simple conditions is to be found at Broadlands Sanatorium, near Medstead, in Hampshire, situated

Bircher Baum (Zürich), Dr. von Sogesser (Deggshelm). The chief therapeutic agencies employed are sun, air, water, and vapour baths, local steam applications, hot fomentations, clay packs, and local applications, colon irrigation, sleeping in air chalets (which are warmed in winter), deep breathing, physical culture and remedial exercises, and a varied, nourishing, non-flesh diet.

All maladies are received except tuberculosis, mental, and contagious disorders. Rest cures are particularly successfully carried out in the air chalets, situated as they are in large, grassy, enclosures, thus giving the patient perfect privacy combined with absence from dust and noise.



A PATIENT HAVING A MEAL OUT OF DOORS.

500 feet above sea level, in exceptionally pure and bracing air, in one of the most beautiful districts in the South of England.

The Matrons' Council has received a courteous invitation to visit and inspect this national sanatorium, and it is hoped it may be able to do so at an early date.

THE FIRST NATURE CURE.

The Broadlands Sanatorium is the first to be established in this country, where diseases other than tuberculosis are treated under open-air conditions. The Sanatorium is conducted on the lines of the many which have been so successful all over the Continent, such as those of Dr. Lalmann (Dresden), Dr. Oldenboom (Holland), Dr. Lybeck (Finland), Dr.

THE CLAY TREATMENT.

Remarkable results are obtained from the clay treatment. Clay has been used from time immemorial for healing purposes, and in recent times the investigations of French medical men have shown that the miracles formerly ascribed to it are due to its possessing radio-active properties. The method of the therapeutic action is threefold—viz., by means of the humid dressings, the rays, and the emanations; the effect of the ordinary humid dressing, or wet pack, cannot compare in any way with the results obtained from the clay. It reduces inflammation, is invaluable in cases of skin trouble, and its power of relieving pain seems magical. It is of benefit in synovitis, rheumatism, etc.

SUN BATHS.

The beneficial effect on illness, of all kinds, of living and sleeping in the open air is now becoming universally recognised, but the benefits of air and sun baths are as yet little known in this country. People live so much in dark, non-porous clothing that they do not realise the extent to which they have weakened and impeded the action of the skin, and they are consequently surprised at the curative and invigorative effect of what seem such simple agencies. Accounts have appeared from time to time in the *Lancet* of the successful treatment of hip disease, ulcers, etc., abroad, by direct exposure to the sun's rays, and these are being borne out by similar experience at Broadlands.

BEHNKE METHOD OF BREATHING.

Another important feature of the treatment is the instruction given in deep breathing. The exercises used are those of the Behnke method,

secure proper flexibility and to remedy the prevalent faults of rigidity which are so largely responsible for nerve strain and physical exhaustion.

RECREATION.

Recreation in the open air is encouraged—tennis, croquet, and other games, riding, beautiful walks, and music form part of the curative process.

Patients are received either for convalescence or treatment, and either with or without their own nurse, and we should advise nurses to see this charming place for themselves, if possible. The terms are from 3 guineas weekly or 25s. for a week-end, and the illustrated Prospectus can be obtained from the Manager, Broadlands, Medstead, Hampshire.

THE BROADLANDS COOKERY BOOK.

In response to numerous requests a Cookery Book has been issued embodying the Dietetic principles in practice at the Broadlands Nature



A VIEW OF BUNGALOW AND AIR CHAETS.

which is so well known for its wonderful results, and which is recommended by leading medical men. By their use the vital capacity is increased to a remarkable extent, with a proportionate gain in energy and strength, and improved circulation and digestion.

In the cure of anæmia instruction in proper habits of breathing is one of the most important factors. An increase of chest girth, even in adults, of from 2 to 4 or 5 inches, and from 20 to 100 cubic inches of lung capacity in the course of a few weeks is almost invariably achieved. Remedial exercises on the same method are employed with great success in cases of lateral spinal curvature.

PHYSICAL CULTURE.

A special feature is also made of rational, scientific physical culture. There is no attempt at sensational muscle development, but a harmonious training of every muscle in the body is aimed at, great care being taken to

Cure Sanatorium, compiled by Kate Emil Behnke and E. Colin Henslowe, price 2s. 6d.

The aim of the authors has been to bring under one cover everything that is necessary for the guidance of those desirous of adopting a non-flesh dietary.

Three types of diet are given; the first for those to whom a non-flesh régime is entirely new, so arranged that by the use of savoury dishes meat shall not be missed, and the transition shall present no difficulties; the second, of a more simple nature, easy to carry out, and expressly planned to meet the needs of the majority; and the third, what might be termed the ideal diet. The menus of a number of meals on the three diets are given, and as care has been taken in drawing them up to secure an approximately correct balance of the various food elements, the beginner need not trouble himself on this score, and it will soon be found that natural instinct will assert itself.

The Need for State Registration of Nurses in India.*

By Mrs. W. H. Klosz, R.N.

Mrs. Bedford Fenwick and fellow members of the Society for the State Registration of Trained Nurses.—I consider it a great privilege to speak to you to-day. I am in a unique position in regard to this movement, being registered in the State of Maryland in the United States, a member of the Trained Nurses' Association of India, and also a member of this English Association; and so I felt it to be my duty to respond to our President's request that I should speak to you, and thought that you would recognise in my cosmopolitan interest in nursing my excuse for appearing before you. I had no share in the work for registration in the United States, as I was in India, and only went through the process of registering when the time came, but I hope to be associated with nursing progress in India until registration is accomplished there, although it may be a matter of years, and I am glad to give whatever slight assistance I can to this society.

You have all read of the ancient method of medical relief in India, where the people turned themselves over to the tender mercies of the village barber, who was a more or less sage medicine man, or to some who had gained a reputation for expelling evil spirits. Wonderful stories are told of the superior knowledge of the *hakims*: they are quite generally believed to be able to tell just what you have had to eat by feeling your pulse. My Hindustani teacher was a great admirer of these pseudo doctors, and I think the want of money enough to buy an outfit of medicine and bottles was all that kept him from setting up for himself in the same line. A story which he greatly enjoyed, and saw no reason to disbelieve, related how a man was relieved of some dog fleas which had got into his stomach and worried him by their continual biting. He went to the *hakim* in his trouble and the man, after expressing his sympathy, asked him to dine with him that evening. The two men sat down to a dish of savoury curry, which the *hakim* refused on the pretext that he was on special diet and could not eat meat for a few days. The patient ate heartily and shortly after dinner the *hakim* gave him an emetic, when the fleas all came up adhering to the meat. It was dog's flesh, and they had recognised it and attacked it at once on its arrival in the man's stomach.

* An Address delivered at the Annual Meeting of the Society for the State Registration of Trained Nurses, London, May, 1911.

The credulity of the people is almost beyond belief; let a man once establish a name for himself, and impossible cures will be accorded to him. Even of Western doctors who become well known, and win the confidence of numbers of people, positively miraculous stories of surgical operations and other treatment are told. One of these was related to my husband in perfect faith by a man who was well educated, a Sanscrit scholar, a man in good position, and in continual touch with Western minds. The operator in this case was a medical missionary who is one of the best known surgeons in Western India. This is the story:—A woman was brought to the doctor suffering from a uterine tumour. She was pregnant and the tumour was threatening the life of the child. The doctor procured a goat which was also pregnant; he operated on both the woman and the goat, and removing the kids from their mother, placed the human child and the placenta in the uterus of the goat while he took out the tumour, when he returned the child and the placenta to their proper place, and the child lived and the woman recovered.

The system of nursing from time immemorial, where outside help was needed, has been by *dais*. Although this is not exactly a political meeting I think I may be allowed to say, Madam President, that they follow their calling by heredity. These are the midwives of the country, and with the exception of a few centres where a large outside obstetrical practice has been worked up in connection with a hospital these women do the great bulk of the obstetrical work, and qualified men or women see very few cases except those that have baffled the *dais* crude and unclean efforts.

The Government has an admirable system of medical service with a Director General of Civil Hospitals at the Presidency towns, Civil Surgeons in the large towns, medical assistants in the smaller places, and apothecaries in the villages. The many excellent mission hospitals which are scattered throughout the country I need hardly mention, as they have the advantage over the Government of being brought before the public at the May meetings. Their work, especially that for women, is an invaluable supplement to the Government work. The railways and other large employers of labour provide doctors for their staffs and also have hospitals of their own. By these means free medical attendance is within reach of the majority of the people, and yet constantly even those who have come into close touch with European life revert to their old form of treatment. About two years ago we learned that a relative of one of our servants, who lived in our compound, and was

little more than a girl, had set herself up to be a doctor of sorts, and quite a number of patients were coming to her, some paying, we were told, as much as five rupees (half a month's pay) in spite of the fact that they could have been treated at the civil hospital free. Very soon after this came to my ears she left suddenly, and they said that her name had become stale, as they expressed it, and she had had to go to a new place.

There is no nursing service to correspond to the medical one, though the last few years have seen marked advance in providing nurses, and quite a number of civil hospitals have now Lady Superintendents with a small nursing staff, where formerly the Civil Surgeons had to depend on the patients' relatives and friends for nursing care. Bombay, Calcutta, Madras, Lahore, and other centres have large hospitals with training schools for nurses where European methods of course prevail. These cities have also many European, Eurasian, and Indian nurses of all grades of training working independently, and it is for the classification of these that registration is perhaps most urgently required. It is also necessary to set a minimum standard of nursing education for training schools for Indian as well as for European girls. Most of the missionary hospitals have now small training schools for nurses where very good work is being done, and this would be systematised and unified by requirements for registration.

The lack of nurses in India makes so far very little conscious difference to the masses of the people, because, as I have shown, they cling to their old methods and the majority of them are too poor to employ a proper nurse if one were at hand. To the most of them relief must be brought, if at all, by a gigantic system of visiting nursing. But even those who could pay a nurse rarely appreciate the advantage of having one, and nursing duties are delegated to various members of the family, sometimes, it must be confessed, with marked success.

The fact that by registration nursing would be given a Government status would almost certainly help to remove some of the causes which militate against the supply and employment of Indian nurses. Let me mention some of these: First, nursing is not looked upon as an end worthy of attainment. Even among Europeans there is the same misunderstanding in regard to it, one old gentleman said to me that he was surprised that I did not go out to India qualified, meaning as a doctor instead of a nurse, and once when I had to take the doctor's place in the dispensary for a few weeks the helpers began to ask among themselves how long the Nurse Miss Sahib would have to

write at the table before she could become a doctor. Principals of schools and orphanages offer girls who can never make teachers as suitable material to be trained as nurses, and really bright girls who are interested in the care of the sick usually take a short medical course and become medical assistants. It is rather disconcerting to a girl who has been doing faithful work in a hospital for four years, and is becoming a really trustworthy nurse, to be reminded that she has worked four years and is nothing at all, and if she had gone to Agra for two years instead she would have been a doctor.

It does not seem possible yet in India for young women to go about among their own people, and those who are trained in our hospitals must either work on in hospitals where they will be under the supervision and protection of other women or go to take charge of sick children in orphanages, where they will have the same protection. A European nurse told me that when she was leaving an Indian patient where the conditions were not at all suitable for an English woman she suggested to the Brahmin master of the house that he should get a native nurse. He said he would not think of such a thing, as they were all fallen women. It is quite true that this is the general opinion in regard to all those who go about independently among the people. This very stigma makes it extremely difficult for a woman to retain an unsullied character in such work, and a complete change of attitude toward the nurse will be necessary in Indian households before it will be safe to be a nurse in this public sense. I was told of one midwife whose husband accompanied her to the house whenever she went to attend a case in order that it might be understood that she was a good woman. The deep respect of the people for the nurse and her work may be all the protection she will need when she wins that, but how is that to be done? Various philanthropic societies are doing much to inculcate a spirit of service which will be certain to improve the position of those who give themselves to service for others. Prominent among them is the Seva Sadan, or Sisters of India Society, which is giving much attention to the care of the sick, and should be able through its nurses to set the seal of respectability on the nurses' calling.

It will perhaps be a great many years before it will be possible to make it illegal for a nurse to practise unless she is trained up to a certain standard. As yet any man who likes may set up a little drug shop and call himself a doctor, and until the doctors succeed in protecting themselves and the people, by allowing only properly qualified physicians and surgeons to

practise, nurses will perhaps be considered Utopian dreamers if they hope to protect the people from nursing which is not worthy of the name. Registration, when it comes, will be a separate matter in each Province, as it is in the separate States in America, and the competition of one Province with another to obtain the best system of examination and registration will probably exert a wholesome influence on the whole. Meanwhile, there are various associations which are working hard in India, some from the standpoint of the nurse, and some from that of the public, to improve present conditions and provide adequate nursing care for the sick. Nurses themselves have two associations, the Trained Nurses' Association of India and the Association of Nursing Superintendents of India. These Associations are making a great effort to bring together all the trained nurses in the country, of whatever race, and they form a centre from which methods can be discussed and new movements started. *The Nursing Journal of India* is a monthly magazine published by these Associations. Lady Minto's Indian Nursing Association, the Lady Amphyll Nursing Institute, Queen Alexandra's Military Nursing Association, and various associations connected with individual hospitals for supplying nurses are all doing much to make nurses respected in India, and connection with them is a guarantee of a proper training, as only fully-trained nurses are accepted in these services. The newly-organised Bombay Presidency Nursing Association, while its rules leave much to be desired from the nurses' point of view, is still the forerunner of registration, for each nurse holding the Association's certificate will be registered by Government. It may be impossible for a long time to keep individuals from employing untrained nurses, or to forbid untrained people to nurse, but in the Bombay Presidency positions in the affiliated hospitals and private work in the nursing associations will be limited to fully qualified and registered nurses. There is to be no distinction of race, and any nurse who comes up to the requirements may be admitted, whoever she is. I quote from a paper on the Bombay Presidency Nursing Association, read by Miss Tindall, of the Cama Hospital, at the Annual Conference of the Nursing Associations:—"Every other Province is already affected by this Association, in that, as it considers that nowhere in India is there a proper system of training for nurses, and it will not receive into its posts any nurse who has not gone through such a training, the Bombay Presidency is closed to all Indian-trained nurses outside the four Presidency hospitals recognised by the Association, unless

any candidate is willing to sit for the final examination and pass it, she having had three years' training in a hospital of sufficient repute. I think when this becomes known and fully grasped the other Governments and hospitals will not like to feel that their nurses are not considered sufficiently taught and trained to be admitted to the Presidency, and will therefore follow the lead of this Association and insist on a certain uniform training and examination."

Only among rich and well-educated Indians would the argument of protecting the public by means of registration have much effect, as a nurse with even the most rudimentary or careless training would be better than their ignorant and superstitious *hakims* and *dais*. But in India most social improvements have to be introduced, if not against the will of the people, at least in spite of their indifference, and we must not rest while the people are content with the present conditions. The only ones who will suffer from a system of registration are young nurses with incomplete training, and it will be for their good to be compelled to complete it, and the older partly-trained women and *dais*. For their sakes it will be necessary perhaps to eliminate all but registered nursing from the country by a slow process of evolution.

In conclusion, therefore, we are seeking registration in India for the same three reasons that it has been, and is being, fought for everywhere, for the sake of nurses themselves, that they may be assured a thorough training and the position of respect which their service deserves, and which is so necessary in India for a nurse's protection; for the sake of the doctors, that they may secure more competent and trustworthy co-operation in their wonderful work of preventing and healing disease; and lastly, though first in importance, because it is the greatest good for the greatest number, for the sake of the people themselves. Lord Curzon, speaking at the Mansion House a few weeks ago, reminded his hearers that, as he had said many times before, we English people are in India for the good of the Indians, and that is our only reason for being there, and he further added that when we cease to hold that ideal the sooner we are out of India the better. If we nurses who go to India from Western lands keep this ideal before us and those we train, subordinating personal advancement or dreams of wealth picked up at Oriental courts, or in large fees from rich merchants, then not only thorough and conscientious individual work must be our aim, but membership in a well ordered, efficient, and respected department of public life.

Appointments.

MATRONS.

Greenock Poor-House and Asylum.—Miss Annie Love has been appointed Matron. She was trained at the Mill Road, Infirmary, Liverpool, and is at present Assistant Matron at Dundee District Asylum, Dundee.

The Rawcliffe Hospital, Chorley, Lancs.—Miss Jessie Morrison has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she was subsequently Theatre Sister. She has also held the position of Assistant Matron at the Home Hospital, De Montford Square, Leicester.

Isle of Wight Joint Hospital, Fairlee, Newport.—Miss Truth Peppercorn has been appointed Matron. She received her general training at the Beckett Street Infirmary, Leeds, and training in infectious work at the Eastern Hospital, Homerton. She has also been Charge Nurse at the Middlesbrough Sanatorium, the Guildford Isolation Hospital, and the City Hospital North, Liverpool; Sister and Deputy Matron at the Croydon Borough Hospital; and Matron of the Gainsborough Isolation Hospital.

SISTERS.

Bruntsfield Hospital, Edinburgh.—Miss N. Walker Brown has been appointed Sister. She was trained at Chalmers' Hospital, Edinburgh, and has held the position of Charge Nurse at the Victoria Hospital, Glasgow, and Night Sister at the Dorset County Hospital.

The Children's Hospital, Nottingham.—Miss Emily Constance Jessop has been appointed Sister. She was trained at the County Hospital, Lincoln, and the District Hospital, Rugeley, and has held the position of Theatre and Ward Sister at the Coventry and Warwickshire Hospital, Coventry, and has in addition had experience of private nursing in Stoke-on-Trent.

Highgate Hill (St. Mary, Islington) Infirmary, London.—Miss Kathleen Bone has been appointed Sister. She was trained at the Westminster Hospital, London.

Montgomery Infirmary, Newtown.—Miss Florence Lewis has been appointed Sister. She was trained at the Southport Infirmary, and has held the position of Charge Nurse at the Bromley Hospital, and also at Retford Hospital, and has, in addition, had experience of private nursing in Cardiff.

East London Hospital for Children, Shadwell.—Miss Kate Murley has been appointed Sister. She was trained at Her Majesty's Hospital, Stepney Causeway, and the Berkshire County Hospital, Reading, where she has temporarily held the position of Sister, and has been Staff Nurse at the Royal Infirmary, Edinburgh.

INSPECTOR OF MIDWIVES.

Lancashire County Council.—Miss Florence Gane has been appointed Inspector of Midwives. Miss Gane was trained at the Norfolk and Norwich Hospital, and at St. Mary's Home, Fulham, and has held the position of Inspector of Midwives at Sheffield, and is at present School Nurse under the London County Council.

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss Annie Muriel Frank has been appointed a Sister in Queen Alexandra's Royal Naval Nursing Service (on probation).

LOCAL GOVERNMENT BOARD FOR SCOTLAND EXAMINATIONS.

On May 9th, 10th, 11th, and 12th the Local Government Board held at Glasgow University and Glasgow Western Infirmary an examination for the certification of trained sick nurses. Fifty-two candidates presented themselves for examination. The examiners were Dr. Affleck, Edinburgh; Dr. Ker, City Hospital, Edinburgh; and Dr. M'Vicar, East Poorhouse, Dundee; who were assisted in the practical part of the examination by Miss Gregory Smith, Matron of the Western Infirmary, Glasgow; and by Miss Merchant, Matron of the Eastern District Hospital, Glasgow. The subjects of examination were—(a) Elementary Anatomy and Physiology; (b) Hygiene and Dietetics; (c) Medical and Surgical Nursing; and (d) Midwifery. The following candidates have passed in all the subjects indicated, and are entitled to the certificate or efficiency granted by the Local Government Board:—

Misses M. S. Angus, H. Armstrong, K. F. Deas, B. F. Hinderwell, M. Johnston, L. Macdonald, A. B. Macnab, E. C. M'Naught, E. A. Ross, A. Westwood, H. Whittaker.

The following candidates have passed in the subjects indicated:—

Misses Jane S. R. Anderson (b and d), Cissy Angus (a).

Mary Barrie (a), Mary F. Burns (a and b).

Nellie M'N. Cameron (a, b, and d), Jessie Catto (a), Kyle J. Clarke (a and b).

Jeanie F. L. Dawson (b), Mary Delaney (d), Helen C. Donald (b and d), Jessie F. Donald (a).

A. M. Edna Fry (d), Kate M'L. Graham (a), Annie Hadden (d), Margaret A. Hamilton (a and b), Mary M. Harper (a).

Elizabeth Innes (a).

Georgina Johnstone (d).

Isabella S. Kellock (a and b).

Joan Martin (a), Margaret Mathers (a), Elizabeth L. Millikin (a and b), Agnes C. Mitchell (a and b), Marjory C. Murray (a), Mary J. Macenzie (a), Mary H. M'Laren (b and d).

Jane Paterson (a), Elizabeth H. Paxton (a).

Marion S. Rankin (b and d), Katherine Ross (a), Elizabeth R. Shaw (a and b), Agnes A. Simpson (a), Agnes Slater (b).

Jessie Taylor (a), Mina Thaw (a).

Lilian M. Watt (d).

THE GUILD OF ST. BARNABAS FOR NURSES.

The Bishop of Leobombo, who is a registered medical practitioner as well as a Doctor of Divinity, is to be the preacher at the Anniversary Service of the Guild of St. Barnabas for Nurses on Tuesday, June 13th, at St. Alban's, Holborn, at 7 p.m. The Bishop will also speak at the Annual Meeting at the Holborn Hall afterwards, and other speakers will be Archdeacon Johnson of Nyasa, Mr. Stephen Paget, F.R.C.S., and Canon E. E. Holmes.

Nursing Echoes.



All the seats are now taken at the BRITISH JOURNAL OF NURSING table at the Coronation Dinner of the Society of Women Journalists, on June 20th.

The *Local Government Chronicle* has evidently a liking for the "born nurse," who seems so attractive a personality to many who have never had occasion to need her services.

It states: "We are far from admitting that because a woman is registered as a trained nurse, or because she has obtained a certificate, she is necessarily better than another woman who has not gone through these formalities." It then discusses the Nurses' Registration Bill at some length.

Our contemporary may learn by bitter experience that the "formalities" to which it attaches so little importance are matters in which life and death are concerned, and which weigh down the balance in favour of life.

In the current report of the Nurse Training School at St. Thomas's Hospital, the Matron, Miss Hamilton, gives an account of the preliminary course, which was instituted last year. In the first eight months fifty candidates were admitted, and each seven weeks' course, in which the pupils were instructed in elementary hygiene, anatomy, and physiology, and in bed making, bandaging, splint padding, and the elements of sick cookery, examinations were held by Miss Lloyd Still, Matron of Middlesex Hospital, who was trained at St. Thomas's, and Dr. Turney. Forty of the pupils passed into training in the hospital.

Lady Faudel-Phillips, accompanied by her daughter, Mrs. Henriques, opened the sale of work in aid of the Shoreditch and Bethnal Green District Nursing Association last week, and Lady Alington and Viscountess Crichton sent gifts of butter and flowers. On the second day it was opened by Lady Gwendolen Guinness.

The new Matron of the Royal South Hants and Southampton Hospital, Southampton, Miss Harradine, has now assumed office, and Miss Mollett, with many expressions of good will for her future happiness, has taken up her residence at Rose Cottage, Three Cross, Wimborne.

At the annual meeting of the Norwich District Nursing Association, at which the Lord

Mayor of Norwich, Mr. Eustace Gurney, presided, the Dean, Dr. Russell Wakefield, said that the District Nursing Association would live and must live as a real blessing and benefit to that place. He was sorry to suggest that the Association should recognise anything in the shape of swating, but he noticed that the Howlett nurse worked in a number of parishes the population of which was about 20,000. He did not know how far she was assisted in her work, but he would be glad to see a larger number of nurses employed. As to the importance of this work of nursing in the homes of the poor, it was too late in the day for it to be necessary to say anything in its favour. Doctors had told him that one of the cruellest things they ever had to recommend was careful nursing and management, when they knew it was perfectly impossible to secure what they were recommending. Then latent health troubles were often discovered by the nurses and placed in the hands of skilled people to deal with, and he himself in his own parish had often got into touch with people who otherwise he would have had no opportunity of knowing except through the district nurses. He was their debtor.

Dr. Burton Fanning, in seconding, expressed his profound admiration for the work of the district nurses, which was most valuable, particularly in taking observations in cases of consumption. For himself, if he were ill, and could not have both doctor and nurse, he would very much rather have the nurse.

We hear on all sides of the difficulty of procuring good nurses in country infirmaries. The difficulties are apparent from a recent report of the Easington (Durham) Board of Guardians, when the Clerk, Mr. J. M. Longden, reported that in response to an advertisement for an assistant nurse at the Workhouse, in several papers, only one reply had been received. The candidate, Miss Jane Bateman, had been night nurse at the Longrove Asylum in Surrey for three years, but belonged to South Helton, in the Union, and desired to be nearer home. Her testimonials were highly satisfactory, but the only certificate she held was one for ambulance work, and the Board had advertised for a nurse with a certificate of training at a salary of £30.

It was pointed out that the Board could not appoint an unqualified nurse at £30 a year when a qualified one was already in their employ at £25. The Clerk said that the cost of advertising for another month would be from £5 to £6. The resolution requiring a certificated nurse was formally rescinded, and

Miss Bateman was asked if she would accept a salary of £25, which she declined, stating that she was already receiving £30 per annum, and a rise was due to her shortly. It was decided to advertise again for a certificated nurse, and to pay Miss Bateman £2 9s. for her travelling expenses.

It is, therefore, apparent that by the time this assistant nurse is appointed she will cost the ratepayers in salary, advertisements, and travelling expenses some £45 for the first year.

Lady O'Hagan, who recently opened a new Nurses' Home in connection with the Burnley Union Workhouse, to accommodate 54 nurses, said that the care of the sick, and the province and profession of the nurse, were about the highest, noblest, and grandest work, undertaken in a proper spirit, that could fall to any woman, and there was no work more eminently fitted for women. In fact, it was the one profession in which they had no competition to fear with the other sex. It was because she hoped that all those who were sick, poor, and needy in that town might have their ministrations under the best circumstances that she had very great pleasure in declaring the new home open.

At the Annual Meeting of the Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy, Clarendon Street, Belfast, at which Sir Robert Anderson, J.P., presided, the report stated that 699 patients suffering from almost every conceivable form of nervous ailment received treatment, and the attendances on extern patients numbered 6,306. During the year the comfort of the patients had been well looked after by the Matron, Miss Ritelie, and the nursing staff, all of whom had been unremitting in their care and attention to the wants of those committed to their charge and had given the Committee the greatest satisfaction.

The Committee which is appealing for funds to establish an Order of Nurses in South Africa as a memorial to King Edward, while making inquiries in connection with the memorial, have become deeply impressed by the prevalence and spread of consumption in South Africa. The matter is of the gravest concern in view of the magnitude of the evil, and the Committee urges that immediate steps should be taken by the Government to remedy such a serious menace to the country's future, as it is beyond the scope of private enterprise to grapple with it. In this connection climate according to *South Africa* is a valuable asset

of the country never yet adequately appreciated. The magnificent Karoo plains, where there is a very small rainfall and an altitude of 2,000 to 5,000 feet, forms absolutely a *beau idéal* climate for cases of incipient phthisis.

The Hospital World.

THE CHARING CROSS HOSPITAL CORONATION YEAR APPEAL EXHIBIT.

Charing Cross Hospital, which is in the very centre of the Metropolis, and has an enormous demand upon its beds, every one of which should be available to the sick public, has been compelled to close wards for lack of funds. As most of our readers know, the Lady Juliet Duff, the President, and an influential Appeal Committee, are making a great effort this Coronation year to raise £100,000 to pay off the mortgage debt of £85,000, with which the Hospital is crippled, and to complete the Nurses' Home, so as to provide accommodation for the extra nurses required to staff the closed wards. Owing to its position the hospital receives a large number of accidents, and readers not only local but universal service. One bed is endowed by the American Victoria Jubilee Committee for the reception of American patients, and only a few months ago two American gentlemen who met with severe accidents close by gave substantial contributions before leaving in recognition of the care and kindness which they received. But many are not in a position to recompense the hospital except with gratitude, and therefore the Committee appeals to the well-to-do to help to keep its doors open and its wards equipped for the relief of the suffering poor.

And so the Hospital has sent forth its Coronation Year Appeal at the Festival of Empire at the Crystal Palace, where it has an exhibit, in order that all who visit the Palace may have brought home to them the excellence of the work it can achieve if the public will supply the necessary funds. The exhibit includes a hospital ward, an X-ray room, an operating theatre with patent "Doloment" flooring, and walls painted with Ripolin, and a casualty room in which demonstrations of first-aid treatment are given periodically. In connection with the Coronation Year Appeal an effort is also being made to raise "The David Livingstone Centenary Million Shilling Fund." This great explorer and Christian Missionary was a student at the hospital, and it is hoped that the Fund will be completed by 1913, his centenary year. Surely a shilling is a small sum to give as a thank-offering for the life and work of so noble a hero.

Reflections.

FROM A BOARD ROOM MIRROR.

The Queen has given her consent to one of the new wards of the Hospital for Women, Soho Square, being named after her. This hospital has recently been rebuilt at a cost of £21,000. The ward, which will be called "Queen Mary's Ward," is the principal ward on the first floor of the hospital.

The Countess Cadogan has joined the Ladies' Committee of the Chelsea Hospital for Women.

Out of 208 men and 289 women in Bethlem Royal Hospital last year, the recovery rate was 37 and 42 per cent, respectively. Dr. Hyslop states that the consent given by the Governors to the calling in of surgical experts in cases of serious illness has been of great benefit, and during the year several important operations have been performed with very satisfactory results.

Dr. T. N. Kelyack states that statistics show that a large percentage of the poor children in the schools to-day suffer either from defective vision, defective hearing, adenoids, enlarged tonsils, injurious decay of the teeth, unclean heads, ring-worm, tuberculosis, or heart disease. There should be legislative powers for the treatment of the mentally unfit child, for whom practically nothing is done at present. A matter that should be attended to is the suppression of pornographic literature, and the cinematograph exhibition also needs looking after.

We are glad to learn that the British Committee formed to organise a British section at the International Hygiene Exhibition at Dresden, which was opened on May 6th, has now determined to open the British section on June 14th. The Committee has been handicapped owing to the fact that the Government refused to contribute to the cost of the equipment, but private contributors have been more generous, including Lord Strathcona, who has given £500. It would have been a national reproach had there been no British exhibit at this great International Exhibition.

The Committee of the City of London Hospital for Diseases of the Chest, Victoria Park, E., have decided to utilise their grounds as a means of treatment, and to provide a large shelter for the patients in wet weather, and to substitute paving for gravel footpaths, at an estimated cost of £1,820.

The Queen's Hospital for Children, Hackney Road, has now 131 beds available for patients. We regret that in our reference to the work of this excellent institution last week the number should have been printed as 34.

The Archbishop of York, in the course of a short address which he gave on a recent visit to the York County Hospital, said no one knew better than he did the great difficulties of maintaining the hospitals at the present time in a proper state of efficiency under the conditions of

support on which they were obliged to depend. If the control of the voluntary hospitals passed into the hands of public bodies there would be no loss in the care and skill of the medical officers, and he did not think that ultimately it would make much difference in the character of the nursing, but he thought we should enormously lose that atmosphere of kindness, friendship, and personal consideration which had been a characteristic of our best hospitals in the past.

From an extensive acquaintance with hospitals and Poor Law infirmaries now under public control, we think Dr. Lang's fears are without foundation, the courtesy and kindness shown to visitors and patients alike, and the devotion with which the latter are cared for, are fully up to the standard of the general hospitals.

PRESENTATION.

Miss Narracott, Queen's Nurse at Banff, who is leaving to take up new work, has been presented by a committee of ladies with a handsome bureau, suitably inscribed, a silver inkstand, and a purse of sovereigns. The presentation was made in the Council Chamber, and Mr. F. A. Watt, who presided, called on the Rev. Alexander Boyd to make the presentation, who spoke warmly of the good work done by Miss Narracott since she came to the town, six years ago, on the inauguration of the Association, and wished her, on behalf of the subscribers, success and happiness in her new work. At the request of Miss Narracott Dr. Stephens cordially thanked the donors for their beautiful gift, and the medical profession in Banff for the support she had always received from them. Dr. Fergusson, referring to Miss Narracott's appointment as Matron of the Rosa-Luxes Hospital, Aberchirder, said the trustees could not have made a happier choice.

RESIGNATION.

Miss A. M. Edwards, who entered the Middlesex Hospital for training in 1876, and has held the position of Sister there for many years, is resigning her work there this month. The Governors have decided to recognise her thirty-five years' of devoted service by awarding her a special pension of £60 per annum. We wish her many years of restful enjoyment.

THE TEACHERS' REGISTER.

The teachers in secondary schools held a meeting at Manchester recently in support of the formation of a register of teachers, at which the Headmaster of Eton said that the profession suffered a very terrible disability from the fact that there was no qualification that was definitely required by the country of any young man before he became a teacher. As long as they remained unorganised it was certain that the State would encroach upon the liberties that had hitherto belonged to the teaching profession. There were a certain number of schools that ought not to exist in this country—schools run by men who had no right to be teachers at all. The first way in which to meet these difficulties was by the establishment of a register.

The Lunacy Bill.

The Women's Local Government Society have sent a letter to the Prime Minister on the subject of the Lunacy Bill, which was introduced in the House of Lords by the Lord Chancellor on May 1st.

By Schedule I, Clause 5, the Lord Chancellor is empowered to appoint a woman as an unpaid commissioner. Although this clause is directly of an enabling character, it would create a new statutory disability for women, by implying the ineligibility of all women for appointment as paid Commissioners, and therefore, during the Committee stage of the Bill, Lord Courtney of Penwith sought to delete the word "unpaid" with the object of giving the Lord Chancellor discretion to appoint a woman, whether as a paid or as an unpaid commissioner. The Lord Chancellor agreed that it would not be easy to overstate the importance of having women associated with the care of the insane, and he unreservedly assented to the principle of the amendment, but could not accept it at the present time, the Bill being of a temporary character. The amendment was by leave withdrawn.

The Society, in their letter, lay stress on the fact that the temporary character of the Bill does not render harmless the imposition of the disability, for such imposition by statute, even in an Act of a temporary character, would carry weight when proposals of a more permanent character come before Parliament. The letter was signed by the President of the Society, Lady Strachey; the Chairman of Committee, Mrs. Theodore Williams; Miss Leigh Browne, Hon. Secretary; Dr. Shipman, and five other members of the Committee.

Enclosed with the letter was the following memorial:—

TO THE RIGHT HONOURABLE HERBERT HENRY ASQUITH, K.C., M.P., PRIME MINISTER AND FIRST LORD OF THE TREASURY.

The Respectful Memorial of the Undersigned Sheweth

That in England and Wales there are more than 70,000 certified women lunatics, and that the members of the Commission to whom complaints are to be made by patients are all men.

That the physical details of daily life include intimate matters about which women cannot speak to men without reserve; that amongst so great a number of patients there must be many in whom the sense of decency is unimpaired; and that such persons may suffer acutely, and be helpless to secure relief.

That there is a class of lunatics whose mental defect lies chiefly in abnormal sexual feelings, and

that such cases should be inspected by persons of their own sex.

That men interested in the welfare of women lunatics under their charge have called attention to the fact that there occur difficult and delicate problems which ought to be dealt with, but with the conditions of which they cannot come into touch.

That the number of women attendants in lunatic asylums is very large; that most have received no previous training; that the conditions of their work are very exhausting; and that there is ground for the belief that if opportunity for supervision were given to properly qualified women, having the authority of Commissioners in Lunacy, the efficiency of the staff on the women's side would be increased.

And that for the foregoing reasons there is urgent need for the co-operation of women medical practitioners on the Lunacy Commission as soon as such appointments shall be feasible; and that there is also need for the appointment at an early date of women with suitable qualifications among the unpaid Commissioners.

Wherefore

Your Memorialists pray that the Lunacy Bill may be so amended that when it passes into law it may contain provision that any vacancy occurring among the paid or the unpaid Commissioners may be filled up by the appointment of such person of either sex, and whether married or not, as the Lord Chancellor may appoint.

The memorial was signed by eighty-four most representative men and women.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

Under the patronage of the King and Queen of Italy the Seventh International Congress on Tuberculosis will meet in Rome on the 24th of September next, and last until the 30th. The Congress will be divided in three sections—the etiology and epidemiology of tuberculosis; pathology and therapeutics (medical and surgical) of tuberculosis; and social defence against tuberculosis. The official circular directs all those who intend to take part in the Congress to write to the Secretary-General, 36 Via in Lucina, Rome, sending the Congress fee, 25 lire (one pound) to the Treasurer at the same address. This fee confers full membership and entitles to all the privileges of the Congress. On arriving in Rome members should go at once to the offices at the above address to get their admission cards, badges, invitations, and tickets. Nurses are invited to show their work at the Congress by sending exhibits to the Special Committee for the Exhibition of Social Hygiene.

HYGIENE IN NEW YORK.

New York City now has in operation twelve open air schools and classes, and definite provision has been made for fourteen similar classes to be opened by next fall.

Outside the Gates.

WOMEN.



A Special Meeting of the Legislation Sectional Committee of the National Union of Women Workers is to be held at Caxton Hall, Westminster, on Tuesday, June 13th, at 10.30 a.m. To consider the National Insurance Bill as it relates to women. The Lady Laura Ridding will preside, and the speakers will include Miss Constance Smith (Industrial Law Committee), Miss Mary MacArthur (Women's Trade Union League), Miss Rosalind Paget (Midwives' Institute), and Mrs. Summerton (Women's Court, Ancient Order of Foresters).

The Committee who have organised the Marys' Coronation Gift to the Queen have received nearly £12,000. The Queen's wishes as to the disposal of this sum is being made known to a deputation which her Majesty is receiving at Buckingham Palace as we go to press.

The Fortnightly for June has a most interesting article on "Women and Work," from the able and graphic pen of Mrs. Alice Tweedie, who says that the whole economic condition of affairs has been, and is being, revolutionised by women in all the educated communities of the world.

The Japanese Ambassador's daughter is at Oxford University, the Chinese Minister's little girls are at school at Brighton. Clearly the East is about to follow the women of the West.

To-day women sit in the Parliament Houses of Finland and Norway; soon they will probably do so in Holland and Denmark. France has women lawyers, America women clergymen. Women have received the Nobel prize. No fewer than six hundred women have taken medical degrees in Great Britain alone. Others have become professors and lecturers to large classes.

The writer refers to the fact that three women have been elected as Mayors, one of whom acted as Returning Officer at the last Parliamentary Election, that five have been chosen as Chairmen of Boards of Guardians, the town of Honnewell, Kansas, U.S.A., has a woman filling the office of Chief of the Police, and Denmark has started a woman policeman. We can never go back to those days when Byron spoke of "soulless toys for tyrants' lusts." True, these words still apply to most women of the East, and we see that Eastern civilisation has remained stagnant in consequence. The greater the women, the greater the country.

Recent important Royal Commissioners were, we are informed, unanimous in recommending that increased powers and increased duties be assigned to the London County Council. Lunatic asylums, as well as homes for inebriate women, are under the charge of these bodies. The London

County Council has eleven thousand female lunatics under its control. Do not these need women to inspect and advise?

Miss Lawrence, L.C.C., has pointed out how economy as well as efficiency, would be served if the managing committees were not, as now composed entirely of men. . . . Municipal house-keeping, without the house mother is a one-handed affair, and certainly, for some parts of their work men welcome the attention to detail, the housewifely practical experience and "mothering" which a capable and tender-hearted woman brings as her share of the capital into the business.

The Women's Local Government Society, some three years ago, took evidence from Unions in England and Wales. It was appalling to see how needlessly stupid and cruel some of the regulations were in the Unions where no women served as Poor Law Guardians. There are still over 230 such Unions. Where there are women Guardians the Board usually delegates to them questions of clothing, the care of the old women and children, imbecile girls, and invariably the affiliation cases. The question of feeble-minded girls, and the large percentage who go astray, is one with which most men hate to intermeddle; but which a woman dare not shirk.

Surely, too, women ought to be placed on the managing boards of hospitals.

Altogether the article is one not to be missed.

Book of the Week.

THE GARDEN OF RESURRECTION.*

At its very outset this book draws us in the mesh of its charm, and undoubted originality. On the title page we are told that it is the Love Story of an Ugly Man. It is that, nothing more, nothing less. It would be hard to suggest anything that could be added, nor could we spare anything from its recital. It is a gem in its own setting.

The following extract is an example of many other equally happy descriptions:

"A little nursemaid had wheeled her pram down the path where I was sitting. She was one of those rosy cheeked creatures who come up from the country to grow pale in London, just as the flowers come up of a morning to Covent Garden and wither, perhaps, before the night is out. She must have been very new to it all, for she had all the country freshness about her still. Her cheeks glowed in the quick bright air. Her hair blew loosely about her forehead, through the stray fine threads of it her eyes glittered with youth. I remember now of what it must have reminded me. You have seen those spiders' webs caught on the points of furze which on a crisp May morning glisten with drops of dew. Those eyes through her hair reminded me of that. As she passed by me, leaning forward again and again to whisper to that fat round baby in the pram she chanced to look at me. . . . You have it there in that

* By E. Temple Thurston. (Chapman and Hall, London.)

nurserymaid's eyes. I am an ugly devil, not even with the ugliness which pleads a charm to many a woman's heart. I am an ugly devil, and that is all about it. The only creatures who have ever gazed at me as though I were the image of God were my mother and my dog."

The dog Dandy is one of the greatest personalities in this story.

"A large rat crept out of the bushes, and Dandy was after him. I made no objection. He never catches them. For a few minutes he rushes wildly in every direction, digs up innumerable things that have nothing to do with it, and behaves generally as if life were a whirlwind of which he is the centre and all important force. After that he comes back quietly once more to me, and sitting down says: 'I might have caught him. I got very near. I don't often miss them like that! I was really too clever for him; that's how he got away.' Then a scarlet tongue comes out and he licks his lips. It proves conclusively how near he did get. He always does; that's why I raise no objections. It puts him in an excellent mood."

Nothing could be better than the dialogues between Bellairs and his valet. Their hobby at present is planting bulbs in window boxes.

"It is now more than a week since they were planted, and almost every day I see a fresh little green nose thrusting its way out of the mould. At first the joy of these discoveries was spoilt in a great measure by Moxon, who, when he came up with my tea in the morning, would announce the arrival of another snowdrop or crocus.

"All right, all right, Moxon," I said testily one morning. "I only want you to valet me; you needn't look after my garden."

The next morning when he came in with the tray I asked him whether there had been a frost.

"Just slightly, sir," said he.

"Have they suffered at all?" I asked quickly.

"Have what suffered, sir?"

"The crocuses."

"Not that I know of, sir. I didn't look."

Of the love story itself, and the delightful visit to Ballysheen, we have no space to write. Pathetic as it is, it escapes morbidity by its saving humour.
H. H.

COMING EVENTS.

June 14th.—Central Midwives' Board. Examination, London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

June 17th.—Great Procession in support of Women's Suffrage from Blackfriars and Westminster Bridges to the Albert Hall. Form up 4.30 p.m. Start 5.30 p.m. Meeting Albert Hall, 8.30 p.m. Mrs. Pankhurst will preside.

June 18th.—Hospital Sunday.

June 20th.—Society of Women Journalists. Coronation Dinner, The Criterion Restaurant. Mrs. Bedford Fenwick, President, in the chair. 7.30 p.m.

WORD FOR THE WEEK.

He who doeth well the little things,
Some day will mount with eagle's wings.

GOETHE.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."
DEAR MADAM,—Received with many thanks cheque for 5s., the result of the Prize Competition.

Yours very truly,

GLADYS TATHAM.

Cambridge Street, S.W.

THE CELTIC TEMPERAMENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The letter signed "Irish to the Backbone," in your issue of May 27th, needs correction. The writer says: "I hear that a paper recently read by one of the English matrons in Dublin has given offence to our countrywomen, and is considered in the worst of taste, but the truth is that temperamentally very few English people are in sympathy with us Celts, and being notoriously lacking in tact they no doubt tread on our toes quite unintentionally, from the very superior elevation from which they look down on us."

I wish, therefore, Madam, to point out that it was not an English matron who erred in this clumsy fashion by reading the paper referred to, but one who claims to be proud of her Irish nationality.

This shows that all Celts are not temperamentally in sympathy with Celts, and that there must be others besides the English who are notoriously lacking in tact.

I am, yours faithfully,

Dublin.

ENGLISH TO THE BACKBONE.

[Other letters are unavoidably held over for lack of space.—Ed.]

Notices.

OUR PRIZE COMPETITIONS FOR JUNE.

June 10th.—Mention some forms of respiration that indicate serious conditions, and describe them.

June 17th.—Describe a curriculum which would qualify a Sister to become an efficient teacher of practical nursing in the wards.

June 24th.—What are the usual causes of hypodermic abscesses?

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

The Midwife.

Midwives and National Insurance.

By A CERTIFIED MIDWIFE.

It is impossible at the present moment to direct too much attention to the very insecure position of midwives under the National Insurance Bill. May I outline our position?

THE PROSPECTS OF CERTIFIED MIDWIVES.

We pay, and pay heavily according to our means, and the probable return for our outlay, for our training as midwives. In relation to such return it was stated at the last special meeting of the Central Midwives' Board that one poor woman who obtained the certificate of the Board as recently as 1905, has been driven by privation to *parn her certificate*. Imagine the straits to which she must have been reduced. The fees we are expected to take for our skilled and responsible work are absurd. They average 7s. 6d. a case if we are fortunate, 5s. or less is much more usual. For this we have, according to the rules of the Central Midwives' Board:—

(1) To keep ourselves "scrupulously clean in every way," and to wear washable dresses and aprons. Quite right. But washing costs money—or time and labour, which represent money.

(2) To provide ourselves with midwifery bags fitted with all necessary appliances, antiseptics, etc. Incidentally I may remark to provide the patient with the lubricant and antiseptic used.

(3) When sent for to a case of labour "not to leave the patient after the commencement of the second stage . . . until the expulsion of the placenta, and as long afterwards as may be necessary." (In a primipara the second stage is often of many hours' duration.)

(4) To clear up after the confinement, and remove all evidences of it before leaving the patient's house.

(5) To be responsible for the cleanliness, and to give full directions for securing the comfort and proper dieting of the mother and child during the subsequent ten days.

(6) To keep a register of cases in connection with which 19 different items are to be recorded.

(7) To notify the Local Supervising Authority (a) when we advise that medical help is sent for; (b) in the event of the death of mother or child before the arrival of a doctor; (c) in a case of still-birth. The use of certain pre-

scribed forms is compulsory, and if medical help is sent for two copies must be made in addition to the original.

I may add that our patients do not live at our doors, and that time (again the equivalent of money) and shoe-leather, no inconsiderable item in a midwife's expenses, are expended in going to and fro to patients' houses. It is on record that one certified midwife (but a *bonâ fide*) walked three miles each way to her case—six miles a day for ten days—and that her fee was 2s. 6d. And that in Hertfordshire, which is not the poorest of the English counties.

Half-a-crown for walking sixty miles and undertaking and performing the duties enumerated above. Could women's labour be ground down to a lower level? Is it any wonder that midwives feel to the uttermost the hardship of their unfranchised position, and their consequent inability to influence legislation?

And now comes a case in point. Legislation is in progress, vitally affecting us, and our vested interests—which the Chancellor of the Exchequer admits should be treated with care, consideration, and tenderness—may more, imperilling our means of self support. On the first reading of the National Insurance Bill Mr. Lloyd George stated to the House of Commons that the 30s. maternity benefit would cover *doctoring and nursing*. No mention of the midwife who, by the terms of her certificate, "is entitled by law to practice as a midwife in accordance with the provisions of the Midwives' Act, 1902," and who is at present in attendance at half the confinements in the country.

On the second reading he further stated, as you pointed out last week: "Healing was the first charge. . . . The State was raising £25,000,000, and there was nothing to prevent the doctors from walking off with every penny of that money."

Further, the Chancellor of the Exchequer, on June 1st, attended a Representative Meeting of the British Medical Association, listened to the views expressed on behalf of the Association and gave his own. He stated that it was proposed to set up an Advisory Committee for the purpose of drawing up regulations for the administration of medical benefit. On this Advisory Committee there are to be medical members in touch with medical practice in the country. The profession can send in names from which a choice can be made. The Advisory Committee will have from the end of

August until May next to draw up regulations, the medical members having the same powers as the other members. Are midwives to have representation on this committee? It is most essential that they should do so. Otherwise they will in all probability be crushed out of existence. Will the Chancellor of the Exchequer listen to the views of the midwives, as he has done to those of the medical profession?

It is not surprising that midwives are considerably alarmed as to their position in the future. The whole position really hinges on the question, Shall we, or shall we not, be definitely mentioned and recognised in the National Insurance Bill as employable in connection with the maternity benefit, and will our fees be assured in connection with that scheme? If not, we had better at once turn our attention to another means of livelihood, for if a doctor is to attend every case, paid through the Health Committees, or approved societies, our means of self support by midwifery will be gone. In connection with the Hearts of Oak Benefit Society, quoted by Mr. Lloyd George in his speech in the House of Commons as having arranged a most successful maternity benefit, the sum of thirty shillings is allowed on the production of a certificate of the child's birth, signed by the medical practitioner or midwife in attendance. This plan has been proved to work admirably. Why not incorporate it in the State scheme?

Meanwhile the answer of the Chancellor of the Exchequer in reply to a question as to whether the employment of nurses and midwives was contemplated in cases of sickness and maternity under the National Insurance Bill, is not very reassuring. It was that this would be a matter for the approved society or the local Health Committee to arrange. It follows we must press for definite recognition in the Bill, and on the local Health Committees.

LEGAL AND ILLEGAL MIDWIFERY.

One more point. Midwives, as I have shown, are probably the most underpaid of all skilled women workers, when they lawfully practise their profession. But there is an unlawful side to midwifery practice, an unlawful use of the knowledge of which a midwife has become possessed, which is probably the most lucrative of any. To put the position quite plainly, the choice is this. A fee of five shillings—if she gets this, there is no security that she will—to the midwife who lawfully practises her calling for each case of ten days' duration. A fee of £5, willingly paid down "to help a woman over her trouble," quarter day approaching, the rent owing and nothing in hand to pay it with. Is it surprising if the

moral rectitude of some midwives is insufficient to prevent them from succumbing to temptation when so bitter an alternative is put before them?

To attain comparative affluence is easy. The method simple, the risk slight.

Honourable practice may involve starvation. Now choose.

A Question in the House.

In the House of Commons on Friday, June 2nd, the Earl of Kerry (C., Derbyshire West) asked the Chancellor of the Exchequer whether the employment of nurses and midwives was contemplated in cases of sickness and maternity under the National Insurance Bill, and, if so, whether the choice in each case would lie with the patient?

Mr. Lloyd George replied that this would be a matter for the approved society or the local Health Committee, as the case might be, to arrange.

The Central Midwives Board.

The next Examination of the Central Midwives' Board will be held on June 14th, in London, at the Examination Hall, Victoria Embankment, W.C.; in Birmingham, Bristol, and Leeds at the University; in Manchester at Victoria University; and at Newcastle-on-Tyne at the University of Durham College of Medicine. The Oral Examination follows a few days later in each case.

Infantile Mortality.

According to the latest returns of the Registrar-General, 94,828 infants under one year of age died last year in England and Wales, and out of a total of half a million deaths, one in every five was that of a baby. And by far the largest proportion of these deaths was attributed to digestive troubles, caused, undoubtedly, by improper feeding. Milk is, or should be, the one and only food of infants, and unless it is supplied pure and kept pure in the home, great danger may arise from its use. To promote a clean milk supply, a series of leaflets on the subject has been published by the National League for Physical Education and Improvement. We are asked to state that, in view of the hot weather, free copies will be sent to all who apply to the Secretary of the League, at 4, Tavistock Square, W.C., if postage is enclosed.

A Verdict of "Not Guilty."

At the Old Bailey recently Mr. Justice Darling directed the jury to return a verdict of not guilty in the case of Annie Marion Sadler, certified midwife, charged with murder in connection with performing an illegal operation. A further case against Mrs. Sadler was postponed till the next session.

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Editorial.

NURSES AND THE CORONATION.

There are no more loyal subjects of the Crown than the trained nurses of the British Empire; and, as is fitting, the uniform of the trained nurse will be in evidence on the day of the Coronation. Seats on the route have been allotted to members of various branches of the profession. Indeed, so entirely is the work of nurses interwoven with the national life, that no great national celebration is complete without its recognition.

Nurses are looking forward to a specially busy time, for their services will be requisitioned in the streets, in connection with the accidents and casualties inevitable on such an occasion, and in the hospitals to which the graver eases will be conveyed. But not only in connection with sickness will they be in demand. They are busy in hospital wards and infirmaries, in districts, wherever their work takes them, in helping to organise festivities, which shall worthily commemorate the occasion, which shall help the poor, the maimed, the halt, and the blind, and the little children, to share in the national rejoicing, and few can do this so well as trained nurses. It is work in which they are special adepts, and long experience has taught them the particular form of pleasure which will give the greatest satisfaction to the patients in their care.

Of the ceremony of the Coronation in the Abbey, with its stately ceremonial, its splendid imagery, its wondrous symbolism, few nurses will be witnesses. Yet they may study its hidden meaning, and realise why, from the ends of the earth, distinguished men and women have come to witness the sacring of their King.

The Archdeacon of Westminster has said "To us, the King is the unit to whom

we delegate the functions of the sovereignty which appertains to the community. 'Broad based upon the people's will' is the definition of the Crown of England; and the King, to us, is the sacrament of the sovereignty of the people. He is an outward and visible sign of an inward and nationally diffused authority; a means whereby we exercise our sovereignty, and a pledge to assure us thereof."

From the earliest days the anointing with oil has been an integral part of the consecration of kings, priests and prophets, the sword with which the King is girt is a symbol that he "do justice, stop the growth of iniquity, protect the holy Church of God, help and defend widows and orphans, restore the things that are gone to decay, . . . and confirm what is in good order."

The Investing with the Imperial Robe is accompanied with the prayer that the King may be endowed with wisdom and knowledge embraced with mercy on every side, and clothed with the robe of righteousness, and the Orb set under the Cross is a reminder that the whole world is subject to the power and empire of Christ; the Ring is the ensign of kingly dignity, and of defence of the Catholic faith, the Royal Sceptre of kingly power and justice, the Rod of equity and mercy, and the Crown an emblem of glory and righteousness.

The Queen's Coronation includes the ceremony of anointing, the gift of the insignia of the Ring, the Crown, the Sceptre and the Ivory Rod with the Dove, after which she is conducted to her throne.

One regret mars for nurses, in common with other women, this Coronation—that the day which sees their Queen crowned and enthroned leaves them still outside the pale of citizenship, unable to take their rightful share in promoting the welfare of the realm.

Medical Matters.

ON PREVENTIVE MEDICINE.

THE MEDICINE OF THE FUTURE.

Sir James Barr, M.D., LL.D., F.R.C.P., F.R.S.E., who this month delivered the Address on Medicine at the annual meeting of the Canadian Medical Association, which is published in full in the *British Medical Journal*, said many wise and interesting things. Referring to the process of vicarious charity, at the expense of the medical profession, which, he says, has gradually grown so that in the present day at least a fourth of the population of England receives free medical advice, he asks: "Why should all this charity be necessary? Why should such a large proportion of the population be pauperised?" and proceeds: "It would seem to me that it is because we are producing an inferior breed, because we are not raising up a healthy, independent race. The struggle for existence is not merely an individual question, but it is becoming more and more a national question, and the nation which produces the finest race is sure to win in the long run. As Professor Arthur Thomson says, what children usually die of is their parents, and what a nation dies of is lack of men.

"In future medical men must not be content with treating the diseases of the community, they must point out the lines along which the nation is to be improved by encouraging the multiplication of the fit, and controlling the increase of the unfit. The public must be taught that the health of the nation is its most valuable asset, and that the maintenance of health is of much more importance than the treatment of disease. This departure in placing physiological processes before pathology involves a higher form of medical education than that prevalent in our medical schools of to-day—an education in which only men of the highest intelligence should take part."

In regard to the campaign against tuberculosis it is somewhat startling to read the opinion of Dr. D. W. Hunter, of the Royal Albert Asylum of Idiots, quoted by Sir James Barr:—

"Until we have some restriction in the marriage of undesirable the elimination of the tubercle bacillus is not worth aiming at. It forms a rough, but, on the whole, a very serviceable check on the survival and propagation of the unfit. This world is not a hot-house, and a race which owed its survival to the fact that the tubercle bacillus had ceased to exist would, on the whole, be a race hardly worth

surviving. Personally I am of opinion, and I think such opinion will be shared by most medical men who have been behind the scenes, and have not allowed their sentiments to blind them, that if to-morrow the tubercle bacillus were non-existent, it would be nothing short of a national calamity. We are not yet ready for its disappearance."

Referring to the fact that it is claimed "we know that the disease is not hereditary," the lecturer said:—

"We know nothing of the kind, although we are constantly having it dinned into our ears by medical men who ought to know better. We know that the tubercle bacillus, which is a necessary element in the production of tuberculosis, is not transmitted in the germ plasma, but the long, narrow, flat chest, delicate lungs, and feeble resisting power to the tubercle bacillus and to many other germs are undoubtedly inherited, just as much so as the shape of your nose or the colour of your hair. Medical men who are shutting their eyes to the truth, and encouraging matrimony and the propagation of the species by mental and physical weaklings are incurring a fearful racial responsibility, and their action should be condemned in no uncertain language."

THE MICRO-ORGANISM OF WHOOPING COUGH.

This organism, says the *International Hospital Record*, is a small, short bacillus, with rounded cells. It stains feebly and shows polar granules with carbol methylene blue. It decolorizes by Gram's method. It is non-motile, aerobic, and grows very slowly and feebly when first isolated, and only on a specially devised medium, composed of glycerin, potato, gelatin, and blood. But after several generations it will grow fairly well on other media, and does not require hemoglobin, unlike the influenza bacillus, which it somewhat resembles.

FLIES AS CARRIERS OF INFECTION.

The Local Government Board has issued reports made on the results of experimental investigations designed to prove the extent to which infection may be carried by flies. Experiments were made to measure the possible range of flight of flies, and further observations were recorded on the ways in which artificially infected flies carry and distribute pathogenic and other bacteria. The experiments and observations quoted in the report show definitely that artificially infected flies, both house-flies and blow-flies, are capable of infecting fluids, such as milk and syrup, on which they feed and into which they fall. In the case of the house-fly, infected with certain micro-organisms,

gross infection may be produced in milk for at least three days, and a smaller degree of infection for ten days or even longer. Blow-flies produce gross infection for six to nine days with non-spore-bearing micro-organisms and some degree of infection for three or four weeks.

Neurasthenia.

An interesting book on "The Treatment of Neurasthenia by Teaching of Brain Control," by Dr. Roger Vittoz, translated by H. B. Brooke, is published by Longmans, Green, and Co. The author states that his method is founded on the fact that every form of neurasthenia is due to the brain working abnormally, and that it is only by realising this that it is possible to arrive at a cure.

He refers to the simplest of modern theories in regard to the brain—*i.e.*, that which admits of two different working centres called the conscious or objective, and the unconscious or subjective brain. While admitting that these terms are not precise, he suggests that the subjective brain is, in a general way, the source of the ideas and sensations, and that the objective brain in a sense "focuses" them, that is to say that reason, judgment, and will are controlled by the objective brain. By admitting the existence of this duality the author claims we shall be able to understand the meaning of brain control.

This duality is little to be noticed in a man whose brain is in a healthy state, as his ideas or sensations are the result of the working of the two brains, and he does not distinguish the working of one brain from that of the other.

In a great number of nervous illnesses this duality is at any rate marked, and the sufferer is generally more or less aware of it.

Some have assigned to the subjective brain the origin of certain cases of neurasthenia, but it seems more probable that this must be looked for in the want of balance and unity between the two brains; it is to their proper correlation that a man owes his mental health, and his illness is due to the more or less apparent separation of the objective from the subjective brain.

Brain control, we are told, may be defined as a faculty which is inherent in a man in a normal state of health, and keeps the balance between his two brains. When we speak of normal brain equilibrium we mean that every idea, impression, or sensation is controlled by reason, judgment, and will—that is to say that these can be judged, modified, or set aside as required.

A man in a normal state of health is not fully conscious of this faculty; he realises that he has control of his brain, but does not at all understand how this control works. On the other hand, a neurasthenic perceives it more clearly, and realises that he lacks something; that "something" is brain control.

Every idea and sensation is "focused" by this brain control, which also acts in certain cases as a check, regulating the psychological and even (as we shall see later) the physiological functions of the brain, controlling actions as well as ideas. The brain control of a man in a normal state of health is automatic—that is to say, it acts of its own accord, without any effort of the will, and, moreover, develops with age and education. It may therefore be said to be the natural attribute of a healthy man.

This faculty dominates the whole life of the individual, and it may even be said that perfect health is impossible without this brain control; we are, of course, not speaking of cases where there may be a temporary lack of brain control, as, for instance, in a fit of anger.

We have seen what brain control should be; let us now see what is meant by lack of this control.

Lack of Brain Control.—It is easy to imagine the state of one lacking this regulating faculty; his uncurbed brain would, without a controlling power, be indeed in a state of anarchy. A prey to every impulse, subject to all fears, unable to reason or weigh an idea, forced to receive all the impressions of his subjective brain; he is nothing but a wreck doomed to a life of suffering.

Complete lack of brain control is exceptional among the cases with which we are now dealing; what we find more frequently among neurasthenic persons is insufficient or unstable control.

Insufficiency or Instability of Control.—In the case of insufficiency, brain control exists as a faculty, but has not sufficient effect, either owing to its lack of development or the existence of certain defects. The objective brain in such a case has not sufficient power over the ideas and impressions. The sufferer will judge and reason in a normal way, and will nevertheless be dominated by ideas and impressions which he himself recognises as absurd or exaggerated, and over which his will has no power. This is the typical neurasthenic.

The phenomena of instability of control are in the main the same; in fact the sufferer's state of health is continually changing from good to bad, and that for no evident reason. These changes recur from time to time; a gay mood may, for instance, be succeeded by a

fit of depression, and whether it be his health, temper, or ideas, all are subject to great variation.

The author then proceeds to describe the effect of insufficient brain control on the ideas, feelings, and actions, and on the bodily organs. Every defect in the brain control will, he says, of necessity re-act in the organic sphere. Sometimes, even, the organic symptom becomes the essential phenomenon of the illness, and the psychical phenomenon takes a second place.

In such a case some particular organ is affected by this insufficiency; for instance, the stomach or intestines (nervous dyspepsia, enteritis), or a system such as the vascular, nervous, or muscular system. In every case the two first of these systems are more or less affected, and vaso-motor troubles and pains occur in every case of neurasthenia.

The organs of the senses are equally affected, and troubles of hearing and sight are the most frequent.

The author then proceeds to apply the facts he has detailed to the treatment of neurasthenic persons, and says that in a case of neurasthenia even the least prejudiced observer cannot but recognise in every symptom the undoubted existence of an insufficiency of control, and the truth of the saying that "every neurasthenic lacks control" must be admitted. He describes the causes and forms of neurasthenia, and the psychic symptoms, and mentions three principle types of want of control. (1) State of torpor; (2) state of over excitement; (3) state of tension. From this the author leads on to the necessity for concentration, and gives concentration exercises and the training of the will—the most important part of the training, for it is through the strength of his will that a neurasthenic person can recover the powers which he has lost. . . . As soon as the patient has got into the habit of using his will this becomes more or less automatic, and constitutes what we call "mental recovery." This is especially the case when he suffers from insufficiency of control.

The central idea of the treatment outlined is to secure the co-operation of the patient by showing him the aims of the physician.

There is plenty of food for thought in this unusual book, the price of which is 3s. 6d.

NURSES AND THE NATIONAL INSURANCE BILL

As the interests of trained nurses are somewhat seriously concerned in the National Insurance Bill it is proposed to hold a meeting of nurses in London as soon after the Coronation as possible to discuss the matter.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W., for her article, printed below, on the following subject:—

MENTION SOME FORMS OF RESPIRATION THAT INDICATE SERIOUS CONDITIONS, AND DESCRIBE THEM.

The process of respiration, or breathing, is effected by means of the alternate enlargement and diminution of the cavity of the chest, and is mechanical in health.

The ordinary adult at rest breathes on an average 18 times per minute; during disease the number may increase to 100 per minute. Suspended respiration, or asphyxia, may terminate in death, owing to oxygen starvation, cessation of the heart's action, and consequent arrest of circulation.

Apoplexy.—We often get a sudden change of breathing, convulsion, or a fit, with deep, slow, noisy, or snoring respirations with unconsciousness. Redness of face may end in coma and death.

Concussion of brain, extreme pallor, and slow, noisy breathing, unconsciousness, vomiting, or diabetic coma with noisy respirations.

Asthma is a spasmodic disorder of the air passages, violent breathlessness, gasps for breath, and gasps at near objects to assist breathing. These patients are liable to bronchitis, which may prove fatal. The disease itself does not shorten life.

Angina Pectoris, Sudden Cramp, Heart Spasm.—Breathing is impeded, and intense pain lasts about a minute; any attack may prove fatal.

Croup is very alarming and sudden in children. There is indrawing of the breath, gasping and noisy crowing respirations. Membranous croup (diphtheria) is most dangerous, and attacks adults as well as children. The poison causes spasm, inflammation of the larynx, and, as the obstruction increases, there is a sucking in of the diaphragm in the effort to get breath. Diphtheria is now usually treated with antitoxin. If the condition becomes urgent tracheotomy may be performed.

Pneumonia.—Owing to high fever and inflammation of the lungs the breathing is rapid, distressing, and difficult, and the face may be grey or even cyanosed, or in a very grave condition Cheyne-Stokes breathing, owing to extreme exhaustion, may be present, and is recognised by suspended respirations, long pauses, and a gasp; the breathing continues shallow and quickened.

In Stokes-Adams disease, or Bradycardia,

Clavus.—Stamps often, for example, is often the only warning that an abscess is pending. In these cases the process is slow—18, 24, or 30 in the minute, and the breathing is often unobscured.

Heart Disease.—There is always shortness of breath and the slightest exertion will cause discomfort. These patients are often unable to lie down in bed.

Fevers.—There is always a marked change in the respirations owing to high temperature.

We highly commend the papers by Miss Brena J. Lush, Miss Amy Phillips, Miss Elsa G. Mason, Miss E. Buckley, Miss M. Sutton, Miss Deacon, Miss G. Roberts, and Miss Elder. Miss Lush mentions orthopnea, "the term applied to an affection in which the patient is obliged to sit up in order to breathe. This is the case in many pulmonary and cardiac diseases. . . . Stridor is crowing breathing, due to spasm of the larynx; also called *Laryngismus stridulus*."

Miss M. Sutton says that "restricted" breathing is met with in cases of pleurisy, pneumonia (one lung being affected), or in fracture of the ribs. Restricted respiration is a sign of pain, an endeavour on the part of the patient to save unnecessary exertion and suffering."

Miss Gibson refers to noisy, rapid respirations, accompanied with a sharp, piercing cry, as in meningitis. Also to the whoop, characteristic of whooping cough, which occurs on inspiration after the short, rapid, successive coughs.

Miss G. Roberts mentions the alarming condition indicated in diphtheria, when there is great dyspnoea accompanied by retraction of the chest walls as well as of the abdominal walls below the diaphragm, indicating the blocking of the larynx by the diphtheritic membrane. This condition is less frequently seen, since the introduction of the anti-toxin treatment, which attacks the microbe causing the disease. It may be necessary to perform tracheotomy below the obstruction, and so admit air to the lungs through the opening into the trachea. The operation, which usually affords great relief, in no way affects the course of the disease, but is an expedient to gain time while the disease is treated.

QUESTION FOR THIS WEEK.

Describe a curriculum which would qualify a Sister to become an efficient teacher of practical nursing in the wards.

Rules for competing in this competition will be found on page xii.

Nurses of Note.

LINDA RICHARDS.

The history of pioneers is always to be cherished, and a book of exceptional interest to nurses is "Reminiscences of America's First Trained Nurse," in which Miss Linda Richards simply and unadornedly gives us her autobiography. Miss Richards has seen the birth of professional nursing in the United States, and assisted in its full development, organised the first training school for nurses in Japan, and also schools in connection with hospitals for the insane in America, holding that "it stands to reason that the mentally sick should be at least as well cared for as the physically sick."

The introduction to the book relates that "those at whose urging it has been written believe it to be not only a very interesting story but also one of great historical value. For Linda Richards has been a pioneer. She has blazed the pathway for a distinct advance in civilisation. Many American nurses likewise are entitled to high honour for what they have done in establishing the new profession of nursing, and in extending the field of its beneficence; but Linda Richards, as her sisters all acclaim, outranks them all, not only in priority of her diploma's date, but also in the wide extent and variety of her services."

From the introduction also we learn that when, in 1877, Miss Richards went to study the methods of the Nursing School at the Royal Infirmary, Edinburgh, Miss Florence Nightingale wrote to the Matron, Miss Pringle, as follows:—

"A Miss Richards, a Boston lady, training Matron to the Massachusetts General Hospital, has in a very spirited manner come to us for training to herself. She would have taken the ordinary year's training with us, but her authorities would not hear of it, and we admitted her as a visitor. I have seen her, and have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she from us."

Of herself, Miss Richards writes: "On the Richards side I am of English descent. Seven of ten brothers came to America in 1630. Many of our Richards ancestors were ministers and doctors. . . . My mother was a Sinclair, and sprang from the Sinclairs of the Orkney Isles. These people were great fighters. One fought in the English army when Quebec was taken; later he served as Colonel in the American Revolution." Miss Richards was born in a little town near Potsdam, New York.

She writes: "There was nothing hard in my young life; hardships began with hospital life, where the first years of life were indeed very hard."

Her desire to become a nurse grew out of what she heard of the need of nurses in the Civil War. Though there seemed no way open by which she could be instructed in her desired vocation, she did not give up hope, and eventually entered the Boston City Hospital as assistant nurse in a large ward (this was apparently about 1868), and great was her disappointment to find her work only that which to-day is done by the ward maid. She was fortunate to have in her head nurse a most unselfish and sympathetic friend, and when she confided her disappointment to her said, "You will make an excellent nurse, and I will help you all I can."

"For days at a time," writes Miss Richards, "this woman would take my work in exchange for her own, which was, however, not the work of a nurse of to-day."

"I there learned how little care was given to the sick, how little their groans and restlessness meant to most of the nurses. There were a few who, like my own head nurse, did the work to the best of their ability, because they loved to serve humanity; but the majority were thoughtless, careless, and often heartless."

At the end of three months Miss Richards was offered the position of head nurse, but this only added to her discouragement.

"I knew," she writes, "I did not know enough for such a position. . . . But my determination to be a real nurse was not in the least changed, and a few years later an English book, entitled 'Una and Her Paupers' (the story of Agnes Jones) set me again seeking for a place in our country where I could be trained. I was directed to one of the doctors of the Hospital for Women and Children in Boston, who told me that in a few months a school would be organised in that very hospital, and advised me to file my application."

It is interesting to learn that the organiser of this school, Dr. Susan Dimock, went to Germany to complete her medical education. "She was there four years, and during her stay became interested in the work of the deaconesses at Kaiserswerth. This suggested to her a reform in the nursing methods of America, which she inaugurated at the New England Hospital for Women and Children, of which she took charge on her return from abroad. Although only twenty-five years of age, she showed wonderful administrative

ability in addition to her unusual gifts as a physician. It was there that I was the first student to enroll my name in the first class of five nurses in the first American training school.

"When I look back over the year I spent at the New England Hospital, in 1872-1873, and compare the training I received with the advantages of to-day, I wonder we turned out to be of any value. It does not seem quite loyal to my training school to tell how very little training we received, for everyone in authority gave us of her best nursing knowledge. We pioneer nurses entered the school with a strong desire to learn; we were well and strong; we were on the watch for stray bits of knowledge, and were quick to grasp any which came within our reach. What we learned we learned thoroughly, and it has proved a good foundation for the building of subsequent years."

Miss Richards next held for a year the position of Night Superintendent at the Bellevue Hospital, New York, where in 1873 the training school was organised by Sister Helen, one of the All Saints' Sisters. At the end of that time she was offered the position of Assistant Superintendent, but decided to respond to an urgent call to take up the position of Superintendent of the Training School at the Massachusetts General Hospital.

The school had had in the previous year a hard struggle for its existence. The medical and surgical staff had said "Put it out, we do not want it; it is no good." This put Miss Richards on her mettle, and soon the members of the staff were talking of "our school" with interest and pride.

In 1877 Miss Richards spent some months in Great Britain at St. Thomas' Hospital, with Mrs. Wardroper; at King's College Hospital, with Sister Ann; and at the Royal Infirmary, Edinburgh; she concluded her visit with a few days spent at Lea Hurst with Miss Nightingale, who in a farewell letter wrote "May you outstrip us, that we in turn may outstrip you."

Next came the organisation of the training school at the Boston City Hospital, on the invitation of the Superintendent, Dr. Cowles, who had struggled long before he convinced the trustees of the wisdom of this method. His views were not shared by the ten house officers and their three assistants. "Looks of bare tolerance rather than of pleasure greeted me on my rounds, and plainly expressed the feeling that my suggestions were an interference."

Most interesting is the account of Miss Richards' work in "beautiful Japan," at the

call of the American Board of Missions. The school at Kyoto was organised with the usual two years' course.

"Experience soon proved that the little Japanese women would make excellent nurses. Among the many national qualifications which they possess, one of the most valuable is their wonderful patience, which seems to have been instilled into their very being. Always cheerful and courteous, they win their way where they could not enforce it. They have the ability to copy perfectly, which enables them to profit rapidly by practical instruction." The first Japanese nurses gained their diplomas in June, 1888.

After some experience in charge of the Philadelphia Visiting Nurses' Society, Miss Richards' chief interest of later years has been the care of the Insane, and she only retired on her laurels in March of this year.

Writing of nursing at the present day, she says, "I find that with all our wonderful advantages, and though engaged in so great a profession, we nurses frequently fall into a rut, and that we need a great deal of pulling to get us out again. What we should do to prevent narrowness is to find out what other hospitals and schools are doing, and let ourselves be broadened by this knowledge. For instance, students in a small hospital have many advantages over those in larger schools, one of which is that they come in daily contact with the Superintendent of Nurses, who, if she is the woman she should be, exercises a great influence for good in this close intercourse. Sometimes the large school offers such wide opportunities that the single student cannot grasp all that is set before her, and is hindered in her development by the consequent difficulty of concentrating her efforts on fundamental requirements. True progress in the largest sense comes most rapidly from acknowledging good work wherever it is found.

"Fifty years from now nurses will look back, and say that we did not know very much about nursing in the first decade of the twentieth century, even with the twenty-five years of pioneer work that lay behind us. Nevertheless, the more faithfully each of us does her own individual work of to-day, the more rapid will be the growth of this great movement, the art of caring for the sick, which already has exercised so vast an influence in all countries on the social conditions of the State and of the city and of the town, and on the social customs of the family and of the neighbourhood."

The book, which should be in all nurses' libraries, is published by Whitecomb and Barrows, price 1 dollar (4s. 2d.). M. B.

The National Council of Nurses.

A meeting of the Executive Committee and of the Grand Council of the National Council of Trained Nurses will be held on the same day in the third week in July, when important business will come before the meetings. Business in connection with the Triennial meeting of the International Council will take precedence, which meeting takes place at Cologne in August, 1912, and promises to be an exceedingly interesting gathering. As established by precedent an International Congress on Nursing and an Exhibition will be organised, and the social functions promise, aided by German hospitality, to rival those of London in 1909.

The Hon. Secretary, Miss B. Cutler, Assistant Matron, St. Bartholomew's Hospital, London, E.C., will be obliged if the affiliated societies which desire to nominate new delegates to serve on the Grand Council, to substitute those now forming the Council, will send names to her not later than July 15th next. Each affiliated Society or League has the right to depute two delegates to serve on the Council, those with over 400 membership three delegates, and those with over 600 members four delegates, after which there is no increase of representation.

The International Council of Nurses.

PLANS FOR THE COLOGNE CONGRESS.

Although, during the next six months, the President of the International Council of Nurses will be in hiding in Switzerland, finishing the translation of Volume 2 of Nursing History, and the Secretary will likewise be concealed in a retreat in the country with only one mail a day, getting the third volume into shape for the printer, yet the plans for the coming Congress are shaped and ready for general announcement, though details may, of course, be left until next winter.

The Congress and regular meetings of the International Council will be held in August, the precise date not fixed. By courtesy and special consideration of the Mayor of Cologne, the meetings will be held in a sumptuous and beautiful mediæval building, called the Gürzenich. It was built by the Town Council in the fifteenth century as a centre in which to entertain distinguished visitors, and was first used for a magnificent festival in 1475, in honour of the Emperor Frederic III. In the middle of the last century it was thoroughly

restored. The Nurses' Congress will, therefore, have the honour of being set in a noble and historic background, and if, as we hope, the exquisite Pageant of Nursing Evolution of the British nurses shall be reproduced there, with the participation of the German Sisters and doctors, the illusion of the days of yore will be indeed perfect.

In preparing the programme for a Congress the special lines on which we may be useful to the nurses of the country we are in, is always the most prominent guidepost. Indeed, it may well be repeated, often, that the vital reason for our international meetings is, not by any means, as some may lightly assume, to have a glorious jaunt, neither is it that we may come home self-satisfied and with complacent criticisms of that which is different in other countries from our own, but it is, pre-eminently, *that we may help and encourage the nurses of other countries, who have our own same problems and are fighting on the same side that we fight, but do so often under a much heavier handicap than we have in our younger country.*

There are two special lines on which we may usefully uphold the Germans' hands and strengthen their constructive work: one is by giving special emphasis to all the new lines of social service for nurses, and the other is in giving consideration to the modern development of nursing by religious orders. On the first topic we intend to make a showing of all the new paths followed by nurses in all countries, in the preventive work growing up to overcome disease, alcoholism, the social evil, degeneracy, infant mortality, childish feeble-mindedness and defectiveness, and adult poverty through sickness. It is not, of course, intended to give all these vast subjects thorough study, but to show what nurses are doing in each line of social regeneration and disease prevention. To do this systematically and without overlapping we shall ask the national associations of nurses in each country to gather the data, and weld all together in one report. It may be asked: "Why is this especially useful to Germany? Is not that country already far ahead of most others in preventive work?" She is, but she has not drafted nurses into her splendid social structures as largely as she might and can do. One reason for this, no doubt, lies in the greater difficulty that European nurses have in initiating experimental demonstrative lines of work on their own volition.

On the second topic there is this of importance, the Catholic nursing orders of Germany, as everyone knows who has visited their hospitals, are highly efficient, practical, hard-working nurses. They do not only supervise,

but actually do the ward work themselves, and in some of their large hospitals (as at Munich) not a servant nurse is to be seen. They possess the housewifery cleanliness of the German Frau, and are, moreover, very progressive and desirous of advancing with the times. Like our Catholic orders at home, for instance, they have supported the State Registration movement and have willingly met its requirements: but they have no secular schools for training nurses, and, with the present economic pressure of a machine-made industrial world, it is simply impossible for them to expand rapidly enough to meet needs. The crying trouble in Germany is its shortage of nurses. It has not nearly enough, and the consequence is that those in the field are in a constant state of being worked to death. Especially among the Catholic orders are the morbidity and mortality excessive, and this rests chiefly on overwork. The German officers of the Council feel that, if papers and demonstrations of method can be brought to Cologne by those Catholic orders of the U.S., Canada, and Ireland, which are successfully maintaining secular schools for nurses, and are helping to supply the demand for professionally trained women who, though they may be of one religion, do not feel called to or able for the convent life, but wish to work as self-supporting nurses, the results might be very satisfactory.

Secular women cannot do this service, for in planning for a secular school in a religious order there are many details which can only be dealt with by those who are of the order. We hope, therefore, that our coming Congress may see Sisters of Catholic or Anglican nursing orders taking an active part, those of the new world encouraging those of the old to take new steps.

As the modern nursing movement is recognised in Germany as an important part of the woman movement, we shall again have resolutions offered dealing with the present handicap of political inferiority, and as Germany has not yet protected the invalidism and old age of her nurses as thoroughly as she has for other workers, a resolution will also be heard dealing with this question.

Several new countries will, we hope, come into membership, and it is possible (though this is not a flat statement) that an international memorial to Florence Nightingale may be talked of.

The first report of the Committee on Nursing Education, of which Mrs. Robb was Chairman, will be made. It will deal with preliminary training.

LAVINIA L. DOCK, *Hon. Secretary,*
International Council of Nurses.

The Ethics of the Anti-Registration Press.

As the report of the proceedings of the Annual Meeting of the Society for the State Registration of Trained Nurses, published in Macmillan's lay nursing journal, *The Nursing Times*, was most incorrect in several important particulars, an official correction was sent to the Editor of that journal by the Hon. Secretary, Miss M. Brey. Contrary to the accepted rules of reputable journalism, the official correction has been suppressed, and a misleading editorial statement substituted. The ethics—or lack of ethics—of the anti-registration press in depreciating and misrepresenting the State Registration movement are now so well realised that the animus of the statements referred to have doubtless been taken *cum grano salis* by those who have read them, and at Miss Brey's request we insert her letter:—

To the Editor of the "*Nursing Times*."

MADAM.—As your report of the Annual Meeting of the Society for the State Registration of Trained Nurses is ignorantly garbled and incorrect, I have officially to request that in your next issue you will publish this letter.

You state that the President, in her address, said that "The time for patience was now over and militant methods must be tried. The only way to get a thing was to be pertinacious and aggressive, and the question of State Registration having failed to overcome the opposition in the Houses of Parliament, must be brought before the bar of public opinion."

The President's address, which was read from manuscript, and published word for word in the official organ of the Society, *THE BRITISH JOURNAL OF NURSING*, as a protection against such misrepresentation, contains no such statement, nor anything which the most imaginative reporter could construe into such a statement.

Moreover, Registrationists have not failed to convince Parliament of the justice of their plea for Registration. The Annual Report, read and adopted at the meeting in the hearing of your reporter, concluded with the following words:—

"The public is beginning to realise that it has no guarantee that women who profess to be thoroughly trained are what they assume to be, and legislation giving this guarantee cannot be long delayed. There is no doubt that the House of Commons is in favour of such legislation, and that if the Nurses' Registration Bill secured time for a second reading that it would have as favourable a reception as it had in the House of Lords in 1908."

Everyone not hopelessly ignorant of the history of the Nurses' Registration movement knows that the Nurses' Bill passed through the House of Lords in that year, without a division at any stage. This

can hardly be construed by the most ardent anti-registrationist into "having failed to overcome the opposition in the Houses of Parliament."

In connection with the adoption of the resolution proposed at the meeting, the President said (I again quote the official report), "The only people who were listened to were those who were pertinacious. Nurses had waited in patience for long, but their patience was becoming exhausted. They must have public meetings and plain speaking, and bring their opponents to the bar of public opinion, as they had already brought them before the Select Committee of the House of Commons, and the House of Lords."

Lastly, you comment on the financial aspect as not re-assuring, but fail to mention a balance of £15 16s. 11d., and the fact that a very large number of members paid a life subscription on joining the Society, and that £25 given in donations by members during the past year, in addition to annual subscriptions, proved their continued interest in the work of the Society.

But the President remarked that she had some sympathy with those nurses who had failed to pay their Annual Subscriptions; that nurses in this country had been paying for a national reform for so many years, and that it must be remembered their opponents were rich men, but they did not put their hands into their own pockets to finance this industrial battle. The Central Hospital Council for London, which was the active opponent of Nurses' Registration, had taken power to defray its expenses by annual contributions from the constituent hospitals. That was to say, out of money subscribed by the charitable public for the relief of the sick poor.

On any future occasion that a reporter is sent to our meetings, I hope that it will be someone not so manifestly animated by anti-registration animus as to be unable to supply you with a correct account of the proceedings.

I am, Madam,

Yours faithfully,

MARGARET BREY.

Hon. Secretary,
Society for the State Registration
of Trained Nurses.

The attempt to convey to nurses that the Registration movement causes its supporters anxiety is useless. Never has the nurses' cause been in so safe and satisfactory a condition. Associations of medical practitioners and trained nurses, 30,000 strong, have the Nurses' Registration Bill in hand, and at the right moment mean to press it forward with irresistible determination. That numbers of human beings—men as well as women—are apathetic in giving personal service to matters of social and educational reform none can deny, but the energy of the few is for ever providing the driving force necessary for the elevation of that mass. The Act for the State Registration of Trained Nurses is quite certain at an early date of a place

on the Statute Book of these Realms, and no one knows this better than the nursing monopolists and proprietors of lay nursing journals, who have most unworthily attempted to prevent it. We are just as happy as can be about Registration, and we speak from intimate personal experience of every movement for and against in the campaign for the past quarter of a century. Nursing a Profession—that is what we Registrationists want, and we are going on working till we get it.

Dr. Dillon on Nursing Unity.

Dr. A. T. Dillon, Croydon, presented a very interesting paper on "Poor Law Nursing: Past, Present, and Future," at a general meeting of the Surrey Branch of the National Poor Law Officers' Association, recently held at the Epsom Workhouse. The first part had reference to the work of Louisa Twining, described as the Florence Nightingale of the Poor Law nursing world. In 1853, said Dr. Dillon, she paid her first visit that led to her discovery of the then existing evils in every branch of the Poor Law Service. She found old people neglected, the sick uncared for, and young women beyond the pale of reformation.

Dr. Dillon alluded to the pioneer work done in Liverpool, and said his primary object in writing the paper was to draw the attention of the Association to the fact that the Poor Law nurse considered herself hardly done by in seeking Poor Law appointments. She said that the hospital nurse got all the plums. He was not quite satisfied as to the entire justice of the complaint; nevertheless the feeling was there, and to the Association she looked for the remedy. In the past, when the service was in its embryonic stage, it was salutary, nay, it was even essential, that hospital nurses were secured. Matters had an entirely different complexion to-day. He was confident, other things being equal, that the probationer who entered the service and discharged her duties in the proper spirit, carried the Marshal's baton in her knapsack.

The Poor Law nurse might look with no small sense of optimism to the future. This might be truly termed the golden age of something accomplished, something done. They were treading the path of human progress, and in this great social scheme he had an abiding faith that the training of the Poor Law nurse *par excellence* aptly fitted her to play no mean part. They must break away from the parish pump principle, and keep pace with the spirit of the time. There were manifest symptoms that at heart this great Empire, over which

the sun never sets, was organically sound. Her pulses throbbed with rhythmic regularity, reacting in sympathetic response to her vital and constitutional needs. Scanning the horizon, was he too Utopian in picturing a unified scheme of nursing, a vista where the hospital nurse and her infirmity sister might be found labouring side by side in alleviating human pain?

Both Dr. Dillon and others expressed the opinion that the Poor Law nurse was equal to, if not ahead, of the hospital nurse.

Why should all managers of nurse training schools—voluntary hospital and Poor Law—claim that all their ducks are swans? This attitude makes the wrench from the parish pump almost impossible. We are heartily in accord with Dr. Dillon's aspirations for a unified scheme of nursing, and hope he will help to push forward the Nurses' Registration Bill, which can alone accomplish this desirable reform.

Reciprocal Training.

It is pleasant to note from the Treasurer's Annual Report that the scheme of the late Matron for reciprocity of nurse training between St. Bartholomew's Hospital and the Metropolitan Asylums' Board has, after prolonged negotiations, been entered into under the following conditions:—(1) Candidates, after two years' service under the Metropolitan Asylums' Board, to enter as probationers provided they are considered suitable by the Matron and pass the necessary medical examination. (2) The two years under the Board to count as one year at St. Bartholomew's. (3) The number of candidates to be received not to exceed eight annually. (4) The candidates will be required to pass the ordinary nurses' examination of St. Bartholomew's at the end of first and third years; and (5) if proficient they will receive at the end of such three years the ordinary certificate of training of St. Bartholomew's Hospital.

This is the most progressive step in the direction of a complete curriculum for nurses, which has been established for some time. No doubt other large general hospitals will follow suite.

A large congregation of nurses attended the Annual Service of the Guild of St. Barnabas for Nurses at St. Alban's, Holborn, E.C., on Tuesday evening last, when the Bishop of Lebombo preached. The Annual Meeting, afterwards held at the Holborn Hall, was addressed by the Bishop, the Archdeacon-elect of London, and others.

Appointments.

MATRONS.

Cumberland Infirmary, Carlisle.—Miss Sylvia Parker has been appointed Matron. She was trained at St Bartholomew's Hospital, where she was Staff Nurse and Holiday Sister. Miss Parker has held the following positions:—Sister and Night Superintendent at the Royal Hospital for Diseases of the Chest, London; and for the past two years' Assistant Matron, General Hospital, Nottingham, where she has had the advantage of working under the superintendence of a Matron, Miss Gertrude Knight, of great experience and devotion to duty.

Maternity Nursing Association, Myddleton Square, E.C.—Miss M. L. Muriel has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and at the Clapham Maternity Hospital and School of Midwifery. She is also a certified midwife. Miss Muriel has held appointments in Rhodesia and Cape Colony, and has been Assistant Matron at the Queen Victoria Nursing Institution, Wolverhampton. She is registered as a nurse and midwife in Cape Colony, and is a life member of the Royal Victorian Trained Nurses' Association, Australia.

Leith Poorhouse and Hospital, Leith.—Miss Elizabeth Arnott has been appointed Matron. She was trained at the Union Infirmary, Burnley, and has held the position of Charge Nurse at the Johnstone and District Cottage Hospital, and the Craiglockhart and Leith Poorhouses.

Cottage Hospital, Lytham.—Miss Kaye has been appointed Matron. She was trained at the Davis Lewis Northern Hospital, Liverpool.

General Hospital, Altrincham. Miss Anita Fulham has been appointed Matron. She has held the position of Matron at the Hospital, Moreton Hampstead.

ASSISTANT MATRON

City of Cardiff Mental Hospital.—Miss Jeannie Murray has been appointed Assistant Matron. She was trained at the General Infirmary, Gloucester, where she held the position of Staff Nurse. She has also been Sister and Night Superintendent at the General Infirmary, Macclesfield.

SISTER.

Royal Eye and Ear Hospital, Bradford.—Miss Lois Marsden has been appointed Sister. She was trained at Rochdale Infirmary, and has been Sister at the Central London Ophthalmic Hospital.

NIGHT SISTER.

Hospital for Epilepsy and Paralysis, Maida Vale, London. Miss M. A. Sykes has been appointed Night Sister. She was trained at Clayton General Hospital, Wakefield, where she has held the position of Staff Nurse and Holiday Sister. She has also been Out-patient Sister at the General Hospital, West Ham.

HEALTH VISITOR AND SCHOOL NURSE.

Colchester Corporation.—Miss E. M. Gillard has been appointed Health Visitor and School Nurse. She was trained at the Devon and Cornwall Homeopathic Hospital, and has been Superintendent Nurse at the Infirmary, Liskeard. She is a certified midwife, and holds the certificate of the Royal Sanitary Institute as a Health Visitor and School Nurse.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurse:—Miss A. M. Ahern and Miss E. Dearberg.

Transfers to Stations Abroad.—*Staff Nurses:* Miss L. A. Burgess, to Gibraltar; Miss E. R. Collins, to Egypt; Miss A. Weir, to Malta.

Promotions.—The undermentioned Staff Nurses to be Sisters:—Miss M. Barton and Miss C. W. Jones.

QUEEN VICTORIA'S JUBILEE INSTITUTE

Transfers and Appointments.—Miss Elizabeth Niblett, to Eecleshall; Miss Mabel Griffiths, to Sevenoaks; Miss Louisa Balloch, to Taunton; Miss Winifred Wratten, to Normanby Park; Miss Ethel Williams, to Cumberland, as School Nurse; Miss Annie Edwards, to Rochdale; Miss Lucy Price, to Coton; Miss Amy Tabor, to Somerset; Miss Minnie Barker, to Leicester; Miss Ivio Heward, to Darwen; Miss Emma Bentley, to Frodingham; Miss Grace Way, to Hampstead; Miss Lilian Golds, to Braughing; Miss Alice B. King, to Gainford; Miss Maaijke M. H. de Bruyne, to Hull; Mrs. Sisson, to Middlewich.

PASSING BELL.

Numbers of nurses trained at St. Bartholomew's Hospital, London, will hear with deep sorrow of the death of Miss Courtney Smith, for 21 years Assistant Matron to the hospital, which occurred in London early on Sunday morning last. The funeral took place on Wednesday at Wickham-breaux, and a beautiful wreath was sent on behalf of the League of St. Bartholomew's Hospital Nurses, many of whom during their probationer days were indebted to Miss Smith for much kindness. Miss Cutler, Assistant Matron, attended to represent the hospital, and also the Nurses' League. A memorial service was held at the same time in the church of St. Bartholomew-the-Less, E.C.

We regret to record the death of Mrs. George King (*née* Wells), which occurred last week at Woodview, Purley. Mrs. King (or Sister Janet as she was known in the nursing world), had a distinguished and eventful career, and was awarded both the Royal Red Cross, and the Imperial Order of the Red Cross of Russia. When only eighteen she entered the Protestant Deaconesses Institution for training, and was sent out by that institution to assist in nursing the sick and wounded in the Russo-Turkish War in 1877-78. She was detailed with other Sisters for work at Vurdin, but while waiting for an escort at Sistora the Sisters found plenty of work amongst the sick and wounded from Plevna, with whom the town was crowded, and also amongst the numerous typhus cases. At Vurdin, which was eventually reached in rough country carts, Sister Janet was placed in charge of 200 patients in scattered huts. More than once as she passed to and fro she was attacked by wild dogs.

Later Sister Janet served in the Zuln War, and was personally thanked by Viscount (then Sir Garnet) Wolsley for her work.

Nursing Echoes.

The latest portrait of Miss Mollett, specially taken for the League Journal of the Royal South Hants Nurses' League, just issued, will give pleasure to a large number of her friends and pupils, whom, as might be expected, she assures that, though she is abandoning the active nursing life in which she has been engaged for twenty-nine years, she will never abandon her interest in the advancement and progress of the nursing profession.

Miss Mollett has been in the foremost ranks of those who have striven for the organisation of nursing during the critical period of its evolution as a skilled profession.

Brilliantly-endowed intellectually, she has, in public speeches, by her pen, and by her work in connection with professional associations, done much to advance the best interests of nursing, and always with wisdom, with charm, and distinction.

Foremost amongst the societies which have had her support is the Matrons' Council of Great Britain and Ireland, in which her interest has been unabated since its foundation in 1894, and which is still proud to claim her most valuable services as its Hon. Secretary.

We are glad to learn that contingents of

Naval and Military Nurses will have seats provided for them to view the Royal Procession on June 22nd and 23rd, and no doubt they will receive a warm welcome from the public, which holds them in special esteem.

The presence of members of the Territorial Force Nursing Service, in their official uniform,

in the prominent places assigned to them on the Coronation route cannot fail to direct the attention of the public to the provision made for the nursing care of the Territorial troops when called up for duty, and also to the honour and dignity attached to membership of the Service. The matrons and nurses of this Service are to assemble at Middlesex Hospital.



MISS M. MOLLETT,

Hon. Secretary, Matrons' Council of Great Britain and Ireland.

We hear that the progressive and realistic novel which has been written by Miss Annesley Kenealy has been banned by several libraries, and that everyone is asking for "Thus Saith Mrs. Grundy."

which is published by the well-known firm of John Long, Ltd. Miss Annesley Kenealy, who was trained at St. Bartholomew's Hospital, and was later the Matron of the Children's Hospital in New York, soon gravitated to her natural sphere as a leading woman journalist, in which position she has put forth several patriotic suggestions—notably so far as the nursing profes-

sion is concerned—that the Army Nursing Service should be made an Imperial corps. This suggestion of Miss Kenaly's appeared in one of her brilliant articles in the *Morning Post*, and was acted upon, although, we believe, without any acknowledgement from the particular ministerial sponger which absorbed the idea. Women are to having their ideas utilised by those not so liberally endowed, and so long as things get done we have in the past been content to "blush unseen."

Prejudice against a hospital is sad for the sick in the surrounding district, and the authorities of the Hospital for Sick Children, Great Ormond Street, cannot too soon conciliate public feeling concerning the rules of post-mortem examinations and out-patient-room operations, of which the poor have an instinctive if ignorant horror. Recently these questions were brought to our notice quite incidentally. In an antique shop in Kensington the proprietress asked our opinion of the hospital, and called up a young woman who was dusting china to repeat her tale of woe. She was highly indignant; having taken a baby to the out-patient department to have an operation on its foot, she said it was handed back to her by the nurse insufficiently dressed and the bandage dripping with blood. To her remonstrance that she could not carry the child through the streets in such a condition she was advised to "inform *John Bull*, for which she would no doubt get five shillings!"

Upon our inquiry why she did not report this very cruel and improper observation to the authorities she replied nothing would induce her to go near the hospital again. "Poor folks is always threatened down; they may be ignorant but they has their feelings." That is just the point—"they has their feelings"—and we are bound to own that in many out-patient departments they might receive more consideration. Much more space should be devoted to cubicles where children who have been operated upon should be kept under observation for a few hours until they have quite recovered from the effects of shock and anæsthetic. No post-mortem examination should be permitted on any child in a hospital, without the signed consent of the parents or guardians. This should be the rule in every institution where sick children are received.

The late Lady Victoria Campbell left £700 to the Argyllshire Nursing Association, the capital of which has been increased to £10,517 1s. 4d. It is refreshing to hear of a district

nursing association with capital, as it can thus afford to pay its nurses a good salary. Let us hope Argyllshire sets a just example in this particular.

Dr. Anna Hamilton informs us in connection with the report of the *Maison de Santé Protestante*, Bordeaux, which appeared in this journal on June 3rd, that there is a small mistake as to the expense of management, which is 1 franc 76 centimes for each patient daily, not 176 francs for the expense of the hospital for one day.

The Report of the Commission appointed by H.E. the Governor to inquire into the condition of nurses in Ceylon has been signed and submitted to the Government.

We observe in *Una*, the journal of the Royal Victorian Trained Nurses' Association, the Editor reminds the members that his task is a great deal more onerous than it need be because he has so little support from the members and it is often wondered whether the paper is required. He hints that unless the growth of this apathy is checked without delay the social and corporate life of the nurses and their official organ will cease to exist.

Only those concerned in the work of organising nurses realise its difficulties, and as Australia is the only continent in which they have taken no steps to co-operate, through their national organisations, with their colleagues of other nations, it may be assumed that their instinct for corporate life is not very highly developed. At the same time it must be remembered that all the prominent officials of the Associations of Nurses in Australia are medical practitioners—liberal-minded men and competent organisers it is true—but so long as the nurses can depend upon their work being done for them by those with greater experience than they possess, they are unlikely to come forward to undertake it for themselves. Nevertheless it is right and healthy that they should do so, and the kindest thing the medical profession in Australia can do is to leave the nurses to work out their own professional salvation.

A new opening for nurses seems likely to be afforded in connection with the nursing of the sick policy-holders of insurance societies. In Melbourne the Temperance and General Mutual Life Society is making the experiment, and if it is successful it is sure to be extended, as has been the result of a similar experiment

in connection with the Metropolitan Life Insurance Company in America. The first-mentioned Society has 160,000 policy-holders, of whom from 1,200 to 1,500 die every year. If it were possible to prevent each year the death of one person insured for £100 by skilful nursing the nurse would pay for herself, but probably many more deaths are due to the want of experienced nursing care, and the point is therefore well worth the consideration of directors of insurance societies.

Lady Truscott's Garden Party.

The invitation issued by Lady Truscott to members of the Territorial Force Nursing Service for the City and County of London to a garden party in the gardens of the Royal Botanic Society, Regent's Park, on Wednesday, July 12th, to meet the Lady Mayoress and the Executive Committee of the Service, is sure to be widely appreciated. It was during Sir George Wyatt Truscott's year of office as Lord Mayor that the Service was inaugurated in the City and County of London, at a meeting at the Mansion House, and throughout the year Lady Truscott gave much time and thought to the details of the organisation of the new Service, in which she has continued to take a warm interest. We are asked to state that Lady Truscott hopes as many of the nurses as possible will be present to welcome the Lady Mayoress, Lady Vezey Strong, who is due to arrive at 5 p.m.

Legal Matters.

DAMAGES FOR THE PROPRIETRESS OF A NURSING HOME.

Miss A. J. Hamp-Adams, proprietress of a Nursing Home in New Cavendish Street, W., who brought an action for damages for assault against Major Charles Hall, described as a retired Army Officer, in the London Sheriff's Court on Tuesday, was awarded £1,500 damages. The case came before Mr. Under-Sheriff Burchell and a jury.

Mr. G. H. Mallinson, counsel for the plaintiff, said that the plaintiff was a gentleman of considerable wealth. On May 2nd last year a lady was admitted as a patient to the home, and the major called the same day to see her.

As he became abusive to a servant he was invited to see the Lady Superintendent. Eventually he became very threatening, and Miss Hamp-Adams believed that he was trying to aim a blow at her. In her efforts to get away from him she struck her knee, injuring it seriously, and there was still a fear that the injury might be permanent.

Reflections.

FROM A BOARD ROOM MIRROR.

H.R.H. the Princess Louise, Duchess of Argyll, has consented to open the Sir Henry Tyler wing extension of the London Homœopathic Hospital, on Thursday, July 6th.

There appears to be an almost unanimous opinion amongst voluntary hospital managers and secretaries that the National Insurance Bill will be most inimical to their interests, and incidentally to the medical schools. It is calculated that the insurance of nurses and domestics would tax the hospitals' finances to something between £20,000 and £30,000 a year, and the general opinion is that nurses and servants should be exempted whilst in the service of hospitals, as they receive medical attendance and nursing free in such institutions, and cost far more than the insurance fee would cover.

There is no doubt that in its present form the Bill is calculated to cut at the root of the voluntary hospital system.

At the recent annual meeting of the National Children's Hospital, Dublin, Sir Lambert Ormsby, senior medical officer, made a very valuable suggestion. He said he was glad to testify to the zeal and efficiency displayed in the hospital by the nursing staff under the able supervision and guidance of their Matron and her senior Staff Sister. During his long experience in the treatment of diseases peculiar to children, he had thought very deeply about the subject, and the hopelessness of treating extensive tuberculous disease of bones and joints in children in the closed wards of a city hospital. For years he had refused admission into the general hospital he was connected with of all tuberculous children for a longer period than was absolutely necessary to correct urgent and unsightly deformity. Sir Lambert urged on the Committee and the charitable public to collect funds to build a Children's Country Hospital in the pure country, far removed from the smoky city, where the patients could bask out-of-doors in sunshine and pure air. This was a departure sure to succeed for the lasting advantage of the little patients, and which should, in his opinion, be followed by every large city. Nothing was more distressing to the surgeon than helplessly to watch these diseased children drifting from one institution to another in the vain hope of permanent benefit, which, alas, in many instances, ended in confirmed deformity or death. Children who had been treated in city hospitals without much improvement or lasting benefit, quickly responded under the balmy influences of fresh air and sunshine, and their pale faces soon became healthy and rosy, as had been proved at the Country Children's Hospital, Heswall, Cheshire, not many miles from Liverpool. Sir Lambert showed photographs and pictures of the open air treatment as carried out at the Country Children's Hospital, Heswall, where the wards are entirely open, one side-wall being altogether absent.

Our Foreign Letter.

NURSING IN KASHMIR.



DEAR EDITOR.

It is a very long time since I wrote to you. When I was asked to leave Shiekh Bagh in Srinagar and branch

out into village work in 1903, my heart was sad indeed. I knew not which way to turn. The next morning our clergyman came in and asked Miss Hull, who was then head of our Mission, if she had a lady she could spare to go out as far as Ranawari and do some investigation work, as he had received a certain sum of money from the State to help the poor people who lost so much, and where houses had been washed down in the flood. He being a man, and his staff men also, they could not go into the purdah houses. Miss Hull pointed to me and said, "You may have her," and he answered, "Just the one."

The first few days the work was so confusing, I did not know which way to turn, or what to do, and came back in the evening feeling I had done nothing. On the tenth day I noticed an empty house, and inquired if it were to let, and as to rent, etc. Then I spoke to Miss Hull about her suggestion that one of us should branch out, and told her that there was a small native house to let at Ranawari, and that so much of my time was taken up going backwards and forwards, and that it was not altogether nice having to eat my mid-day meal on the side of the road. It was two months before the question was settled, as the office at Lahore had to be consulted, and consent could not be gained until the plan was sanctioned in London. We secured the house, and the sum, only 3 rupees, which is just 4s. After the flood work was settled we opened a little dispensary in the house we lived in, and you can think of the size of it when it was only 2s. 6d. a week, less than a workman's cottage at home. After working two years we applied for a site just on the outside of the village. After two and a half years' negotiations it was granted, and during all that time we were gathering funds. And now, dear Editor, you see how the means have been blessed in the provision of our dispensary and school, and the cottage which we workers are occupying. It all looks so simple now that it is done, but only those of us who have had the burden of raising the money and the struggle of getting bricks, stones, timber, etc., and seeing every tree sawn up, can understand the labour it has been—but a happy and pleasant duty and labour. We could not afford a contractor, as we never had enough ready cash in hand to advance. So the work had to be done in sections. The inside is now in a very unfinished state, but we believe and trust in time the funds will come in to finish it all off. Our great aim this year is to get

six iron spring mattress bedsteads, and some fixtures done.

Our work is with the common ailments of life. Anything we cannot attend to we always send into Srinagar to Dr. Nevo or to Miss Louder, M.D., at the State Hospital. A trained nurse can do a good deal to help the people to be clean, and attend to bad, dirty, inflamed eyes, rheumatism, cuts, burns, etc. It may interest you, however, to hear what can be done by steady perseverance. I feel sure some day this will be a great work. One must sow and plant and another will reap; each one has his or her duty to do, and if that is done faithfully, no matter how small it may be, it will in time bring its own reward. Is there no trained sister at home who could come out to this work for His sake. The climate is beautiful. Our Society is so badly off they cannot send us help.

Yours sincerely,

E. M. NEWMAN.

Kashmir, India.

Echoes of the Nursing Pageant.

We thank the *American Journal of Nursing* for its never failing, courageous support to nurses in this country in their desperate fight with privilege and prejudice. It says of our Pageant:—

"The full text of the programme of the pageant and Masque on the evolution of trained nursing given by the British nurses has been received in this country, together with the booklet of beautiful and eloquent lines written by Miss Mollett. The whole thing was a notable and wonderfully beautiful dramatic presentation of the history of nursing, and we are sure it will be a revelation to our members when it is repeated at Cologne. The purpose of the pageant was to aid the cause of State registration by appealing to the imagination through eye, ear, and intellect, and one cannot read the beautiful words and see the imposing pictures without wondering how even the most stolid and resistant nature can reject the appeal of a high, ethical and spiritual demand so nobly presented. But monied interests are deaf to all appeal, and it is therefore not surprising to learn that, during the whole time that the pageant was in preparation, the sordid employers of British nurses represented by the opposition to State registration used every possible device of intimidation, misrepresentation, gossip, and backbiting in order to make it, if possible, a failure. Damaging statements were given to the press; it was rumoured and re-rumoured that Miss Nightingale was to be represented in person; nurses and matrons in anti-registration hospitals were discouraged or even forbidden to have anything to do with it, and up to the last moment malicious attacks were made upon the promoters of the pageant. That all this unmanly tactic failed of its purpose is clear from the accounts in the daily papers of the great beauty and impressiveness of the dramatic presentation."

Outside the Gates.

WOMEN.



The Earl Marshal has directed that the Society of Women Journalists shall be honoured by representation in Westminster Abbey at the Coronation of the King and Queen. The Council of the Society unanimously requested that Mrs. Bedford Fenwick, their President, should represent them, and naturally she has had the greatest pleasure in complying with their request. We warmly congratulate the Society of Women Journalists at receiving this marked distinction.

The Coronation Dinner of the Society at the Criterion on the 20th promises to be a great success. Mr. Joynson Hicks, M.P., Master of the Girdlers' Company, will make the speech of the evening on the Three Estates of the Realm, and amongst the guests will be quite a number of eminent people, notably Miss McMureby, the President of the Canadian Women's Press Club, and Mrs. Fisher, the wife of the Premier of the Commonwealth of Australia.

The march through London on Saturday next, arranged by the Women's Suffrage Societies, "to show the strength of the demand to win votes for women in the Coronation Year," promises to be a record. Nurses form up in Section H 2, on the Embankment, near Horse Guards Avenue, and we hope they will prove their desire for citizenship by coming in hundreds. Among those who are expected to take part in the procession are many enfranchised women: Notably Mrs. Fisher (wife of the Prime Minister of the Commonwealth of Australia), Mrs. McGowan (wife of the Premier of New South Wales), Lady Cockburn (wife of Sir John Cockburn, Agent Governor-General for South Australia), Lady Stout (wife of Sir Robert Stout, the Lord Chief Justice of New Zealand), and Miss Vida Goldstein, the President of the Women's Political Association of Victoria, and a monumental list of well-known women at home. It is calculated that, seven in a line, the procession will be five miles long.

Blessed be Colonial Premiers! These experienced men of affairs are quite *au fait* with the woman movement, and are our very good friends. In spacious new Dominions men are not jealous of women. We hear nothing of sham chivalry, but much of mutual admiration, affection, and help. This is the right relation of the sexes, and the only one on which to build up a self-respecting people. We hope our insular men are learning wisdom from their outspoken over-seas colleagues. "We have no use for serfs in white British Australasia," one visitor made us remark, "We want our people free-born."

Speaking at the International Women's Franchise Club at the reception given to Miss Vida Goldstein, President of the Women's Political Association of Victoria, the Hon. Andrew Fisher, Prime Minister of the Australian Commonwealth, said it was wonderful the interest that the country took in women's affairs when once the women had the vote, and he was entirely in accord with their movement. He had been asked whether in his opinion the granting of the franchise had in any way deteriorated the women of the Commonwealth. In his opinion it had not injured but had benefited the women there, and the men and children too, and he knew the same result would follow in this country.

What everybody except Lord Gladstone expected, says the *Globe*, has happened, and the white people in South Africa are beginning to take the law into their own hands and to protect their women in their own way. At Bergville a lynching was only prevented by the fact that the police removed the prisoner to Ladysmith; while at Bulawayo a gentleman whose little girl had been insulted went to the place where the native offender was employed, took him out, and shot him. We should deeply regret to see lynch law in South Africa, but what is the alternative?

Book of the Week.

LILAMANI: A STUDY IN POSSIBILITIES.*

The authoress of "Captain Desmond, V.C.," so evidently well acquainted with Anglo-Indian life and conditions as depicted in that interesting story, has in "Lilamani" chosen for her subject the subjugation of an English artist to the young and beautiful daughter of a cultivated high caste Hindu gentleman, and his subsequent marriage with her. Closely following this event comes the news of his father's death and his own succession to the title, and all the responsibilities of a landed proprietor. He first meets Lilamani (Jewel of Delight) in an hotel in the Riviera, where his artistic sense is at once delighted by her. "He saw this child of an alien race rather as a possible picture than a possible woman."

But that was all changed after the consent of her father had been won to her sitting for the picture which made his fame, and a little later in the book we find them in the early days of their wedded bliss.

"I am *suttee*," she said simply.

"Lilamani, what do you mean?"

Only, in old days when *suttee* was not outside law, girl brides would fear sometimes, were they strong enough, were they worthy? Then they would make test, holding smallest finger in the fire till flesh burnt from bone, or stirring with bare hand rice when boiling. And I—I have done that last, though I never told anyone till now."

As may well be supposed, this beautiful child

* By Maud Diver. (Hutchinson and Co., London.)

or the East ill bears her transplantation to the somewhat pompous English home. "The harmon type all over" was the verdict of her husband's family.

"Her first dinner party was an hour of undiluted misery to the zenana-bred hostess of eighteen," and her failure to follow the custom of wearing black for her husband's father was made the first apple of discord with Jane, his sister.

"You never wore black in India?"

"No. Not custom. It is too sad, and too ugly with dark skin. So I could only leave off from colour, though for me almost like breath of life."

Lady Roscoe lifted her eyebrows. "H'm, I suppose you can live without it, out of respect for Nevil's loss."

Her perplexity at the perfectly natural *bon camaraderie* that exists between her husband and his women friends, and her deification of him in its turn, is a source of amusement to slangy Leslie De Winton.

"My dear Lady Sinclair! To be condemned to worship a very fallible and human husband as god? You don't mean to tell me that Nevil is—that if Nevil were to—"

"Please not say any more," Lilamani broke in hurriedly, the hot blood surging into her face. "It is not—I am not able for discussing so sacred subject—with strangers—"

"Oh, hang it Les. Shut up." Nevil frowned sharply and glanced at his wife's figure in the window. Low as he spoke, Lilamani caught the words, and the "small name" that hurt her like a blow. She hated the owner, whose leisurely voice remarked, "Well, so long, Nevil. It's good to be here again. I must now go and unrumple my evening dress."

Her agony of doubt as to whether Nevil really wishes for a son is finally set at rest.

He tells her.

"Six months ago I confess I shrank from the idea of a son handicapped by the stigma of mixed blood. But now, you being his mother, I refuse to admit the stigma."

Swiftly she hid her face against him; and once more, as on the day of betrothal, the deeps of his manhood were stirred by her passionate murmur, "Live for ever, my lord and my king!"

H. H.

COMING EVENTS.

June 17th.—Great Procession in support of Women's Suffrage from Blackfriars and Westminster Bridges to the Albert Hall. Form up 4.30 p.m. Start 5.30 p.m. Meeting Albert Hall, 8.30 p.m. Mrs. Pankhurst will preside.

June 18th.—Hospital Sunday.

June 20th.—Society of Women Journalists. Coronation Dinner, The Criterion Restaurant. Mrs. Bedford Fenwick, President, in the chair. 7.30 p.m.

June 22nd.—Coronation Day.

June 22nd.—Irish Nurses' Association. Social Gathering, Killiney Hill, Victoria Gate. Cyclists meet, Donnybrook Terminus, 4 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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Received with many thanks, 5s. Competition prize.—My success is largely due to our training school here.

Yours faithfully,

A. PHIPPS.

St. George's Infirmary, E.

NURSING BY DEACONESSSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I should be grateful if you would be kind enough to answer in the BRITISH JOURNAL OF NURSING the following query sent to me by a friend on behalf of a relative in Naples, who has made herself responsible for the re-staffing of the nursing section of the International Hospital there.

Is there any institute of deaconesses in England who are also trained nurses, and who are allowed to accept appointments abroad? They must be Protestant.

The friends of the hospital prefer deaconesses to professional nurses. They cannot obtain them locally because the demand is so great. They have had English and German nurses, but objected to their "wanting to see Naples and have a fairly good time." Another objection to professional nurses is alas! that deaconesses are "much cheaper and more careful in spending."

They require nurses who can speak English, French, German, and a little Italian, if possible.

Four or five would be required, including a Head Deaconess. The lady promises further details on hearing that such deaconesses are available. She considers their poor "receive greater devotion" from deaconesses.

I am not sure, but have an idea that the Mildmay Institute trains nursing deaconesses.

I am, yours faithfully,

M. M. G. BIELBY.

Cranford, near Hounslow.

[The Mildmay Deaconesses who remain longer than a year "can have some experience in nursing." If these Deaconesses are engaged we should advise a stipulation that they have had the full three years' course at the Mildmay Mission Hospital, Austin Street, Bethnal Green, where the training is good and thorough. Address, Lady Superintendent, Deaconess House, Mildmay, N. The Church of Scotland Deaconess House, 27, George Square, Edinburgh, also train ladies who desire "to take the degree of Deaconess Nurse" for three years in the Deaconess Hospital.—Ed.]

ARE DOCTORS NURSING AGENTS?

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The Superintendents of Nurses' Residential Homes and Clubs are being informed that if a doctor rings them up on the telephone or otherwise and asks for a nurse, if one is recommended even if no percentage is paid to the Superintendent, she is a nursing agent, and unless she pays for a licence from the London County Council she is liable to a fine of £50 a day! This really does seem an outrageous interference with personal liberty. But what I want to know is—What is the position of the medical practitioner under these circumstances?

The patient applies to him for a nurse, and he supplies one. Is he an agent? And if not, why not? Nothing could be more vexatious and absurd than this bit of L.C.C. legislation, concerning which women workers whose livelihood is affected were, of course, never consulted.

Yours,

UNATTACHED PRIVATE NURSE.

THE CELTIC TEMPERAMENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Competition is so keen for preferment in the nursing world, that if one finds oneself "out of it" every time one applies for a decently paid post, and others with less training preferred before one, it naturally arouses a sense of injustice. I think that is at the bottom of much of the feeling of injury which Irish nurses are suffering from in Dublin. We don't like women with two years' certificates sent over from London any more than the Bart's nurses do, especially if whilst taking our money they oppose our professional ideals. The Irish people are bright and intelligent, and the Irish nursing world is almost unanimously in favour of the organisation of their profession by State Registration. They consider insult added to injury when women from reactionary London schools bring their obsolete views with them to Ireland, and do all in their power to oppose the passing of the Bill for which we Irish nurses have in the past worked so hard and given so much both in time and money. The Celtic temperament always fights in the open, and cannot tolerate the rear. We don't need dominating from the "large London hospitals," the managers of which in matters professional are a bye word for intolerance all over the world.

From reports in the national nurses' journals, English and Scottish nurses are to be found helping everywhere in forward nursing movements, in the United States, New Zealand, Australasia, and India, no matter from what school they come from in London they are all wisely in favour of State Registration, once free to co-operate. Let it be the same in Ireland, let Englishwomen be "one of us," or let them remain at home.

Yours truly,

AN IRISH NURSE.

THE MORAL STANDARD FOR MIDWIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I feel quite with "Certified Midwife and Certificated Nurse," and hope the Midwives' Associations will take up the question

of the "cribbing" candidate, whose examination paper was so mysteriously lost! Women who cheat and tell untruths should not be trusted with human lives, even of the poor. I think everything ought to be done to prevent this dishonorable woman being "certified" by the Midwives' Board. I feel sure if midwives had direct representation on the Board they would protect the poor from such untrustworthy women.

Yours truly,

A LANCASHIRE MIDWIFE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I think your rather irate correspondent is in error in her deductions as to the somewhat extraordinary action of the Central Midwives' Board in regard to the candidate caught red-handed in the act of cribbing. I feel sure that the Board is as desirous as she is to maintain a high moral standard amongst the midwives on the Roll. That the Board takes itself, and its judicial duties very seriously, is the probable explanation of its having erred on the side of leniency towards a woman whose conduct it unanimously condemns. Nothing less than a miracle will make a leopard change the spots of a lifetime in a year, or the untrustworthy become trustworthy in a similar period. Let us hope that for once the miracle will happen.

Yours faithfully,

CERTIFIED MIDWIFE.

NURSES AND THE SUFFRAGE PROCESSION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—May I use the medium of your patriotic journal for an earnest reminder.

Shortly before he came to the throne, our King—God bless him—apostrophised his country by the memorable words:—"Wake up England." Slightly paraphrased and conjoined with other classic words, I would say to my sister nurses: Wake up, my sisters, and do not allow it to be our reproach that "the regeneration of Society is in the power of woman, and she turns away from it."

This letter is to remind nurses once more that there will be a Nurses' Section of the Women's Freedom League division of the great Suffrage Procession next Saturday, the 17th, and I earnestly ask that Nurses will come into it, and show their patriotism.

I want there to be a good contingent of nurses. I have been in correspondence recently re the Procession with our mutual friend, the energetic industrious Sister Agnes Karll, and I am delighted to be able to tell you that three German Sisters will walk in this section of the Procession.

Yours hopefully,

BEATRICE KENT.

Hon. Organiser,

Nurses' Section, W.F.L. Procession.

10, Colosseum Terrace, Regent's Park.

OUR PRIZE COMPETITIONS FOR JUNE.

June 17th.—Describe a curriculum which would qualify a Sister to become an efficient teacher of practical nursing in the wards.

June 24th.—What are the usual causes of hypodermic abscesses?

The Midwife.

The National Insurance Bill.

A very representative meeting, convened by the Legislation Sectional Committee of the National Union of Women Workers, met at Caxton Hall on Tuesday morning, to consider the National Insurance Bill as it relates to women. The President of the Union, the Lady Laura Ridding, was in the chair, and interesting speeches were made by Miss Constance Smith (Industrial Law Committee), Miss Mary Macarthur (Women's Trade Union League), Miss Rosalind Paget (Midwives' Institute), and Mrs. Summerton (Women's Court, Ancient Order of Foresters). There seemed to be a general consensus of opinion that the Bill pressed hardly on women, indeed it was proposed that women should ask to be left out of its provisions altogether, but eventually it was decided to put the matter into the hands of a Committee of men and women, representative of important sections of women workers, and co-opted Members of Parliament, with full powers to thresh out the amendments which it considered necessary, and to take steps to get them carried, if possible.

It was further decided to supply local associations with copies of the proposed amendments, so that they might use their influence locally with their own Members of Parliament. Mrs. Bedford Fenwick pressed for the representation of the interests of trained nurses upon the Committee.

Mrs. Ramsay Macdonald moved a resolution urging that the administrative provisions of the Act should be in the hands of women as well as men, in the proportion of at least one third, on Committees administering compulsory levies.

Speaking on the proposal that women should ask to be left out of the Bill, she said that she had advocated the present meeting, as the Bill had not been considered from the point of view of women, but criticism of its provisions was quite different from saying that we would go on strike. If the Bill was bad for women it was probably bad for men too, but it was an honest attempt to do away with the uncertainty of the position of the poor in sickness. It would do away largely with chance charity, which was not an ideal method of assistance, and depended not so much on the needs of the individual as upon his capacity to tell a long tale. The Bill at least secured the minimum of help to the necessitous.

A just criticism was that it gave encouragement to the married woman to continue wage-earning. Women should be allowed to be voluntary contributors after marriage.

In regard to charitable workers, a speaker pointed out that the effect of national insurance in Germany had been to set free a large number to do constructive, instead of relief work.

THE MIDWIVES' POSITION.

Miss Rosalind Paget said, in an excellent paper:

For the purpose of considering the question of insurance midwives fall into three classes—(1) Independent midwives, (2) Midwives receiving a salary, and (3) Midwives employed as private nurses or engaged in other work.

(1) *Independent Midwives*.—These can only come under casual employment, and therefore can only join as voluntary contributors.

(2) *Midwives receiving a salary*.—These would go under the category of employed contributors whether they are salaried district midwives or holding salaried appointments: they will come under the same category as nurses, and as far as I know they are not at present members of any approved Friendly Society. It will be necessary to form an approved Friendly Society for midwives and nurses or they will have to be insured in the most unsatisfactory position of deposit contributors. For the purposes of insurance nurses have unfortunately very long lives, but a high rate of sickness and accident: this would render them unsuitable for ordinary Friendly Societies.

(3) *Midwives employed as private nurses or engaged in other work*.—Most of these would come under the casual section, and could only join as voluntary contributors.

So much for the way in which this Act concerns the midwife personally, as an ordinary member of the community. How her profession will be affected under this Bill is another matter, and one very difficult as the Bill now stands to ascertain.

After describing the various classes of women entitled to the Maternity Benefit, Miss Paget pointed out that there is nothing in the Bill to insure that the lying-in woman belonging to any of these classes has any freedom of choice as to whether she employs a doctor or a midwife.

The Friendly Societies and the Health Committees will be able if they wish to lay down that the Maternity Benefit shall be used to pay the doctor's fee, and the midwife may, in the future, only be able to attend those persons who, owing to uncertain or no work are unable to be insured under this Act. These people will to a considerable extent belong to the pauper class, who come under the Poor Law. At present, as constituted, the Poor Law pays a considerable fee to a medical man to attend these cases, and only in one or two isolated instances pays a midwife.

Miss Paget urged the inclusion of the word "midwife" in the Act, or medical men, who are an immensely powerful body with large political and much personal influence, would be able to bring pressure to bear on Friendly Societies and Health Committees, and were, in fact, already beginning to rejoice over the very probable extinction of the trained midwife. She did not blame them, they had to live, but so had the 30,000 midwives on the Midwives' Roll. The midwife is now a person recognised by Government. She has been proved to be a necessity, and since her profession has been organised and supervised the rate

of puerperal mortality all over the kingdom has considerably gone down.

The speaker showed that a woman cannot afford to pay both doctor and midwife, and is safer in the hands of a trained midwife who knows when to send for the doctor, than in those of an exceedingly busy, ill-paid man, who very likely leaves the entire work to be done by a handy woman, of the very class that have, in the past, worked such dire disasters among our working mothers. She added: Our demands are that every woman in this once free country may choose whether she engages a doctor or a midwife, and what doctor or midwife, and that the fee to the doctor who is sent for by the midwife when necessary shall also be assured.

The Central Midwives Board.

A Special Meeting of the Central Midwives' Board for the purpose of hearing charges against nine certified midwives was held on Thursday, June 8th, at the Board Room, Caxton House, Westminster, Sir Francis Champneys in the chair. The results were as follows:—

STRUCK OFF THE ROLL.

Ann Ewan (No. 16485), charged with negligence and misconduct in connection with the confinement of a patient, including failure to adopt antiseptic precautions, and to wash the patient after the termination of labour, with employing her daughter as an uncertified substitute, and by reason of age and physical infirmity of being unable to attend to patients in a manner consistent with their safety. The patient eventually died.

Ann Cregan (No. 2512), charged with not explaining that the case of an infant suffering from inflammation of the eyes from birth was one in which the attendance of a registered medical practitioner was required. The child's eyesight was completely destroyed.

Anna Hooper (No. 8927), charged (1) a patient being ill and suffering from bedsores with not explaining the necessity for the attendance of a registered medical practitioner. The patient later died in hospital. (2) Having been in contact with a case of puerperal fever and having in consequence been warned by the medical man in attendance not to attend any confinement without having undergone adequate disinfection, with attending another case within a fortnight without having disinfected herself, her appliances, or her clothing.

Mary Ann Spate (No. 16347), charged with uncleanliness and other offences against the rules. The evidence of the Inspector was that the midwife and her house were both filthy, that the temperatures of all her patients were recorded as 97 degs. Fahr. On the other hand, the testimony of the husband of one patient was strongly in favour of Mrs. Spate, and he intimated that it was his own and his wife's intention to employ her whether she had a certificate or not.

In announcing the decision of the Board the Chairman said that its difficulty had been the conflict of evidence in the indictment, and the testimonials. They laid stress, however, on the

point that the midwife had been repeatedly warned without improvement.

Emma Tilley (No. 18501), charged with uncleanliness and other offences against the rules. The midwife alleged that she wore washable blouses, but admitted that she only wore washable skirts in the warm weather.

Amelia Waight (No. 9663, L.O.S. certificate), charged with drunkenness on May 9th and May 10th, 1910, while employed as a midwife at St. Clement's Maternity Home, Fulham, and liable to be called on duty at a moment's notice. Charged with drunkenness on February 1st and February 2nd, 1911, while employed as a midwife at the Ladies' Benevolent Institute, Chester, and liable to be called on duty at a moment's notice.

SEVERELY CENSURED.

Mary Jane Barnes (No. 18574), charged with negligence in the case of a child suffering with inflammation of eyes from birth.

CENSURED.

Jane Hill (No. 3482), charged with negligence (1) in not cleansing a child's eyelids at the time of birth; (2) that the child suffering from inflammation of the eyes with purulent discharge, she did not explain that a registered medical practitioner should be summoned.

It was stated that the child was illegitimate, and the mother a woman of reputed bad character. The midwife's defence was that the child was born two hours before she arrived at the house. She also detailed the number of cases she had attended, and said that "when the nurses were entirely stopped from midwifery she expected more cases."

CAUTIONED.

Ellen Girling (No. 11809). The midwife who appeared before the Board was charged with negligence on various counts, one being that she washed the patient with the same water and the same flannel as she had previously washed the baby. This she admitted so far as the mother's face and hands were concerned. Asked by the Chairman whether she considered it a wise thing to do, and whether she would like it herself, she said that she would not mind it at all. The Chairman dissented, and said none of the members of the Board would like it in the case of their own children.

MIDWIVES AND THE NATIONAL INSURANCE BILL.

The Agenda for the Meeting of the Central Midwives' Board for June 15th included the following item:—

Sir George Fordham to call attention to the National Insurance Bill, and particularly to Clauses 13 to 17 (Administration of Benefits), and to move—

That it is desirable that the position of midwives under the Bill should be more clearly defined and strengthened, and their duties in respect of maternity benefits distinguished from those of the medical profession.

That the Chancellor of the Exchequer be requested to receive a deputation of the Board to discuss these suggestions, and generally, the duties and remuneration of midwives under the Bill.

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Editorial.

TEACHERS OF NURSES.

It is generally accepted that the teaching of nurses comes under two heads, theoretical instruction given by registered medical practitioners, and practical instruction given by Matrons, Assistant Matrons and Sisters. The provision of this instruction, however, is at present of a more or less informal character. In a few of the larger hospitals the medical teachers of nurses receive an honorarium, in a few a special grant is made to Sisters for acting as teachers to the pupils in nursing schools, in addition to their work as ward supervisors. These duties, in addition to responsibility for the care of the patients, and the cleanliness of the wards, have developed within the last thirty years with the foundation of training schools, they are usually taken for granted rather than defined, as the work is of a voluntary nature. It is nevertheless of great importance that evidence of ability to teach should be one of the qualifications for promotion to the position of Sister, that an honorarium should be added to a Sister's salary as an acknowledgment of her work in this respect, and that certain definite instead of indefinite duties should be expected of her for the due performance of which she should be answerable to the Matron. In the same way an honorarium should be given to medical practitioners who undertake the theoretical instruction of nurses.

The pros and cons of the question were recently discussed at some length at the annual meeting of the Board of Management of the General Hospital, Hereford, when the House Committee reported the appointment of a new house surgeon, at a salary of £120 a year, subject to the usual

bye-laws and conditions. They further reported that he had consented to give two courses of lectures in the year to the nurses, and recommended an honorarium of £5 5 0 for each course. Sir Archer Croft, who moved the adoption of the report, said that the committee were unanimous in making this recommendation. It entailed a great deal of work to give the lectures, and it was most necessary that the nurses should have a proper course. Although it was in the house surgeon's contract to do the work the committee strongly recommended his having this honorarium.

An amendment was moved to omit the honorarium on the ground that in view of the state of the finances the Board ought not to sanction this "totally unnecessary expenditure."

The Dean, who presided, said that he thought the salary which the House Surgeon was receiving should not be taken into consideration at all. The matters were quite separate. Eventually, we are glad to say, the amendment was withdrawn and the report adopted. Thus the principle that a lecturer to nurses is entitled to remuneration for his work was recognised.

It is quite certain that so long as the teaching of nurses is performed gratuitously, it must be more or less desultory and unequal in character, depending mainly for its efficiency on the interest and goodwill of the teacher, and we hope that the principle of obtaining the best teachers both in the theory and practice of nursing, and giving them definite remuneration for their work will be generally adopted.

The development of nursing education on the best lines is a question which before long must be considered from a broader standpoint than that of the individual hospital.

Medical Matters.

PHLEBOTOMY.

The *London Hospital Gazette* contains an interesting article on the above subject. The writer says in part:—

Venesection has had an established place in medicine for over two thousand years, but of late has fallen into great disuse; lip service is still paid to it in examination papers but it is seldom practised. Years ago every hospital had an official copper on the establishment who followed the physicians round and drew blood at order. Little boys in the country added to their pocket money by searching for leeches and selling them to the local apothecary.

At the beginning of last century all inflammation, general or local, peritonitis, meningitis, whitlow and gout were treated by blood-letting, often repeated. Obscure diseases were subjected to blood-letting on the same lines as we now prescribe a course of iodides or give anti-streptococcal vaccines.

Dysmenorrhœa was treated by rest in bed, poultices to the abdomen and blood-letting, though when gynecologists became separated off as specialists, to show their ingenuity and independence, they applied leeches directly to the cervix.

Let me give a typical case of the great benefit of venesection, and then point out a few of the many cases in which it is of service.

Mr. A. is an elderly adipose merchant with chronic bronchitis and emphysema. By medical advice he is sent to a watering place on the South Coast. There, in a relaxing atmosphere, he catches a chill and develops an attack of bronchitis. The symptoms alarm the friends, and with great difficulty he is brought back to town. You are sent for in haste; you find him seated in the drawing room, blue in the face, staring eyes, and gasping breath, with audible bronchial rattles. Pulseless at the wrist and speechless, he turns his head despairingly from one to another, seeking help and finding none.

According to current ideas the treatment will run as follows:—A diffusible stimulant will be poured into the stomach, strychnine will be injected into the blood-stream, and oxygen be offered to the lungs, despite the fact that the stomach is now coated with thick ropy mucus as impermeable as a leather bag; the circulation is feeble, and the heart muscle already overtaxed, and the lungs are already choked with viscid exudate, so that if oxygen gets in, carbonic oxide has great difficulty in getting out.

All these things are good in themselves, but

the immediate treatment is to bleed the patient; the over-tired right heart is not to be whipped into further exhaustion, but its severe load should be lightened. Draw off a pint of blood from the arm: at first it will be black and viscid, later its brighter colour will show that the circulation is re-establishing itself. The colour of the patient becomes a healthier pink, his face loses its anxious expression, and with easy breathing he sinks into a refreshing sleep, after which rational therapeutics can be applied to the chest with a good chance of a successful result.

A cyanotic pneumonia should certainly be venesected, the books say, providing the right heart is acting strongly, but if it is failing and the pulse is weak nothing is more rational than to ease its strain, and by withdrawing a quantity of blood to allow the distended right heart to contract under a lessened pressure. Some few advocate venesection from the jugular vein under the impression that the blood is directly withdrawn from the right auricle, and that the cardiac relief is therefore greater. Performed in the neck, venesection is a messy procedure and alarming to the patient; the inferior vena cava keeps the right auricle full of blood, and the jugular bleeding simply prevents so much blood entering and adding to the volume in the auricle, which is exactly what is done by venesection in the anti-cubital fossa with much less trouble.

The elderly arterio-sclerotic patient with a blood-pressure about 190, tortuous temporal arteries, a bull neck and distressing headache, experiences great relief from his symptoms by a timely bleeding; nature often averts an apoplexy in these cases by a profuse epistaxis lasting often on and off over 48 hours.

In the onset of uræmia, when methylamine is accumulating in the blood, the cerebral symptoms are often abated by venesection, and the transfusion of normal saline will then often promote diuresis.

In an acute attack of gout, besides local treatment and the exhibition of colchicum, venesection abates the severity of the pain and shortens its duration.

A patient seen in an attack of apoplexy should certainly be bled, and if on recovery of consciousness headache becomes increasingly severe, the operation should be repeated.

Eclampsia, CO poisoning, diabetic and uræmic asthma, all conditions of intoxication, are all benefited by venesection. The operation is easy, of great benefit, and devoid of danger; it is deserving of much wider use than it at present enjoys, and, when done, it removes the reproach that the physician stands by and does nothing but look on.

Clinical Notes on Some Common Ailments.

By A. KNIVETT GORDON, M.B., Cantab

GOUT.

I had intended to describe in this paper some of the conditions associated with chronic pain and swelling in the joints, but it has now appeared to me that it would be better first to say a few words about a disease which gives rise sometimes to acute and sometimes to chronic changes in certain joints—namely, the complaint which we call gout.

We can best understand the symptoms of gout by describing, firstly, an acute attack, then the more chronic forms, and lastly touching briefly on certain symptoms which are grouped together as "goutiness," inasmuch as they occur in people who are really the subjects of gout, but who do not necessarily complain of pain in the joints. All these forms of the malady are due to the same cause, or causes.

Let us take the acute attack first. The patient is a middle-aged man, who, though possibly athletic in his youth, has attained to a position of affluence, and consequently eats and drinks too much, and takes but little exercise. When he attempts to do so his muscles are so stiff that he feels tired after the one round of golf, which has replaced the afternoon's football or tennis of his younger days. On the rare occasions when he even plays golf he eats about twice as much for dinner to make up for it. When he has finished the round he has two whisky and sodas instead of afternoon tea. He is stout, irritable, and full-blooded, and thinks himself a benefactor to the human race because he has made plenty of money and does most of his work by deputy. On the other hand he may be a tramp, out of work and always hungry, but who spends the few coppers he can beg not in food but in beer.

For a few days before the attack comes on he has suffered from vague feelings of uneasiness and irritability, and has been dyspeptic and constipated. One morning, about two or three o'clock, he wakes up with an agonising pain in one of his smaller joints, generally the big toe, which is red, swollen, and shiny. His temper is fearful; he screams and curses at everyone who goes near him, and feels every noise and shutting of a door as if it were situated in his painful joint. He is slightly feverish and very thirsty. As day breaks he feels a little easier, but the swelling increases and the pain and irritability recur at the same time the next day and for the subsequent four or five days. The symptoms then gradually

subsides, and after the attack has passed off the patient feels better than he has done for some days, and may even apologise to his frightened daughters, or reinstate the cook whom he has previously discharged because his dyspepsia would not allow him to appreciate her culinary efforts. Recurrences of the attack are very common, so that a patient may have gout three or four times in a year. As the disease progresses deposits of a substance resembling chalk (but which is really urate of soda) form in and around all the smaller joints, and the patient passes into the second stage, or chronic gout: the feet are usually first affected, then the hands. The skin may give way over the chalky deposits.

Sooner or later the kidneys become affected in the manner described in a previous paper, and the patient ultimately dies from chronic nephritis and uræmia, or from a cerebral hæmorrhage due to the rupture of a brittle artery.

Sometimes, however, the joints are not affected at all, but the patient suffers from goutiness, or lithæmia, as it is sometimes called, the chief symptom of which is high arterial tension (as previously described) which is often associated with biliousness, eruptions on the skin, which usually take the form of a particularly intractable variety of eczema, or may show itself in recurrent attacks of migraine or sick headache. Inflammation of the inside of the eye, neuralgia, sciatica, and attacks of intense depression are other signs of the lithæmic state.

What are all these things due to? Well, the answer, or rather a complete answer, is not easy to give, for we do not know the exact pathology of gout and the gouty high arterial tension. What we do know, however, is that a substance known as uric acid is produced in the body and but imperfectly eliminated from the system. So long as this is retained various parts of the body are affected by it, and are irritated into a kind of chronic inflammation. When the attack of acute gout occurs this uric acid is deposited (in the form of an urate of soda) round the affected joint, and the subsequent improvement in the patient's feelings is due to the removal of so much uric acid from the circulation to the joint. In the states of goutiness this deposition does not take place, and uric acid or its allies remain in circulation, or at least are imperfectly eliminated.

What we do not know exactly is why the uric acid is formed. Two factors, however, are essential. There must be an intake of too much nitrogenous food, and also deficient elimination of nitrogenous waste by the kidneys. An example of this is seen in the hard-

work in a hard, hot country, who eats an enormous quantity of meat, but scarcely ever becomes gouty until he gives up work (but continues to satisfy his appetite with meat), when retribution comes in the form of granular kidney. Heredity plays an important part, so that the sins of the fathers are visited on the children, and the son comes into the world with a lessened capacity for eliminating any uric acid that he may form from his food. Alcohol, too, is an important factor, and has been shown to be at the bottom of most of the cases of so-called "poor man's gout," or rather it is the almost irresistible tendency which such a man has to purchase the cheapest form of anæsthetic and so escape, even momentarily, from the dross of his environment. The over-fed company promoter, however, has no such excuse.

What are we to do for our gouty patient? Obviously we must not only relieve him of his pain, if he has an acute attack, or from the discomfort of the particular symptoms of goutiness for which he has consulted us, but we must endeavour to go to the root of the trouble and stop either the over-production or the deficient elimination of uric acid, or both.

Let us take the latter first. We have to recognise to begin with that, inasmuch as we do not know exactly why some people manufacture uric acid on the slightest provocation and others do not, we have to find out largely by experiment what diet and what mode of life will best suit the particular patient. And that is why so many different things have been written and said about the treatment of gout. We must, in fact, treat the man and not the disease in any given case.

But there are certain broad lines on which we can proceed, and the first axiom is that all gouty people eat too much; they are apt to assume, because they have been told that some particular thing will not hurt them, that they can eat as much of it as they like. So we generally begin by cutting down the quantity of all food, and especially of nitrogenous food. Then there can be no doubt that their nitrogenous food can best be obtained from vegetables rather than from meat. It is possible to make the mistake of going too far in this direction, and advising the man to be a vegetarian, forgetting that this will tax his digestion severely, for vegetables are not so digestible as meat. He should have then a varied diet, food should be taken in small quantities, and frequently, and he should never be allowed to have a heavy meal, especially at night.

Then he must be a teetotaller. There can be no worse fallacy than substituting a com-

paratively large quantity of whisky for a smaller one of port or beer. All alcohol is injurious to gouty people, and we only allow it when we have to, that is to say, when the man has got so accustomed to stimulants that his heart will not stand the sudden deprivation. In such a case we reduce the quantity by degrees. The next point is to considerably increase the amount of fluid in his diet, with the idea of washing out the accumulated uric acid through the kidneys and thus preventing its accumulation. We usually advise the patient to drink freely of some special mineral water, simply because we know that if we advise water alone—which is the essential part of all these preparations—he will not thank us for the advice or take it. Or we can adapt ourselves still further to his tastes and send him to some place—the more expensive the better—where he can have the satisfaction of drinking waters to the accompaniment of scandal and an orchestra, but certainly to somewhere where he will have to do as he is told. We make him take exercise if we can, and keep his bowels open. But it is better still to persuade, or frighten, the patient into leading a regularly abstemious life, with daily exercise, for it is in the muscles that uric acid is normally broken up, so that it can be easily eliminated by the kidneys, than to allow him to do as he pleases in the intervals between his visits to a spa. For the sufferer from poor-man's gout it is not much use descending on the evils of too much beer and too little food unless we can alter the environment which drives him to seek anæsthesia. Otherwise we are talking pure and simple cant.

In the acute attack of gout colchicum is a very useful drug and is given freely until the pain has ceased. With this we prescribe drinks of large quantities of weak barley water or potash water, to assist in washing out the poison, and confine the patient to a milk diet.

The treatment of the joints in chronic gout is much more difficult and often unsatisfactory. After repeated attacks a joint becomes stiff and deformed, and it is no easy matter to restore its flexibility. Here the various kinds of baths come in. Perhaps the most generally useful are the radiant heat baths, which can be obtained at most spas and in some cities. The joint is enclosed in a kind of box and exposed to the heat and light emanating from electric lamps. Profuse perspiration is induced in the skin round the joint, and pain is lessened and the joint becomes more supple. Massage is also very useful, and relief may sometimes be obtained by the passage of an electric current through the joint. But in gout prevention is very much better than cure.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss M. Wiles, Holloway Road, N. for her article printed below on the subject:

DESCRIBE A CURRICULUM WHICH WOULD QUALIFY A SISTER TO BECOME AN EFFICIENT TEACHER OF PRACTICAL NURSING IN THE WARDS.

To become an efficient teacher of practical nursing in the war is a Sister should have had, before entering hospital, a good general education and a refined and high-principled upbringing, and be equipped for her career with a sense of justice and order, a willingness to obey, consideration for others, and the power of self-control.

Three years' training in a good general hospital is, of course, essential, and during that time she should learn and become efficient and skilful in the following subjects:—

1. How to wash, move, and lift sick people, the care of the back, mouth, etc. How to make beds for ordinary patients, and for those requiring any special arrangements of the pillows or bedclothes.

2. How to apply splints, bandages, extensions, etc., dress wounds, apply leeches, poultices, and any known form of medical or surgical application, and be able to explain why they are applied and the benefits that should be derived therefrom.

3. How to ventilate the ward and how to maintain the same in a state of absolute cleanliness. How to scrub, dust, clean brasses, etc. A Sister should clearly understand the reasons and importance of cleanliness, and be able to explain them with intelligence and force.

4. Surgical cleanliness, how to sterilize and disinfect, how to prepare patients for operation; she should understand the reason for each different process and be able to explain the difference between aseptic and antiseptic surgery.

5. How to give medicines and hypodermic injections. The Sister must understand all methods of artificial feeding and the value and properties of food.

6. A knowledge of drugs and the effects produced, how to make lotions, and the action, either harmful or beneficial, of those in use.

7. A knowledge of diseases, ability to explain causes, symptoms, changes in the pulse, temperature, and respiration, and the approaching signs of death; also how to keep charts and write and give reports.

8. The reverent care of the body after death.

9. What to do in all cases of emergency; how to keep her own presence of mind and obtain the most help from her subordinates without exciting them unduly.

10. How to exercise intelligent economy and have a general knowledge of the cost of dressings, laundry, electricity, light, gas, etc.

11. The etiquette of hospital, always maintaining her own dignity, rendering obedience and respect to her superiors in position, and commanding it naturally from her nurses and probationers.

Finally, she should not attempt to teach any subject that she does not thoroughly understand herself.

We highly commend the papers of Miss Elder, Miss G. Roberts, Miss M. Tetter, Miss P. Saunders, Miss J. Robinson.

Although many of the papers are excellent no one has mentioned the essential fact that a nurse, when she has obtained her certificate, should have special training in the art of teaching, and give a practical demonstration of her ability to teach a class of probationers by giving a model lesson in the presence of examiners before she is eligible for promotion to a Sister's post. It does not follow that because a woman is a good nurse herself she has the faculty of imparting knowledge to others, and unless a Sister is "apt to teach" the standard of training in her ward suffers.

Miss J. Robinson writes that to be an efficient teacher a Sister must be clear-headed and be able not only to show how things should be done, but to explain the reason why a given method is adopted. She must be approachable, or probationers will be afraid to bring their difficulties to her.

Miss G. Roberts thinks that the first qualifications in a teacher are justice and patience. It is a pleasure to teach a quick, bright, pupil who quickly grasps what she is taught. The Sister, however, must realise that it is her duty to get the best out of all her pupils, that they all have equal claims upon her, and that she should give more time rather than less to her less interesting pupils who conscientiously desire to learn their work thoroughly.

Miss P. Saunders says that to be an efficient teacher one must have a love of teaching, a clear mind which sees plainly the points which it is trying to impress upon the pupils, and an attractive method of imparting knowledge. The teacher must also keep her mind fresh by constantly adding to her own knowledge, or she will never be able to interest her pupils and inspire them with enthusiasm.

QUESTION FOR THIS WEEK.

What are the usual causes of hypodermic abscesses?

Rules for competing in this competition will be found on page xii.

Affiliation and Reciprocity.

By Miss NANCY E. CADMUS, R.N.

Superintendent, Manhattan Maternity and Dispensary, New York City.

One of the most important points in the organisation of trained nursing through State Registration is undoubtedly that of affiliation of hospitals and reciprocity of training, and the following article from the *American Journal of Nursing* should be carefully studied:—

In the development of nurse-training schools, like all schemes involving much of vital human interests, when a need becomes pressing, channels have been opened through which a provision for supplying the demand could be made. Thus, as broader and more varied requirements arose many schools found their scope of work entirely too limited to secure to the nurses a comprehensive training, and they cast about them for ways and means whereby such difficulties might be overcome, with the result that to-day the advantages secured through affiliations are recognised by all. But a certain reluctance to avail themselves of affiliation is shown by many schools, not because of a lack of appreciation of the value of extended training, but because of the great difficulties which beset such efforts. The most serious of these difficulties is the lack of uniformity in nurse-training-school methods.

Hospitals usually are called into existence because of a local demand, a training school for nurses being the natural adjunct. Unlike other educational bodies, we have no tried-out, well-defined, centuries-old methods of operation, therefore we are, in a sense, still in the formative stage, and it belongs to us to do our part toward securing conditions where nurse training will rank as one of the educational forces of our country.

In many respects the principal of nurses in a small hospital meets problems unheard of in larger ones. First, it is much easier for large schools to secure greater numbers of desirable young women; second, the personal equation (particularly medically) usually figures much more prominently in the smaller schools, thus making the difficulty of sending out nurses to special schools far greater in the very ones that most need this further training; and third, it is not always easy to secure desirable affiliations. But, in this, as in all progressive work, unnecessary timidity is experienced in some instances. For example, to explain why unnecessary, let a school which has never given its pupils special training in obstetrics decide to do so, and in less than one year its medical men will demand these especially trained nurses in preference to the former graduates.

Another obstacle lies in the nurses themselves. For some unexplained reason pupil nurses oftentimes evince an antipathy toward the special schools that is very puzzling. Would it not be well if we could hear, through the Journal, some utterances upon this phase of the question? As the writer sees it, it is an exhibition of great shortsightedness on the part of the nurses; but there must be some cause for this. An argument used against being sent to secure special obstetrical training often is that the nurse will never practise obstetrics. Even so, a training is not complete without a good knowledge of obstetrical nursing, and the same might be said, in perhaps a lesser measure, of other specialities.

Affiliation has come to stay—now the question is, what are we going to do with it? That is, how are we going to handle affiliations between schools so as to secure the greatest good to the greatest number, and not cause the seeking of affiliation to be a burden upon schools limited in their scope? By *schools*, the comprehensive idea is desired, for, as in the hospital, the patients must be regarded as a central factor, so in the nurse-training school the nurse must be considered as an integral part in the making of conditions. If schools that already have none too many nurses are obliged to lose the services of one, two, or even three, the natural result is more work for those who remain. Again, to go back to the former statement regarding the lack of uniformity, the arrangement for instruction is so much subjected to the immediate environment, and local conditions have so large a controlling power that the question of passing such nurse over her entire home curriculum and still affording her special training is indeed a vexatious one.

What is being done, and what should be done, to bring about acceptable and progressive methods? It would be interesting to know the percentage of training schools employing affiliation. This being hardly possible, one fears little dispute when she states that it is a large one, and that State Registration has given the impetus which has brought about pronounced results within the last few years.

First let us consider the affiliating school. Granting that it is a foregone conclusion that a training school for nurses is under a moral obligation to give all the instruction its published curriculum calls for, it follows that such instruction should be supplemented by affiliation, when the home school cannot furnish it according to the laws such school is working under. If these laws are deficient, then it behoves the nurses of the given State to work to secure better. To attempt to remedy this

otherwise is like pouring water into a sieve. One of the foremost nurses in New York State says: "I do not consider that any hospital should attempt to maintain a school that is not willing to affiliate for those services in which its own institution is deficient. More and more insistence on affiliations is being made through the State." This undoubtedly voices the sentiments of all who have given it due consideration.

As affiliation is practised at present, the defect most noticeable is (kindly remember this is all upon the side of the affiliating school), to again quote from the same writer, "the failure of the schools, in sending their nurses for any special services, to investigate carefully as to the hospital facilities from the standpoint of the number of cases and equipment, and the training-school facilities from the standpoint of administration and instruction." Because of this failure to acquaint themselves thoroughly with the working of the special school, the affiliating school sometimes considers the demands of the special school arbitrary, and best results are not obtained.

One of the most important points is the question of the diploma. Shall the home school diploma include that of the special school? Of course, granting this specialty is an important one, there would seem to be but one reply, and that in the affirmative, but so much hinges upon just how this special course is regarded. Is it—the special course—a part of the entire course? Does the certificate of the hospital stand for the inclusion of such courses? When exception is made should it not be with the consent of the Registration Department? Can any good reason be shown why this is not a desirable ruling? This is not to be interpreted as claiming that the affiliating school diploma is dependent upon that of the special, but, unless plainly indicated otherwise, it should include it. Here, of course, arises the question of discipline, but that will be taken up later on.

Two important questions are:—"What is the minimum length of time in which the special school can give a satisfactory course in obstetrics, eye, ear, nose, and throat work, contagion, gynaecology, nursing of the insane, etc.?" and "What is the minimum length of time that should be spent by a nurse in her home school before entering upon the special course, particularly in obstetrics?" As to the former, all will agree that a course of three months is none too long, and that eighteen months in the affiliating school before becoming a pupil in a special school is a very fair minimum time. It is true that the home school is often badly discommoded by not

having a little more variety in this matter, but very few nurses are prepared to take up special courses much sooner than at the end of eighteen months, particularly in the matter of trained judgment. Is it not true also that a nurse who has had at least some operating-room service in her home school is better prepared to grasp and perform the work of a special hospital, as, with few exceptions, the special work involves good surgical technique? Do the affiliating schools understand what a loss is suffered by the pupil if she comes totally unprepared as to her mental attitude and her ability to assume responsibility?

Now to turn to the consideration of the special school. For what purposes are special hospitals in existence? To supply a service which in its natural demands requires special technique, special training both for doctors and nurses, and special equipment—all of which would be incompatible with the workings of a majority of the general hospitals. The aim of these connected with the special hospitals is to provide detailed and comprehensive teaching to nurses that it would be impossible to obtain in so finished a way elsewhere. As they exist to-day the principal criticism to be made is lack of definition, that is, not as to teaching, but in their relations to affiliating schools, or, in other words, no well-defined agreement exists, and failure to understand and co-operate is the result. May it not be said that they are a trifle too arbitrary? Have they not been too much "a law unto themselves"? Have they interested themselves in the home school sufficiently in reporting to it upon the work and conduct of the pupils? Is it not the almost universal experience that the qualities of pupil nurses, good, bad, or indifferent, manifest themselves in the special school much the same as in the home school and therefore furnish the two principals a common ground of sympathy and co-operation?

Are these special schools generally well enough understood in the matter of their teaching of a specialty? To explain, it is the common rule that in case a pupil nurse during her three months' course is obliged to drop out for any reason after the completion of perhaps a first week her place shall be filled by one who is a graduate of that particular special school. The hardship this entails upon the affiliating school can be readily understood, and certainly the special schools should be able to offer very good reasons for such ruling which, from their point of view, they certainly do. In order to carry each pupil nurse over the advertised curriculum, she must receive daily just what is scheduled; then, on the other hand, the pro-

visions for the proper care of the patient demand that nurses shall have had their preparation before being introduced into a field of the work requiring special knowledge. A nurse who has never even assisted at an operation upon the eye cannot, certainly, be detailed as the surgeon's chief nurse, nor one who has experienced no post-partum work in obstetrics be given the care of such cases.

Having discussed both the special and affiliating school, the point has been reached where we may very properly consider the matter of agreement between them. That there should be a definite form goes without saying, but what are the essentials that should be covered by a contract or agreement? (The latter has a pleasanter sound.) Such agreement should state curriculum, specific purpose, state definitely all requirements as to length of course, entrance periods, conditions of obtaining admission, and those upon which pupils remain, instruction, discipline, etc.

To again refer to the matter of discipline, this can never be successfully conducted where the spirit of confidence, understanding, and co-operation does not exist between the affiliating schools. If the affiliating school *includes* the *diploma* of the special course in its own the question would appear capable of very easy solution, but, on the other hand, the special school must exercise some forbearance, and not be too ready to "use the club." Neither should the act of the special school, when extreme measures are clearly indicated, be final until abundant opportunity has been furnished both schools to thoroughly arbitrate upon the matter.

When failures, misdemeanours, and incompetencies manifest themselves, an immediate report should be made to the affiliating school, with a written statement of any special occurrence, on the part of the nurse, thereby giving the home principal an opportunity to see the question in all its phases. This is not to be understood as an opportunity for the nurses to air grievances, but merely to make a plain, accurate statement of what occurred, without any comment, which statement is naturally to pass through the hands of the principal of the special school. In this manner co-operation is obtained, and probably, very few calls are made for radical measures.

While the return of a pupil nurse in the midst of her course involves many difficulties, this very fact tends to reduce the question to the greatest good for the greatest number, and nurses, realising how extended the results of failures on their part are, will hesitate long before precipitating crises.

I cannot see how it is possible to conduct

affiliation for the important specialties without including the diploma of the special school in the nurse's legal right to practise nursing, as it would seem unfair to ask a nurse to spend one, two, or three months in special work, and give her nothing to show for it. This very point also provides a solution to the question of discipline from the point of view of both schools as nothing else could.

Every special hospital should issue a printed circular of information which will convey to those seeking affiliation a comprehensive idea of all that will be expected of the nurses in the matter of uniform, hours of duty, questions that are determined by locality, and any and all points that should be fully understood, thus promoting satisfaction for all concerned.

Before making an agreement each school should acquaint itself with the other—the special ascertaining the status of the one seeking affiliation, declining any schools which are lacking in progressive aims, but, on the other hand, not making conditions beyond the reach of the earnest, energetic school.

It was my purpose to include a form of agreement in this paper, but, because the question is so far from having taken satisfactory shape, it was not deemed best to do so. It would be interesting to hear from schools having such forms already in use.

THE RED CROSS AND STREET SERVICE.

The City of London detachment of the Red Cross has been allowed to volunteer for street service in the city on June 23rd, and will be stationed close to the Mansion House.

The men of the detachment will wear dark suits, and the women dark blue or black coats and skirts, and will carry haversacks and water-bottles. They will also wear a badge bearing the City arms, by which the police can readily recognise them.

THE REGISTERED NURSES' SOCIETY.

On June 29th, the day on which the King and Queen attend the thanksgiving service at St. Paul's Cathedral, and afterwards lunch at the Guildhall, the return journey is to be made through the boroughs of North London and the West End. The procession will pass the offices of the Registered Nurses' Society, 431, Oxford Street, W., in the afternoon. All nurses on the staff of the Society who wish to see the procession, and are able to do so, will therefore have a fine view of it from their offices. Tea will be provided for them on that afternoon, and Sister Cartwright will be obliged if those who hope to be present will let her know by the 28th inst.

Nurses of Note.

MISS LILIAN M. TIPPETTS.

We have pleasure in publishing on this page the portrait of Miss Lilian M. Tippetts, President of the Association of Nursing Superintendents of India. Miss Tippetts was trained and certificated for three years at Guy's Hospital, London, from 1896 to 1899, and afterwards served in South Africa during the late War for eighteen months, twelve of which were spent in Pretoria. In connection with her services she was awarded the South African medal. In June, 1902, she returned to Guy's Hospital as Out-patient Sister, and for two years subsequently was Home Sister in the Henrietta Raphael Nurses' Home, and from 1904-1906 held the position of Assistant Matron. In that year she went out to India to reorganise the Government Civil Hospitals at Lahore, the Albert Victor, and Mayo Hospitals, which are respectively native and European institutions.

At the end of three years Miss Tippetts opened the Marlborough House Nursing Home for the reception of patients in Lahore and Simla.

In addition to her other professional qualifications Miss Tippetts is a certified midwife and certificated masseuse. She is very greatly interested in nursing organisation, and the first object of the Association of Nursing Superintendents of India, of which she is President, is "to elevate nursing education

by obtaining a better class of candidates, by raising the standard of training and striving to bring about a more uniform system of education, examination, and certification for trained nurses, both Indian and European." The problem of the organisation of nursing in so vast an Empire as India is one not only of enormous importance, but entailing a large amount of work. As Mrs. Klosz has told us,

it will be a separate matter for each province, as it is in the different States of America, and no other method seems practicable in regard to the vast area to be covered. The desire of the various provinces to obtain the best system of examination and registration will act as a wholesome stimulus on nursing education as a whole. The problem in India is also complicated by the fact that the white races, who are, of course, exotics, and the native races, have both to be taken into consideration. It is not likely for many years to come that native nurses will be able to undertake all the nursing work required, or that they will be able to dispense with the supervision of nurses of the governing race, which is certainly the object

to be aimed at eventually if a sufficient supply of nurses is to be maintained. The cost of passages, the necessity for frequent furloughs, and the climatic disadvantages under which European nurses work in India make it quite certain that a sufficient supply for the needs of the country can never be maintained from overseas.



MISS LILIAN M. TIPPETTS,

President, the Association of Nursing Superintendents of India.

Meanwhile our colleagues in India who are grappling with these great problems, and doing very arduous and uphill work should have all the sympathy and support we can give them, which is the easier since we can now keep in touch with their work and difficulties through *The Nursing Journal of India*, the official organ of the Superintendents and Nurses' Associations.

Practical Points.

Ten Ways of Making Milk More Digestible.

If milk disagrees one of the following ways may be tried to render it more digestible:—(1) Scald the milk. This is done by placing a jug of milk in a pan of cold water; put it on the fire or gas until the water boils, then lift the jug out of the water and let it cool. (2) Boil it with a little bread (without crust) in it; then strain through muslin. (3) Make it into junket by adding a teaspoonful of rennet; let this stand, and serve cold with sugar. (4) Mix equal parts of milk and boiling water, and add a small pinch of salt to it. (5) Mix equal parts of milk and thin barley water. (6) Mix two parts milk, one part lime water, and one part barley water. (7) Mix two parts milk and one part whey; to prepare whey make a junket; when set lift it a little with a fork, strain through muslin, and the watery part is whey. (8) Mix two parts milk and two parts albumin water. To prepare albumin water for this beat the whites of two fresh eggs in a pint of cold water. (9) To a pint of milk add 5 to 10 grains of citrate of potash. (10) To a pint of milk add one or more peptonising tablets; make the milk hot—i.e., about 99 degs. Fahrenheit; then add the crushed tablets; let it stand ten minutes, then boil it. If the milk is not boiled the peptonising goes on, and gives the milk a bitter taste.

H. E. B.

Work in the Treatment of Neurasthenia.

In treatment of chronic neurasthenics who are strong enough to undertake some employment, work of some sort should, says the *Dietetic and Hygienic Gazette*, be employed regularly and systematically. It is desirable to get out of the channel in which the patient has lived and to start him in some new occupation. Individuals differ greatly in the amount of work they are able to perform, and it is quite as important to grade the amount of manual labour as the dosage of any remedy that is administered. Whether we employ indoor or outdoor work, and whether it be for diversion or as a training toward a means to gain a livelihood, the main object is "to train the patient's mind to run naturally in a different channel. It is not so much the work as the way one inspires the person to take it up. That form of work, however, is best which interests the patient and leads him on to more and more thought of things outside himself."

How to Fill Hot Water Bottles.

In connection with the filling of hot water bottles, a speaker at a recent Nursing Conference suggested that the bottles should always be heated before being filled. The suggestion, however, needs some qualification. With rubber bottles, unless the bottles are to be blistered inside very quickly, and so spoil, a small amount of cold water should always be first put in. If boiling water is then added, the bottle will still be too hot to use with safety without a cover. A stone or tin bottle, if filled with boiling water, and placed in a flannel bag, as a hot water bottle always should be, will retain its heat for hours. Possibly the speaker had been provided with bottles filled with hot, not boiling water.

An Excellent Foot Bath.

For tired feet, a hot foot bath every night, with the addition of a little salt and a tablespoonful of bay rum or a few drops of ammonia, will often give ease.

Another efficacious preparation is a mixture of carbolic acid, camphor, and ammonia: four ounces of carbolic acid to one each of the ammonia and camphor. Stir into the footbath in the proportion of one large spoonful of this liquid to every two quarts of hot water.

Treatment of Pneumonia with Creosote Inhalations.

Dr. Beverly Robinson, in the *New York Medical Journal*, says: One of the most important things to be constantly borne in mind in the prophylaxis and treatment of pneumonia is, in my judgment, the proper and efficient use of beechwood creosote by means of inhalation. There is absolutely nothing so simple, so effective, so harmless in the prophylactic and curative treatment of croupous pneumonia and also catarrhal pneumonia, as inhalations of warm creosote vapours from the ordinary croup kettle filled with water and allowed to simmer over a lamp burner, stove, what not, in a more or less continuous manner during the inception and continuance of pneumonia. Further, I venture to affirm, no nurse or attendant will take it from the patient thus treated.

Cleaning Machinery Wounds.

A writer in *The Virginia Medical Semi-Monthly*, says: In removing the paint, dirt, and grease incident to machinery accidents, spirits of turpentine makes one of the best cleansing and antiseptic agents for removing grease and oils that are so ground in as to be almost impervious to soap and water. There has recently come into vogue the application of diluted tincture of iodine to just such injuries as above alluded to, with results as good in many instances as the old plan of scrubbing with green soap, manipulating the parts and trying to get rid of materials that are practically ingrained into the tissues. In fact, the extensive scrubbing of very painful and lacerated wounds and injuries is giving way to less heroic washing and brushing at the first aid treatment.

Queen Victoria's Jubilee Institute. A Note-Book of Practical Work.

SCOTTISH BRANCH.

The quarterly report of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses states that there are now 354 Queen's nurses working under 221 District Nursing Associations affiliated to the Scottish Branch of the Institute. The Scottish Council are directly responsible for the staff for the superintendence, training, and inspection of all the nurses who pass through the Scottish District Training Home; also for eight Queen's nurses and eighteen Queen's candidates at present undergoing social training in district nursing. During the three months, nine nurses completed the six months' special training, and were engaged by committees of affiliated associations at

We learn from M. André Mesureur that a "Carnet d'Exercices pratiques" has been in use for some years in the Nursing School of the Salpêtrière Hospital, Paris. The note book, of which the accompanying illustration is a specimen page, is 8½ inches wide by 5 inches high. The contents are controlled by the *surveillantes* in the various wards, and the pupil presents her book at the examination at the end of each year. It thus forms a complete record of the instruction received.

In order to enable the pupils to understand the progress of their training large charts are displayed in the School, on which, during the two years' course, the wards in which they work are each month marked by coloured

CHIRURGIE. — III. PETITE CHIRURGIE				
<i>Préparer ce qu'il faut pour faire un appareil plâtré et préparer des bandes plâtrées</i>				
<i>Préparer un appareil silicaté</i>				
<i>Enlever un appareil plâtré et silicaté</i>				

CARNET D'EXERCICES PRATIQUES.

(Note Book of Practical Work.)

In Use at the Nursing School of the Assistance Publique, Paris.

Greenock, Sorbie, Gigha, Loanhead, Hamilton, and Banff. New branches were formed at Sorbie (Wigtownshire) and Gigha (Argyllshire). The inspectors made 98 visits to nurses in local branches, and reports were forwarded to the respective local committees. During the three months 1,786 cases were attended by the nurses from 29, Castle Terrace, Edinburgh, involving 34,694 nursing visits. The receipts for the quarter were £572 4s. 1d.; the expenditure £778 14s.

It is regrettable that with so good a record of work, for so modest an expenditure, the income should fall so far short of the amount spent.

paste-boards. The most coveted paste-boards, we are told, are those which mark their stay at St. Bartholomew's Hospital in England. A small form, showing the various departments and wards which a pupil passes through during her course, her name, and the date of her admission to the school, is also in use at the Salpêtrière Hospital.

We hear that M. André Mesureur last week visited St. Bartholomew's Hospital at 6 a.m., and went round the wards in order to see the night nurses at work. He went straight to the Hospital on arrival in London and returned to Paris the same day.

Appointments.

MATRONS.

The Infants' Hospital, Vincent Square, Westminster, S.W.—Miss Ada Grasett has been appointed Matron. She was trained at Guy's Hospital, London, and for three years held the position of Sister at the Royal Hants County Hospital, Winchester, and for nearly seven years that of Out-patient Sister at the Victoria Hospital, Chelsea. She was then Night Sister at the Cancer Hospital, Fulham Road, S.W. Since January, 1909, she has been Assistant Matron at the General Hospital, Swansea. She is also a certified midwife.

Cottage Hospital, Caterham.—Miss Edith Grant has been appointed Matron. She was trained at the London Hospital, E., and has worked on the private nursing staff of that institution.

Westbury Cottage Hospital, Wiltshire.—Miss M. Cicely Elmhurst has been appointed Matron. She was trained at the Royal Alexandra Hospital, Rhyd, and the Chelsea Infirmary, London, and has been Sister, Night Sister, and temporary Assistant Matron at the Shirley Warren Infirmary, Southampton, and has had experience of private nursing. She is a certified midwife.

Convalescent Home, Otham, Kent.—Miss Minnie Goode has been appointed Matron. She was trained at Addenbrooke Hospital, Cambridge, and has done school nursing in Wimbledon. She is a certified midwife, and also holds the certificate of the Royal Sanitary Institute.

County and City of Cork Lying-in Hospital, Cork.—Miss M. Slater has been appointed Matron. She was trained at the Coombe Lying-in Hospital, Dublin, where she has held the positions of Sister and Night Superintendent. She holds the certificate of the Royal Sanitary Institute.

NURSE-MATRONS.

Thomas Knight Memorial Hospital, Blyth, Northumberland.—Miss Barbara J. Johnston has been appointed Nurse Matron. She was trained at the Sunderland Infirmary.

ASSISTANT MATRON.

West House, Royal Edinburgh Asylum, Edinburgh.—Miss Williamina Forbes has been appointed Assistant Matron. She was trained at the Royal Infirmary, Edinburgh, where she has held the position of Staff Nurse. For eight months she has been doing private nursing on the Continent.

SISTERS.

Milton Hospital, Portsmouth.—Miss G. E. Clarke has been appointed Sister. She was trained at the Lambeth Infirmary, where she has held the position of Sister, and has had experience in infections nursing at the South-Western Fever Hospital, Fulham.

Chesterfield and North Derbyshire Hospital, Chesterfield. Miss Leah Gold has been appointed Theatre and Ward Sister. She was trained at the same institution.

City Hospital, Old Swan, Liverpool.—Miss Constance Pell has been appointed Sister. She was trained at the Northampton General Hospital, and the Penarth Isolation Hospital, and has had experience of private nursing in connection with the Nurses' Institute of the General Hospital, Hampstead.

HOME SISTER.

Royal Infirmary, Liverpool.—Miss Lily Atkinson has been appointed Home Sister. She was trained at the Cumberland Infirmary, Carlisle, where she has held the positions of Theatre Sister, Ward Sister, and Matron's Assistant, and is at present acting as Deputy Matron.

SUPERINTENDENT NURSE.

New Infirmary, Llwynypia.—Miss Mary Cule has been appointed Superintendent Nurse. She was trained at the Merthyr-Tydfil Union Infirmary, and has worked as a Queen's Nurse from 1905-1911, and since January of the present year has been Charge Nurse at the Bridgend and Cowbridge Union.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA

The undermentioned lady nurse has been permitted to resign the service:—Miss G. E. Fardell (May 11th).

ROYAL RED CROSS.

The King has been graciously pleased to approve of the Decoration of the Royal Red Cross being conferred upon the following members of Queen Alexandra's Royal Naval Nursing Service:—

Head Sister Miss Margaret Helen Keenan.
Head Sister Miss Katherine Mary Hickley.

PRESENTATIONS

The Committee of the Royal South Hants Hospital, Southampton, have presented Miss M. Mollett with a silver tea service and cheque, in recognition of her long and valuable services as Matron of the Institution. Miss Winterscale, Assistant Matron, has also been the recipient of a clock and a cheque from the Committee.

RESIGNATION.

Mrs. Lucas, the Lady Superintendent of the Nurses' Co-operation, 8, New Cavendish Street, has resigned the position after seven years' tenure of the office. Mrs. Lucas (née Pepper) was trained at St. Thomas's Hospital, where she held the position of Sister, and before taking up the position of Lady Superintendent of the Nurses' Co-operation, where her services have been much appreciated, was Matron of the Royal Devon and Exeter Hospital, and Matron of the Coventry and Warwickshire Hospital.

THE PASSING BELL.

A correspondent writes:—Miss Courtney Smith's funeral at Wickhambreaux was very quiet and peaceful in a country church and churchyard. The flowers were beautiful and numerous, amongst them being a wreath of lovely white flowers from the lay staff of St. Bartholomew's Hospital, a cross of lilies from the League, and a wreath of lilies and variegated leaves from the members of the present Nursing Staff, who knew her; a wreath of dark red roses from her cousin, Lady Gorrell, was particularly beautiful. The service was simple and impressive in the old church, the altar being beautifully decorated with white flowers.

Fortunately, though a very showery day, the sun shone warmly during the service by the grave, which was lined with ivy and white flowers.

Nursing Echoes.



Hospital nurses are receiving invitations from many kind people to view the Coronation and Royal Progress. Ten Bart's Sisters will be the guests of Mr. Astor at Carlton House Terrace on the 22nd, and Lady Wernher has also invited hospital nurses to Bath House, Piccadilly, a privilege all greatly appreciate. St. Thomas', Westminster, St. George's, and Charing Cross Hospitals being on the route it is hoped the nursing staff of each institution will get a good view of these historical events.

The Lady Mayoress (Lady Vezey Strong) has sent to each of the Principal Matrons of the four general hospitals of the Territorial Force Nursing Service for the City and County of London three invitations to the Mansion House on June 23rd. These are sure to be very greatly appreciated.

One hundred Queen's Nurses are to have the privilege of seeing the Naval Review at Portsmouth on Saturday, June 24th. Places have most kindly been allotted to them on the gunboat *Seagull*.

The Annual Report of the Nurses' Missionary League for 1911 announces that in London during the past year good progress has been made in the already existing branches in some hospitals, and a few new ones have been formed. Meetings are now held regularly in twenty hospitals in London and fifteen in the provinces. Some of these are visited by the Secretary and other members of the Committee, but in twenty-eight regular meetings are conducted by the members themselves. Several Missionaries have taken meetings for the League. Miss C. M. Ironside, M.B., of Persia (on whose initiative the League was founded), and Miss C. F. Tippet (N. China), have especially helped to stir up interest in missionary work.

In the provinces the work still continues to advance. Miss de Lasalle has visited Bradford, Leeds, Stoke, Birkenhead, etc., and new branches have been started in Bradford and other places. Most encouraging progress is reported from the two branches in Ireland, and from Tunbridge Wells, and new openings have been gained in Bristol and Cheltenham. At Birmingham much interest was aroused at the Missionary Exhibition last June by an N.M.L. stall.

No nurses need more thorough training and experience than those engaged in school nursing. In London, under the London County Council, and the superintendence of Miss H. L. Pearse, the standard is well maintained, but in the provinces there is sometimes a tendency on the part of some local authorities to be satisfied with an inferior qualification, which is a manifest danger.

We are glad to learn from the *Australasian Nurses' Journal* that the Tasmanian members of the Australasian Trained Nurses' Association have officially protested to the Minister of Education, Hobart, against the appointment of an irregularly trained and unregistered School Nurse in Launceston. Our contemporary points out "how impossible it is to expect any but a thoroughly trained and experienced nurse to satisfactorily discharge the manifold duties demanded by the position. The work includes the carrying out of minor surgical dressings, attention to chronic ear, eye, and other cases, and when necessary visits to the children's homes. Many of these duties must of necessity be carried out without direct medical supervision, and the nurse must herself recognise the conditions requiring immediate attention." It asks further, "How can any but a nurse thoroughly trained in all branches of her profession fill this position without risk, or perhaps disaster, to those children under her care?"

We wish every School Nurse, and indeed everyone interested in children in towns, had heard the fascinating lecture given last week by Miss Grace Parsons, of New York, at a meeting of the Public Health Section of the National Union of Women Workers. The subject of the lecture, which was illustrated by charming lantern slides, was "School Children's Gardens and Their Influence on the National Health." The movement was founded in New York nine years ago by Mrs. Parsons, the mother of the lecturer, who, as a member of the Women's Municipal League, visited the schools and found that the children of the poor had not the natural environment in which to grow. The movement for providing them with gardens in which they might be taught gardening and nature study as a recreation was the outcome. Some of the children in New York have never seen a blade of grass. The first garden was started in the vicinity of a place known as "Hell's Kitchen," where the ground was so hard that it had to be broken up in the same way as asphalt; the soil beneath this crust was so poor that nothing would grow

in it, and soil had to be brought for 50 miles to make suitable ground for the gardens.

There are, it is true, parks in New York, but even if they can be reached a decorated park does not satisfy a child. He needs, as Miss Parsons pointed out, a plot of ground that he can spade, in which he can make investigations as to whether pennies and buttons will grow; in which he can plant radish and other seeds, and in watching their development meet the mysteries of life, get back to that of God, and learn something of the brotherhood of man. The difference between the decorated park and the child's own plot resembles that between a Paris doll and a rag doll. The first garden established provided for 1,500 children; now another one even larger is in contemplation, and there is not a child but is eager and frantic to secure a plot.

The gardens are provided with portable houses which the children use in winter, and at other times, to do their preparation for their garden work, and as they each take their share in keeping the house in order they learn something of simple housekeeping. Object lessons are also given to the children by keeping plants under cover without sufficient light and air. The children see how they droop and fade, and the moral of the need of fresh air in their own homes is easy to draw.

One of the slides showed tubercular children in winter lying out in a garden in arctic bags, and another the children receiving the tags which entitle them to their plots. Simple lessons in planting are given. "Don't tell us, show us," is the demand of the children. One child drew a radish in his diary as large as himself. He was quite right, said Miss Parsons, for the growth of that radish was the biggest event in his life.

Each child is granted a plot 4 ft. × 8 ft. and is then the sole owner of the plot and all it produces for a term of some months. The child is taught to lay out and build the garden and make the paths, and each detail is explained to its reason.

A movement is now on foot to acquire and make use of waste courts and spaces in London for the creation of playgrounds and gardens, and all the influence which school nurses possess should be brought to bear in its support.

It has been decided to form a Coronation District Nursing Association at Hatfield, Yorkshire, in commemoration of the Coronation of King George V. Viscount Chetwynd presided

at the inaugural meeting, and Miss Ross, sent by the Queen Victoria's Jubilee Institute in London, gave an interesting address.

The work of the Stockport Sick Poor and Private Nursing Association has been substantially assisted by the gift of a well-built house for the reception of patients by the late Mrs. Walthew for the purpose of a Nursing Home. The Home, which will be known as the Annie Walthew Nursing Home, was opened last week by Alderman W. Lees, President of the Association, the deeds of the house being handed to him by Mrs. Mason, the donor's sister, who expressed her delight at the way in which the house had been adapted for its purpose.

At the Annual Meeting of the Holywood District Nursing Society, Holywood, Ireland, at which Dr. D'Arcy, Lord Bishop of the Diocese, presided, Mrs. McCance, President of the Society, presented the Executive Committee's Annual Report, and stated that while the work had not been as heavy as in 1909, still the Society had been a great power for good throughout that large and scattered district. Nurse Miller had resigned to undertake an important position in Plymouth, and the Committee parted with her with much regret. The cases attended by the nurses numbered 471, and the visits paid 6,699.

Mme. Kriegk contributed to the last issue of *La Femme* an interesting article on "Scholarships at the Protestant Hospital, Bordeaux," in which she gives a history of the hospital from its foundation, and shows that it offers an excellent career to women. Eight scholarships are given, thanks to which the holders are admitted to all the advantages of resident pupils. Instead of requiring additional years of service in lieu of payment both the pupils who hold scholarships and those who pay are free at the end of their training.

The scholarships are only awarded to Protestant pupils, preferably the daughters of pastors, but many others have also gained them, daughters of judges, bankers, university professors, naval and military officers, doctors, etc. The large number of applications received permits a selection.

Prince Alexander of Teck has received from Sir Charles Wyndham a contribution of £1,000 towards the Prince Francis of Teck Memorial Fund for the Middlesex Hospital. The fund, which was opened on November 1st last, now amounts to £28,361, and his Serene Highness earnestly hopes to complete the first £30,000 by the end of the present month.

Reflections.

FROM A BOARD ROOM MIRROR.

Earl Cadogan, who for many years has given his sympathy and active support to the Chelsea Hospital for Women, Fulham Road, S.W., has befriended it in the most practical and welcome manner by presenting it with a splendid site of over an acre and a quarter within a short distance of the present building. Its work is at present carried on under great disadvantages and inconveniences, which even cause the curtailment of its usefulness owing to the unceasing noise of the traffic, and the impossibility of providing for the satisfactory accommodation of the out-patients and the housing of the nurses owing to the utter inadequacy of the present site.

It is reported that a London gentleman has provided the sum of £20,000 to be devoted to the distribution in England, Germany, France, and Italy of a presentation edition of Mr. Norman Angell's book in favour of peace, "The Great Illusion."

This book has already created a great impression among statesmen and is having increasing influence in favour of international peace in every country.

It is the most stirring evangel since Baroness von Suttner wrote "Lay Down your Arms."

Mr. Reginald R. Garratt has been appointed Secretary to the Royal Free Hospital, W.C., in succession to Mr. Conrad Thi. Mr. Garratt was Secretary to the Infants' Hospital during its early days, and to the Women's Jubilee Memorial to Queen Victoria.

The Duke of Devonshire has headed the list of donations for a Florence Nightingale statue in the Ground of the Royal Infirmary, Derby, with £100.

Sir Edward Wood, whose generosity to the Leicester Infirmary, of which he is Chairman, is well known, is also President of the Leicester and County Saturday Hospital Society, which by means of a penny a week contribution from artisans, both men and women, gives a substantial sum annually to the funds of the Infirmary, and maintains a convalescent home for men. The Society has also been putting by a surplus for a similar home for women which had reached £8,000, when it had a bequest from the late Mr. Edward Higgs of £10,000. The new Home is to be built at Woodhouse Eaves, and stands in beautifully wooded country overlooking the Swithland Valley, and the commemoration stone will be laid on Saturday, June 24th.

Miss Burrell, of Botley, Hants, has undertaken to defray the cost of building a new out-patients' department for the Royal South Hants and Southampton Hospital. The cost will exceed £10,000.

A memorial to the late Lady Adela Cochrane has been placed in the men's ward of the Isle of Wight Workhouse Infirmary, where her services as guardian of the poor were much appreciated.

Professional Review.

HYGIENE FOR NURSES.

A very useful book, just published by Smith, Elder, and Co., 15, Waterloo Place, London, is "Hygiene for Nurses" (Theoretical and Practical), by Dr. Herbert W. G. Macleod, M.R.C.P., D.P.H., which meets a want not quite filled by any other book on this subject. Its price is 3s. 6d. net.

The aim of the author is to explain, simply and concisely, the most important facts in Hygiene which are essential to a nurse in her daily work, and also to give information which will be useful to those who desire to obtain a certificate in Hygiene, which it is an advantage to every qualified nurse to possess.

The author states in his preface that he has included some very recent Regulation, and By-laws of the Local Government Board and the London County Council, which were inserted as the pages were being finally revised, and he has directed attention to the Sanitary Laws of England, Scotland, and Ireland useful to nurses in all parts of the British Isles, and given in the Appendix a summary of those Acts of Parliament of special importance to them.

Hygiene is defined by the author as "the Science of the Preservation of Health and of the Prevention of Disease."

It teaches us how, under suitable conditions, life may be prolonged to its farthest limit.

It is also known as "Preventive Medicine" (because it is a branch of medicine concerned in the prevention of disease), and "Public Health" (because of its care of the health and well being of the general public). The name of "State Medicine" is also applied to it as every civilised Government is bound to frame law and regulations, which are directed to benefit the health of the nation.

Natural and artificial methods of ventilation, heating, and lighting, the general source and supply of water, and its purification, drainage, and the disposal of sewage are all questions of which nurses should have some knowledge, and it is here presented to them in an assimilable form.

Useful chapters are those on Infection (described as causing disease "by a poison entering the body which may be affected locally or constitutionally") and Disinfection.

A practical warning as to means by which infection may be conveyed is that "people in the name of charity send their worn-out, and it may be infectious, clothing to 'jumble sales' or otherwise to be disposed of. Pawnbrokers' shops, auction sales, and places where second-hand articles are sold are centres of contagion all over the country. Bedding, furniture, pillows, and cushions frequently carry the germs of disease. The material (known to the trade as 'flock') used for stuffing mattresses, 'feather beds,' and pillows, has been proved to be of the filthiest kind."

A needful warning is that against milk to which preservatives such as boracic acid and salicylic acid have been added. They are liable to cause indigestion, irritation of the bowels, and severe illness in young children, and other instances of food adulteration are also given.

Outside the Gates.



WOMEN.

During the visit of the King and Queen to Ireland in July the Queen will, on July 10th, receive an Address from the Women of Ireland, and will visit the Coombe Lying-in Hospital at Dublin.

June 17th, 1911, will be memorable for the Great Procession of Women, such as never has been seen in any country before, which marched through the streets of London from the Embankment to the Royal Albert Hall to demonstrate once more the demand of women for the Parliamentary Franchise. The procession included over 40,000 women, led by Mrs. Drummond on horseback, the standard bearer, Miss Charlotte Marsh, given this honour in the triumphal march because she held the banner aloft in her solitary prison cell, through weeks of forcible feeding, Miss Annan Bryce as Joan of Arc, and then the leaders of the Women's Social and Political Union, Mrs. Pankhurst, Mrs. Pethick Lawrence, and Miss Christabel Pankhurst.

The W.S.P.U. has before demonstrated its ability to organise effective pageantry, but Saturday's procession, in which the National Union of Women's Suffrage Societies, led by Mrs. Henry Fawcett, LL.D., and the Women's Freedom League, led by Mrs. Despard, joined, exceeded all its previous efforts. The 700 women, who have changed the broad arrow of shame into a symbol of honour were all represented. Women who held public office in the middle ages, the heroines of the nineteenth century, Grace Darling, Jennie Lind, Florence Nightingale, Charlotte Brontë, and many others, in the poke bonnet and ample skirts of the middle of the last century, were there too; Welsh women in their distinctive tall hats and kerchiefs, Scottish women led by a band of pipers, red cloaked collectors from Ireland, and contingents from our dominions beyond the seas, with New Zealand, the first of our Dominions to give women the vote, in the place of honour. The women graduates in their robes made a notable group, the gardeners carried baskets of flowers, and clergy of the National Church were there to testify effectively to their sympathy by carrying banners. The Catholic Women's Suffrage Society, and the Free Churches were also represented.

The trained nurses, many of them in indoor uniform, were one of the most interesting groups, and received the cheers of the crowd along the route. Very fresh and winsome they looked in spite of having been on duty since early morning, or having shortened their hours in bed as night nurses to take part in the procession. Indeed, the remark was heard more than once the nurses looked so much cleaner than anyone else. The long wait on the Embankment, which the nurses' contingent did not leave until seven o'clock, unfortunately

made it necessary for some of those who had waited there since 4.30 p.m. to drop out of the procession before it reached the Albert Hall in order to be on duty "on time," a great disappointment. The nurses' section was preceded by a white banner, bordered with green, bearing the Red Cross, and the words "Hospital Nurses," and inscribed "Faithful doing day by day," and relays of nurses carried it along the route. A second banner, mauve in colour, and also bordered with green, with "Hospital Nurses demand the Vote" in white lettering, was carried by Miss Lenanton, a district nurse, and Miss Mullan, engaged in private nursing. The nurses' contingent was led by Mrs. Bedford Fenwick, Miss Pearse, Miss Kingsford, and Miss Breyer. The representative of an anti-suffrage lay nursing paper was busy endeavouring to obtain a census of the nurses present, but some, at least, refused to furnish names and addresses on demand.

The comment of the *Times* on the procession is "The march, toilsome and trying though it must have been, was well maintained, in spirit as well as in stateliness, showing a wonderful capacity to endure physical strain and discomfort." But the women were marching to victory, with the promise of the Prime Minister in his letter to Lord Lytton, published in the press in their minds, that the pledge of the Government to give effective facilities to the Women's Suffrage Bill of the Conciliation Committee should be redeemed next Session in the spirit as well as in the letter; and the dominant note of the wonderful meeting in the Albert Hall, packed from floor to ceiling with an enthusiastic audience, which was addressed by Mrs. Pankhurst from the chair, Miss Christabel Pankhurst, and Mrs. Pethick Lawrence, the mover and seconder of the Resolution, Mrs. Annie Besant, and Miss Vida Goldstein, was a note of triumph.

The Resolution, which was carried unanimously by the vast audience, was as follows:—

"That this meeting rejoices in the coming triumph of the votes for women cause, and pledges itself to use any and every means necessary to turn to account the Prime Minister's pledge of full and effective facilities for the Women's Enfranchisement Bill."

On Friday, June 16th, Mr. Lloyd George received a deputation on the subject of the National Insurance Bill from the Women's Trade Union League, the Anti-Sweating League, the National Federation of Women Workers, the Women's Labour League, the Women's Co-operative Guild, the National Association of Midwives, and the Women's Industrial Council. After hearing speeches on behalf of the majority of the societies the Chancellor of the Exchequer left hurriedly to attend the Imperial Conference. A further deputation of midwives will attend on a later date.

Miss Eleanor Beatrice Harvey, of Girton, who has been declared equal to a Wrangler in the Mathematical Tripos at Cambridge, is a daughter of the Rev. George Harvey, of Milnrow, Lancashire, and was born at Thirsk. She was pre-

was duly educated at Manchester High School for Girls and Manchester University. She entered Gorton in October, 1908.

The Annual Meeting of the National Union of Women Workers is to be held in Glasgow from the 9th to 13th October inclusive. The general subject chosen for the Conference is "Public Opinion, its Formation, Influence, and Effect." Former meetings of the National Union in Glasgow have been most enthusiastic and successful.

Book of the Week.

ALSIA PAIGE.*

The love story of Alisa Paige took place in the early sixties, during the troublous time of the American Civil War, and it is well worth reading. It is full of interest, and to nurses especially on account of the chapters describing the voluntary service of the devoted women who undertook the nursing of the sick and wounded, amongst whom was our heroine. From a volume that is all good (and which should on no account be missed) it is only possible to give disconnected extracts, as the story has two distinct threads of interest, the old, old love story and the stirring, thrilling episodes of the war.

The marching of the Zouaves through New York caused a "pandemonium that broke loose as the matchless regiment swung into sight. They wore their familiar grey and black uniforms, forage caps, and blue overcoats, and carried knapsacks with heavy blankets rolled on the top. And New York went mad. Down from window, balcony, and roof, sifting among the bayonets fluttered an unbroken shower of tokens—gloves, flowers, handkerchiefs, tricoloured bunches of ribbon; and here and there a bracelet or some gem set chain fell flashing through the sun. Alisa Paige, like thousands of her sisters, tore the red, white, and blue rosette from her breast, and flung it down among the bayonets with a tremulous little cheer. The attraction of unworthy, cynical Berkeley for Alisa troubles her whilst she cannot resist it.

"To what in him was she responsive? What intellectual charm had he revealed? What latent spiritual excellence did she suspect? What were his lesser qualities, the simpler moral virtues? Nay, where even were the nobler failings, the forgivable faults, the promise of future things? Her uplifted, questioning eyes searched and fell. Only the clear cut beauty of his head answered her, only the body's grace."

Yet he enlists, and the hardships of war sorre to bring out the best in him, and in the little kitchen of the Farm Hospital she asks:

"What has wrought this celestial change in you, Phil? For the first time since ever I saw you, I feel I am safe in the world. It may annoy me—"

He laughed.

* By Robert W. Chambers. (D. Appleton and Co., London and New York.)

"I may grow tired of it, she resisted, watching him.

"I may believe like a faulty perverse, ungrateful urelin, and kick and scream and bite. But you won't let me be hurt, will you? Nothing can harm me, now, can it?"

"Nothing, Alisa."

She regarded him for a moment, then laughed hysterically.

"I beg your pardon, Phil, but somehow this reminds me of our cook feeding her policeman—just for one tiny second, darling."

Old Dr. Benton's send-off to Alisa and Letty is worth quoting

"If those ungrateful dogs of soldiers don't appreciate you two young ladies, come home on the next train. Anyway, God bless you both, and don't drink dirty water. And keep your patients clean. Keep 'em clean! clean! clean! I've a notion that cleanliness is nine-tenths of surgery, and it's all there is to nursing, but few agree with me."

In their many difficulties they consult the lovely Superieure, a lady of rare culture and great ability.

"Men's prejudices are hard to meet," she said. "The social structure of the world is built on them. But men's prejudices vanish when those same men fall sick."

H. H.

COMING EVENTS.

June 29th.—Summer Meeting, Hendon Branch, Central London Sick Asylum Nurses' League. The Infirmary, Hendon, 4 p.m.

July 1st.—The League of St. Bartholomew's Hospital. General Meeting, 2.30 p.m., Clinical Lecture Theatre. Social Gathering, 4 p.m., Nurses' Home.

July 1st.—Annual Meeting of Governors, Lady Margaret Hospital, Bromley, Kent, 3 p.m. Garden Party, 4.7 p.m.

July 4th.—Annual Garden Party, Guy's Hospital. Distribution of prizes to students by Mr. Alfred Lyttelton, M.P.

July 6th.—Association for Promoting the Training and Supply of Midwives. Annual Gathering of Midwives at 23, Cromwell Road, S.W., by kind permission of Mrs. S. Bruce. The Badges to Midwives will be presented by H.R.H. Princess Christian of Schleswig-Holstein. 3 p.m.

July 10th.—Mr. D. F. Pennant, Hon. Secretary, and Member of Council, Queen Victoria's Jubilee Institute for Nurses, will address a public meeting of nurses in London on the National Insurance Bill. We hope to give details next week.

WORD FOR THE WEEK.

I will look straight out—

See things—not try to evade them.

Fact shall be fact for me, and the truth the truth for ever.

A. H. CLOUGH.

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.

OUR PRIZE COMPETITION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Many thanks for cheque, value 5s., which was forwarded to me for competition prize.

Yours sincerely,

EMILY MARSHALL.

Margate.

RECIPROCAL TRAINING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am very pleased to learn from last week's Journal that the training of nurses in fever hospitals is to be taken into account when they enter St. Bartholomew's Hospital for their general course. Surely the experience gained in the modern up-to-date hospital of the Metropolitan Asylums Board has its definite value, and a nurse who has gained the certificate of the Board is in a very different position from the raw probationer, who does not know the difference between one appliance and another. I earnestly hope that now the first step has been taken it will become the rule for our general hospitals to offer special facilities to nurses with a fever hospital certificate.

It requires a good deal of courage, and I may add humility, for a nurse who has already spent two years in a special hospital, and been entrusted with responsible duties to begin all over again as a new probationer in a general hospital. It makes things much easier if the authorities of that hospital recognise that her previous training entitles her to some privileges. I think the same should apply to training in other special hospitals, such as gynaecological hospitals, where the probationers often get a very thorough drilling.

Yours faithfully,

FEVER HOSPITAL TRAINED NURSE.

MIDWIVES AND THE NATIONAL INSURANCE BILL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—It is a great relief to me to see that the position of midwives under the National Insurance Bill is being discussed. Working midwives have little time to take action about such things, however closely they may touch them. They are far too busy in trying to solve the problem of making ends meet. I have no hesitation in saying that if this Bill passes in its present form, the problem will be one which is quite insoluble, and we may as well take down our door plates and look for other work.

I am,

Dear Madam,

Yours faithfully,

CERTIFIED MIDWIFE.

ANIMALS IN MINES.

To the Editor of the "British Journal of Nursing."

SIR.—With regard to the proposal to empower the Inspectors of the R.S.P.C.A. with the duty of inspecting pit horses and ponies, may I point out that these officials, of whom there are none too many, have quite enough to do at present above ground, without adding to their responsibilities by undertaking the inspection of 3,000 coal mines.

The R.S.P.C.A. certainly would not be able to carry out such work efficiently without a largely increased staff of inspectors, and a corresponding increase in their subscriptions. What we want are definite Government rules, under which the hours of work of all animals employed in mines can be regulated, which will enforce the registration of every animal on descending the shaft, and which will secure for each animal proper tending with regard to food and water, and a periodic examination by a qualified veterinary surgeon vested with plenary powers.

Yours faithfully,

JOSEPH COLLINSON.

Wolsingham, Co. Durham.

Comments and Replies.

An Enquirer.—At one time it was usual for stout to be ordered for nursing mothers, but the practice has largely fallen into disuse, and the importance of a nutritious diet is increasingly insisted on. The mother had far better take cocoa or gruel than stout, which is mainly a stimulant, while the former have definite food values. Stout may increase the flow of milk, but it has no effect in improving the quality. Stimulants taken by the mother act indirectly upon the infant, and nerve stimulants, among which alcoholic fluids must be classed, have a prejudicial effect upon a child's sensitive nervous system.

Notices.

OUR PRIZE COMPETITIONS FOR JULY.

July 1st.—Mention some abnormal appearances of stools, and the probable causes of the condition.

July 8th.—What special virtue has normal salt solution that it is so universally used for intra-venous infusion, and some varieties of enemata?

July 15th.—What are some of the complications to be watched for during pregnancy, and their causes?

July 22nd.—From what source is blood renewed after hæmorrhage?

July 29th.—How would you prepare a patient for paracentesis? What instruments and utensils are needed?

CHANGE OF ADDRESS.

On and after July 1st the address of the business offices of the BRITISH JOURNAL OF NURSING will be 431, Oxford Street, London, W. Will our readers kindly note this change of address, and that business communications should no longer be directed to 11, Adam Street, Strand, after that date.

The Midwife.

Infant Mortality.

Dr. W. E. Heilborn, Assistant Physician to the Bradford Children's Hospital, in a paper read before the Bradford Medico-Chirurgical Society, and published in the *Lancet*, writes in part as follows:—

For the purposes of this paper I am limiting the term "infantile mortality" and intend it to refer only to the deaths of infants (up to the age of one year) *born healthy*, and that death is not due to any special cause or disease—*e.g.*, the infectious fevers, pneumonia, meningitis, etc. In short, it refers to infants who could, and should, have grown up healthy, and have never been given a chance to live. The primary cause of death in these cases is neglect or ignorance, or both, on the part of the parents. The former is either wilful or due to circumstances; the latter is universal.

Wilful neglect and ignorance can be, and ought to be, dealt with, but neglect due to circumstances is the most important and most difficult problem. A great factor, too, is the increase of woman labour. This leads to the question of putting infants out to nurse—in my opinion an almost criminal procedure. The other primary cause of death—*i.e.*, ignorance—can only be described as amazing.

Many years ago there was an outcry because it became fashionable for mothers not to nurse their babies but to feed them artificially, and to this was ascribed the great increase of infantile mortality; but at that time the fashion was chiefly amongst the well-to-do. Amongst the poor many women nowadays have not sufficient milk to nurse their babies, and when we come to consider the conditions under which they live, the scanty nourishment they themselves get, and the amount of work they do, this is not surprising.

After referring to the various methods which have been employed to remedy this state of affairs, Dr. Heilborn continues:—All these methods are bad, inasmuch as they are beginning at the wrong end. Instead of teaching the mothers how they can best prepare themselves to nourish their own children we are teaching them to avoid nourishing them by making it *apparently* so easy for them to feed their infants artificially, and having taught them to do this we are supplying them with dirty milk which has to be cleansed and prepared at great expense, instead of turning our attention to

the dairies, and obtaining a pure, clean milk from its very source.

What we have to do now is to set about undoing all the harm that has been done, and to commence at the very beginning again.

1. Institute a thorough system of education for those about to become mothers. This should consist in teaching them how to prepare themselves for motherhood and in instructing them in the art of cleanliness, and in the general management and feeding of infants. They should be taught that the proper nourishment for an infant is the mother's milk; if that fails, that the only substitute is pure fresh cow's milk, with or without the addition of a certain quantity of water. That infants do not require feeding every hour during the night, or every few minutes during the day, or whenever they cry, and that the regular weighing of the infant is the sole guide as to whether it is thriving or not.

2. To pass a law preventing all women about to become mothers from working in a factory or mill, and this should hold good during the whole of their child-bearing period.

3. To institute a system of dairies through which the public can be supplied with pure, fresh milk.

4. That every physician who delivers a child should look upon that child as his patient, and that it should be under his immediate supervision during the whole of its infancy.

5. That the sale of patent infant foods to the public be made illegal. (If physicians would only impress upon the public the harmfulness of these foods this would be unnecessary.)

6. To obtain an efficient army of competent and trained lady inspectors who shall visit every infant each week, and immediately report to the physician if the infant does not seem to be thriving.

7. To make it illegal to insure an infant's life.

Meanwhile, we must find means to deal with the wasting babies which are the result of our hopelessly inadequate system. At present we are sadly behind the times in this respect, and those who have been abroad and have seen the provision made for this class of case must feel a sense of shame that as yet nothing has been done for them in England. I refer, of course, to the nursing hospitals of Paris, Berlin, and Vienna, with their army of wet-nurses. The results obtained at these institutions are little short of marvellous.

The Central Midwives Board.

A meeting of the Central Midwives' Board was held in the Board Room, Caxton House, Westminster, S.W., on Thursday, June 15th, Sir Francis Champneys presiding.

REPORT OF THE STANDING COMMITTEE.

A letter was received from the Clerk of the Council transmitting certain suggestions of the General Medical Council for the alteration of the revised rules. It was agreed to adopt the suggestions and incorporate them.

A memorandum on the revised rules, prepared by the Senior Medical Inspector for Poor Law purposes of the Local Government Board was left to the Chairman to deal with.

A suggestion from the Secretary of State for the Home Department in regard to the alteration of the new Rule F 2 limiting the powers of suspension by Local Supervising Authorities, was adopted and incorporated in the revised rules.

Sir William Sinclair was appointed a delegate to the Third International Congress for the Study and Prevention of Infantile Mortality to be held at Berlin from September 11th to 15th, the appointment of a second delegate was left open.

APPLICATIONS FOR REMOVAL FROM ROLL.

The names of three certified midwives were removed from the Roll at their own request on the ground of old age or ill health.

APPLICATIONS FOR APPROVAL.

Mr. T. L. Ashforth, L.R.C.P., L.R.C.S., was approved as a teacher.

The applications of the following midwives for approval to sign Forms III. and IV. were granted: Fanny Elizabeth Brindley (No. 21337), Margaret McGeagh Knipe (No. 44), Ellen Newbold (No. 31279), Ada Jane Watson (No. 9266).

CORRESPONDENCE.

A letter was read from the Hull Association of Midwives (affiliated to the Midwives' Institute), asking the Board to support amendments to the National Insurance Bill framed by it. It was decided to defer consideration of letter until after a resolution on the Agenda in the name of Sir George Fordham had been considered.

RESOLUTION.

Sir George Fordham then called attention to the National Insurance Bill, and particularly to clauses 13 to 17 (Administration of Benefits), and moved "That it is desirable that the position of midwives under the Bill should be more clearly defined and strengthened and the duties in respect of maternity benefits distinguished from those of the medical profession." Miss Paget seconded.

In proposing the Resolution, he pointed out, in connection with Clause 12, that it was important some professional persons should be amongst the Advisory Committee appointed under the Bill; and that the practice of midwives should be distinguished from medical practice. He showed that midwives have a distinct status, duty, and claim upon Parliament, and appeared further to think that all normal midwifery should be in the hands of midwives, the medical profession being called in only when difficulty arose.

Mr. Parker Young thought it would be very unwise to pass a Resolution of this character,

especially after the explanation given by Sir George Fordham.

After considerable discussion, the following amendment was proposed by Mr. Parker Young.

"That the National Insurance Bill, so far as it affects the practice of midwives, be referred to the Standing Committee for consideration and report." This was seconded by Mr. Golding Bird.

Sir George Fordham said he had no objection to referring the question to the Standing Committee.

It was agreed that other relevant matter might be considered at the same time, and the amendment was carried. It then became the substantive motion and was carried.

Sir William Sinclair said that the Bill was un-intelligible, and the Board would do no good at all by interference. He pointed out also that if it passed in its present form it would be impossible for the voluntary hospitals to exist.

Miss Paget said that midwives were in no way asking for a monopoly of practice under the Bill, and the Chairman, in reference to Sir George Fordham's suggestion that midwives were the practitioners of midwifery in the first line, and that the medical profession should stand in the relation of consultants to them, said that midwives had never claimed this position. All they asked for was that there should be freedom of choice, and this the General Medical Council held very strongly.

Sir George Fordham evidently does not discriminate between remunerative and unremunerative midwifery. To the latter midwives have always been welcome.

EXAMINATION PAPER

The following is the paper set to candidates on June 14th:—

1. Describe the uterus and its position—(a) In the non-pregnant state, (b) At the mid-term of pregnancy.

2. Describe in detail how the head passes the outlet in the following presentations:—(a) Occipito-anterior, (b) Occipito-posterior, (c) Face, (d) Breech.

How would you act if there were delay in the birth of the after coming head?

3. What consequences may arise as the result of a rupture of the perineum, and what ought you to do when it occurs?

How do you manage delivery so as to avoid a laceration?

4. The lochia discharge on the 4th day of the puerperium is noticed to be offensive. What might cause this, and what other symptoms might be present?

Give the rules of the Central Midwives' Board in such cases.

5. What are the causes of asphyxia in a newly born child?

Explain exactly what treatment you would adopt.

6. What drugs do you take with you to a confinement?

Under what circumstances would you use them, and in what doses?

What are the rules of the Central Midwives' Board with regard to the administration of drugs?





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